NEW JERSEY CULTURAL TRUST CAPITAL PRESERVATION GRANTS

Applicant Workshop – January 2023

WHAT IS THE NEW JERSEY CULTURAL TRUST?

Mission and Purpose

- Make investments to ensure a stable and healthy cultural industry that is sustainable even in the toughest of economic times
- Support institutional and financial stabilization of arts, history, and humanities organizations in New Jersey
- Support capital projects at arts, history, and humanities organizations in New Jersey

Grant Programs

- Funding for grants comes from interest earned on the Cultural Trust Fund, which is a permanent investment fund.
- Grant programs are designed and administered by *recommending agencies* (in FY24, the recommending agency is the New Jersey Historic Trust)
- Organizations must first be designated "qualified" by the Cultural Trust in order to participate in Cultural Trust programs

CULTURAL TRUST BOARD AND STAFF

Board

- 9 Public Members
- 5 Ex-Officio Members, representing:
  - Department of State
  - Treasury
  - NJ Historical Commission
  - NJ State Council on the Arts
  - NJ Historic Trust

Staff

Isabel (Izzy) Kasdin,
Executive Director
609-633-0522
Isabel.Kasdin@sos.nj.gov

WHAT IS THE NEW JERSEY HISTORIC TRUST?

- 12 Citizen Members
- 3 Ex-Officio Members, representing
  - Department of Community Affairs
  - Department of Environmental Protection
  - Treasury

- The mission of the New Jersey Historic Trust is to advance historic preservation in New Jersey for the benefit of future generations through education, stewardship and financial investment programs that save our heritage and strengthen our communities.

TRUST STAFF

- Dorothy Guzzo, Executive Director
- Historic Preservation Specialists:
  - Alexis Alemy
  - Jennifer Boggs
  - Shannon Bremer
  - Glenn Ceponis
  - Judith Murphy, AICP, PP
  - Ashley Parker
  - Vito Scocozzo
- Carrie Hogan, Fiscal Officer
- Paula Lassiter, Secretary

NEW JERSEY HISTORIC TRUST

GRANT GUIDELINES

An Overview

ELIGIBLE APPLICANTS

- All history, arts, and humanities organizations with stewardship responsibility for historic resources that are listed on the New Jersey Register of Historic Places, and are *qualified* by the New Jersey Cultural Trust, are eligible to apply.
- Schools, units of government, and religious organizations are NOT eligible applicants.
- For all requests other than acquisition, applicants must demonstrate control of the property through a deed or valid lease to be considered eligible.

QUALIFICATION

- In order to be eligible for funds in this program, organizations must first be designated qualified by the New Jersey Cultural Trust.
- Applications for qualification are available on the Cultural Trust website and must be postmarked no later than February 17, 2023.
- Organizations not qualified by March 15, 2023, will not be considered eligible for this grant round.
- **Applying for qualification is a separate process**, distinct from applying for this grant program.

New Jersey Cultural Trust

ELIGIBLE PROPERTIES

- Individually listed in the New Jersey and/or National Register of Historic Places
- Contribute to the significance of a historic district listed in the New Jersey and/or National Register of Historic Places
- All properties must be listed at time of application to be considered eligible.

ELIGIBLE ACTIVITIES

- Includes stabilization, repair, restoration, adaptive reuse, and improvements to cultural or historic properties, including adapting for increased accessibility.
- All work must be in conformance with the *Secretary of the Interior's Standards for Historic Preservation.*
- Project budget may include proposed non-construction expenses for architectural or engineering services up to a total of 20% of proposed budget.

OTHER GUIDELINES

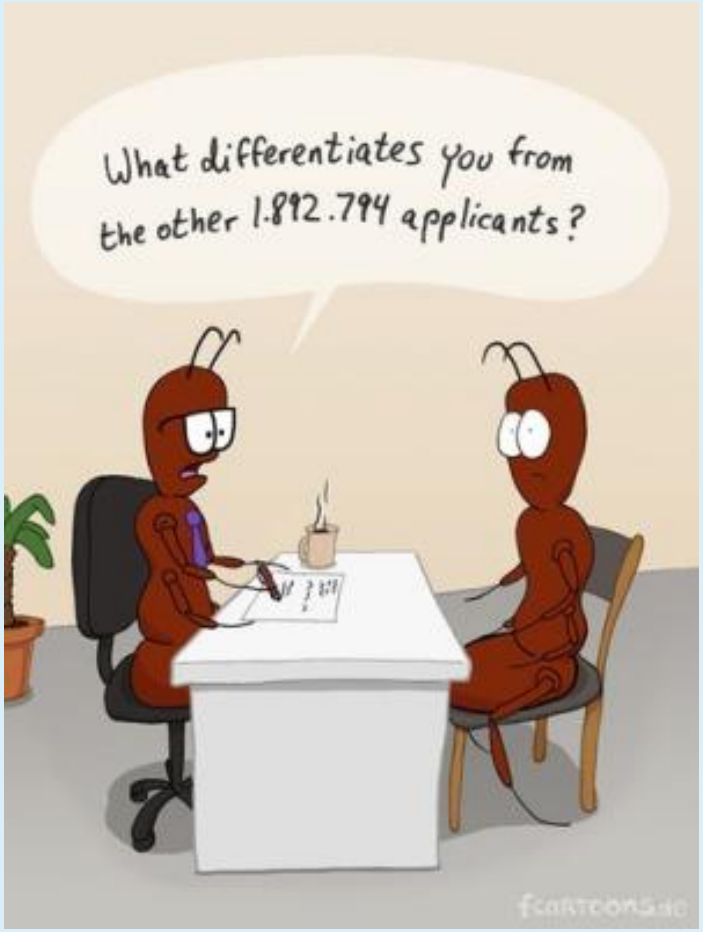
- Maximum award: $40,000
- For this grant round, the New Jersey Historic Trust's priority is projects that can be completed for $100,000 or less.
- No matching funds are required, however, if project costs are more than requested, the proposal must clearly demonstrate the organization's ability to provide the remaining necessary funds.
- All grant-funded activities must occur during the period January 1, 2024 through December 31, 2024.

