I. PROJECT INFORMATION

*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)*
one

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

Options: NO

Incubation Grant applicants may propose a **grant period up to 12 months**. Please consult the Grant Calendar ([http://njhumanities.org/grants/grants-overview/](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)*
one

II. APPLICANT INFORMATION

*Required

ORGANIZATION NAME *
one

ADDRESS 1 *
one

ADDRESS 2 *(Optional)*
none

CITY *
none

STATE *
none

ZIP CODE + 4 *
none

ORGANIZATION CONTACT PHONE *
none

WEBSITE
none
III. PROJECT DIRECTOR

*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.

PHONE* (Daytime): none

IV. AUTHORIZING OFFICIAL

*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

*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
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

VI. Project Team

*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
none

FIRST NAME *
none

LAST NAME *
none

TITLE
none

DEPARTMENT
none

ORGANIZATION
none

ADDRESS 1 *
none

ADDRESS 2 (Optional)
none

CITY *
none

STATE *
none

ZIP CODE + 4 *
none

EMAIL *
none

PHONE *
none

HOW WILL THIS PERSON CONTRIBUTE? *
none

https://forms.njhumanities.org/app/create/incubation/958d9f65d4ed055f50b2cead6eaf2a6
WHAT ARE THIS PERSON'S MOST RELEVANT QUALIFICATIONS/EXPERIENCE? *

none

REMOVE TEAM MEMBER

HOW AND WHY DID YOU CHOOSE YOUR COLLABORATORS? *

none

VII. PROJECT NARRATIVE QUESTIONS

*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

*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

<table>
<thead>
<tr>
<th>EXPENSE / EXPLANATION</th>
<th>GRANT REQUEST</th>
<th>COST SHARE CASH</th>
<th>COST SHARE IN-KIND</th>
<th>TOTAL APPLICANT COST SHARE</th>
<th>TOTAL GRANT REQUEST &amp; MATCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT PERSONNEL</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Expense / Explanation</td>
<td>Grant Request</td>
<td>Cost Share Cash</td>
<td>Cost Share In-Kind</td>
<td>Total Applicant Cost Share</td>
<td>Total Grant Request &amp; Match</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>---------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

**Notes** *Please note which Project Personnel are internal staff and which are consultants.*

<table>
<thead>
<tr>
<th>Travel &amp; Lodging</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

**Notes** *

<table>
<thead>
<tr>
<th>Supplies &amp; Services</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

**Notes** *

<table>
<thead>
<tr>
<th>Indirect Costs</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

**Notes** *

<table>
<thead>
<tr>
<th>Totals</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
<th>$0</th>
</tr>
</thead>
</table>

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

**IX. Required Attachments**

*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**
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

TITLE OF AUTHORIZING OFFICIAL

none

DATE OF SUBMISSION *

none

* 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.

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