2027 MONMOUTH COUNTY HISTORY REGRANT PROGRAM

DECLARATION OF INTENT TO APPLY

THIS DECLARATION OF INTENT TO APPLY MUST BE RECEIVED BY FRIDAY, OCTOBER 2, 2026
Grant Information Session (required for first-time applicants) is on September 16 at 6 p.m.
Session will be conducted in-person and remotely.

NOTE: Grant Application Deadline is Friday, October 30, 2026

1. NAME OF ORGANIZATION:

2. ADDRESS:

Street:

P.O.#:

City: State: Zip:

3. CONTACT INFO:

Daytime Telephone: Fax #:

E-mail address:

4. TYPE OF ORGANIZATION: ☐ **SOCIETY** ☐ **HISTORY MUSEUM** ☐ **LIBRARY**
☐ **HISTORIC PRESERVATION COMMISSION** ☐ **MUNICIPAL GOVERNMENT**
☐ **OTHER:**

5. WEBSITE: **www.**

6. FEDERAL IDENTIFICATION NUMBER: #

7. CHARITIES REGISTRATION NUMBER: (optional) #

8. ANNUAL OPERATING BUDGET: **$**

9. TYPE OF GRANT REQUEST (check only one):

☐ **GOS** (Funding will not exceed $4,000 and requests may not exceed one-third of the applicant's annual operating budget. A 1:1 match is required for requests of $2,000 or more; up to 25% of the match may be in-kind. **[NEW]: No match is required for GOS grant requests under $2,000.**)

☐ **SP** (Funding of $500 to $2,000 and requires a 1:1 match, of which 50% can be in-kind contribution for history organizations only)

AMOUNT REQUESTED:

10. In the space below or on a separate sheet, describe your organization, its mission and whom it serves. (500-word limit)

11. In the space below or on a separate sheet, describe the proposed purpose of the grant funds. For GOS, identify areas of need. For SP, briefly describe your project. (500-word limit)

NAME OF AUTHORIZING OFFICER:

TITLE OF AUTHORIZING OFFICER:

DAYTIME TELEPHONE:

E-MAIL ADDRESS:

SIGNATURE OF AUTHORIZING OFFICER **DATE**

Mail or e-mail signed 2-page form to: Monmouth County Historical Commission,
Hall of Record Annex – 2nd floor
1 East Main St., Freehold NJ 07728
E-mail: Margaret.SharpWalton@co.monmouth.nj.us