

**SUSSEX COUNTY ARTS & HERITAGE COUNCIL  
REGRANT APPLICATION FY2024 - *HISTORY***

**Section 1 GENERAL INFORMATION**

Type of Grant (check one) \_\_\_\_\_ General Operating Support (GOS)  
\_\_\_\_\_ Special Project (SP) - Governing Organization \_\_\_\_\_

Name of Organization \_\_\_\_\_

Fed. Employer's Id. # \_\_\_\_\_ U.S. Cong. Dist.# \_\_\_\_\_ NJ Leg. Dist.# \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

Web Address \_\_\_\_\_ Facebook Address \_\_\_\_\_

Publicity Person Contact Information \_\_\_\_\_

**Section 2 AUTHORIZATION (read carefully)**

We, the undersigned, representing the above-named organization, understand that the pages and attachments included in this grant application constitute an agreement between the applicant and the Sussex County Arts & Heritage Council. We certify that all statements included herein are true. We hereby release the Council, its employees and agents from any liability and/or responsibility concerning the submission of materials.

We further certify that any funds received under the Sussex County Arts & Heritage Council Regrant Program will be used for the purposes set forth in this application. Should any aspect of our grant need to be altered, we will contact the Council and file an amended written application and/or other documentation for funding approval.

We understand and agree that submission of any application signifies intention to comply with Title VI of the Civil Rights Acts of 1964, Labor Standards under Section 5(1) of the National Foundation on the Arts and Humanities Act of 1965, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

We also understand that, in an effort to promote and encourage history in Sussex County, the Sussex County Arts & Heritage Council may promote the programs and services of our organization or project. We will therefore keep the Council informed of dates, times and places of all of our events and on-going services. For monitoring purposes, we will furnish the Council with two (2) complimentary tickets and/or admission information at least one month in advance of our organization's events. This will allow the Council to evaluate our organization or project.

**Chief Administrative Officer (type) \_\_\_\_\_ Title \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Chief Fiscal Officer (type) \_\_\_\_\_ Title \_\_\_\_\_**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**



## SCA&HC HISTORY REGRANT APPLICATION FY2024

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**ANSWER EITHER SECTION 5a OR 5b BELOW. Draw a diagonal line through the section you are NOT answering and write NA along the line. Use the item headings and make sure that they are sequenced and numbered in the order below. Answers to these questions should follow this page.**

### Section 5a ORGANIZATION INFORMATION (GOS - History Organizations ONLY)

1. **Mission Statement** (one paragraph suitable to reprint for promotional purposes)
2. **Paid Staff and Board Members** (board - list name, office, address, telephone number and term of office  
staff - list name, position, brief job description and qualifications)
3. **History of Organization** (one to three paragraphs suitable to reprint for promotional purposes)
4. **Current Membership** (# of paid members, # of non-paid members or “this organization does not have members”)
5. **Short -Term Objectives** (Describe specific objectives for the coming year.)
6. **Long - Range Goals** (Describe long range goals.)
7. **Funding Use** (Describe the use of requested funds.) (One to two paragraphs)
8. **General Operations of Organization** (Describe how your organization operates i.e.; board meetings, board responsibilities, volunteers, member benefits, planning procedures, etc.)
9. **Number and Demographics of Individuals Benefiting** (List total annual audience, minority audience and special constituency audiences. Include demographics. **State how this information is determined.**)
10. **Number and Demographics of Participating Personnel** (List total annual participation)
11. **Standards and Evaluation Plan** (Describe how historic standards are set and evaluated.) (Describe how the organization and its programs are evaluated.)
12. **Services** (Describe any on-going services your organization provides to the community and/or members.)
13. **Accessibility** All programs must be held in accessible venues. State how you provide for patrons with disabilities.

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## Section 5b PROJECT INFORMATION (SP - Non-History Organizations ONLY)

1. **Project Description** (one paragraph suitable to reprint for promotional purposes)
2. **Project Administrators** (List name, position, brief job description and qualifications of all project administrators. Indicate whether they are paid or volunteer.)
3. **History of Project** (one to three paragraphs suitable to reprint for promotional purposes)
4. **Project Relevance to Governing Organization** (Describe how the project relates to the purpose of the governing organization and how it will benefit that organization.)
5. **Project Short -Term Objectives** (Describe specific objectives for the coming year.)
6. **Project Long - Range Goals** (Describe plans, if any, for the future of the project.)
7. **Funding Use** (Describe the use of requested funds from this grant) (one to two paragraphs)
8. **Project Facilitation** (Describe timelines, planning, volunteer and paid participant recruitment, etc.)
9. **Number and Demographics of Individuals Benefiting** (List total annual audience, minority audience and special constituency audiences. Include demographics. **State how this information is determined.**)
10. **Number and Demographics of Participating Personnel** (List total annual participation.)
11. **Standards and Evaluation Plan** (Describe how historic standards are set and evaluated.) (Describe how the project will be evaluated. ***(Provide sample evaluation form that will be given to the public to fill out)***)
12. **Services** (Describe any on-going services the project provides to the community and/or members.)
13. **Future Funding** (How will you fund the project in the future?)
14. **Accessibility** All programs must be held in accessible venues. State how you provide for patrons with disabilities.