CRITERIA FOR REVIEW

- Significance of the Resource
  - Is the property listed in NJ Register?
  - Is property under threat of collapse, demolition, inappropriate use or development?
- Project Concept/Team
  - Is the scope of work clear, thorough and appropriate for resource?
  - Is the project team qualified?
  - Is the proposed budget realistic?
  - Is the schedule feasible?
- Organizational Ability
  - Has the organization been a good steward to the property?
  - Does the organization have a long-term commitment to the preservation of the resource?
  - Does the organization have a good fundraising record?

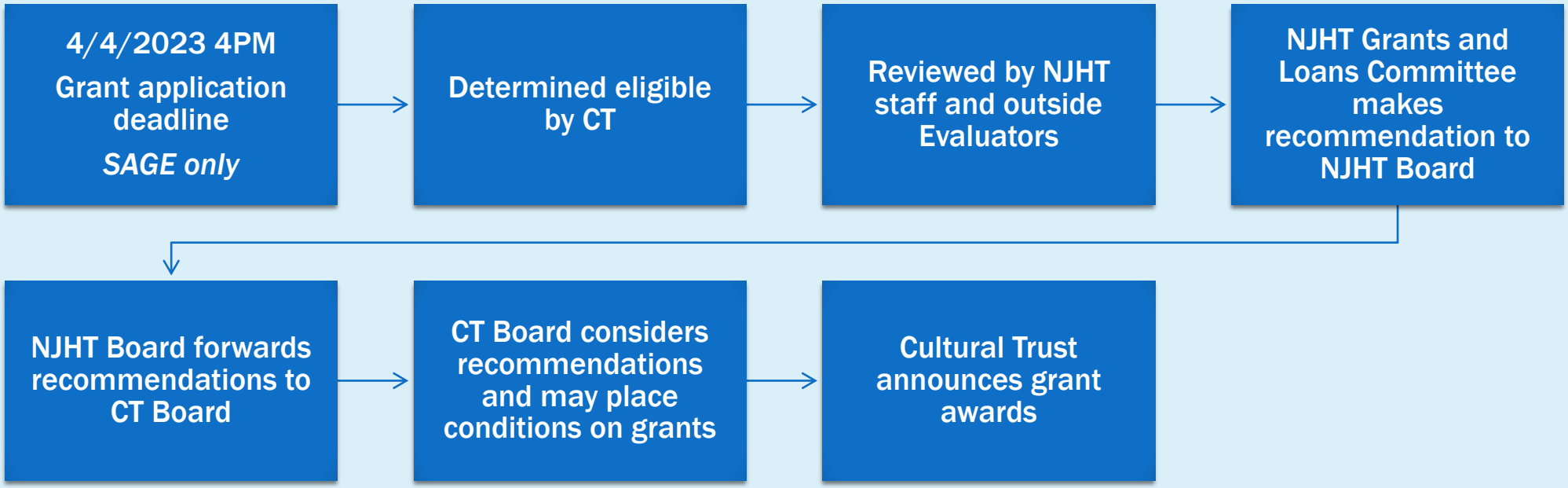
CRITERIA FOR REVIEW (CONT.)

- Public Benefit
  - Does project represent innovative design, programming or reach new audiences?
  - Does project complement other State initiatives?
  - Is there community support?
  - Will funding make a difference in quality of project?



APPLICATION REVIEW PROCESS

First: Submit Qualification Application by February 17



CAPITAL PRESERVATION GRANTS APPLICATION

Due April 4 at 4 pm

SYSTEM FOR ADMINISTERING GRANTS ELECTRONICALLY (SAGE)

https://njsage.intelligrants.com

Use Google Chrome

New Jersey Department of State
SAGE
System for Administering Grants Electronically

System Login | Portal Home

Welcome to the State of New Jersey System for Administering Grants Electronically (SAGE)

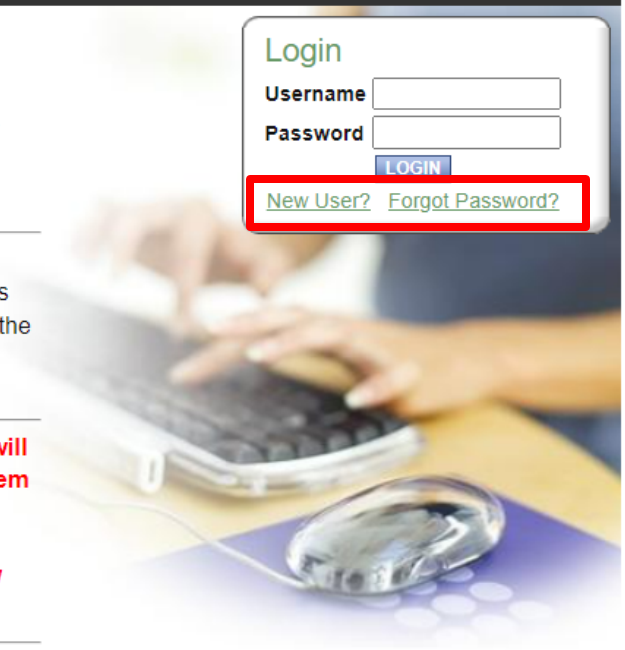
This is the State of New Jersey's grant management system. This system requires authorization for access. If you do not have a username and password please click the **New User** link to request access to the site.

