



**MERCER COUNTY HISTORY REGRANT PROGRAM
FY 2010 September 1, 2009 - August 31, 2010**

APPLICATION FORM

Read the Regrant Guidelines before completing this Application. **By Friday, June 26, 2009 (postmark and hand-delivery deadline)** submit **one original and 4 copies (total 5)** of the completed application to: Mercer County History Regrant Program, Division of Culture and Heritage, 640 South Broad St. (if mailing, address is PO Box 8068), Trenton, NJ, 08650. This form is available online at <http://www.mercercounty.org> (be sure to "Save As" this Application Form to your computer **BEFORE** you start entering information). Questions: (609) 989-6418; TTY (609) 989-6865; email tfagan@mercercounty.org . Please type or print all information.

I. GENERAL INFORMATION (fill out all information requested below)

Please note: ALL correspondence will be directed to the person/address listed here. If there are any changes to this information during the grant period, it is your responsibility to notify us at once.

Organization: _____
Address: _____
City, Zip: _____ Federal I.D. _____
Contact person: _____ Title: _____
Daytime Phone: _____ Fax: _____
E-mail: _____ Website: _____
U. S. Congressional District: _____ N. J. Legislative District: _____

Type of Grant Requested:

___ GENERAL OPERATING SUPPORT (GOS)

___ SPECIAL PROJECT (SP)

Amount Requested: \$ _____
(please round up to the nearest dollar)

SUMMARY STATEMENT OF PROGRAM/PROJECT
(50 words or less)

Program/Project Director: _____
Mailing Address: _____ E-mail: _____
Daytime Phone: () _____ Fax: () _____
Person completing application: _____ Daytime Phone: _____

Important: Information from the Summary Statement may be used for publicity purposes.

BUDGET SUMMARY

Complete this section last. For **GOS**, give figures from projected organizational budget for grant year. For **SP**, give actual special project budget figures. **NOTE:** These figures come from the rest of the application, and must agree. Please round to the nearest dollar.

- A. AMOUNT REQUESTED FROM MERCER COUNTY: \$ _____
- B. CASH MATCH: \$ _____
(Re-read page 4 of Guidelines before entering amount)
- C. CASH TOTAL: \$ _____
- D. IN-KIND MATCH: \$ _____
- E. TOTAL COST OF PROJECT (A + B + D): \$ _____

AUDIENCE AND OUTREACH SUMMARY

The New Jersey Historical Commission and the Mercer County review panels are interested in the impact of your program on the general public. Provide the information below using actual numbers, if you have them, for the past year of programming by your organization. If you do not have actual numbers, please provide your best estimates. For new programs, use your best estimate based on outreach, marketing and potential impact.

Please indicate separate numbers, when available, for *audiences* (people attending a live event including reenactments, lectures, performances, educational programs, etc.) and people *benefiting from programs/services* (people using “passive” resources including collections, research, site visits, written materials, films, etc.) Note: the State of New Jersey requests that grantees, as much as possible, indicate separately the numbers of visitors to sites and those attending particular performances, exhibitions, events.

	<u>live audience</u>	<u>using programs/services</u>	<u>✓ if estimated</u>
Number of adults (general public)	_____	_____	_____
Children under 18	_____	_____	_____
Persons with disabilities	_____	_____	_____
Minority visitors (general public)	_____	_____	_____
Professional historians	_____	_____	_____
Minority historians	_____	_____	_____
Staff members involved	_____	_____	_____
Volunteers	_____	_____	_____

AUTHORIZATION

I understand that these pages and attachments constitute part of the Regrant application. I certify that all statements in this application are true to the best of my knowledge; and I hereby release the Board of Chosen Freeholders of the County of Mercer, its employees, and agents from any liability and/or responsibility concerning any submission of materials to the program. I further certify that any funds received under the Mercer County History Regrant Program will be used exclusively for the purpose set forth in this application. I understand and agree that submission of an application signifies intention to comply with Title VII of the Civil Rights Act of 1964 (PL 88-352), with Labor Standards under Section 501 of the National Foundation on the Arts and Humanities Act of 1965 (PL 185-209), Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

CHIEF ADMINISTRATIVE OFFICER'S SIGNATURE
(Please sign in **Blue Ink**)

TITLE

DATE

PRINT OR TYPE NAME & TITLE

II. NARRATIVE

Attach your narrative (no more than 4 pages) after this page See **Guidelines** for Narrative outline.

