Ohio Humanities

*For Office Use Only:*

Grant Number

Date Submitted

471 East Broad Street, Suite 1620

Columbus, Ohio 43215-3857

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Toll Free: 800/293-9774

[www.ohiohumanities.org](http://www.ohiohumanities.org)

**Grant Application Form**

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| **1. Project Title:**  |
| **2. Project Start Date:** | **Project End Date:** |
| **3. Project Summary:** An abstract that describes the project and its humanities content. (50 word max):  |
| **4. Sponsoring Organization**:  |
| Mailing Address: | City: | County: |
| Zip+4:  | Email: | Phone:  |
| EIN: | DUNS: |
| **5a.Authorizing Official:** | Title: |
| Phone: | Email: |
| **5b. Project Director**:  | Title: |
| Mailing Address:  |
| Phone:  | Email:  |
| **5c. Project Bookkeeper**:  | Title: |
| Mailing Address:  |
| Phone:  | Email: |
| **6. Project’s Intended Audience(s)**:  |
| Est. Audience: |
| **7. Locations of Project Activities:** |
| **8.** U.S. House Representative: | District Number: |
| Ohio Senate Representative: | District Number: |
| Ohio House Representative:: | District Number: |
| **9.** **Project Budget.**  | **Ohio Humanities Grant Request:** |
| Total Sponsor Cost-Share: | Sponsor Cash Cost-Share: | Total Project Cost: |
| Is this program free to the public: \_\_yes \_\_no (cost: $\_\_\_\_\_\_) | Has other funding been sought? \_\_yes \_\_no |
| **9a. Identify Other Sources:** Grants or Cash Gifts (attach sheet if necessary) | Amount:  | Pending: | Confirmed: |
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| **10. Project Description:** A short description of the details of the project. Who is involved? When will it occur? Where will it occur? Who is the audience? Please include each event connected to the project. (200 words). |
| **11. Compliance Questions and Signatures:** By signing and submitting this grant proposal, the authorizing official of the sponsoring organization is providing the applicable certifications regarding debarment and suspension and compliance with the nondiscrimination statutes. The authorizing official also certifies that the sponsoring organization is constituted for nonprofit purposes and that the described project is and will be not-for-profit. No profit will be derived from the project, nor will any accrue to the sponsoring organization. |
| * The following signatures must follow Ohio Humanities guidelines are required to complete the application.
* The bookkeeper must be a different individual than the project director.
 |
| *Authorizing Official’s Signature Printed Name Date Phone* |
| *Project Director’s Signature Printed Name Date Phone* |
| *Project Bookkeeper’s Signature Printed Name Date Phone* |
| **Checklist:** Please make certain that all of the following parts are included. Please include **two** copies (one original **+** one copy) of the entire packet. |
| * Grant Application Form
 | * Project Narrative
 | * Detailed Budget
 |
| * Appendices
 | * List of Your Organization’s Board Members
 | * Contact Information for humanities professionals and other key project personnel
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| **12.** **Project Budget** | Please attach a **detailed budget** using these categories. Totals may be rounded up to the nearest dollar. Please see the budget principles section of the guidelines for further information. |

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| **Budget Category** | **Reference to Detailed Budget** | **Grant Request** | **Cash Cost-Share** | **In-kind Cost-Share** | **Total** |
| **Personnel** |  |  |  |  |  |
| Project Director |  |  |  |  |  |
| Paid Project Staff |  |  |  |  |  |
| Humanities Professionals |  |  |  |  |  |
| Other Resource Personnel |  |  |  |  |  |
| Independent Evaluator(s) |  |  |  |  |  |
| Volunteers |  |  |  |  |  |
| **Travel and Per Diem** |  |  |  |  |  |
| Project Staff |  |  |  |  |  |
| Humanities Professionals |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |
| **Promotion** |  |  |  |  |  |
| Printing |  |  |  |  |  |
| Postage |  |  |  |  |  |
| Advertising |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |
| **Project Expenses** |  |  |  |  |  |
| Exhibit Rental/Fabrication |  |  |  |  |  |
| Media Expenses |  |  |  |  |  |
| Equipment Rental/Purchase  |  |  |  |  |  |
| Instructional Material |  |  |  |  |  |
| Room Rental |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |
| **Office Expenses** |  |  |  |  |  |
| Expendable Office Supplies |  |  |  |  |  |
| Photocopying/Phone |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |
| **Other Expenses** |  |  |  |  |  |
| Reception Expenses |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |
|  | **Total Project Budget:** |  |  |  |  |

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| **Required!** How much of the total cost-share is the following? |
| Cash from sponsoring organization: |  |
| In-kind Services, Goods, and Facilities |  |
| Program Income from Participants: |  |
| Outside Sources (other grants, cash gifts) |  |
| TOTAL (should equal total amount in sponsor cost-share column above) |  |