Effective Jan 31, 2022, established SAGE County and Municipality users will manage all organization and user information separately within each system (DCA SAGE and SAGE).
Please contact your granting department with any questions.
Contacts for each department can be found in the *SAGE Help Desk and Support Services* link below.

NOTE: Counties and municipalities are already established SAGE user agencies. New user access is established by your agency's officials. Please contact your Agency's Officials for access to SAGE.

Helpful Links

- Reset Your Password
- SAGE Help Desk and Support Services
- FAQ for County/Municipality Users
- Search programs available through SAGE
- Request Access to SAGE
- Dept of State Applicant User Guide



STATE OF NEW JERSEY
SAGE
System for Administering Grants Electronically

System Login | Portal Home

SAVE

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Registration

NOTE: Municipality and County Authorized Official and staff must not make changes here. You should make any necessary changes in NJDCA SAGE.

If you are a municipality or county staff please Click Here. You must first access the DCA SAGE system to gain access to Statewide SAGE

The 'Username' field must consist of all letters and numbers and must be between 5 and 20 characters long.

The 'Password' fields must consist of all letters and numbers and must be between 7 and 20 characters long.

Contact Information

Federal Employer Tax ID Number (FEIN) *

Granting Department/Agency *

Select: Department of State – Cultural Trust

Name Prefix | First * | Middle | Last * | Suffix

Organization *

Title

Address *

City * **State** New Jersey * **Zipcode** *

County *

Phone #1 * **Phone #2**

Fax **Cell Phone**

Email *

Website

Username *

Password * **Confirm Password** *

Top of the Page

SAGE: NEW USER REGISTRATION NOTES

- The 'Username' field must consist of all letters and numbers.
- The 'Password' field must consist of all letters and numbers and must be at least 7 characters long.
- The fields 'Password' and 'Confirm Password' must be the same.
- **Please keep record of your username and password.**
- The Person who is to be the Authorized Official for the Organization should complete the page, including Organization and title.
- If Organization and Title are not included your validation will be delayed.
- Click “Save” to save the data.
- Once you have saved your contact information, your account must then be approved by a Department of State administrator before you can access the system.
- **Please note: Access and approval of registration is NOT automatic. When access has been granted you will receive an email message confirming that your account has been validated.**

Home | Calendar | Documents

Reports | Training Materials | Organization(s) | Profile | Logout

SHOW HELP

Welcome
Authorized Official

Change Picture

Instructions:
Select the **SHOW HELP** button above for detailed instructions on the following.
> Applying for an Opportunity
> Using System Messages
> Understanding your Tasks
> Managing your awarded grant

Hello , please choose an option below.

View Available Opportunities

You have **21** opportunities available.
Select the **View Opportunities** button below to see what is available to your organization.

VIEW OPPORTUNITIES

My Inbox

You have **8** new messages.
Select the **Open Inbox** button below to open your system message inbox.

OPEN INBOX

My Tasks

Export Results to Screen **Sort by:** -- Select -- GO

Info	Document Type	Organization	Name	Current Status	Date Received	Date Due

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Info	Document Type	Organization	Name	Current Status	Date Received	Date Due

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SAVE | SHOW HELP

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Organization -

Please complete all the required fields below. Required fields are marked with an *.

Organization Information | Organization Members | Organization Documents | Organization Details

Organization Information

Name	*
Federal Tax I.D. Number	100009999 *
DUNS Number	
SAM CAGE Code	
Address	225 West State Street *
City	Trenton * **State** New Jersey * **Zipcode** 08625 *
County	Mercer County *
Phone	(609) 555-5555 * **Fax**
Email	
Website	

Make sure all information is correct for your organization.

Then click on Organization Details for the Additional Profile Information page.

