2027 MONMOUTH COUNTY HISTORY REGRANT PROGRAM

ATTACHMENTS MUST ADHERE TO REQUIREMENTS IN GRANT INSTRUCTIONS

APPLICATION CHECKLIST

***Check One*:** ☐ General Operating Support ☐ Special Project

(*Required items)

☐ ***APPLICANT INFORMATION FORM** (INCLUDED)

☐ ***NARRATIVE** (attach 8 pages max.; see pp. 13-16 in the Grant Instructions & Worksheet for topics that must be included in narrative)

☐ ***BUDGET PAGES** (INCLUDED)

☐ ***ORGANIZATION'S LAST COMPLETED BUDGET REPORT** (ATTACH)

☐ ***AUDIENCE OUTREACH INFORMATION** (INCLUDED)

☐ ***PROJECT TIMELINE** (required for SP applicants; include in narrative)

☐ ***HISTORY OF ORGANIZATION AND PROJECT PERSONNEL BIOGRAPHIES** (ATTACH)

☐ ***ADA PLAN, LONG-RANGE PLAN** (attachment required for GOS applicants; draft plan will be accepted in the first year of application only. Applicants in subsequent years must submit completed plans.)

☐ ***BOARD AND ORGANIZATION CHART & PROOF OF NON-PROFIT STATUS**
(attachment required for all non-profit organizations)

☐ **ORAL HISTORY PROJECT** (attach list of sample questions)

☐ **PUBLICATION OR MEDIA PROJECTS** (ATTACH)

☐ **PHOTOGRAPHS** (attach no more than 5)

☐ **MISCELLANEOUS** (attach 3 max.)

NAME OF AUTHORIZING OFFICIAL _____

TITLE OF AUTHORIZING OFFICIAL _____

_____

SIGNATURE OF AUTHORIZING OFFICIAL **DATE**

2027 MONMOUTH COUNTY HISTORY REGRANT PROGRAM

GRANT APPLICANT INFORMATION

(Please type)

1. NAME OF ORGANIZATION:

2. ADDRESS:

Street:

P.O. #:

City: State: Zip:

3. TYPE OF APPLICANT: ☐ SOCIETY ☐ HISTORY MUSEUM ☐ LIBRARY ☐ HIST. PRES. COMMISSION ☐ MUNICIPAL GOVERNMENT ☐ FRIENDS GROUP ☐ OTHER:_____

4. FEDERAL IDENTIFICATION NUMBER*

#

CHARITIES REGISTRATION NUMBER

#

5. IN BOX BELOW OR SEPARATE SHEET:

GOS - summarize your specific expenses needing support.

SP - briefly summarize your project.

1,000 character limit (use description from Declaration of Intent)

6. ☐ **GOS or** ☐ **SP GRANT REQUEST:** $

7.

NAME OF GRANT COORDINATOR:

Position with applicant:

Daytime telephone: **E-mail:**

NAME & TITLE OF AUTHORIZING OFFICER:

(***Other than Grant Coordinator)***

Daytime telephone: **E-mail:**

SIGNATURE OF AUTHORIZING OFFICER **DATE**

NARRATIVE SUPPLEMENT

Audience & Outreach Information

The Monmouth County Historical Commission and the New Jersey Historical Commission are interested in the impact your organization and its programs have on the resident and visiting population. We want to know who makes up your audience. Are they mainly from Monmouth County or outside? Are they from NJ or are other states represented? Is your audience mainly adults or do families with young children attend? Are members of the handicapped community comfortable attending your programs? Are individuals from diverse communities participating in your events? We want you to start thinking about your audience and ways that you can expand your programs to include all of NJ's representative communities.

Provide information using actual numbers, if available, on your organization's visitors and audience participation for the *past year*. If you do not have actual numbers, please provide your best estimates. If you have a museum, site, archives or library open to the public, please include annual opening information in the last row of the table.

Provide the following visitor/audience and organization information for the past year where applicable.

FOR 2025	TOTAL	CHILDREN UNDER 18	MINORITY VISITORS	PERSONS WITH DISABILITIES	OUT OF COUNTY
Total number of all visitors to your museum or site.					
Attendance at programs held on site.					
Attendance of visitors to programs held off-site.					
Total number of all visiting researchers to your archives or museum collections.					
Total number of website visitors.					
Total membership.					
Total number of paid staff.					
Total number of volunteers.					

How many hours per/week is your museum/facility open?		**How many weeks per/year is your museum/facility open? Which months is it open?**		**Does your organization participate in social media? Facebook, Twitter, etc.**	

NARRATIVE SUPPLEMENT

GOS BUDGET - Form A

TOTAL GOS GRANT REQUEST: $_____

(*GOS Grants require a full 1:1 match; in-kind contributions can be no more than 25% of match.*)
(*Request can be up to 1/3 of organization's annual budget, up to $4,000.*
NO MATCH REQUIRED FOR REQUESTS UNDER $2,000

GOS Expenses	A. GRANT REQUEST	B. MATCH
Accounting Services or Audit		
Collections maintenance and storage		
Insurance		
Development & fundraising		
Materials & Supplies		
Planning		
Postage		
Printing – Publications		
Professional Development & Staff Training		
Professional Services & Fees		
Website & Marketing		
Salaries & Wages		
Security		
Space/Equipment Rental		
Telephone/Communication		
Utilities		
Other (Specify):		
TOTALS: (*Column B's total should be equal to Column A's total.*)		

Attach to this budget page your organization's last completed Annual Budget Report.
(*If you receive a 2027 GOS Grant you will be required to submit your completed 2026 Annual Report Budget by February 1, 2027*)

SPECIAL PROJECT BUDGET - Form B

TOTAL SP GRANT REQUEST: $ _____

Total Preliminary Budget for the complete Project: $ _____

(*At least a 50% 1:1 cash match is required for SP grants (B-1) and no more than 50% may be matched with In-kind contributions for history-specific organizations only.*)

SP CATEGORY OF EXPENSES	A *PROJECTED* SP BUDGET	B-1 CASH MATCH	B-2 IN-KIND MATCH
ADA assistive services			
Archival scanning services			
Honoraria			
Materials, supplies			
Photographic Documentation			
Printing, photocopying			
Professional Services & Fees (*consultants, etc*)			
Publication mailing			
Research			
Website Development			
Word processing, transcribing			
Other (specify):			
TOTALS: *(The total of columns B1 and B2 must be equal to the SP Grant Request at the top of the page.)*			

Attach to this budget page your organization's last completed Annual Budget Report.

(*If you receive a 2027 SP Grant you will be required to submit your completed 2026 Annual Budget Report by February 1, 2027*)

IN-KIND CONTRIBUTIONS- Form C

If you are using In-kind contributions for part of match you must fill out this form. In-kind contributions can be up to, but no more than, 25% for GOS. Special projects can be no more than 50% of the match for history-specific organizations only. These contributions include donated goods and services that your non-profit historical organization would otherwise have purchased. They can include donated space, materials, and other services.

(*Documented proof of all In-kind contributions will be required in your Final Report*.)

Description of In-kind Contributions (Attach separate sheet if needed.)	**Cash Value**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	