

MHC USE ONLY
Proposal Number:
Date Received:

## BICENTENNIAL GRANT APPLICATION COVERSHEET

- \_\_\_ 1. Applicant has provided its DUNS number. A DUNS number is required to apply for an MHC grant. If you are unsure of your number, visit <http://fedgov.dnb.com/webform> for more information.
- \_\_\_ 2. MHC staff was consulted regarding project viability. With whom did you consult? \_\_\_\_\_
- \_\_\_ 3. Application is fully completed. Responses are limited to the space provided.
- \_\_\_ 4. Project narrative is attached to grant application.
- \_\_\_ 5. Applicant is a nonprofit organization.
- \_\_\_ 6. All program participants have been contacted and have agreed to participate.
- \_\_\_ 7. Signed resume sheets are included for all program participants who will be paid with grant funds.
- \_\_\_ 8. A budget narrative, specifically listing all anticipated expenses as well as persons to be paid and reasons for the payment, is included along with completed budget form.
- \_\_\_ 9. Proposed program or event will take place during the 2017 calendar year and at least 6 weeks after the minigrant deadline.
- \_\_\_ 10. No honorarium has been requested for an employee of applicant organization.
- \_\_\_ 11. Fiscal Agent has agreed to be responsible for managing grant funds and project expenses for the duration of the grant period and preparing financial reports.
- \_\_\_ 12. Project Director and Fiscal Agent are not the same person.
- \_\_\_ 13. All grant forms are signed where required.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date


# Bicentennial Grant Application Form

**1. Title of Project**

**2. Name and address of applicant (organization)**

**3. Funds requested**

\$

(\$10,000 maximum)

DUNS Number:

**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)** (if applicable)

**8. Program Location(s)** (if applicable; if web-based, give web address)

**9. Estimated number of persons served by project**

**10. Congressional District of Program** (circle all that apply) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

**11. Brief description of proposed project** (do not exceed space provided)

## PROJECT SUMMARY

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

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**A. Personnel.** List persons involved in the planning and implementation of the project and briefly describe their qualifications and roles. Attach a completed and signed Resume Sheet for the project director and each person who will be paid with grant funds.

<u>Name</u>	<u>Institution</u>	<u>Role in Project</u>
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**B. Audience.** Who is the target audience? How will you reach them? Describe project publicity plans.

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**C. Evaluation.** Describe the evaluation plan for assessing how well the project achieved its objectives.

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**D. Project Narrative.** Please attach. See Grant Guidelines for instructions on how to write project narrative.

## BUDGET

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. Expenses for salaries, wages, and fringe benefits should be shown as cost share matching funds. The combined total of cash and in-kind contributions must at least equal the amount of requested grant funds. All grants over \$5000 must be matched by at least 25% cash.

### EXPENSES

Item	Grant Request	Cost Share			TOTAL
		Cash from applicant	In-kind	Cash other sources	
Salaries and Wages	XXXXX				
Fringe Benefits	XXXXX				
Honoraria					
Travel					
Supplies					
Printing and Duplicating					
Postage and Telephone					
Equipment Rental					
Facilities Rental					
Advertising					
Other (specify)					
<b>TOTALS</b>					

### 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 (42 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. Title VI also extends protection to persons with limited English proficiency.

(b) Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794), which prohibits discrimination on the basis of disability in programs and activities receiving federal financial assistance;

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

(d) The Age Discrimination Act of 1975 (42 U.S.C.6101 et seq.), which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance.

(e)The Americans with Disabilities Act of 1990 (42U.S.C.12101-122143) prohibits discrimination on the basis of disability in employment, government services, places of accommodation and commercial facilities.

**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 OF AUTHORIZING OFFICIAL (please print) \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE: Office ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Bicentennial Grant Application Resume Sheet

The Project Director and all individuals to be paid honoraria from grant funds must complete and sign this form. This page may be photocopied as many times as necessary. Each person's Resume Sheet should be as detailed as possible and supply specific information describing his or her role in the project, as well as providing background information on qualifications. Resume attachments are limited to two (2) pages per person.

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### Personal Information

Name:

Title:

Mailing Address:

Home Telephone:

Work Telephone:

Email address:

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### Professional Information

Education/Degrees:

Area(s) of Expertise (as they relate to this project):

Current Position:

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### Pertinent Publications or Activities

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### Project Participation

Please describe how your expertise will be applied to the proposed project and outline your role.

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**Signature:** (digital acceptable)

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date