Back

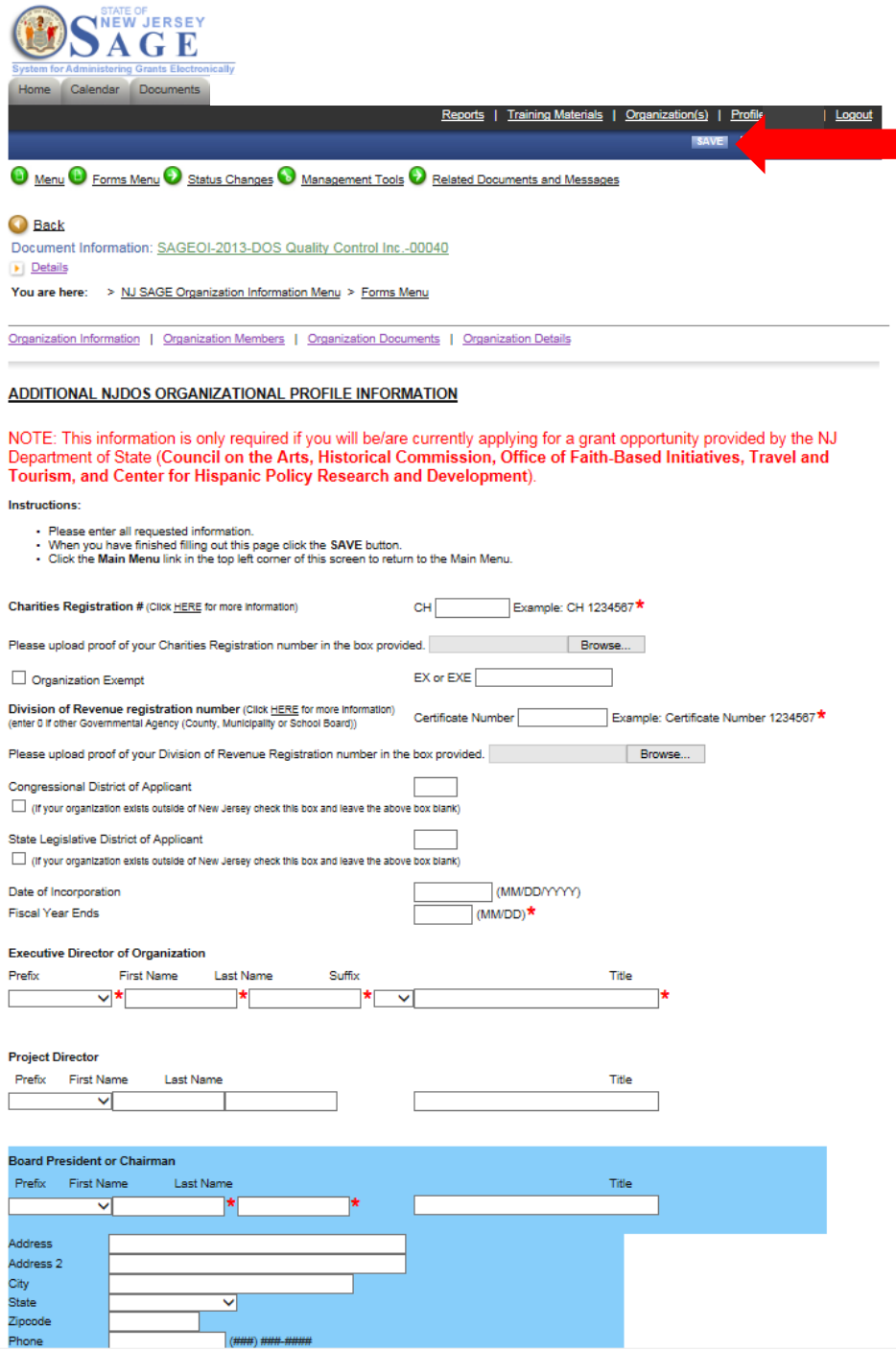
My Organization Information

Please complete all required forms below.

Organization Information | Organization Members | Organization Documents | Organization Details

Organization Details

Status	Page Name	Note	Created By	Last Modified By
	NJ State Council on the Arts Board Chart			
	Additional Profile Information - Required for applicants to the NJ Department of State, Council on the Arts, Historical Commission, Office of Faith-Based Initiatives, and Travel and Tourism			
	Additional Profile Information – Required for applicants to the NJ Department of Education			
	Additional Profile Information – Required for applicants to the NJ Department of Human Services			
	Additional Profile Information – Required for applicants to the NJ Department of Health			
	Create/Update an Organization Profile for the New Jersey Department of Health			
	Additional Profile Information – Required for applicants to the NJ Department of Law and Public Safety			
	Additional Profile Information – Required for applicants to the NJ Department of Transportation			
	Legislative District Connection			
	Organization Page 2			


STATE OF NEW JERSEY
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System for Administering Grants Electronically

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SAVE

Menu | Forms Menu | Status Changes | Management Tools | Related Documents and Messages

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Document Information: SAGEOI-2013-DOS Quality Control Inc.-00040

Details

You are here: > NJ SAGE Organization Information Menu > Forms Menu

Organization Information | Organization Members | Organization Documents | Organization Details

ADDITIONAL NJDOS ORGANIZATIONAL PROFILE INFORMATION

NOTE: This information is only required if you will be/are currently applying for a grant opportunity provided by the NJ Department of State (**Council on the Arts, Historical Commission, Office of Faith-Based Initiatives, Travel and Tourism, and Center for Hispanic Policy Research and Development**).

Instructions:

- Please enter all requested information.
- When you have finished filling out this page click the **SAVE** button.
- Click the **Main Menu** link in the top left corner of this screen to return to the Main Menu.

Charities Registration # (Click HERE for more information) CH Example: CH 1234567*

Please upload proof of your Charities Registration number in the box provided. Browse...

Organization Exempt EX or EXE

Division of Revenue registration number (Click HERE for more information) (enter 0 if other Governmental Agency (County, Municipality or School Board)) Certificate Number Example: Certificate Number 1234567*

Please upload proof of your Division of Revenue Registration number in the box provided. Browse...

Congressional District of Applicant

(If your organization exists outside of New Jersey check this box and leave the above box blank)

State Legislative District of Applicant

(If your organization exists outside of New Jersey check this box and leave the above box blank)

Date of Incorporation (MM/DD/YYYY)

Fiscal Year Ends (MM/DD)*

Executive Director of Organization

Prefix | First Name | Last Name | Suffix | Title

Project Director

Prefix | First Name | Last Name | Title

Board President or Chairman

Prefix | First Name | Last Name | Title

Address
Address 2
City
State
Zipcode
Phone (###) ### ####

Make sure to click the *SAVE* button.

Complete ALL the information requested on this form, including information in blue box.

