

DECLARATION OF INTENT TO APPLY

DEADLINE: MONDAY, NOVEMBER 19, 2018

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:

#

8. ANNUAL OPERATING BUDGET:

\$

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

GOS (Funding for \$2000- \$10,000. GOS requires a 1:1 Cash Match.)

SP (Funding for \$500-\$2000.)

AMOUNT REQUESTED:

\$

10. In the space below, provide a brief description of proposed purpose of the grant funds.

For GOS identify the *one* Focus Area. For SP briefly describe your project.

NAME OF AUTHORIZING OFFICIAL:

TITLE OF AUTHORIZING OFFICIAL:

DAYTIME TELEPHONE:

E-MAIL ADDRESS:

SIGNATURE OF AUTHORIZING OFFICIAL

DATE

DECLARATION OF INTENT DEADLINE: MONDAY, NOVEMBER 19, 2018

YOU MAY EMAIL, FAX or MAIL SIGNED FORM TO:

E-MAIL: jstrom@co.bergen.nj.us

FAX: 201-336-7262

MAIL: Division of Cultural & Historic Affairs, One Bergen County Plaza – 4th floor, Hackensack, NJ 07601-7076

NOTE: GRANT APPLICATION DEADLINE IS FRIDAY, DECEMBER 14, 2018.