

FY24 CARE Grant Application Interest

All potential CARE applicants must complete this form. Please submit only one form per applicant.

Your answers will help us to assist you in access to the SAGE/IGX portal to complete the application process.

* Required

1. First Name *

Enter your answer

2. Last Name *

Enter your answer

3. Organization Name *

Enter your answer

4. Email address *

Enter your answer

5. Organization Telephone *

Enter your answer

6. Street Address *

Enter your answer

7. City *

Enter your answer

8. State

*Please note- All eligible grant activities must be completed in NJ. **

New Jersey

Other

9. Zip Code *

Enter your answer

10. In what counties will your organization provide Outreach activities?

*Check 'Statewide' if applicable, or check the individual counties served. **

Statewide

Atlantic

Bergen

Burlington

Camden

Cape May

Cumberland

Essex

Gloucester

Hudson

Hunterdon

Mercer

Middlesex

Monmouth

Morris

Ocean

- Passaic
- Salem
- Somerset
- Sussex
- Union
- Warren

11. What CARE programs are you considering applying for funding?
*This can change when you submit your application. **

- Temporary Disability
- Family Leave Insurance
- Unemployment Insurance Benefits
- Earned Sick Leave
- Work Rights
- Temporary Workers Bill of Rights

12. Please select which of the following describes your organization.
*Applicants must be one of the following to be eligible to receive funding. **

- Public or Private Non-profit Organization
- Faith-Based Organization
- Municipal, County, or State Government entity
- State Recognized Tribal Governments with 501(c)(3) Status

13. Are you applying as a collaborative?
*Only lead organizations should submit this form **

- Yes- collaborating with, and on behalf of other organizations
- No - applying as a single entity



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