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SHOW HELP

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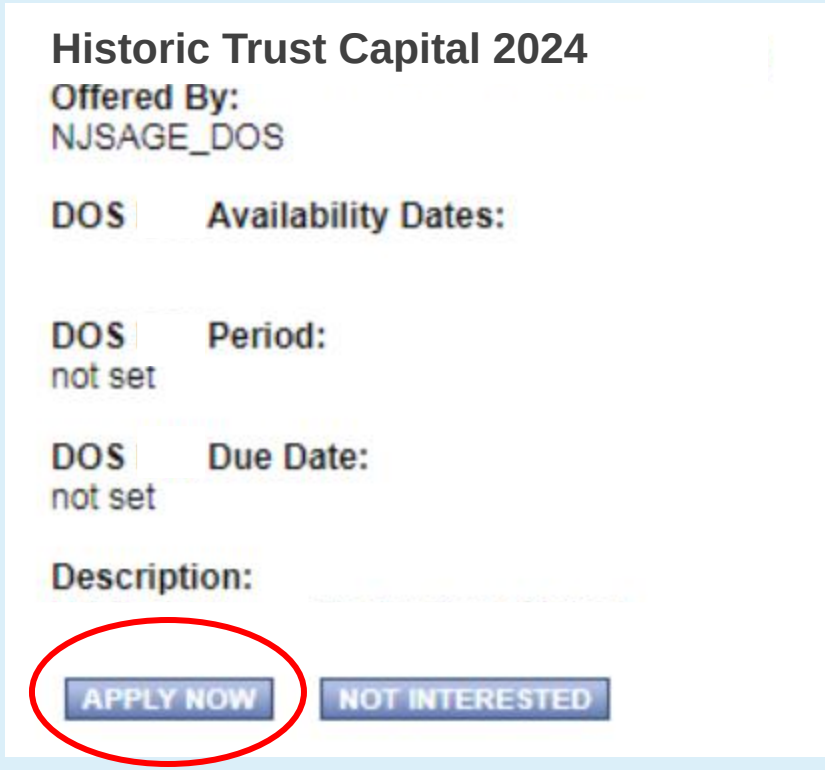
Export Results to Screen **Sort by:** -- Select -- GO

Info	Document Type	Organization	Name	Current Status	Date Received	Date Due


Historic Trust Capital 2024
Offered By:
NJSAGE_DOS
DOS Availability Dates:
DOS Period:
not set
DOS Due Date:
not set
Description:
APPLY NOW
NOT INTERESTED

New Jersey Department of State
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ADD NOTE

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Document Information: HT-2024-

Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	Historic Trust Capital 2024			Executed	05/01/2023 - 06/30/2024 N/A

DOCUMENT SNAPSHOT

Award Amount:

Organization Name:

FEIN:

Address:

City:

STATE OF NEW JERSEY
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Export Results to Screen **Sort by:** -- Select -- GO

Info	Document Type	Organization	Name	Current Status	Date Received	Date Due

New Jersey Department of State
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All Documents Search

Use the search functionality below to find a specific Document

Search Documents

Document Type

Document Name

Status

Organization

Year

SEARCH CLEAR

"Historic Trust Capital 2024"

Top of the Page

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ADD NOTE

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Forms Menu

Forms Menu

Status	Page Name	Note
	Profile Information	
Application Forms		
	General Information	
	Organizational Budget	
	Project Budget	
	Required Attachments	
	Application Certification	
	Miscellaneous Attachments	

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Info	Role	Current Status	Period Date / Date Due
		Executed	05/01/2023 - 06/30/2024 N/A

DOCU

Award

Organization Name:

FEIN:

Address:

City:

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ADD NOTE

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Forms Menu

Forms Menu

Status	Page Name	Note
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	Miscellaneous Attachments	

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Info	Role	Current Status	Period Date / Date Due
		Executed	05/01/2023 - 06/30/2024 N/A

DOCU

Award

Organization Name:

FEIN:

Address:

City:

PROFILE INFORMATION

Please click the SAVE button to populate the most current information.

Instructions:

- Forms with an * next to them must be completed.
- To proceed to the next page you may click the **SAVE/NEXT** or **NEXT** button.
- To return to the Application Menu click the **Forms Menu** link above.

To populate this area you must select the **Organization(s)** link at the top right corner of the page, select the **Organization Details** link. Once on that page, click on the "Additional Profile Information - Required for applicants to the NJ Department of State, Council on the Arts, Historical Commission, Office of Faith-Based Initiatives, and Travel and Tourism" link. Fill out that information and click **SAVE**. Return to Profile Information Review, click on **SAVE** to populate the new information, review the information for accuracy, check off the box at the bottom, left of the page if you agree and click **SAVE** again.

Name
Federal Tax I.D. Number
Address
City State Zipcode
County
Phone Fax
Email
Website

Charities Registration #

Division of Revenue Registration #

Executive Director of applicant

	Prefix	First Name	Last Name	Title
Organization Contact (for application correspondence)	*	*	*	*

GENERAL INFORMATION

Primary Contact

Prefix: * **First Name:** * **Last Name:** * **Suffix:**

Phone: * **Email:** *

Name of Mayor

Prefix: * **First Name:** * **Last Name:** * **Suffix:**

County: *

FEI/EIN Number:

Is the applicant qualified by the NJ Cultural Trust? * ○ Yes ○ Submitted, Awaiting Approval

Organizations must be qualified by March 15, 2023 in order to be eligible.