III. BUDGET FORMS

Complete and attach the **Budget Forms** appropriate for the grant for which you are applying:

- Special Projects Budget form for organizations applying for a Special Project (SP) grant
- Organizational Budget form for any organizations applying for General Operating Support (GOS) **AND** *all history* organizations and sites
- In-Kind Contributions Form = ALL organizations must fill out this form

IV. SUPPORT MATERIAL

Support material should be included if it demonstrates:

- 1.) your organization's excellence in presenting the types of projects for which you're seeking funding, (programs, brochures, press clippings, etc.) and/or
- 2.) highlights the professionalism of your board, your staff or your organization (resumes, bios, evaluation reviews, articles, etc.)

Be sure to include: resumes of key personnel; any materials that speak to your administrative capacity; programming excellence; marketing strengths. Non-history specific non-profits should include any materials that demonstrate your organization's commitment to or interest in historical programming.

Ideally, *support materials should be no more than two years old*. If you are attaching older materials, you must explain what has happened with the organization and its programs in the interim.

V. CHECKLIST

Use the checklist to ensure you have answered all the questions and provided all necessary support material.

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ORGANIZATIONAL BUDGET FORM

(GOS applicants must complete)

Use the Narrative to describe in detail specific your income and expenditures for FY 2008 and projected income and expenditures for both FY09 and FY10 (this grant year). Explain any line item fluctuations in excess of 20% from year to year on a separate sheet of paper.

INCOME CATEGORY	FY 08/Actual	FY 09/Projected	FY 10/Projected
Memberships			
Store/Shop/Publications			
Program Admissions			
Grants (list sources on an attached sheet)			
NJHC			
Other Government			
Corporate/Foundation			
Individual Contributions			
Other Cash (list)			
MC History Regrant Program			
TOTAL			

EXPENSE CATEGORY	FY 08/Actual	FY 09/Projected	FY 10/Projected
Staff (salaries/wages/benefits)			
Consultants			
Speakers			
Publicity and Marketing			
Printing			
Supplies			
Telephone			
Utilities			
Postage			
Facility Maintenance			
Equipment Rental/Purchase			
Space Rental			
Mortgage			
Insurance			
Audit			
Travel			
Other (list)			
Other (list)			
TOTAL			

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SPECIAL PROJECT (SP) BUDGET FORM

For SPECIAL PROJECTS applicants ONLY.

Use the narrative to explain costs and income breakdown described in this budget.

PROJECT EXPENSES	Requested From MCC&HC	Matching Cash	Category Cash Total
	A	B	C
Coordinator			
Consultants			
Speakers			
Space Rental			
Printing			
Publicity			
Travel (for consultants/speakers)			
Telephone			
Supplies & Materials			
Postage			
Equipment Rental/Purchase			
Other (list)			
TOTAL EXPENSES			

It is not necessary to have a figure on each line. Fill in where applicable. (Column C= Total cash cost of Project)

PROJECT INCOME (CASH): This is where your cash match (**Column B**) comes from. Your Project Income must *at least* equal Column B and may include funds from anticipated admissions, donations, memberships, registrations, other grants, your budget or other cash sources.

SOURCES: _____ Amount \$ _____

Total \$ _____

Please indicate your organization's Fiscal Year: From _____ to _____

Special Project Applicants:

Indicate your organization's annual budget for the most recent Fiscal Year \$ _____

If you manage a physical site please indicate a count for the following:

- Annual visitors _____
- Number of schools making trips to your site _____
- Number of outreach visits by your staff/volunteers to schools _____

You may attach a separate sheet of paper, if necessary, to list additional expenses or funding sources.

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IN-KIND CONTRIBUTIONS: All applicants please complete **whether or not you are using In-Kind to provide the match.** These are donated goods and services, which have a documented cash value. Include donated space, administrative, maintenance and secretarial staff time and other volunteer time.

Nature of Contribution	Cash Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Value of In-Kind Contributions	\$ _____

Additional Information

To help us serve you better, please list the types of workshops or other resources you would like to see the Division of Cultural and Heritage Affairs offer.

Remember to print out this application form,
and to complete and attach your grant **narrative**
-- along with support materials -- to complete your application packet.

PLEASE REMEMBER:
Download and "SAVE AS" this document before you begin filling
in your information.