

NJCH INCUBATION GRANT APPLICATION

I. PROJECT INFORMATION

INCOMPLETE ▲

*Required

PROJECT TITLE *

SHORT PROJECT DESCRIPTION * (Limit 35 words)

35 word(s) left

IS THE PROJECT FOR WHICH FUNDING IS REQUESTED PART OF A LARGER PROJECT? *

YES NO

Incubation Grant applicants may propose a **grant period up to 12 months**. Please consult the [Grant Calendar](#) to determine eligible start dates. All expenses must be incurred within the established grant period.

GRANT PERIOD START DATE *

GRANT PERIOD END DATE *

TOTAL FUNDING REQUESTED * This figure will auto-generate from the Project Budget section below. (Up to \$5,000)

II. APPLICANT INFORMATION

INCOMPLETE ▲

*Required

ORGANIZATION NAME *

ADDRESS 1 *

ADDRESS 2 (Optional)

CITY *

STATE *

ZIP CODE + 4 * ⓘ

ORGANIZATION CONTACT PHONE *

WEBSITE

555.555.5555 x5555

FEDERAL EIN * (Enter numbers only)

DUNS NUMBER *

III. PROJECT DIRECTOR

INCOMPLETE ▲

*Required

Person in charge of the project and primary point of contact for NJCH staff; may also serve as Authorizing Official; cannot be Fiscal Officer.

PREFIX

FIRST NAME *

LAST NAME *

ex. Mr, Mrs, Ms, [

TITLE

DEPARTMENT

ORGANIZATION

USE ADDRESS FROM APPLICANT ORGANIZATION?

ADDRESS 1 *

ADDRESS 2 (Optional)

CITY *

STATE *

ZIP CODE + 4 * ⓘ

EMAIL * All official correspondence will be sent to this email address.

PHONE * (Daytime)

555.555.5555 x5555

IV. AUTHORIZING OFFICIAL

INCOMPLETE ▲

*Required

Person authorized to enter into contracts; may also serve as Project Director or Fiscal Officer.

PREFIX

FIRST NAME *

LAST NAME *

ex. Mr, Mrs, Ms, [

TITLE *

DEPARTMENT

ORGANIZATION *

USE ADDRESS FROM APPLICANT ORGANIZATION?

ADDRESS 1 *

ADDRESS 2 (Optional)

CITY *

STATE *

ZIP CODE + 4 * ⓘ

EMAIL *

PHONE *

V. FISCAL OFFICER

INCOMPLETE ▲

*Required

Person who is responsible for fiscal management and to whom grant funds will be sent; may also serve as Authorizing Official; may not serve as Project Director.

PREFIX

FIRST NAME *

LAST NAME *

TITLE

DEPARTMENT

ORGANIZATION *

USE ADDRESS FROM APPLICANT ORGANIZATION?

ADDRESS 1 *

ADDRESS 2 (Optional)

CITY *

STATE *

ZIP CODE + 4 * ⓘ

EMAIL *

PHONE *

VI. PROJECT TEAM

INCOMPLETE ▲

*Required

List any internal or external staff who will work on the project from beginning to end, including the project scholar. Those who may participate in the project intermittently or for short duration do not need to be included here (such as event speakers).

PREFIX

FIRST NAME *

LAST NAME *

TITLE

DEPARTMENT

ORGANIZATION

ADDRESS 1 *

ADDRESS 2 (Optional)

CITY *

STATE *

ZIP CODE + 4 * ⓘ

EMAIL *

PHONE *

555.555.5555 x5555

HOW WILL THIS PERSON CONTRIBUTE? *

100 word(s) left

WHAT ARE THIS PERSON'S MOST RELEVANT QUALIFICATIONS/EXPERIENCE? *

100 word(s) left

REMOVE TEAM MEMBER

BACK TO TOP OF TEAM SECTION

ADD TEAM MEMBER +

HOW AND WHY DID YOU CHOOSE YOUR COLLABORATORS? *

150 word(s) left

VII. PROJECT NARRATIVE QUESTIONS

INCOMPLETE ▲

*Required

DESCRIBE YOUR PROJECT. WHAT INSPIRED THE DEVELOPMENT OF THIS PROJECT AND WHAT ARE YOUR GOALS FOR IT? *

350 word(s) left

INCUBATION GRANTS SUPPORT PLANNING PROCESSES, EXPERIMENTATION WITH NEW PROGRAM MODELS OR TOPICS, RESEARCH, OR PILOT PROGRAMS. HOW IS YOUR PROJECT SUITED TO THIS TYPE OF GRANT? *

350 word(s) left

WHY IS THIS PROJECT IMPORTANT TO YOUR ORGANIZATION? HOW DOES IT ADVANCE YOUR ORGANIZATION'S MISSION AND GOALS? *

250 word(s) left

HOW HAVE THE NEEDS AND INTERESTS OF YOUR AUDIENCE(S) BEEN INCORPORATED INTO THIS PROJECT? HOW WILL YOUR AUDIENCES OR THEIR REPRESENTATIVES BE INVOLVED IN THE PROJECT? *

