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Create an account or login

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Emergency Intervention Fund Preserve New Jersey

Please read the following information carefully before starting the application.

This is a new application for Emergency Intervention Fund. 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 **Emergency Intervention Fund Guidelines** before applying. The guidelines include important information about eligible applicants and activities, criteria for evaluation, schedule for review, and more.

Eligible Applicants: NJ Municipal, County, State Organization/ Agency or 501c Nonprofit Organizations.

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.

Applications will be reviewed within 5 days of receipt.

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.

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

Identify emergency type/ threat *

- Structural
- Development
- Planning
- Preservation
- Stabilization
- Archaeology

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 nature of the emergency. *

How will this project abate the emergency? Identify expected outcomes. *

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. *

Are consultant services proposed as part of this project? *

Yes

No

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

Describe the skills and experience of the consultant/ contractor. *

Is the property listed in the NJ State Register of Historic Places? If not, describe the property's historic significance relevant to criteria. *

What is the time frame for completing this project? *

Project Budget

Grant request: *

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 or proposed contractors, including but not limited to, resume(s), proposal(s) and RFP(s).

Provide any additional documentation such as ordinances, or National/ State Register Nomination. 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: *

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