

**2026 BERGEN COUNTY HISTORY GRANT PROGRAM**  
**DECLARATION OF INTENT TO APPLY\***

**DEADLINE: FRIDAY OCTOBER 3, 2025**

**APPLICANT INFORMATION**

**NAME OF APPLICANT (organization/municipality):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TYPE OF ORGANIZATION:** SOCIETY \_\_\_\_\_ HISTORY MUSEUM \_\_\_\_\_ LIBRARY \_\_\_\_\_

HISTORIC PRESERVATION COMMISSION \_\_\_\_\_ MUNICIPAL GOVERNMENT \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**WEBSITE (IF APPLICABLE):** \_\_\_\_\_

**FEDERAL IDENTIFICATION NUMBER:** \_\_\_\_\_

**CHARITIES REGISTRATION NUMBER:** \_\_\_\_\_

**ANNUAL OPERATING BUDGET:** \_\_\_\_\_

**TYPE OF GRANT REQUEST (CHECK ONLY ONE):**

\_\_\_\_\_ **GOS**     Maximum request \$10,000. 1:1 Match strongly encouraged

\_\_\_\_\_ **SP**     Maximum request \$3000

**AMOUNT REQUESTED:** \_\_\_\_\_

**NARRATIVE:** Provide a brief description of the organization, its mission, whom it serves, and the proposed purpose of the re-grant award on a separate sheet of paper. The description should not exceed one page.

**NAME OF AUTHORIZING OFFICIAL:** \_\_\_\_\_

**TITLE OF AUTHORIZING OFFICIAL:** \_\_\_\_\_

**DAYTIME TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZING OFFICIAL

\_\_\_\_\_  
DATE

*\*Please note that submission of an Intent does not guarantee funding - a full grant application must be recieved.*