



GRANT APPLICATION

HILLSBOROUGH AFFINITY FCU CREDIT CARD PROGRAM HILLSBOROUGH TOWNSHIP, NEW JERSEY

This application is for funding made available through Hillsborough Township Affinity FCU Credit Card Program established February, 2009.

Please type or print and provide all information requested in this application. Incomplete applications will result in delay or rejection.

Organization Name and Address _____

Organizations must be located in Hillsborough and represent a not-for-profit or non-profit organization (501 C3) i.e. youth/senior. Requests benefitting the largest number of citizens will receive higher considerations.

Provide non-profit ID number _____

Number of citizens who will benefit from this grant _____ Youth _____ Senior

Contact Name/position _____

Email _____ **Phone Number** _____

Organization Mission _____

Purpose for Grant. Provide a brief description of why you are requesting funding, what grant will be used for and benefit from it. If you need more space you may submit an attachment.

Total Grant Requested _____

Maximum Allowed is \$2000.

Grant Criteria:

Must **attach two (2) estimates** for items sought.

Requests **must include all costs** (shipping and handling, etc.)

Overages are responsibility of applicant (i.e. items costing more than grant amount).

Organizations may be asked to provide proof of ability to pay overage.

Items **must be for material (tangible) objects** (i.e. tents/equipment).

Exclusions are but not limited to **trips, labor costs** etc. for youth organizations.

Items essential for the operation of an organization will be given top priority.

Organizations may be asked to meet with credit card committee if clarification of a request is needed.

Items shall not be purchased which need to be insured by township (i.e. canoes).

Township retains ownership of items purchased through this program.

If the township pays partial cost they retain partial ownership.

Multiple items are **acceptable** on a single grant, with maximum of \$2000 per grant period/per organization.

Items(s) will not be considered for the purpose of "gifting" or loaning to 3rd party organizations.

Is this a new project? _____ YES _____ NO

If no explain _____

Have you requested funding for this purpose from other sources _____ Yes _____ NO

If yes where else did you apply _____

Did you receive funding? _____ YES _____ NO

How much money was awarded

How was funding used _____

Have you previously requested grants from the Hillsborough Credit Card program?

_____ YES _____ NO

If yes when did you apply? _____

Did you receive funding? _____ YES _____ NO

How much was your organization awarded? _____

I hereby affirm that the funding requested in this application will be used for the purpose identified herein. I understand that the grant must be used for this purpose within twelve (12) months of receipt or it will be forfeited and rolled back into the Credit Card account. An extension may be granted under special circumstances.

SIGNED: _____ Date: _____

CHECKLIST

___ Checked all boxes requiring a _____ YES _____ NO answer?

___ Attached 2 estimates for items(s)?

___ Provided your non-profit ID Number?

___ Supplied contact information?

___ Signed Application and initialized checklist? Signed _____

RETURN COMPLETED FORM TO:
TOWNSHIP ADMINISTRATOR
HILLSBOROUGH TOWNSHIP MUNICIPAL BUILDING
379 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844