Vendor ID: **Charities Registration Number:**

Fiscal Year:

Organization Type: *

○ History ◉ Arts ○ Humanities

Board Chair:

Address 1 **City**

Address 2 **State**

PROPERTY INFORMATION

Property Information

Historic Name of Property for which funding is requested: (as listed in National Register nomination) *

Common Name of Property for which funding is requested: *

Physical Address of Historic Property: Street Address: *

City * **State** **Zip** *

County of Historic Property: *

NJ Legislative District # for property *

State and/or National Register Status of property (please select one of the following): *

- ○ Individually listed
- ◉ Contributing to the significance of a listed historic district

Provide a brief description of the proposed project. *

500 of 500

Total Project Costs: *

Total Grant Requested: *

Estimated Start Date: *

Length of time to complete (in months) *

ORGANIZATIONAL BUDGET

Operating Expenses	Last Completed FY	Current FY	Next FY
A. Personnel (Total)	**$5**	**$7**	**$9**
Salaries	$1	$2	$3
Fringe Benefits	$4	$5	$6
B. Outside Fees & Services (Total)	**$7**	**$8**	**$9**
Consultants	$7	$8	$9
C. Capital Expenditures (Total)	$10	$11	$12
D. Other Operating Expenses (Total)	**$308**	**$319**	**$330**
Space Rental/Mortgage Payments	$13	$14	$15
Marketing (advertising, PR, etc.)	$16	$17	$18
Travel & Transportation	$19	$20	$21
Phone & Postage	$22	$23	$24
Facility Maintenance/Security	$25	$26	$27
Professional Development & Dues	$28	$29	$30
Supplies and Materials	$31	$32	$33
Insurance	$34	$35	$36
Utilities & HVAC	$37	$38	$39
Repayment of Loans	$40	$41	$42
Other (Itemize if over 5% of Line E below)	$43	$44	$45
E. Total Cash Expenses	**$330**	**$345**	**$360**
F. Total Income (from below)	**$1,440**	**$1,485**	**$1,530**
G. Total Amount (Deficit)/Surplus (F minus E)	**$1,110**	**$1,140**	**$1,170**
H. Accumulated Organizational Operating (Deficit)/Surplus			

ORGANIZATIONAL BUDGET

Operating Income	Last Completed FY	Current FY	Next FY
A. Earned Income	**$345**	**$360**	**$375**
Admissions	$100	$105	$110
Contracted Services	$115	$120	$125
Other (from endowment, investments, sales, Commissions for operations)	$130	$135	$140
B. Contributed Income	**$670**	**$690**	**$710**
Corporate	$145	$150	$155
Foundation	$160	$165	$170
Government	$175	$180	$185
Individuals	$190	$195	$200
C. Grantee Cash/Other Income	$205	$210	$215
D. Cultural Trust Funds (NJHC, NJSCA)	$220	$225	$230
E. Total Income	**$1,440**	**$1,485**	**$1,530**
F. Cultural Trust Funds (NJHT)	$235	$240	$245

Budget Notes (Fully utilize this section to provide information about the organization's complete financial picture. Itemize Other Income and Other Expenses.)

PROJECT BUDGET

Project Expenses	Cultural Trust Funds	Other Funds	
Non-Construction: Professional Consultants	**$16**	**$20**	
Architect	$1	$2	
Engineer	$3	$4	
Other: Non Construction - Other 1	$5	$6	
Other: Non Construction - Other 2	$7	$8	
Construction: Site Work	**$48**	**$52**	
Activity: Construction SW Activity 1	$9	$10	
Activity: Construction SW Activity 2	$11	$12	
Activity: Construction SW Activity 3	$13	$14	
Activity: Construction SW Activity 4	$15	$16	
Construction: Exterior	**$80**	**$84**	
Activity: Construction Ext Activity 1	$17	$18	
Activity: Construction Ext Activity 2	$19	$20	
Activity: Construction Ext Activity 3	$21	$22	
Activity: Construction Ext Activity 4	$23	$24	
Construction: Interior	**$112**	**$116**	
Activity: Construction Int Activity 1	$25	$26	
Activity: Construction Int Activity 2	$27	$28	
Activity: Construction Int Activity 3	$29	$30	
Activity: Construction Int Activity 4	$31	$32	**Chart Total**
TOTAL EXPENSES	**$256**	**$272**	**$528**

PROJECT BUDGET

Project Income	Amount
Cultural Trust funds requested	$528
Other Funds (not required) - list sources and amounts below	
	$0
	$0
	$0
	$0
TOTAL INCOME	**$528**

Budget Notes (Fully utilize this section to provide information about the project's complete financial picture).

3000 of 3000

REQUIRED ATTACHMENTS

A complete application consists of the following required attachments. Please see the guidelines for detailed instructions about each required attachment.

Narrative *

Provide a narrative that addresses the following (refer to the guidelines for specific instructions). No more than 12,500 characters in length.

1. Organization

Choose File No file chosen DELETE *

2. Property
3. Proposed Project
4. Project Benefit

List of staff members or an organizational chart *

Choose File No file chosen DELETE *

List of board officers, members, and their assignments *

Choose File No file chosen DELETE *

Organizational strategic or long-range plan (required if applicable)

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

Balance Sheet

Choose File No file chosen DELETE *

- ○ Audited
- ◉ Unaudited

Project Specific Materials *

Refer to the guidelines for specific instructions

1: Copy of deed or lease (required if applicable)
Choose File No file chosen

2. Photographs *
Choose File No file chosen
DELETE
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

3: Map/site plan *
Choose File No file chosen
DELETE
Choose File No file chosen
Choose File No file chosen

4: National Register nomination *
Choose File No file chosen
DELETE

5: Completed planning documents (required if applicable)
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

6: Construction documents/manual (required if applicable)
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

7: Project manager resumes *
Choose File No file chosen
DELETE
Choose File No file chosen
Choose File No file chosen

