DISCOVER NJ HISTORY LICENSE PLATE FUND FOR HERITAGE TOURISM

Please read the following information carefully before starting the application.

This is a new application for the *Discover NJ History* License Plate Fund for Heritage Tourism. Creating a login is optional but highly recommended so that you can save and return to your application. If you previously created a login for the old form, you will need to create a new one for this form.

All applicants should read the **_Discover NJ History_ License Plate Fund for Heritage Tourism Guidelines** before applying. The guidelines include important information about eligible applicants and activities, criteria for evaluation, schedule for review, and more.

Nonprofit organizations must provide:

- IRS letter documenting tax-exempt status
- NJ Charities Registration Number

The NJ Charities Registration Number is available from the NJ Division of Consumer Affairs. To look up a number, visit www.njconsumeraffairs.gov/charities. For further assistance, contact the Division of Consumer Affairs at (973) 504-6215.

NEW Application due dates and schedule for review

Applications received by the following dates will be considered at the subsequent board meeting:

February 1

May 2

August 1

November 2

Applications received after these dates will roll into the next round. NJ Historic Trust board meetings typically occur in March, June, September, and December, but are subject to change. Visit https://www.nj.gov/dca/njht/programs/discover/ for the current schedule.

CLICK HERE to view a pdf of the full application. This is for reference only, the preferred method of application is online.

Contact NJ Historic Trust staff with any questions at njht@dca.nj.gov or (609) 984-0473.

Save & Return
Save your progress and complete this form later. (optional)

Create an account or login

Applicant Information

Applicant Organization: *

Organization Type *

○ Nonprofit

○ State, County, or Municipal Entity

Federal EIN: *

NJ Charities Registration Number (visit www.njconsumeraffairs.gov/charities to lookup a number or for more information): *

NJ START Vendor ID (Not required to apply, but will be required if a grant is awarded. Visit www.njstart.gov to search for your number or to register.)

Organization website:

Project Contact Person:

First Name *

Last Name *

Title & Organization: *

Street Address *

Address Line 2

[   ]

City *

[   ]

State *

[▼]

Zip Code *

[   ]

Phone Number *

[   ]

Email Address *

[   ]

Project Information

Project Title: *

[   ]

Primary Site: * ⓘ

[   ]

Primary Site Street Address *

[   ]

Address Line 2

[   ]

City *

[   ]

State *

[▼]

Zip Code *

[   ]

NJ Legislative District ([click here for a list of legislators by municipality](#)**):** *

[   ]

US Congressional District (click here to find your representative): *

Identify any additional historic resources involved in this funding request:

Describe the goals, anticipated outcomes, and how the proposed project will enhance heritage tourism opportunities. *

How will this project benefit the identified historic resources? *

Describe the role the applicant organization will have in this project and identify what specific skills and benefits the organization brings to the proposed project. Identify the project coordinator and any pertinent staff, board members, or volunteers who will be involved and describe their role in the project. You can upload resumes in the attachments section. *

Identify any partner organizations and their role in the project, if applicable.

Are consultant services proposed as part of this project? *

○ Yes

○ No

Describe the role and services to be provided by the consultant. You can upload supporting documents, such as a proposal and resumes, in the attachments section. *

Does the proposed project fit into a broader heritage tourism plan/agenda? *

○ Yes

○ No

Identify the broader heritage tourism plan(s)/agenda(s). Describe how this projects fits in and how it helps forward the goals of that plan(s). You can upload or provide a link to the plan(s) in the attachments section. *

How will the proposed project benefit the community economically? Describe any other benefits to the community that will result from this project. *

What is the time frame for completing this project? *

How will the success of this initiative be measured? *

Project Budget

Grant request (maximum $5,000): *   **Total Project Budget:** *

Itemize the complete project budget. If the total budget exceeds the grant request, identify the source of the additional funding. *

Attachments

Upload resume(s) of project coordinator and pertinent staff/board/volunteers. *

Upload any supporting documents related to consultant services, including but not limited to, resume(s) and a proposal.

Upload the broader heritage tourism plan or agenda this project supports.

Provide any additional documentation such as design of brochure or signage, product specification sheet, or tourism assessment. If documents are available online, you may provide the links below instead of uploading them.

If any of the additional documentation is available online, you may provide the links below, instead of uploading them.
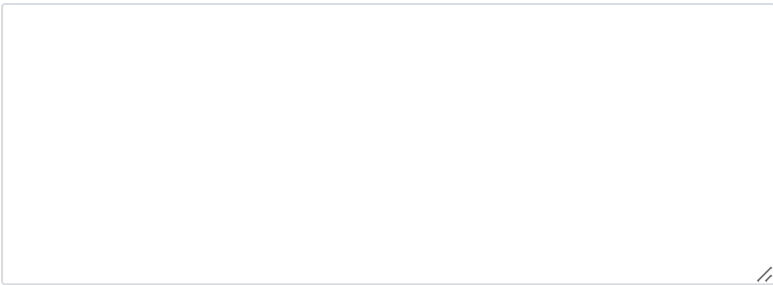
Applicant Assurances

*

☐ By checking this box, I am submitting this request for assistance to the New Jersey Historic Trust as the duly authorized representative for the applicant organization.

Name and Title: *

*