



(<http://njhumanities.org/>)

NJCH INCUBATION GRANT APPLICATION

SAVE FOR LATER

I. PROJECT INFORMATION

INCOMPLETE ▼

***Required**

Please use the Save for Later button often to save your work. You can also refresh your page after saving to confirm your information has been saved.

PROJECT TITLE *

Test

SHORT PROJECT DESCRIPTION * (Limit 35 words)

none

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 (<http://njhumanities.org/grants/grants-overview/>) to determine eligible start dates. All expenses must be incurred within the established grant period.

GRANT PERIOD START DATE *

none

GRANT PERIOD END DATE *

none

TOTAL FUNDING REQUESTED * (Up to \$20,000)

none

II. APPLICANT INFORMATION

INCOMPLETE ▼

***Required**

ORGANIZATION NAME *

none

ADDRESS I *

none

ADDRESS 2 (Optional)

none

CITY *

none

STATE *

none

ZIP CODE + 4 *

none

ORGANIZATION CONTACT PHONE *

none

WEBSITE

none

FEDERAL EIN * (Enter numbers only)

none

DUNS NUMBER *

none

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

none

FIRST NAME *

none

LAST NAME *

none

TITLE

none

DEPARTMENT

none

ORGANIZATION

none

USE ADDRESS FROM APPLICANT ORGANIZATION?

ADDRESS 1 *

none

ADDRESS 2 (Optional)

none

CITY *

none

STATE *

none

ZIP CODE + 4 *

none

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

none

PHONE * (Daytime)

none

IV. AUTHORIZING OFFICIAL

INCOMPLETE ▲

*Required

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

PREFIX

none

FIRST NAME *

none

LAST NAME *

none

TITLE *

none

DEPARTMENT

none

ORGANIZATION *

none

USE ADDRESS FROM APPLICANT ORGANIZATION?

ADDRESS 1 *

none

ADDRESS 2 (Optional)

none

CITY *

none

STATE *

none

ZIP CODE + 4 *

none

EMAIL *

none

PHONE *

none

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 *
<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>

TITLE	DEPARTMENT	ORGANIZATION *
<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>

USE ADDRESS FROM APPLICANT ORGANIZATION?

ADDRESS 1 *	ADDRESS 2 (Optional)
<input type="text" value="none"/>	<input type="text" value="none"/>

CITY *	STATE *	ZIP CODE + 4 *
<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>

EMAIL *	PHONE *
<input type="text" value="none"/>	<input type="text" value="none"/>

VI. PROJECT TEAM

INCOMPLETE ▼

*Required

List the humanities scholar(s) involved in the project below first in the Project Team. Those who participate in the project intermittently or for a short duration do not need to be included in the Project Team (such as event speakers) and do not repeat any team members already captured above (such as Project Director). Additional project team members may be included as an attachment in the Supplemental Materials.

HUMANITIES SCHOLAR

PREFIX	FIRST NAME *	LAST NAME *
<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>

TITLE	DEPARTMENT	ORGANIZATION
<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>

ADDRESS 1 *	ADDRESS 2 (Optional)
<input type="text" value="none"/>	<input type="text" value="none"/>

CITY *	STATE *	ZIP CODE + 4 *
<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>

EMAIL *	PHONE *
<input type="text" value="none"/>	<input type="text" value="none"/>

HOW WILL THIS PERSON CONTRIBUTE? *

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

none

REMOVE TEAM MEMBER

BACK TO TOP OF TEAM SECTION

ADD TEAM MEMBER +

HOW AND WHY DID YOU CHOOSE YOUR COLLABORATORS? *

none

VII. PROJECT NARRATIVE QUESTIONS

INCOMPLETE ▼

*Required

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

none

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

none

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

none

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? *

none

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

none

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? *

none

VIII. PROJECT BUDGET

INCOMPLETE ▼

*Required

Add a line for each budget item. Use the required Notes section in each budget category to explain how you arrived at the budget numbers or to provide additional detail about requested expenses. If you do not have any expenses in a budget category, write N/A in the Notes section.

Your requested grant total:

none

EXPENSE / EXPLANATION	GRANT REQUEST	MATCH			TOTAL GRANT REQUEST & MATCH
		COST SHARE CASH	COST SHARE IN-KIND	TOTAL APPLICANT COST SHARE	
PROJECT PERSONNEL	\$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" value="none"/> 75 character(s) left NOTES * Please note which Project Personnel are internal staff and which are consultants.	<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>		
<input type="text" value="none"/> 100 word(s) left					
TRAVEL & LODGING	\$0	\$0	\$0	\$0	\$0
<input type="text" value="none"/> 75 character(s) left NOTES *	<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>		
<input type="text" value="none"/> 100 word(s) left					
SUPPLIES & SERVICES	\$0	\$0	\$0	\$0	\$0
<input type="text" value="none"/> 75 character(s) left NOTES *	<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>		
<input type="text" value="none"/> 100 word(s) left					
INDIRECT COSTS	\$0	\$0	\$0	\$0	\$0
<input type="text" value="none"/> 75 character(s) left NOTES *	<input type="text" value="none"/>	<input type="text" value="none"/>	<input type="text" value="none"/>		
<input type="text" value="none"/> 100 word(s) left					
TOTALS	\$0	\$0	\$0	\$0	\$0

• Calculated total grant request in Project Budget does not match total funding requested under Project Information (Section I)

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

none

- 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)

none

TITLE OF AUTHORIZING OFFICIAL *

none

DATE OF SUBMISSION *

none

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

REVIEW

PRINT

SAVE PDF [/APP/SAVEASPDF/INCUBATION/958D9F65DFF4ED055F50B2CEA6EAF2A6]

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