8: Scope statement or proposal *
Choose File No file chosen
DELETE
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

9: Evidence of additional funding (required if applicable)
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

10: Evidence of support
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

GUIDELINES FOR ATTACHMENT FILES

- Attachments may be uploaded in any of the following file types: bmp, doc, gif, jpg, pdf, png, ppt, tif, txt, wpd, xls, docx, xlsx, vsd, xml, mp3.
- Maximum file size – 13 MB

MISCELLANEOUS ATTACHMENTS

MISCELLANEOUS ATTACHMENTS

Instructions:

- Fields with an * next to them must be completed.
- To attach documents, upload them individually by clicking the **BROWSE** button next to the first available blank box.
- Each file must be 13MB or smaller. Required attachment files that exceed 13MBs may be split into multiple files and uploaded on the miscellaneous attachments form.
- Attachments may be uploaded in any of the following file types: doc, pdf, jpg, gif, bmp, txt, avi, wmv, psd, vsd, ppt, xls, mov. Documents saved using the default formats for Microsoft Office 2007 and 2010 (docx, xlsx, pptx, etc.) will not upload. If you have a file in this format, please re-save it to one of the accepted formats. For instructions on how to do this please click HERE.
- After the documents are attached, please save them to the form by clicking the **SAVE** button. Documents that are not saved will be removed from the form when you leave this page.
- To proceed to the next page you may click the **NEXT** button or use the Related Pages section at the bottom of the page.
- To return to the Application menu click the **Application Menu** link above.

Description

Choose File No file chosen

Description

Choose File No file chosen

Description

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Description

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SAGE Application Format

Please make sure to complete all forms in their entirety!

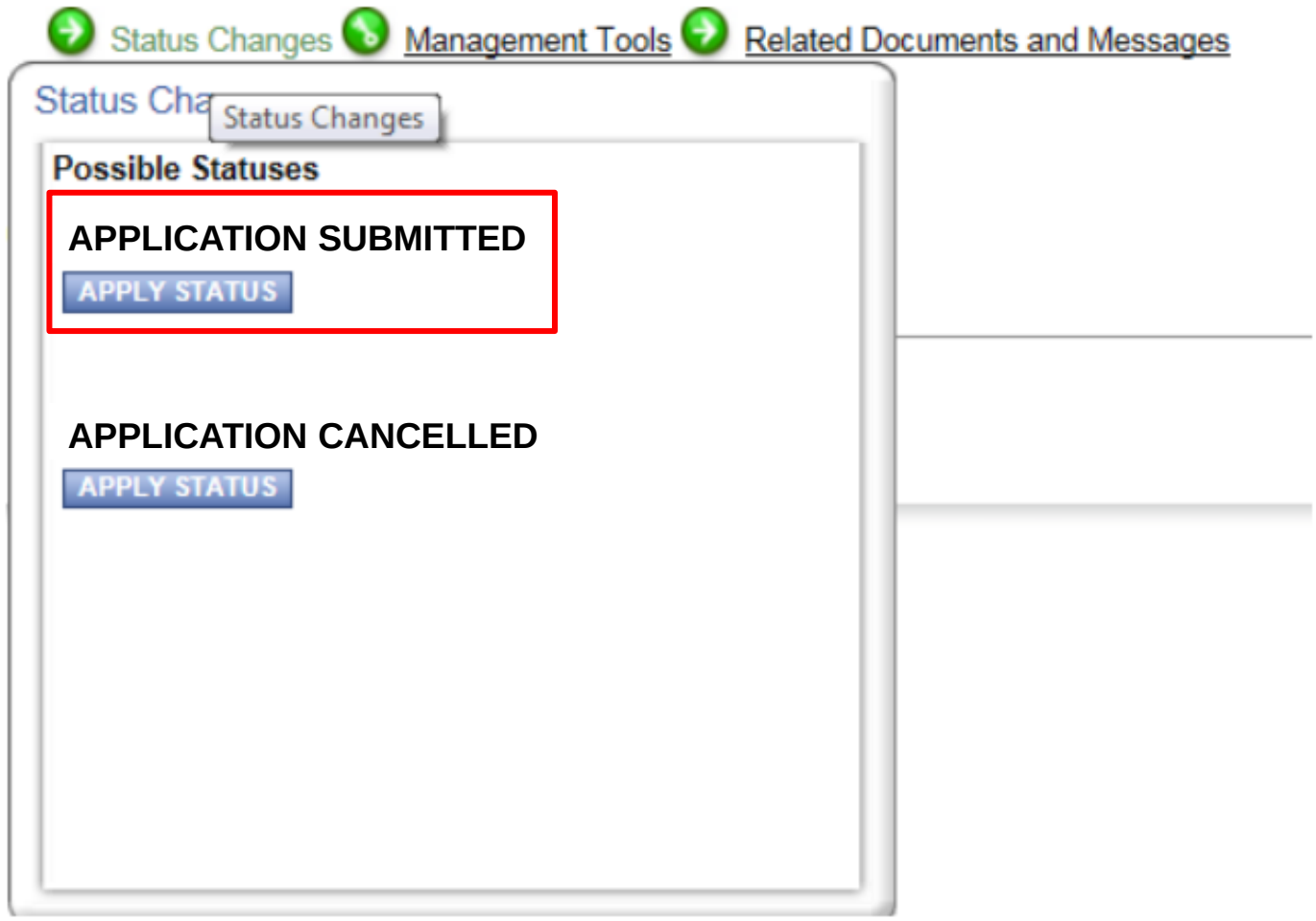
If you see this

You have errors in that certain section.