350 word(s) left

WHAT ARE THE HUMANITIES IDEAS INVOLVED AND FORMATS BEING USED? WHAT ROLE HAS OR WILL THE HUMANITIES SCHOLAR PLAY IN THE PROJECT? *

250 word(s) left

WHAT MATERIALS OR PLANS WILL RESULT FROM THIS PROJECT? (E.G., REPORTS, TIMELINES, SAMPLE MATERIALS, ETC.) WHAT DO YOU HOPE TO LEARN FROM THE PROJECT? *

250 word(s) left

VIII. PROJECT BUDGET

INCOMPLETE ▲

*Required

Your requested grant total: \$0

MATCH ⓘ

EXPENSE / EXPLANATION	GRANT REQUEST	COST SHARE CASH ⓘ	COST SHARE IN-KIND ⓘ	TOTAL APPLICANT COST SHARE	TOTAL GRANT REQUEST & MATCH
PROJECT PERSONNEL	\$0	\$0	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Line	ADD LINE +
75 character(s) left					
NOTES * Please note which Project Personnel are internal staff and which are consultants.					
<input type="text"/>					
100 word(s) left					
TRAVEL & LODGING	\$0	\$0	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Line	ADD LINE +
75 character(s) left					
NOTES					
<input type="text"/>					
100 word(s) left					
SUPPLIES & SERVICES	\$0	\$0	\$0	\$0	\$0

EXPENSE / EXPLANATION	GRANT REQUEST	COST SHARE CASH ⓘ	COST SHARE IN-KIND ⓘ	TOTAL APPLICANT COST SHARE	TOTAL GRANT REQUEST & MATCH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Line	ADD LINE +
75 character(s) left					
NOTES					
<input type="text"/>					
100 word(s) left					
INDIRECT COSTS ⓘ	\$0	\$0	\$0	\$0	\$0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove Line	ADD LINE +
75 character(s) left					
NOTES					
<input type="text"/>					
100 word(s) left					
TOTALS	\$0	\$0	\$0	\$0	\$0

IX. REQUIRED ATTACHMENTS

INCOMPLETE ▲

*Required

FINANCIAL STATEMENTS

Please submit a complete copy of your most recent audited financial statement (including “Notes to Financial Statements”) and your most recent 990. If audited financial statement is not available, please submit just the 990.

MOST RECENT AUDITED FINANCIAL STATEMENT OR 990 *

- UPLOAD PDF** (Max 20 MB)
- LARGER OR OTHER FILE**
- ANOTHER METHOD**

MOST RECENT 990.

- UPLOAD PDF** (Max 20 MB)
- LARGER OR OTHER FILE**
- ANOTHER METHOD**

SUPPORT MATERIALS (Up to 4)

Application support materials may relate to past programs or be directly connected to the proposed project. Examples of support materials include letters of commitment, evaluation reports, CVs, design materials, scopes of work, etc.

TITLE

- UPLOAD PDF** (Max 20 MB)
- LARGER OR OTHER FILE**
- ANOTHER METHOD**



REMOVE ATTACHMENT

ADD ANOTHER ATTACHMENT +

X. REVIEW AND SUBMIT

INCOMPLETE ▲

*Required

Once this application is complete, click SAVE FOR LATER. Forward the link to this application to the Authorizing Official to sign and submit.

The Authorizing Official and Project Director will receive a confirmation email from the New Jersey Council for the Humanities once the application is successfully submitted.

- * By signing and submitting this grant proposal, the Authorizing Official is acknowledging compliance with the New Jersey Council for the Humanities' Grant Guidelines. The Authorizing Official certifies that the applicant is established for nonprofit purposes and that the described project is and will be not-for-profit; no profit will be derived from the project, nor will any accrue to the applicant.

ONLY THE AUTHORIZING OFFICIAL OF THE SPONSORING ORGANIZATION MAY SIGN THIS DOCUMENT.

AUTHORIZING OFFICIAL SIGNATURE * *(Type full name here)*

TITLE OF AUTHORIZING OFFICIAL *

DATE OF SUBMISSION *

Please print out a copy of this application, or save as a PDF, for your records prior to submitting.

REVIEW

PRINT

SAVE PDF

SAVE FOR LATER

DRAFT APPLICATIONS WILL BE ACCEPTED UP TO TWO WEEKS BEFORE THE FINAL APPLICATION DEADLINE.

APPLICANT WILL NOT BE ABLE TO ACCESS THIS GRANT APPLICATION ONCE FINAL VERSION HAS BEEN SUBMITTED.

SUBMIT DRAFT

SUBMIT FINAL