



HUNTERDON COUNTY
CULTURAL & HERITAGE
COMMISSION

HISTORY GRANTS 2017
County History Partnership Program (CHPP)

Hunterdon County Board of Chosen Freeholders
New Jersey Historical Commission

FINAL REPORT form for the Grant Cycle
January 2, 2017 to November 30, 2017

Mail Applications to:
PO Box 2900
Flemington, NJ 08822-2900

Deliver Applications to:
Route 12 County Complex, Building #1,
Suite 140, Flemington, NJ

FINAL REPORTS are due on or before 3pm
Friday, December 22, 2017

Questions? Please contact us at cultural@co.hunterdon.nj.us or 908.788.2010

The Hunterdon County Cultural & Heritage Commission received grant from the New Jersey Historical Commission, a division of the Department of State.



County History Partnership Program (CHPP)

History Grant FINAL REPORT CHECKLIST

Organization	
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- **This checklist must accompany the final report.**
- **The checklist items represent the order in which the report should be packaged.**
- **Check the column pertaining to the type of grant you received: Project (P) or General Operating Support (GOS)**
- **Check the shaded areas only if they pertain to your specific grant project.**

P	GOS	DESCRIPTION
		Checklist
		Signature page
		Narrative – tables (p.4), plus up to 5 pages of descriptive information
		Budget Forms (income and expenses)
		Budget Narrative (optional)
		Organizational Budget (municipal organizations - your division budget only), for the most recently completed fiscal year
		Required supplementary material produced as a result of the funded project, i.e. CAPES report, project plans, outlines, as appropriate
		For exhibition projects: exhibition outline, narrative, list of representative objects
		For projects involving identified lecturers/consultants: documentation of participation
		For collaborative projects: documentation of participation from the partnering school, organization or institution listing benefits of the funded activity
		For conservation or digitization projects: documentation & description of work completed
		Collateral materials: brochures, press clippings, programs, flyers etc. Up to 5 pages.

**County History Partnership Program (CHPP)
History Grant FINAL REPORT
Signature Page**

Complete the attached forms in a clear and concise manner. Forms must be typed.

ORGANIZATION															
ADDRESS															
PHONE #						FAX						E-MAIL			
WEBSITE															
CONTACT PERSON												TITLE			
ADDRESS															
PHONE #						FAX						E-MAIL			
FEDERAL ID #															
NJ CHARITIES REGISTRATION # **															
GRANT TYPE <i>Check box</i>				Project (P)				General Operating (GOS)							

PROJECT/PROGRAM SUMMARY (100 words or less)

GRANT REQUEST SUMMARY	
Grant request amount (from application)	
<u>Actual amount of CHPP re-grant</u>	
Total cash match (cash expenses)	
Total in-kind match (in-kind expenses)	

AUTHORIZING SIGNATURE		
I/We hereby certify that the information in this final report is true and correct and authorize its submission.		
Name and Title	Signature	Date

** New Jersey non-profit organizations raising more than \$10,000 a year must register with the NJ Division of Consumer Affairs, Charities Registration Bureau, 124 Halsey St., PO Box 45021, Newark, NJ 07101 (<http://www.state.nj.us/oag/ca/charity/charfrm.htm>)

CHPP History Grant FINAL REPORT
FINAL GRANT GRANT NARRATIVE (GOS and Projects)

ORGANIZATION	
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Answer the following questions.

1. Please provide visitation information for the grant period (January 2 to November 30):

Total number of all visitors to your site or sites (including children)	
Attendance at sponsored programs held off-site	
Total number of virtual visitors (including website and social media)	
Total number of website visitors	
Total number of social media visitors	
Children served, age preschool to grade 12	
Total number of visitors (on-site, off-site, and virtual)	

2. Please provide updated information on the operational status of your organization during the grant period (January 2 to November 30) as indicated in the table below:

Total operating expenses	
Full time staff	
Part-time staff	
Volunteers	
Members	
Total number of hours open annually	
Total salary expenses	

3. Please include a narrative no longer than 5 pages that describes the impact that GOS funding has had on your institution over the entire grant period. Use plain white paper, number the pages, and place your organization’s name on every page. Use no more than three (3) typed pages, single-sided, single spaced, one inch margins. Use a common font such as Times New Roman or Arial, no smaller than 11 and no larger than 12.

