

PROJECT GRANT APPLICATION COVER PAGE

Proposal # _____
[for MH use only]

Project Title _____

Nonprofit Sponsor _____

Address _____

Phone/Fax _____

Website _____ DUNS # _____

Authorizing Official in Sponsoring Organization _____ Position _____

Project Director _____

Phone/Fax/Email _____

Preferred Address _____ Relationship to Sponsor _____

Fiscal Agent _____ Phone/Fax/Email _____

Address _____ Relationship to Sponsor _____

Project Period _____ to _____

Funds Requested:

MH Funds \$ _____

Cost-share: Cash \$ _____ In-kind \$ _____ Total Cost-share: \$ _____

Do you plan to charge a fee? Yes No If yes, probable amount: \$ _____ Estimated attendance _____

How much federal money do you expect your organization to expend during your current fiscal year? _____

Humanities scholars and their disciplines: _____

Has the Project Director or Sponsoring Organization ever applied for a grant from Mass Humanities before? Yes No

If yes, when and for what: _____

Agreement: It is understood that any funds granted as a result of this request are to be used for the purposes set forth herein. Moreover, the applicant certifies that he/she has read Mass Humanities' Grant Application Guidelines.

Sponsoring Organization Authorizing Official Signature Print Name Date

Project Director Signature Print Name Date

Fiscal Agent Signature Print Name Date

PLEASE BE SURE THE ORIGINAL IS SIGNED BY THE AUTHORIZING OFFICIAL, PROJECT DIRECTOR, AND FISCAL AGENT. SUBMIT 12 TWO-SIDED COPIES PLUS THE ORIGINAL TO THE OFFICE.



PROJECT GRANT OFFICIAL BUDGET REQUEST FORM

Please round off figures to the nearest dollar.

	MH FUNDS REQUESTED [1]	COST-SHARE Cash [2]	COST-SHARE In-kind [3]	LINE TOTAL [4]
A. Project Director	_____	_____	_____	_____
B. Fiscal Agent	_____	_____	_____	_____
C. Secretary, Other Staff	_____	_____	_____	_____
D. Planning Committee	_____	_____	_____	_____
E. Speakers, Panelists	_____	_____	_____	_____
Humanities Scholars	_____	_____	_____	_____
Other	_____	_____	_____	_____
F. Researchers, Consultants, Writers, Technicians	_____	_____	_____	_____
G. Telephone, Postage, Shipping	_____	_____	_____	_____
H. Supplies, Printing, Duplicating	_____	_____	_____	_____
I. Promotion, Publicity	_____	_____	_____	_____
J. Travel, Meals, Lodging	_____	_____	_____	_____
K. Equipment Rental, Materials	_____	_____	_____	_____
L. Rental of Space, Custodial Service	_____	_____	_____	_____
M. Indirect Costs (please itemize)	██████████	_____	_____	_____
N. Evaluation	_____	_____	_____	_____
O. Other (explain)	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Attach a budget explanation that explains each line item for the first three columns and the sources of the cost-share.

EVENT LISTING FOR MASS HUMANITIES CALENDAR

If funded, your program will be listed on our website. If publishing deadlines permit, your program will also be included in our publication *Mass Humanities*, which is mailed to 8,000 people. Please complete ALL the areas below. (Make copies of this form as needed.) Please indicate whether the particulars are tentative or confirmed. If they are tentative, tell us the date you expect to have them confirmed. Please update Mass Humanities with any changes to your event(s) as soon as possible. You may submit your event online at masshumanities.org; go to events calendar.

Title of Program:	
Description:	
When (day, date, year, time):	
Where (include place, address, city, zip):	
Phone for more info (include area code):	
Web address:	
Cost (if applicable):	
Event Status:	<input type="checkbox"/> tentative (firm by ___/___/___) <input type="checkbox"/> confirmed (info will be used in MH publications)

Title of Program:	
Description:	
When (day, date, year, time):	
Where (include place, address, city, zip):	
Phone for more info (include area code):	
Web address:	
Cost (if applicable):	
Event Status:	<input type="checkbox"/> tentative (firm by ___/___/___) <input type="checkbox"/> confirmed (info will be used in MH publications)

duplicate form as necessary