

**2023 BERGEN COUNTY HISTORY GRANT PROGRAM  
DECLARATION OF INTENT TO APPLY**

**DEADLINE: TUESDAY OCTOBER 11, 2022, 4:30 PM**

**APPLICANT INFORMATION**

**NAME OF APPLICANT (organization/municipality):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TYPE OF ORGANIZATION:** SOCIETY \_\_\_\_\_ HISTORY MUSEUM \_\_\_\_\_ LIBRARY \_\_\_\_\_

HISTORIC PRESERVATION COMMISSION \_\_\_\_\_ MUNICIPAL GOVERNMENT \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**WEBSITE (IF APPLICABLE):** \_\_\_\_\_

**FEDERAL IDENTIFICATION NUMBER:** \_\_\_\_\_

**CHARITIES REGISTRATION NUMBER:** \_\_\_\_\_

**ANNUAL OPERATING BUDGET:** \_\_\_\_\_

**TYPE OF GRANT REQUEST (CHECK ONLY ONE):**

\_\_\_\_ **GOS** (Funding range \$2000- \$10,000. 1:1 Match strongly encouraged)

\_\_\_\_ **SP** (Funding range \$500-\$2000.)

**AMOUNT REQUESTED:** \_\_\_\_\_

**NARRATIVE:** Provide a brief description of the organization, its mission, whom it serves, and the proposed purpose of the re-grant award on a separate sheet of paper. The description should not exceed one page.

**NAME OF AUTHORIZING OFFICIAL:** \_\_\_\_\_

**TITLE OF AUTHORIZING OFFICIAL:** \_\_\_\_\_

**DAYTIME TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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SIGNATURE OF AUTHORIZING OFFICIAL

DATE