

**Georgia Humanities connects people and communities to encourage understanding and inspire hope.**

Questions? Contact Nicole Fote, Program Coordinator, by phone at 404-523-6220 ext. 123 or by e-mail at [nfote@georgiahumanities.org](mailto:nfote@georgiahumanities.org).

**GRANT APPLICATION**

**Is this proposed grant project for the Digital Tour Initiative? Yes  No**

**PROJECT**

**Project title:** Click here to enter text.

**Brief description of project (no more than three sentences):** Click here to enter text.

**Amount requested:** Click here to enter text.

**Approximate program dates:** Click here to enter text.

**ORGANIZATION**

**Name:** Click here to enter text.

**Address:** Click here to enter text.

**County:** Click here to enter text.

**Phone:**Click here to enter text.

**Fax:**Click here to enter text.

**Website:** Click here to enter text.

**DUNS #:** Click here to enter text.

**IRS 501(c)3:** Click here to enter text.

**Georgia House District:** Click here to enter text.

**Georgia Senate district:**Click here to enter text.

**U.S. Congressional district:**Click here to enter text.

**PROJECT PERSONNEL**

**Project Director Name and Title:** Click here to enter text.

**Mailing address:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Financial Officer Name and Title:** Click here to enter text.

**Mailing address:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:**Click here to enter text.

**Authorizing Official Name and Title:** Click here to enter text.

**Mailing address:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**PAST PROJECTS**

**Have you applied for a GH grant before?** Click here to enter text.

**If so, when?** Click here to enter text.

**Have you received a GH grant within the last 12 months?**  Click here to enter text.

**If so, has your final report been submitted?** Click here to enter text.

**MISSION**

**Briefly describe how your organization’s mission connects to the mission of Georgia Humanities (no more than three sentences).**

Click here to enter text.

**PROJECT NARRATIVE**

**Describe your proposed project. You may consider addressing the following points: What is the need for this project? Who is the anticipated audience? What activities and events will the project include? Is this project free and open to the public? What impact will the project have on the community? How does this project advance the mission of Georgia Humanities? Please do not exceed one page.**

Click here to enter text.

**PROJECT PARTICIPANTS**

**We require the participation of at LEAST one humanities scholar. Please provide the name, position, institutional affiliation, and a brief biography (no more than three lines) for each humanities scholar and other project participants. Please do not exceed one page.**

Click here to enter text.

**PUBLICITY AND MARKETING**

**Describe how you will publicize and promote your project. Please do not exceed half a page.**

**(Note: Georgia Humanities requires the placement of its logo and credit line on ALL project materials; publicity via printed materials may not be initiated until the grant award has been made.)**

Click here to enter text.

**EVALUATION**

**Describe the methods you will use to evaluate your project. How will you determine if the project was successful? Please do not exceed half a page.**

Click here to enter text.

**TIMELINE**

**Provide a detailed timeline for your project. Include planning, implementation, and post-program activities. Please do not exceed one page.**

Click here to enter text.

**Project Budget Part One: AMOUNTS ONLY**

All grant‐funding requests and matching cash, or in‐kind, amounts should be placed in the applicable category. Cost‐share should be equal to or greater than the funding request. It may include cash from different sources or in‐kind donations (of goods or services) or a combination of both. Georgia Humanities recognizes that some of the amounts may be projections or changed at a later date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Requested** | **Cash cost-share** | **In-kind cost-share** | **TOTAL** |
| **Honoraria/stipends** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Transportation/travel** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Publicity/marketing** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Printing/duplication** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Postage/supplies/phone charges** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Facility/equipment rental** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Paid vendors** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Project staff/facility assistance/volunteers (may NOT be part of grant request; can use as cost share)** |  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **TOTALS** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Project Budget Narrative Part Two: NO AMOUNTS, ONLY EXPLANATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Requested** | **Cash cost-share** | **In-kind cost-share** |
| **Honoraria/stipends** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Transportation/travel** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Publicity/marketing** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Printing/duplication** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Postage/supplies/phone charges** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Facility/equipment rental** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Paid vendors** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Project staff/facility assistance/volunteers (may not be part of grant request; can use as cost share)** |  | Click here to enter text. | Click here to enter text. |

**SIGNATURES**

*\*Signatures MUST be handwritten, not electronic\**

**Project Director Name:** Click here to enter text.

**Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Officer Name:** Click here to enter text.

**Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorizing Official Name:** Click here to enter text.

**Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your interest in Georgia Humanities as a funding partner.**

**CHECKLIST**

□ This project focuses on a humanities topic.

□ I have attached a copy of my organization’s 501(c)3 determination letter and supplied its DUNS number.

□ This project begins at least 120 days after the grant deadline. The project cannot begin before July 30, 2020.

□ I have provided the correct county and legislative district information.

□ I have clearly described how this project accomplishes the mission of Georgia Humanities.

□ This project includes at least one qualified humanities scholar.

□ No publicity for this project has been initiated. When it is, it will include the Georgia Humanities’ logo and credit line.

□ My timeline lists all project-related responsibilities and dates.

□ I have clearly explained budget requests and cost-share information.

**SUBMISSION INSTRUCTIONS**

□ **Send TWO copies of this application to Georgia Humanities. Please print on one side of the page only. Mark one copy “original.”**

**Mail to: Georgia Humanities**

**Attention: Grant Program**

**50 Hurt Plaza SE, Suite 595**

**Atlanta, GA 30303**

**□ Include a copy of the organization’s 501(c) 3 determination.**

**□ Staple application pages together; do not enclose applications in a binder or folder.**

**□ Failure to include all required information as stated could disqualify your application.**

**□ Application must be postmarked on or before March 30, 2020. Applications with a postmark later than this date will be disqualified.**

**CERTIFICATIONS AND ASSURANCES**

By signing this application, I certify to the statements contained in the list of certifications and attest that the statements are true, complete, and accurate to the best of my knowledge. I agree to comply with any stated terms of this grant award. I am further aware that any false or fraudulent claims or statements could establish criminal, civil, or administrative penalties as stated in U.S. Code, Title 213, Section 1001.

Certifications and Assurances, as well as general terms and requirements that apply to this grant award can be found online at the pages listed below:

Assurances and certification: <http://www.neh.gov/grants/manage/responsibilities-award-recipients#certifications>

<http://www.neh.gov/grants/manage/ogtcao.html#lobbying>

Click here to enter text.

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