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The Society of Colonial Wars in the State of New Jersey

**Guidelines for Grant Applications**

The Society of Colonial Wars in the State of New Jersey (SCWNJ) welcomes applications for grant funding for worthwhile projects related to the colonial period of the USA beginning with the settlement of Jamestown, Virginia, on May 13, 1607, and preceding the battle of Lexington, Massachusetts, on April 19, 1775.

Projects considered for funding include:

1. Physical restoration and preservation of documents, objects or structures after all plans for such restoration or preservation have been approved. Routine maintenance or consultant’s studies will not ordinarily be considered for funding.
2. Educational programs in any format or medium.
3. Other worthy programs or projects, including research grants.

Projects must be completed within the year of the grant. However, the Society may consider renewing funding for projects that remain uncompleted after one year. Multi-year projects may also be considered.

Projects must have a nexus to the State of New Jersey, i.e., be physically located within the state or otherwise particularly related to the state in some significant aspect.

Application Procedures:

1. Applications must be received by March 31st in the year requesting a grant, unless authorized by the committee.
2. All applications must be in completed on the official form herein. No other applications will be considered.
3. Applications must be typed, not handwritten.

**Guidelines for Grant Applications**

1. Applications shall be considered solely on the basis of the material submitted with the application. However, the applicant may be invited to meet representatives of the Society in person to provide additional information about the project.
2. An application may be approved for funding subject to a challenge grant, whereby the Society approves a set percentage of the requested amount of money contingent upon the applicant raising new monies to pay for the match.
3. Grant funds shall be released only when acceptable invoices are presented to the Society for work carried out on the project. If this arrangement proves impracticable, alternative arrangements can be considered.
4. All applicants receiving grants shall, if so requested by the Society, appear in person at a future meeting of the Society and present at no charge to the Society details of the project that was funded.
5. An applicant may be eligible to receive a grant from the General Society of Colonial Wars under its partial matching grant program. In such instance, the applicant shall agree to use such funds only in accordance with instructions provided by our Society.
6. Incomplete applications will not be considered.
7. Applications should be filled out on these pages and **emailed** to: Rick Gregg, SCWNJ Grants Committee Chairman, rgregg67@msn.com. Please do not exceed the space provided (pp. 1-8). However, graphics, photographs, pamphlets or additional information may be included in a separate single Appendix limited to 3 pages. If the Appendix is very large, consider sending in a separate email to avoid email attachment size limitations.

I understand and hereby agree to be bound by all the terms and instructions (pp. 1 & 8):

(write **Yes** or **No)**\_\_\_\_\_\_\_\_\_\_\_\_ MUST BE COMPLETED BY PRINCIPAL APPLICANT INDIVIDUAL.

**Society of Colonial Wars in the State of New Jersey**

**Grant Application Face Sheet**

*\*Project Title:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal Applicant Individual (must be an individual who can be contacted):*

\*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant Organization:*

\*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Tax Identification Number of Applicant Organization* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Names of Officers of Applicant Organization:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Administrative/Financial Person at Applicant Organization to be contacted if award is made:*

\*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*How Will the Society of Colonial Wars Be Identified As Donor?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Brief Description of Applicant Organization’s Activities/Mission:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Total Dollar Amount of Funding (full or matching) Requested:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*required

**Society of Colonial Wars in the State of New Jersey, Grant Application**

\*Principal Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please describe the Specific Work that will be carried out with SCWNJ funds, in some detail, step by step. Who will do the work described? What are their qualifications? When will the Specific Work be completed?**

**Society of Colonial Wars in the State of New Jersey, Grant Application**

\*Principal Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please give the Budget for the project including estimated approximate dollar amounts for each step of the Specific Work described on Page 1, based on a realistic professional estimate if possible. Please state and describe whether any preliminary work has already been completed or is ongoing on this project.**

**Society of Colonial Wars in the State of New Jersey, Grant Application**

\*Principal Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Why is this work important, and how does it meet SCWNJ Grant Application Guidelines? Please use this page also for any relevant Background Information.**

**Society of Colonial Wars in the State of New Jersey, Grant Application**

\*Principal Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*What grant-funded projects has the Applicant/Applicant Organization carried out in the past? Were these projects completed? What was the source of support and dollar total for each project?**

**\*What grant-funded projects are currently active for the Applicant/Applicant Organization? What is the source of support and dollar total for each project? When will these projects be completed?**

Please use extra pages if necessary (for this page only).

**Society of Colonial Wars in the State of New Jersey, Grant Application**

\*Principal Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please add any additional information that will help the reviewers evaluate the application.