Be sure to address the following items in your narrative:

- A. Discuss your institutional progress as it relates to NJHC funding priorities.

- B. Discuss any significant changes to your institution's leadership and/or staff.
 - C. Discuss any budget issues/concerns and their impact on your institution's operations and/or programs.
 - D. Discuss your current audience engagement and outreach strategy.
 - E. Any issues, concerns, challenges, or achievements that you want to communicate to Cultural & Heritage Commission staff.
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- 4. Please complete the Income spreadsheet in Excel format.
 - 5. Please complete the Expenses spreadsheet in Excel format.
 - 6. Please provide a sample of your organization's collateral material (up to 5 pages). The required funding credit to the Hunterdon County Cultural & Heritage Commission and the New Jersey Historical Commission must appear on all printed materials.

CHPP History Grant Final Report
PROJECT GRANT FINAL REPORT BUDGET

ORGANIZATION	
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PROJECT EXPENSES

(this form is available in Excel format: <http://www.co.hunterdon.nj.us/depts/c&h/grantprograms.htm>)

Expenditure	ACTUAL EXPENDITURES & ENCUMBRANCES, ENTIRE GRANT PERIOD			TOTAL
	CHPP Grant Funds	Matching Funds*		
		Cash	In-Kind**	
Staff salaries, benefits, payroll taxes				
Professional services, honoraria, fees				
Insurance, accountant services				
Equipment purchases				
Equipment rental				
Space rental				
Publicity, marketing				
Photography, photocopying				
Travel, transportation				
Phone, postage				
Printing				
Supplies, materials				
Hospitality				
Other (list)				
TOTAL				
TOTAL CASH				

*** ReGrantees must match the funding requested at least on a 1:1 basis. The match can consist of cash, or a mix of cash and in-kind contributions. At least 50% of match must be cash.**

****In-kind contributions are donated goods and services for which the organization does not pay cash, but which have documentable cash value. You may include the value of volunteers' time.**

CHPP History Grant Final Report
PROJECT GRANT FINAL REPORT BUDGET

ORGANIZATION	
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PROJECT INCOME

(this form is available in Excel format: <http://www.co.hunterdon.nj.us/depts/c&h/grantprograms.htm>)

ACTUAL INCOME, ENTIRE GRANT PERIOD			
Description	Cash	In-Kind*	TOTAL
Memberships			
Admission fees, ticket sales, registrations			
Merchandise, concession, ad sales			
Fundraising activities, events			
Business contributions			
Foundations			
Private contributions			
Government contributions (other than HCC&HC, please specify sources)			
Organization cash			
Other (please specify)			
TOTAL			
CHPP Grant Funds			
Total Grant + Other Income:			

*** In-kind contributions must equal in-kind expenses outlined on previous page.**

**** Total Organization Income must equal or exceed the CHPP Grant request**

CHPP History Grant Final Report
PROJECT GRANT FINAL REPORT BUDGET

ORGANIZATION	
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PROJECT BUDGET NARRATIVE

Discuss the project's finances. Explain how grant funds were spent. Tell us how you arrived at the amounts entered in the expense and income categories you completed.

Examples: If you hired a consultant for \$200, explain in the narrative that the consultant worked for 4 hrs @ \$50/hr. If your printing total was entered as \$500, the detail might read 1,000 color brochures @.50/each. Be sure to explain how the expenses related to and supported your project.

CHPP History Grant Final Report
GENERAL OPERATING SUPPORT (GOS) GRANT BUDGET

ORGANIZATION	
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ORGANIZATIONAL EXPENSES

(this form is available in Excel format: <http://www.co.hunterdon.nj.us/depts/c&h/grantprograms.htm>)

ACTUAL EXPENDITURES & ENCUMBRANCES, ENTIRE GRANT PERIOD				
Category of Expenditure	CHPP Grant Funds	Matching Funds*		TOTAL
		Cash	In-Kind**	
Staff salaries, benefits, payroll taxes				
Professional services, honoraria, fees				
Insurance, accountant services				
Equipment purchases				
Equipment rental				
Space rental				
Publicity, marketing				
Photography, photocopying				
Travel, transportation				
Phone, postage				
Printing				
Supplies, materials				
Hospitality				
Other (list)				
TOTAL				
TOTAL CASH				0

