

## **Major Grant Application**

#### **General Information**

Proje	ect Title*
Brie	FProject Abstract*
Please	explain your project in a few short sentences. Maximium 300 characters
Amo	unt Requested*
\$	

Please note: project activity **MUST NOT** begin less than 8 weeks from application close date.

Project Start Date*	
MM/DD/YYYY	ii ii
Project End Date*	
MM/DD/YYYY	
In what county will your project take place?*	
Online	
Androscoggin	
Aroostook	
☐ Cumberland	
☐ Franklin	
Hancock	
☐ Kennebec	
☐ Knox	
Lincoln	
Oxford	
☐ Penobscot	
☐ Piscataquis	
Sagadahoc	
Somerset	
☐ Waldo	
Washington	
☐ York	
Check all that apply	

How did you hear about this opportunity? $\!\!\!\!\!\!^*$
☐ Previously Hosted
☐ MHC Staff Member
☐ MHC Newsletter
☐ MHC Website
☐ Friend or Colleague
☐ Social Media
at an Outreach/Networking Event

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#### **Applicant**

Please note: **organizations with 501c3 status**, **government organizations** (such as a federally recognized Indian tribal governments or organizations or state/local/city governments), **churches**, or **education organizations** (such as schools or school districts, or public or private institutions of higher education) are eligible to apply without fiscal sponsorship.

If your organization is <u>NOT</u> a 501c3, or equivalent (listed above) you will need a <u>FISCAL</u> <u>SPONSOR</u> for your project. The <u>National Council of Nonprofits</u> has a helpful resource sheet on fiscal sponsorship.

Which type of applicant are you?\*

Organization with 501c3	3 status or equivalent (see above)	
Organization or Group w	vithout 501c3 status or equivalent (see above)	
O Applying as an Individua	I	
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# **Applicant Organization**

Applicant Organization or Group*			
Applicant Mailing Address*			
Address Line 1			
Address Line 2			
City	State		ZIP Code
Applicant Website			
*If Applicable			
What is your organization's annua budget?*	loperating		
\$			
What is your organization's missio	n?*		
			,

Project Director Name*	Project Director Personal Pronouns
First Name Last Name	
Project Director Job Title*	
Project Director Phone*	Project Director Email*
the following federal nondiscrimination and in Nondiscrimination (a). Title VI of the Civil Righ provides that no person in the United States shorigin, be excluded from participation in, be dediscrimination under any program or activity feassistance; (b). Section 504 of the Rehabilitation which prohibits discrimination on the basis of I federal financial assistance; (c). Title IX of the EU.S.C. 1681 et seq.), which prohibits discrimination activities receiving federal financial assistates as amended (42 U.S.C. 6101 et seq.), which proprograms and activities receiving federal financial assistates as a factor neonally take age into account as a factor neonally take age into account as a factor neonally statutory objective of the project or active Regarding Debarment, Suspension, Ineligibility certifies, by submission of this proposal, that no suspended, proposed for debarment, declared participation in this transaction by any federal unable to certify to any of the statements in the attach an explanation to this proposal.	will make all reasonable efforts to comply with eligibility provisions: 1. Certification Regarding its Act of 1964 (42 U.S.C. 2000d et seq.), which hall, on the ground of race, color, or national enied the benefits of, or be otherwise subjected to or which the applicant received federal financial on Act of 1973. As amended (29 U.S.C. 794), handicap in programs and activities receiving Education Amendments of 1972, as amended (20 ation on the basis of sex in education programs ance; and (d). the Age Discrimination Act of 1975, whibits discrimination on the basis of age in inicial assistance, except that actions which eccessary for the normal operation or achievement ivity shall not violate this statute. 2. Certification y and Voluntary Exclusion (a). The applicant either it nor its principals is presently debarred,

### Fiscal Sponsor

You will need an organization to serve as a fiscal sponsor. For more information, please visit the Maine Community Foundation's page on fiscal sponsorship: <a href="https://www.mainecf.org/apply-for-a-grant/help-for-applicants/fiscal-sponsorship/">https://www.mainecf.org/apply-for-a-grant/help-for-applicants/fiscal-sponsorship/</a>

Fiscal Sponsor Organization*	
Fiscal Sponsor Mailing Address*	
Address Line 1	
Address Line 2	
City State	ZIP Code
Fiscal Sponsor Primary Contact*	
First Name	Last Name
Fiscal Sponsor Primary Contact Email*	Fiscal Sponsor Primary Contact Phone

#### **Audiences**

Both MHC and the NEH are interested in reaching audiences that are traditionally underrepresented in the humanities. Please indicate all types of involvement that apply to your organization (or to your project if you are applying as an individual) for each community listed below.

We would like to know in which capacities each community is represented in regards to your work: Among Board Members, On Staff for your organization (or project), Among Volunteers, In Decision-Making Roles, In Leadership, Served by your organization (or project), or if you are Unsure of the involvement of the specific community. Leave blank if there is no involvement from that community.

Black, Indigenous, People of Color						
Board	☐ Staff	☐ Volunteers	☐ Decision Making	Leadership	Served	
Unsure						
LGBTQ+						
Board	☐ Staff	☐ Volunteers	☐ Decision Making	Leadership	Served	
Unsure						
People wit	th Disabili	ties				
Board	☐ Staff	☐ Volunteers	☐ Decision Making	Leadership	Served	
Unsure						
Recent Im	migrants					
Board	☐ Staff	☐ Volunteers	☐ Decision Making	Leadership	Served	
Unsure						

Incarcerated Inc	lividuals (	current or	recently)		
☐ Board ☐ S	aff □\	olunteers/	☐ Decision Making	Leadership	Served
Poor People					
☐ Board ☐ S	aff 🗌 \	olunteers/	☐ Decision Making	Leadership	Served
People Who Live	e in Rural	Areas			
☐ Board ☐ S	aff 🗌 \	olunteers/	☐ Decision Making	Leadership	Served
Veterans or Act	ve Duty N	Military			
☐ Board ☐ S	aff 🗌 \	olunteers/	☐ Decision Making	Leadership	Served
Which tradition you engaging th		represent	ed groups in your co	mmunity are you	u engaging and how are
					//

## About your project

Please note: All long form answers in this section have a limit of 3000 CHARACTERS (about a page). Character limits include spaces.

