



Mini Grant Application

General Information

Project Title*

Brief Project Abstract*

Please explain your project in a few short sentences. Maximum 300 characters

Amount Requested*

\$

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

Project Start Date*

MM/DD/YYYY



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 Applied
- ☐ MHC Staff Member
- ☐ MHC Newsletter
- ☐ MHC Website
- ☐ Friend or Colleague
- ☐ Social Media
- ☐ at an Outreach/Networking Event

In some circumstances, MHC may pass unsuccessful proposals along to other funders who could potentially meet the applicant's request.

Is it OK to share your application with other funders?*

- ☒ Yes
- ☐ No

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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 **NOT** a 501c3, or equivalent (listed above) you will need a **FISCAL SPONSOR** for your project. For more information, please visit the [Maine Community Foundation's page on fiscal sponsorship](#).

Which type of applicant are you?*

- ☒ Organization with 501c3 status or equivalent (see above)
- ☐ Organization or Group without 501c3 status or equivalent (see above)
- ☐ Applying as an Individual

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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

What is your organization's annual operating budget?*

\$

Applicant EIN

Tax ID Number

Project Director Name*

First Name

Last Name

Project Director Personal Pronouns

Project Director Job Title*

Project Director Phone*

Project Director Email*

Because a portion of Maine Humanities Council grant funds may originate with the Federal government, applicants must certify that they will make all reasonable efforts to comply with the following federal nondiscrimination and ineligibility provisions: 1. Certification Regarding Nondiscrimination (a). Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d 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 1973. 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 sex in education 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 on the basis 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 (a). The applicant certifies, by submission of this proposal, 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 applicant is unable to certify to any of the statements in the certification, such prospective participant shall attach an explanation to this proposal.

☐ By checking this box, I certify that I will make all reasonable efforts to comply with the above federal nondiscrimination and eligibility provisions.

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Note: This page will not appear if your organization is a 501c3 or equivalent.

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: <https://www.mainecef.org/apply-for-a-grant/help-for-applicants/fiscal-sponsorship/>

Fiscal Sponsor Organization*

Fiscal Sponsor Mailing Address*

Address Line 1

Address Line 2

City

State

ZIP Code

Fiscal Sponsor EIN

Tax ID Number

Fiscal Sponsor Primary Contact*

First Name

Last Name

Fiscal Sponsor Primary Contact Email*

Fiscal Sponsor Primary Contact Phone*

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Audiences

Maine Humanities is interested in reaching broad and diverse audiences across Maine, particularly those that are traditionally under-resourced in the humanities and/or deeply isolated from the wider community.

Is your organization led by or serving communities traditionally under-resourced in the humanities? If so, please explain in more detail.

0/3000

Limit 3,000 Characters

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About your project

Please note: All long form answers in this section have a limit of 3,000 CHARACTERS (about a page). Character limits include spaces.

Describe your project and its goals



Limit 3,000 Characters

0/3000


Describe the role of the humanities in your project



Limit 3,000 Characters

0/3000

What content experts will be involved with this project and how will they be contributing?



Limit 3,000 Characters

0/3000

Will a fee be charged for any public activities associated with your event?*

- ☒ Yes
- ☐ No

Please explain the fees*

0/3000

Limit 3,000 Characters

Who is your intended audience for this project and why?

0/3000

Limit 3,000 Characters

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Project Budget

Administrative Costs (MHC Funds)

\$

Time spent by people overseeing this project. (We prefer to see an organization's administrative costs as cash or in-kind.)

Administrative Costs (Cash Match)

\$

Time spent by people overseeing this project. (We prefer to see an organization's administrative costs as cash or in-kind.)

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.)

Consultants (MHC Funds)

\$

Scholars, writers, researchers, designers, or other specialists.

Consultants (Cash Match)

\$

Scholars, writers, researchers, designers, or other specialists.

Consultants (In-Kind Match)

\$

Scholars, writers, researchers, designers, or other specialists.

Facilities (MHC Funds)

\$

Office/Meeting/Event Space

Facilities (Cash Match)

\$

Office/Meeting/Event Space

Facilities (In-Kind Match)

\$

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 might include DVDs, folders, exhibit materials, audio recorders, etc.

Other Supplies (Cash Match)

\$

Other supplies might include DVDs, folders, exhibit materials, audio recorders, etc.

Other Supplies (In Kind-Match)

\$

Other supplies might include DVDs, folders, exhibit materials, audio recorders, etc.

PR/Communications (MHC Funds)

\$

This could include printing/design costs, web, postage, telephone, and duplication.

PR/Communications (Cash Match)

\$

This could include printing/design costs, web, postage, telephone, and duplication.

PR/Communications (In-Kind Match)

\$

This could include printing/design costs, web, postage, telephone, and duplication.

Travel (MHC Funds)

\$

Mileage, tolls, or other forms of travel, and accommodation/meals. (MHC cannot pay for liquor or entertainment.)

Travel (Cash Match)

\$

Mileage, tolls, or other forms of travel, and accommodation/meals. (MHC cannot pay for liquor or entertainment.)

Travel (In-Kind Match)

\$

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)

\$

MHC Request Total

\$

Total of all MHC Funds Requested. Maximum request is \$2,000.

Cash Match Total

\$

Total of all Cash Funds you'll use to match your MHC Request.

In-Kind Request Total

\$

Total of all In-Kind Funds you'll use to match your MHC Request.

Please note: The grant award 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 project costs must come from sources other than an MHC award. In-kind contributions may include time and materials, 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%.

Please describe the uses and/or sources of all figures listed under Other*

--

Budget Description*

Please include a brief narrative supplement to the budget, explaining the items in the project's budget for which you will be requesting funding.

Do any of the cash funds
come from federal sources?*

☐ Yes

☐ No

Do any of the in-kind funds
come from federal sources?*

☐ Yes

☐ No

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Additional Information (OPTIONAL)

Is there a publicity plan for your proposed project?

Is there anything else we should know?

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