*** ReGrantees must match the funding requested at least on a 1:1 basis. The match can consist of cash, or a mix of cash and in-kind contributions. At least 50% of match must be cash.**

****In-kind contributions are donated goods and services for which the organization does not pay cash, but which have documentable cash value. You may include the value of volunteers' time.**

CHPP History Grant Final Report
GENERAL OPERATING SUPPORT (GOS) GRANT BUDGET

ORGANIZATION	
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ORGANIZATIONAL INCOME

(this form is available in Excel format: <http://www.co.hunterdon.nj.us/depts/c&h/grantprograms.htm>)

Description	ACTUAL INCOME, ENTIRE GRANT PERIOD		
	Cash	In-Kind*	TOTAL
Memberships			0
Admission fees, ticket sales, registrations			0
Merchandise, concession, ad sales			0
Fundraising activities, events			0
Business contributions			0
Foundations			0
Private contributions			0
Government contributions (other than HCC&HC, please specify sources)			0
Organization cash			0
Other (please specify)			0
TOTAL	0	0	0
CHPP Grant Award	0		
Total Grant Award + income	0		

* *In-kind contributions must equal in-kind expenses outlined on previous page.*

** *Total Organization Income must equal or exceed the CHPP Grant request*

CHPP History Grant Final Report
GENERAL OPERATING SUPPORT (GOS) GRANT BUDGET

ORGANIZATION	
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GENERAL OPERATING SUPPORT (GOS) BUDGET NARRATIVE

Discuss the project's finances. Explain how grant funds were spent. Tell us how you arrived at the amounts entered in the expense and income categories you completed.

Examples: If you hired a consultant for \$200, explain in the narrative that the consultant will work for 4 hrs @ \$50/hr. If your printing total was entered as \$500, the detail might read 1,000 color brochures @.50/each. Be sure to explain how the expenses related to and supported your project. Discuss principal income sources and how those amounts were achieved.

For information on the County History Partnership Grant program, please contact the Commission by phone at 908.788.1490 or email at cultural@co.hunterdon.nj.us

Please visit our website at <http://www.co.hunterdon.nj.us/depts/c&h/c&h.htm>



This application is available in large print.

If you need assistance filing a grant application, contact the commission office at 908.788.1490.

The Hunterdon County Heritage Commission received a grant from the New Jersey Historical Commission, a division of the Department of State. Please visit the NJHC website at www.state.nj.us/state/history/

GLOSSARY OF TERMS

ADMISSIONS - Funds generated through the sale of tickets or other admission.

APPLICANT CASH - Funds from applicant's present and/or anticipated resources that applicant plans to provide to proposed project/organization which are neither earned nor received during the grant period and will be used towards general operating or project costs or to underwrite overall budget.

AUTHORIZING OFFICIAL - Person with authority to legally obligate applicant.

CAPITAL EXPENSES - Capital expenses (acquisition or improvement of fixed assets, including the construction of structures and work such as roofing, replacement of gutters, windows, doors, and the removal or addition of interior walls, and major landscaping projects; and purchases of equipment having a life expectancy of greater than three years) may be used as part of your match, however, grant funds cannot be used for capital purchases.

CASH MATCH – see Matching Requirements.

CONTACT PERSON - Person to contact for additional information about the application; the person with immediate responsibility for the project.

CONTRACTED SERVICES INCOME - Services sold to another organization for their fund-raising purposes are included in this category.

CORPORATE SUPPORT - Cash support from corporations.

FOUNDATION SUPPORT - Cash support from grants/donations by private foundations.

GOVERNMENT SUPPORT - Funds received from a governmental agency (excluding this grant request). Identified as "L" for local (HCC&HC Special Projects & Local Arts Program awards are to be included in this category), "S" for State, and "F" for Federal.

IN-KIND CONTRIBUTIONS - Value of materials or services (for Project applicant contribution(s), must be specifically identified with the project) provided to applicant by volunteers or outside parties at no cash cost to applicant. Materials or services should be valued at "market value" or "market rate." See Matching Requirements.

