

2025 BERGEN COUNTY HISTORY GRANT PROGRAM
DECLARATION OF INTENT TO APPLY

DEADLINE: Friday, October 18, 2024 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: _____

SIGNATURE OF AUTHORIZING OFFICIAL

DATE