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## Section 6 PUBLICITY AND MARKETING

Describe how your organization publicizes each of its programs and services. Include the types and quantity of information distributed, types of media used, target audiences, etc. (Bullet List or paragraph)

## Section 7 SUPPORT MATERIALS

### 1. ATTACH THE FOLLOWING ITEM AT THE END OF THE APPLICATION:

A copy of the **IRS Determination Letter** listing the organization or the governing organization as being tax exempt **Attach even if you have submitted with previous applications.**

***IMPORTANT! DO NOT SUBMIT INCORPORATION PAPERS OR SALES TAX INFORMATION.***

2. **ENCLOSE A COPY OF ALL PUBLICITY IN A SEPARATE ENVELOPE.** For Special Projects which are new, please include preliminary sketches of proposed materials.



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|   | <b>Current<br/>Year</b>            | <b>Projected<br/>Year</b>     |
|---|------------------------------------|-------------------------------|
| <b>I N C O M E</b>  | <b>01/01/2023 -<br/>12/31/2023</b> | <b>01/01/24-<br/>12/31/24</b> |
| <b>A. CONTRIBUTED INCOME</b>  |                                    |                               |
| Corporate Support & Business Support  |                                    |                               |
| Foundation Support  |                                    |                               |
| Government (other than this SCA&HC grant award)   |                                    |                               |
| Individual Donations & Other Private Sources  |                                    |                               |
| <b>SCA&amp;HC Funding</b>   | Awarded 2023                       | Requested 2024                |
| <b>B. EARNED INCOME</b>   |                                    |                               |
| Admissions/Subscriptions/Memberships  |                                    |                               |
| Other (include sales and all investment income to be spent) ( <b>Note:</b> itemize below or on a separate sheet if over 10% of Total Cash Income) |                                    |                               |
| <b>C. TOTAL INCOME</b>  |                                    |                               |
| <b>E X P E N S E S</b>  |                                    |                               |
| <b>D. PERSONNEL</b>   |                                    |                               |
| Staff Salaries  |                                    |                               |
| Consultant Fees   |                                    |                               |
| Technical/Production Personnel Fees   |                                    |                               |
| Contracted Services   |                                    |                               |
| <b>E. OTHER OPERATING EXPENSES</b>  |                                    |                               |
| Space Rental & Mortgage Payments  |                                    |                               |
| Marketing (advertising, public relations, printing, etc.)   |                                    |                               |
| Travel & Transportation   |                                    |                               |
| Administrative Expenses (phone, postage, supplies, insurance, facility maintenance, etc.)   |                                    |                               |
| Technical Production (non-personnel)  |                                    |                               |
| Other ( <b>Note:</b> itemize below or on a separate sheet if over 10% of Total Cash Expenses)   |                                    |                               |
| <b>F. TOTAL CASH EXPENSES</b>   |                                    |                               |
|   |                                    |                               |
| Total Annual Deficit/Surplus - (C minus F)  |                                    |                               |

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**IN-KIND CONTRIBUTION CHART** List in-kind services/products to be donated for 2024. If applying for GOS, answer for total organization, if SP, answer only for those items related to the project. List the type of service/product and its estimated value. Fill in Total In-Kind contributions on page 2 of the Grant application form.

| <b>Services Rendered</b>                   | <b>Projected Value<br/>FY 2024</b> |
|--|------------------------------------|
|  |                                    |
| By: _____ Hrs. _____<br>Description: _____ |                                    |
| By: _____ Hrs. _____<br>Description: _____ |                                    |
| By: _____ Hrs. _____<br>Description: _____ |                                    |
| <b>Goods Donated</b>                       |                                    |
|  |                                    |
| Source/Item: _____                         |                                    |
| Source/Item: _____                         |                                    |
| Source/Item: _____                         |                                    |
| Source/Item: _____                         |                                    |
| <b>Facilities Provided</b>                 |                                    |
| Place: _____                               |                                    |
| Place: _____                               |                                    |
| Place: _____                               |                                    |
| <b>Other</b> – describe: _____             |                                    |
| <b>TOTAL VALUE</b>                         |                                    |