MARKETING - Costs for marketing/publicity/promotion specifically identified within the request. Do not include payments to individuals or firms that belong under "Personnel" or "Other Fees and Services." Include costs of newspaper, radio, and television advertising; printing and mailing brochures; fliers and posters; and space rental when directly connected to promotion, publicity or advertising.

MATCHING REQUIREMENTS, ALL CATEGORIES - The amount requested for GOS Re-grants must be matched equally by the applicant from any outside sources, such as ticket sales, other grants, donations, fundraisers or memberships, etc. 50% of the match must be in cash; 50% of the match may be “in-kind”. Example: An applicant requesting \$5,000 must match the awarded funds with its own \$5,000; 50% of the applicant’s match (\$2,500) may be “in-kind” goods or services, while the other 50% of the applicant’s match must be cash. The total value of the request is \$10,000, of which \$7,500 will be cash. See guidelines for details.

MINORITY - Refers to the following racial and ethnic categories: American Indian, Alaskan Native, Asian or Pacific Islander, Black (not of Hispanic origin), Hispanic or Latino. (See “Special Constituency.”)

OFFICE/OPERATING EXPENSES - Non-salary office expenses not entered in other categories and specifically identified with the project.

OUTSIDE FEES/SERVICES: Payment to firms or persons for the services of individuals who are not normally considered employees of “applicant” but consultants, or the employees of other organizations.

PERSONNEL: ADMINISTRATIVE - Salaries, wages, fees, and benefits (for Projects, specifically identified with the Project) for executive and supervisory administrative staff, fundraisers; clerical staff such as secretaries, typists, bookkeepers; and supportive personnel such as maintenance and security staff, etc.

PERSONS WITH DISABILITIES - Persons who have visual, hearing, mobility or learning disabilities or life-threatening illnesses.

PRIVATE SUPPORT - Cash support from the general public, memberships and small businesses.

RENTALS - Anything that the organization rents for its project or general operations: sound system, space, etc.

SALES - Money generated by selling goods or services.

SPACE RENTAL - Payments specifically identified with the project for rental of office, rehearsal, theatre, hall, gallery, and other such spaces.

SPECIAL CONSTITUENCY - Persons with disabilities, senior citizens, children, rural populations, persons confined to residential care facilities, economically disadvantaged persons, and minority populations.

TRAVEL/TRANSPORTATION – (current state mileage allowance is \$.31 per mile)
Expenses directly related to the travel of an individual or individuals specifically identified with

the project. For transportation not connected with travel of personnel, see “Remaining Operating Expenses.” Include fares, hotel and other lodging expenses, food, taxis, gratuities, per diem payments, toll charges, mileage at the current rate, allowances on personal vehicles, car rental costs, etc.

UNIVERSAL ACCESSIBILITY SYMBOLS

It is highly recommended that your organization consult the “ADA Self-Assessment Survey and Planning Tool” available from <https://njtheatrealliance.org/cultural-access-network-project>



This symbol means the organization complies with the following architectural features:

- Accessible private parking or valet service.
- At minimum, an organization has to have the required ratio of disabled-designated parking spaces in a privately controlled lot.)
- An accessible route from the parking area to the accessible building entrance
- An accessible entrance to the primary function
- An accessible bathroom
- Provisions for wheelchair seating



This symbol means the organization has an Assistive Listening System (either Infrared, FM, or Induction Loop) in its assembly area.



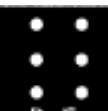
This symbol means the organization offers sign-interpretation for select performances. In some cases, sign interpretation will only be offered if requested within a designated period of time prior to the event.



This symbol means the organization offers open or closed captioning for select performances. Please note: In some cases, captioning will only be offered if requested within a designated period of time prior to the event.



This symbol means the organization offers audio description for select performances. Please note: In some cases, audio description will only be offered if requested within a designated period of time prior to the event.



This symbol means the organization offers Braille programs. Please note: in some cases, Braille materials will only be offered if requested within a designated period of time prior to the event.



This symbol means the organization offers Large Print programs. Please note: In some cases, Large Print materials will only be provided if requested within a designated period of time prior to the event.