

# NJCH COVID-19 General Operating Support Grant

**Note to applicant:** For this application, we are much less concerned with polished writing than we are with getting you the support you need in a timely manner. This application will help you tell us what is happening in your organization, what you need, who you serve, and how you think this funding will help.

The suggested word limits are recommendations. We encourage you to be concise but please take the space you need to share the information you want to share. We will not be counting the words.

You will be unable to save your work in this form and return to it later. We strongly encourage you to work on your grant responses in a separate document and copy and paste your finalized responses into the fields.

Please review the [grant guidelines](#) before submitting your application.

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## Organizational Information

**Organization Name \***

**Organization Address \***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**Organization Website**

**County \***

**Organization EIN \***

**Organization DUNS**

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A DUNS number is not required for application but it is required for grant funds to be dispersed. If you do not have a DUNS number already, we recommend that you apply for this free number right away at <https://www.dnb.com/duns-number/get-a->

[duns.html](#).

### Primary Application Contact

This is the person who will serve as the primary organizational contact for NJCH staff for this application. This person will be contacted with any questions related to the application and will be notified of the award decision.

**Name \***

 

First Last

**Title \***

**Primary Contact Email \***

**Phone Number \***

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### Authorizing Official (if different from primary contact)

The authorizing official is the person who is authorized to enter into a grant contract with the New Jersey Council for the Humanities on behalf of the applicant organization.

**Name**

 

First Last

**Title**

**Authorizing Official Email**

**Phone Number**

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### Primary location of the people you serve through your mission

The town or region where you do the majority of your work or the biggest areas from which your audience is drawn. For example, you might say, “We serve the people of Toms River,” or “Audiences for our history programs mostly come from Mercer, Middlesex, and Somerset counties.” These are just two examples; please define the location of your audience in the way that makes the most sense for your organization.

**Primary Service Area \***

**Congressional District \***

Enter a value between 1 and 12.

**State Legislative District \***

Enter a value between 1 and 40.

**What does your organization do? What is your mission? Who does your organization serve and how?**

This is a place for you to tell us about your mission, the kinds of programs you run, and the people who benefit from your work. If your organization is led by and/or serves underrepresented groups, please provide further detail about how your work supports these communities. *Suggested Word Limit: 300 words.*

**Organization Mission and Audience \***

**Emergency Funding**

**Form 990 File Upload**

Please upload your most recently filed Form 990. We will use this form to gather information about your mission, core programs, and budget. Accepted Documents: Form 990 or 990-EZ. We require the actual form, not a receipt of filing.

**Form 990 \***

 no file selected

**Average budget over 3 years**

To determine this amount, add together your organization's operating budget over the last three years (including this year) and divide by 3.

**Average budget over 3 years \***

**Requested Amount**

Please indicate the dollar amount you are requesting from NJCH. Organizations may request up to 10% of the organization's average budget indicated above, to a maximum request of \$20,000. Most organizations will receive less than 10%.

**Requested Amount \***

**In what ways has your organization been affected by the economic impacts of the coronavirus? Select all that apply. \***

- Lost revenue (between approximately March 15 and the present; please consider all income streams, such as fundraising and event or admission fees)
- Lost space: we have lost or fear we might lose our space soon because we cannot make monthly rent, mortgage, or utility payments
- Staff layoff and/or reduction in hours
- We have temporarily suspended all of our programming
- We are at risk of permanent closure as a result of the financial impacts of COVID-19
- Other

**Financial Impact**

Please briefly explain the financial impacts of COVID-19 on your organization. How have your traditional sources of funding been impacted? What would you estimate is the total financial impact on your organization? \* This can be a tentative approximation. It does not have to be exact; this is an opportunity for you to help us understand the financial impact of the virus on your work. *Suggested word limit: 500 words.*

**Financial Impact \***

## Emergency Funding

What other sources of emergency financial relief are you seeking or have you received? Examples of other emergency relief include grants from other state or federal agencies (NEA, NEH, New Jersey State Council on the Arts, etc.), grants from private foundations, private donations, loans, etc. **Applying for or receiving other emergency grants does not affect your ability to receive an NJCH COVID-19 Response Grant.** *Suggested word limit: 300 words.*

### Emergency Funding \*

## Additional Information (optional)

If there is any information we have not requested, but which you feel is important for New Jersey Council for the Humanities in evaluating your application, please provide it here. *Suggested word limit: 300 words.*

### Additional Information

## Application Certification and Signature

In signing and submitting this grant application, the applicant certifies that the applicant organization will ensure that the acceptance paperwork and required reports are submitted on time and will comply with the certifications listed below.

NJCH is required to ask each applicant for certification of compliance with nondiscrimination statutes, debarment, and suspension. By signing and submitting this form, the organization's authorizing official is providing these certifications.

### Nondiscrimination Statutes and Regulations:

- (a.) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000 et seq.), which provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance;
- (b.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance;
- (c.) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance;
- (d.) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6106 et seq.), which prohibits discrimination on the basis of age

in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute; and

(e.) The Americans with Disabilities Act (ADA) of 1990.

**Certification regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (45 CFR 1169):**

(a.) The applicant organization certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

(b.) Where the applicant is unable to certify to any of the statements in the certification, such prospective participant shall attach an explanation to this proposal.

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**Review and Submit**

By signing and submitting this grant proposal, the applicant organization is acknowledging compliance with the New Jersey Council for the Humanities' CARES General Operating Support [grant guidelines and reporting requirements](#).

After you submit your application, you will receive a confirmation email that includes a copy of your submission.

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**Signature \***

Type Name Here
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