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|   | MHC USE ONLY |   |
|   | Proposal Number: |   |
|  | Date Received: |  |

**ORAL HISTORY 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’s Assistant Director or Executive Director 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 at least 8 weeks after the minigrant deadline, or 10 weeks after the major grant 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.

\_\_\_ 14. Applicant has spoken about the project with a staff member of the Center for Oral History at the University of Southern Mississippi. With whom did you consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorizing Official Date

|  |
| --- |
| Mississippi Humanities Council, 3825 Ridgewood Road, Room 317, Jackson, MS 39211 |
| Phone (601) 432-6752 FAX (601) 432-6750 Email: grants@mhc.state.ms.us |

|  |  |
| --- | --- |
| CHECK ONE: |  Mississippi Humanities Council **Grant Application Form** |
| \_\_\_\_\_Minigrant (request up to $2000) |
| \_\_\_\_\_Major grant (request between $2001-$7500) |
|  |  |
|  |
| **1. Title of Project** |
|  |
| **2. Name and address of applicant (organization)** | **3. MHC funds requested** |
|  | **$** |
|  |
|  | **$2,000 Maximum for Minigrants****$7500 Maximum for Major Grants** |
|  |
| DUNS #: EIN # (Tax ID #): |
| **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 | b. Title/Position |
| **(Project Director cannot serve as Fiscal Agent)** |  |
|  |  |
|  | c. Telephone (Include Area Code and Extension) |
|  |  |
|  | d. Email |
| **6. Proposed Grant Period** From: To: |
|  |
| **7. Estimated number of persons to be interviewed** | **8. Congressional Districts included in project** (circle all that apply)  | 1st 2nd 3rd 4th  |
| **9. Public program date (s) and time (s),** (if applicable) | **10. Public program locations** |  |
| **11. Brief description of proposed project** (do not exceed space provided) |  |  |
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**ORAL HISTORY 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.

**A. Scope of Project.** What is the focus of the project? How will you determine whom to interview?

**B. Personnel.** List persons involved in the planning and implementation of the project and briefly describe their qualifications and roles. Attach a completed and signed MHC Resume Sheet for each person who will be paid with MHC grant funds. This list should include a staff member of the Center for Oral History at the University of Southern Mississippi.

Name Institution Humanities Discipline Role in Project

**C. Use of the Interviews***.* How will the interviews be used? Will they be shared with the public? How?

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

**E. 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, 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.

**EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **MHC****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) |  |  |  |  |  |
| TOTALS |  |  |  |  |  |

**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 statues 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 r, 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 OF AUTHORIZING OFFICIAL (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

SIGNATURE

**MHC Grant Application Resume Sheet**

The Project Director and all humanities scholars to be paid honoraria from MHC 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.

**Personal Information**

Name:

Title:

Mailing Address:

Home Telephone: Work Telephone:

Email address:

**Professional Information**

Education/Degrees:

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

Current Position:

**Pertinent Publications or Activities**

**Project Participation**

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

**Signature**: (digital acceptable)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant Date