

New Jersey National Guard State Family Readiness Council

BUSINESS GRANTS PROGRAM

Applicants are strongly encouraged to seek assistance from Family Assistance Center (FAC) Coordinators with completing the Business Grant application. FAC Coordinator contact information is listed below.

INSTRUCTIONS FOR APPLICATION

Please enter the following information in the appropriate block on the grant application:

- Enter the name of the person applying for the grant.
- Enter the email address of the applicant.
- Enter the mailing address of the applicant.
- Enter the home, work, and cell phone numbers of the applicant.
- Enter the rank and name of the service member.
- Enter the branch of service and unit of the service member.
- Enter the name, address, and phone number of the business.
- Enter deployment / period of active duty dates.
- Check the appropriate block for the form of business.
- *Attach required statement.
- Check the appropriate blocks for any items being attached.
- Applicant's signature and date below the applicant's certification.
- All remaining blocks are for the use by the FAC Coordinator and Finance Committee.

***Note:** The required statement submission must be signed and dated by the applicant and attached to the application. This statement must include:

- (a) How long the business has been in operation;
- (b) The type of service or product provided;
- (c) The specifics of how the grant, if awarded, would be used to meet current needs of the business. Please substantiate how the grant will have a significant impact on efforts to avoid debilitating erosion of the customer/client base thereby avoiding the need to essentially re-establish the business following demobilization.

New Jersey National Guard Family Assistance Centers

You can contact the FAC Coordinator most convenient to you by dialing their number listed below or by calling the Toll Free Number 1-888-859-0352 and following the instructions once you reach the automated menu.

Joint Military & Family Assistance Center

1048 US Highway 206 South
Bordentown, NJ 08505-2124
POC: Michael Hughes
WP: (609) 496-9230
CP: (609) 802-2241/338-9812
michael.t.hughes.ctr@mail.mil

Toms River Armory

1200 Whitesville Road
Toms River, NJ 08753
POC: Maria Morro
WP: (848) 226-3236
CP: (609) 341-6579
maria.d.morro.ctr@mail.mil

Morristown Armory

430 Western Ave
Morristown, NJ 07960-0499
POC: Celia Espinal
WP: (973) 656-3592
CP: (609) 802-6921
celcia.a.espinal.ctr@mail.mil

Woodbury Armory

658 N Evergreen Ave
Woodbury, NJ 08096
POC: Lesley Watson
WP: (856) 251-6893
CP: (609) 802-6924
lesley.a.watson.ctr@mail.mil

Lawrenceville Armory

151 Eggert Crossing Road
Lawrenceville, NJ 08648-2897
POC: Dawn Jimenez
WP: (609) 671-6681
CP: (609) 802-6911
dawn.m.jimenez.ctr@mail.mil

Jersey City Armory

678 Montgomery Street
Jersey City, NJ 07306-2208
POC: Bernard Sims
WP: (201) 915-3589
CP: (609) 668-5282
bernard.sims.ctr@mail.mil

Army-FAC Egg Harbor Township, NJ

400 Langley Road
Egg Harbor Township, NJ 08234
POC: Michael Hughes
WP: (609) 761-6546
CP: (609) 802-2241/338-9812
michael.t.hughes.ctr@mail.mil

108th Wing

3327 Charles Blvd
McGuire AFB, NJ 08641
POC: Douglas Ridgway
WP: (609) 754-4479
CP: (609) 385-6251
douglas.c.ridgway.civ@mail.mil

177th Fighter Wing

400 Langley Road
Egg Harbor Township, NJ 08234
WP: (609) 761-6248
CP: (609) 385-3683
jean.c.perry.civ@mail.mil



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New Jersey National Guard State Family Readiness Council (NGSFRC)

Business Grant Application

Please complete this form in its entirety. The information will be used to determine your eligibility for a Business Grant.

Name of Applicant: E-mail Address:

Mailing Address:

Home Phone: Cell Phone:

Rank / Name of Military Member: Branch of Service: Unit:

Name of Business: Business Phone:

Business Address:

Form of Business: Sole Proprietorship Partnership Corporation

DEPLOYMENT / PERIOD OF ACTIVE DUTY DATES:

From: To: From: To:

Attach a statement explaining: (a) How long the business has been in operation; (b) The type of service or product provided; (c) The specifics of how the grant, if awarded, would be used to meet current needs of the business.

In addition to the statement required above the following items are attached and included as a part of this application. Items noted with an asterisk (*) are required:

- *Copy of Orders Calling Applicant to Active Duty
*Proof Business Existed Prior to Applicant Being Called to Active Duty
Certificate of Release or Discharge from Active Duty (DD Form 214)
Other: (Specify)

I, the undersigned, hereby authorize the New Jersey State Family Readiness Council and/or its representative(s) to request and/or release any information, which in their judgment, is needed to clarify information contained in this application and to secure assistance on my behalf.

Applicant's Signature: Date:

Name of Reviewing Family Assistance Center Coordinator:

Coordinator's Signature: Date:

Finance Committee Action: Grant Approved in the Amount of: Grant Not Approved Date:

(New Jersey NGSFRC is not affiliated with the Department of Military and Veteran Affairs or any other State of New Jersey Government Agency)