



## GRANT APPLICATION

### HILLSBOROUGH TOWNSHIP, NEW JERSEY

This application is for funding made available through Hillsborough Township 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

How many adults are in your organization? \_\_\_\_\_

How many Hillsborough Reward Credit Cards are held by your organization? \_\_\_\_\_

**Contact Name/position** \_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**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.

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Total Grant Requested \_\_\_\_\_  
**Maximum Allowed is \$2,000.**

**Grant Criteria:**

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

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

Overages are the responsibility of the 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 the 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 a maximum of \$2,000 per grant period/per organization.

Items(s) will not be considered for the purpose of "gifting" or loaning to 3<sup>rd</sup> 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 \_\_\_\_\_

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Did you receive funding?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

How much money was awarded

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How was funding used \_\_\_\_\_

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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

OR VIA EMAIL: [clerksoffice@hillsborough-nj.org](mailto:clerksoffice@hillsborough-nj.org)