Describe your project and its goals*	
	0/3000
Maximium 3,000 characters	
Describe the role of the humanities in your project*	

0/3000

vvnat content experts will be involved with this project and now will they be contributing:
0/3000 Maximium 3,000 characters
Do you plan to collaborate with any organizational partners for this project? If yes, what role will they play? Has their involvement been confirmed?*
0/3000
Maximium 3,000 characters
Explain the timeline for your project*
0/3000
Maximium 3,000 characters
Will a fee be charged for any public activities associated with your event?*
Yes No
Yes O No
Please explain the fees*

0/3000

Who is your intended audi	ience for this project and why?*	
		2/0000
Maximium 3,000 characters		0/3000
What strategies will you us	se to reach your intended audience?*	
Maximium 3,000 characters		0/3000
Explain the intended audie	ence or community's involvement in developing your proje	ct*
Marrianiana 2 000 ah arrantana		0/3000
Maximium 3,000 characters		
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#### **Project Budget**

Please enter all costs associated with your work plan below. We ask that you organize your budget based on the following categories: Administrative Costs, Consultants, Facilities, Books & Texts, Materials & Supplies, PR/Communications, and Travel. For each budget category type you will see a row with three fields: one for requested MHC funds, one for cash match, and one for in-kind match. (Examples of the types of items associated with each category are included in the field subtext). Enter a whole dollar amount in each relevant field. For any costs unassociated with the above categories, please enter these figures under Other. You will be asked to briefly define the intended use and/or source of these figures.

Please note: the **total grant request must be matched 1:1** by either cash or in-kind support (or a combination of both) which may come from a third-party or directly from the applicant. In other words, 50% of the total cost of this work must come from sources other than the MHC award. (You do not need to match requests within individual budget categories, just the total of all requested funds.) In-kind contributions may include time and materials, use of office space and equipment, travel, donated services, and other non-cash donations. It is important to MHC to show that our grant funds leverage additional resources, so **please include ALL match, even when it is more than 50%.** 

Administrative Costs (MHC Funds)	Administrative Costs (Cash Match)	Administrative Costs (In-Kind Match)
\$	\$	\$
Time spent by people overseeing this project. (We prefer to see an organization's administrative costs as cash or in-kind.)	Time spent by people overseeing this project. (We prefer to see an organization's administrative costs as cash or in-kind.)	Time spent by people overseeing this project. (We prefer to see an organization's administrative costs as cash or in-kind.)
Consultants (MHC Funds)	Consultants (Cash Match)	Consultants (In-Kind Match)
\$	\$	\$
Scholars, writers, researchers, designers, or other specialists.	Scholars, writers, researchers, designers, or other specialists.	Scholars, writers, researchers, designers, or other specialists.

Facilities (MHC Funds)	Facilities (Cash Match)	Facilities (In-Kind Match)
\$	\$	\$
Office/Meeting/Event Space	Office/Meeting/Event Space	Office/Meeting/Event Space
Books and Other Texts (MHC Funds)	Books and Other Texts (Cash Match)	Books and Other Texts (In- Kind Match)
\$	\$	\$
Other Supplies (MHC Funds)	Other Supplies (Cash Match)	Other Supplies (In Kind- Match)
\$	\$	
Other supplies might include DVDs,	Other supplies might include DVDs,	\$
folders, exhibit materials, audio recorders, etc.	folders, exhibit materials, audio recorders, etc.	Other supplies might include DVDs, folders, exhibit materials, audio recorders, etc.
PR/Communications (MHC	PR/Communications (Cash	PR/Communications (In-Kind
Funds)	Match)	Match)
\$	\$	\$
This could include printing/design costs, web, postage, telephone, and duplication.	This could include printing/design costs, web, postage, telephone, and duplication.	This could include printing/design costs web, postage, telephone, and duplication.
Travel (MHC Funds)	Travel (Cash Match)	Travel (In-Kind Match)
\$	\$	\$
Mileage, tolls, or other forms of travel, and accommodation/meals. (MHC cannot pay for liquor or entertainment.)	Mileage, tolls, or other forms of travel, and accommodation/meals. (MHC cannot pay for liquor or entertainment.)	Mileage, tolls, or other forms of travel, and accommodation/meals. (MHC cannot pay for liquor or entertainment.
Other (MHC Funds)	Other (Cash Match)	Other (In-Kind Match)
\$	\$	\$
Please describe the uses and/or	sources of all figures listed unde	r Other*

MHC Request Total	Cash Match Total	In-Kind Request Total
\$ 5.00	\$ 0.00	\$ 0.00
Total of all MHC Funds Requested	Total of all Cash Funds you'll use to match your MHC Request.	Total of all In-Kind Funds you'll use to match your MHC Request.
Budget Description*		
Please include a brief narrative supplem requesting funding.	ent to the budget, explaining the items in th	ne project's budget for which you will be
Do any of the cash funds come from federal sources?*	Do any of the in-kind funds come from federal sources?*	
○ Yes	○ Yes	
○ No	○ No	

# Additional Information (OPTIONAL)

Is there a publicity plan fo	or your proposed project?	
Maximium 3,000 characters		0/3000
Is there anything else we	should know?	
Maximium 3,000 characters		0/3000
	Save and Resume Later	
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