



HUNTERDON COUNTY
CULTURAL & HERITAGE
COMMISSION

HISTORY GRANTS 2018
County History Partnership Program (CHPP)

Hunterdon County Board of Chosen Freeholders
New Jersey Historical Commission

FINAL REPORT form for the Grant Cycle
January 2, 2018 to December 31, 2018

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

Deliver to:
Cultural & Heritage
1st floor, Historic Courthouse
71 Main St Bldg 3, Flemington, NJ

Please do not put reports under the door. The offices are alarmed.

FINAL REPORTS are due on or before 3pm
MONDAY, JANUARY 7, 2019

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	
---------------------	--

- **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 – includes attendance tables (p.4)
		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>	<input type="checkbox"/>	Project (P)	<input type="checkbox"/>	General Operating (GOS)	<input type="checkbox"/>

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) - must equal to 50% of grant	
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	
---------------------	--

Answer the following questions.

1. Please provide visitation information for the grant period (January 2 to December 31):

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 December 31) 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 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.

4. **Please complete the Income spreadsheet in Excel format.**
5. **Please complete the Expenses spreadsheet in Excel format.**
6. **Budget narrative (optional) – this is your opportunity to describe in greater detail than may be communicated on a spreadsheet how grant funds were spent, and how you arrived at the amounts entered in the income and expense categories. Please add up to one page following your Excel budget income and expense pages.**
7. **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.**

INSERT EXCEL FINAL REPORT BUDGET PAGES HERE

<http://www.co.hunterdon.nj.us/depts/c&h/grantprograms.htm>

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.

GENERAL OPERATING SUPPORT (GOS) BUDGET NARRATIVE

Discuss the organization'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

activities during the grant period. Discuss principal income sources and how those amounts were achieved.

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://njtheatrealiance.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.