

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

CHECK ONE:

Minigrant (request up to \$2000)

Major grant (request between \$2001-\$7500)

Mississippi Humanities Council Grant Application Form

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
(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. Estimated number of persons to be interviewed

8. Congressional Districts included 1st 2nd 3rd 4th
in project (circle all that apply)

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)

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.

<u>Name</u>	<u>Institution</u>	<u>Humanities Discipline</u>	<u>Role in Project</u>
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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 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;

(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