

Regular Grant Application Forms

**YOU SHOULD PHOTOCOPY APPLICATION FORMS AS OFTEN AS NECESSARY, THEN
DUPLICATE THE COMPLETED FORMS FOR THE REQUIRED NUMBER OF COPIES.
DO NOT USE ORIGINALS, AS YOU MAY NEED THEM FOR SUBSEQUENT APPLICATIONS.**

MHC USE ONLY
MHC-
Proposal Number
Date Received

Mississippi Humanities Council

Regular Grant Application Form

1. Title of Project

2. Name and address of applicant (organization)	3. MHC funds requested \$ (\$1,501 Minimum. Use Minigrant Application for Smaller Amount.)
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4. Project Director a. Name and Mailing Address	b. Title/Position
	c. Telephone (Include Area Code and Extension)
	d. Email

5. Fiscal Agent a. Name and Mailing Address (Project Director cannot serve as Fiscal Agent)	b. Title/Position
	c. Telephone (Include Area Code and Extension)
	d. Email

6. Proposed Grant Period From: _____ To: _____

7. Program Date(s) and Time(s)	8. Program Location(s) (Town, Building, Address)
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9. Estimated number of persons served	10. Congressional District 1st 2nd 3rd 4th of Applicant (circle one)
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11. Description of proposed project (do not exceed space provided). Project narrative and format to be attached. (See Guidelines)

PROJECT SUMMARY

Give a brief overview of the project. Please limit your response to the space provided. As specified in the grant application guidelines, the detailed narrative attached to this application form should describe further details of the proposed project activities.

A. Project Objectives. (List what you expect the achievements of the project to be.)

B. Humanities content of the project. (Why is this a humanities project? How will the humanities disciplines and scholars involved illuminate the issues under discussion?)

C. Personnel. List persons involved in the planning and implementation of the project and briefly describe their qualifications and roles. Attach a MHC Resume Sheet (page 23) for each person who will be paid with MHC funds.

Name	Institution	Humanities Discipline	Role in Project
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D. Describe the participation of humanities scholars in the planning.

E. List members of the project committee. This group should include members of the target audience/community as well as project personnel and scholars.

F. Identify the audience to be served and give the place where the activity will occur.

G. Explain your plan for publicity and/or distribution. If any registration fee or other charge is involved, please explain.

H. Describe the evaluation plan for assessing how well the project achieved its objectives.

CERTIFICATIONS*

The applicant certifies that the conduct of this program will be in compliance with the provisions set forth by the National Foundation on the Arts and Humanities Act of 1965 (as amended) and the policies of the Mississippi Humanities Council.

1. Certification Regarding the Nondiscrimination Statutes.

The applicant certifies that it will comply with the following nondiscrimination statutes and their pending regulations:

(a) Title VI of the Civil Rights Act of 1964 (442 U.S.C. 200d et seq.), which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance;

(b) Section 504 of the Rehabilitation Act of 1972, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance;

(c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance; and

(d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.), which prohibits discrimination of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute.

2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions (45 CFR 1169)

(a) The prospective lower tier participant (applicant) certifies, by submission of this application for a grant, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(b) Where the prospective lower tier participant (applicant) is unable to certify to any of the statements in the certification, such prospective participant will attach an explanation to this application for a grant.

NAME (please print) _____
TITLE _____
ADDRESS _____
EMAIL _____
PHONE: Office () _____ HOME () _____
SIGNATURE _____

*Signature of authorizing official of non-profit organization required for certification. Original signatures required on two copies.

BUDGET*

INCOME

1. Cost Share

a. Cash from applicant	\$ _____	
b. In-kind	\$ _____	
c. Cash contributions from other sources (list donor and amount if known)		
Private _____	\$ _____	
_____	\$ _____	
Corporate _____	\$ _____	
_____	\$ _____	
Government		
local _____	\$ _____	
state _____	\$ _____	
federal _____	\$ _____	
d. Total cost-share		\$ _____

2. Grant requested from the Mississippi Humanities Council \$ _____

3. Total Project \$ _____

BUDGET

EXPENSES

ITEM	M H C Grant Request	Cost Share			TOTAL
		Cash from applicant	In-Kind	Cash other sources	
Salaries and W ages	XXXXX				
Fringe Benefits	XXXXX				
Honoraria (include evaluator)					
Travel (include evaluator)					
Supplies					
Printing and Duplicating					
Postage and Telephone					
Equipment Rental					
Facilities Rental					
Advertising					
Other (specify)					
TOTALS					

*A budget narrative/explanation should be attached with sufficient detail to demonstrate that the costs are reasonable and directly related to the plan of activities for the project. Scholars and others who will be paid and amounts for each should be listed individually, including evaluator's honorarium. Expenses for salaries, wages, and fringe benefits should be shown as matching funds; MHC funds may not be requested in these categories.