All applications **MUST** consist of and include **ALL** of the items requested in order to be considered complete.

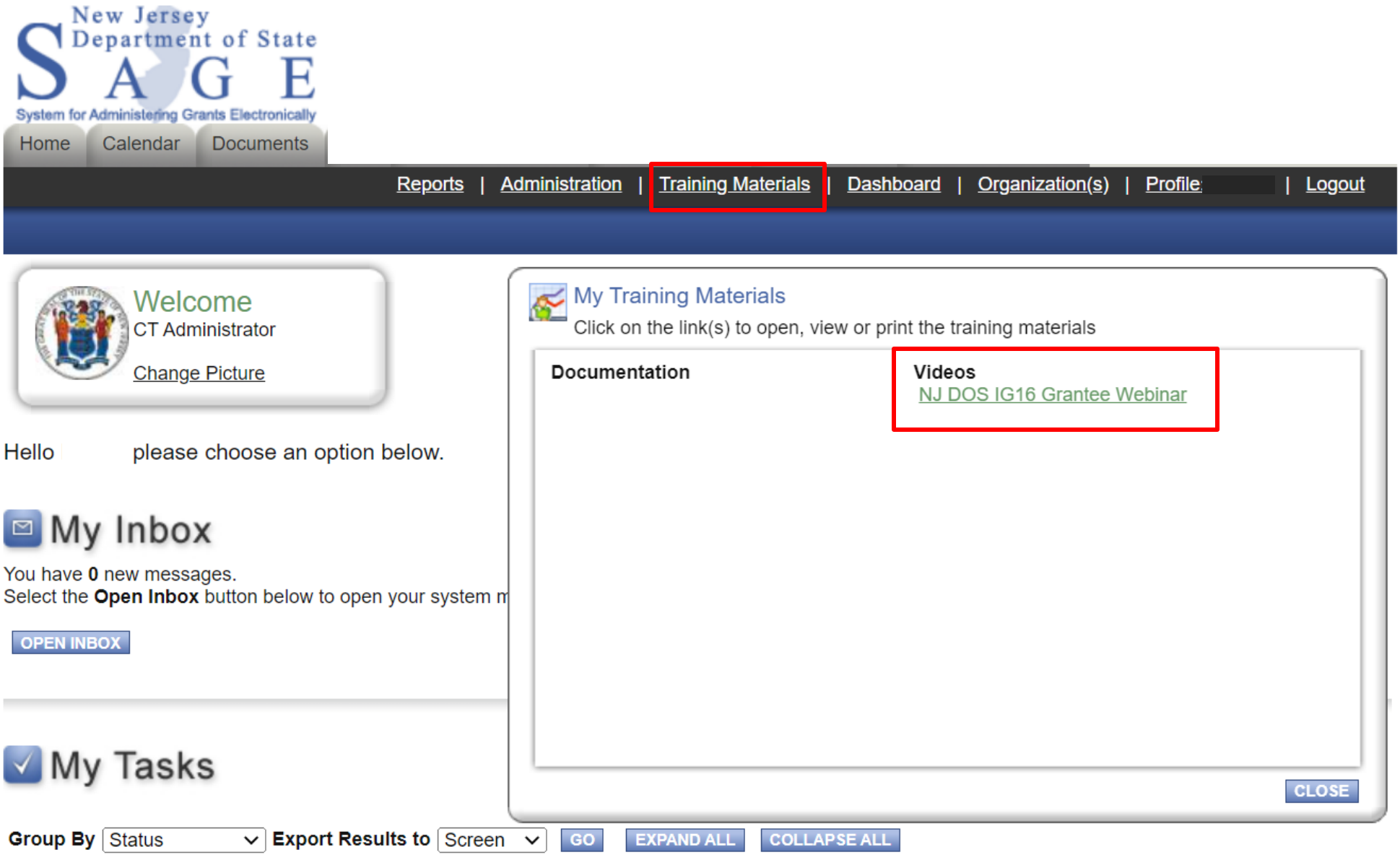
SUBMITTING YOUR APPLICATION IN SAGE

DUE APRIL 4 AT 4 PM!



SAGE RESOURCES

- NJ DOS IG16 Grantee Webinar
  - Click “Training Materials” in SAGE menu bar to view
- PDF User Guide
  - https://www.state.nj.us/state/dos-grant-information.shtml
- Contact:
  - Cultural Trust staff at Isabel.Kasdin@sos.nj.gov
  - sagehelp@sos.nj.gov


New Jersey Department of State
SAGE
System for Administering Grants Electronically
Home
Calendar
Documents
Reports | Administration | Training Materials | Dashboard | Organization(s) | Profile | Logout
Welcome
CT Administrator
Change Picture
Hello please choose an option below.
My Training Materials
Click on the link(s) to open, view or print the training materials
Documentation
Videos
NJ DOS IG16 Grantee Webinar
CLOSE
My Inbox
You have 0 new messages.
Select the Open Inbox button below to open your system m
OPEN INBOX
My Tasks
Group By Status
Export Results to Screen
GO
EXPAND ALL
COLLAPSE ALL

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CONTACTS AND QUESTIONS

- For information regarding the listing status of your historic property, please contact the State Historic Preservation Office at 609-984-0539 or at Andrea.Tingey@dep.nj.gov
- For information regarding qualification or the SAGE application, please contact the New Jersey Cultural Trust at 609-633-0522 or at Isabel.Kasdin@sos.nj.gov
- For information regarding eligible activities and evaluation criteria, please contact the New Jersey Historic Trust at 609-984-0473 or at njht@dca.nj.gov