



Organization Contact Information

Organization

Organization Name

Legal Name (if different than above)

Address

City

State

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Tax ID

Phone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Website

Board List

Please attach a copy of your board list. If you do not have a board or organizational chart, provide a document that gives insight into who is responsible for making decisions.

Organization Budget

Please attach a copy of your most recent budget.

Organization Chart

Please attach a copy of your organizational chart.

Authorized Representative

The Authorized Representative is defined as the person who has legal authority to sign the grant agreement, and any later amendments, on behalf of the organization.

First Name

Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Title

Phone

Ext.

Mobile Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

E-Mail

Project Manager

The Project manager is defined as the person responsible for overseeing the project and which MHC should be in regular communication with to obtain updates on the project.

Complete the following section **ONLY** if the project manager is different from the Authorized Representative.

First Name		Last Name	
Title			
Phone		Ext.	Mobile Phone
Email			

Fiscal Sponsor

A fiscal sponsorship agreement is created when a nonprofit tax-exempt organization, fiscal sponsor, agrees to accept Legacy funds on your behalf, agrees to provide administrative, legal and/or financial responsibility on your behalf, agrees to ensure project documents are kept consistent with Minnesota law.

Complete this section **ONLY** if you will be using a fiscal sponsor.

Organization Name		
Address		
City	State	Postal Code
Tax ID	Website	
Contact Name		
Contact Phone	Contact Email	

Fiscal Sponsorship Agreement

Please attach a copy of your Fiscal Sponsorship agreement.

Project Overview

Project Name

The Minnesota Humanities Center will use this title when referencing this grant, including reporting on the Legacy website.

Project Start Date (mm/dd/yyyy)

This date is an estimate only. The actual project start date will be when a grant agreement is fully signed.

Project End Date (mm/dd/yyyy)

Project activities must be completed by May 30, 2025. Grant reporting must be completed no later than June 30, 2025.

Project Overview

Please describe your project and please identify how your project or organization (1) provides civics education for youth on law, democracy, government, and debate, and/or (2) conducts civics education programs.

Max word count: 500

Community Involvement

Please identify the stakeholders involved in developing your project, how you reached out to them, how you incorporated the ideas of the stakeholders in the project, and how stakeholders will be involved going forward.

Max word count: 500

Board Involvement

Please identify how the senior leadership team or Board were involved in developing this project, how their ideas were incorporated within the project, and how they will be involved going forward.

[Empty text box for response]

Max word count: 500

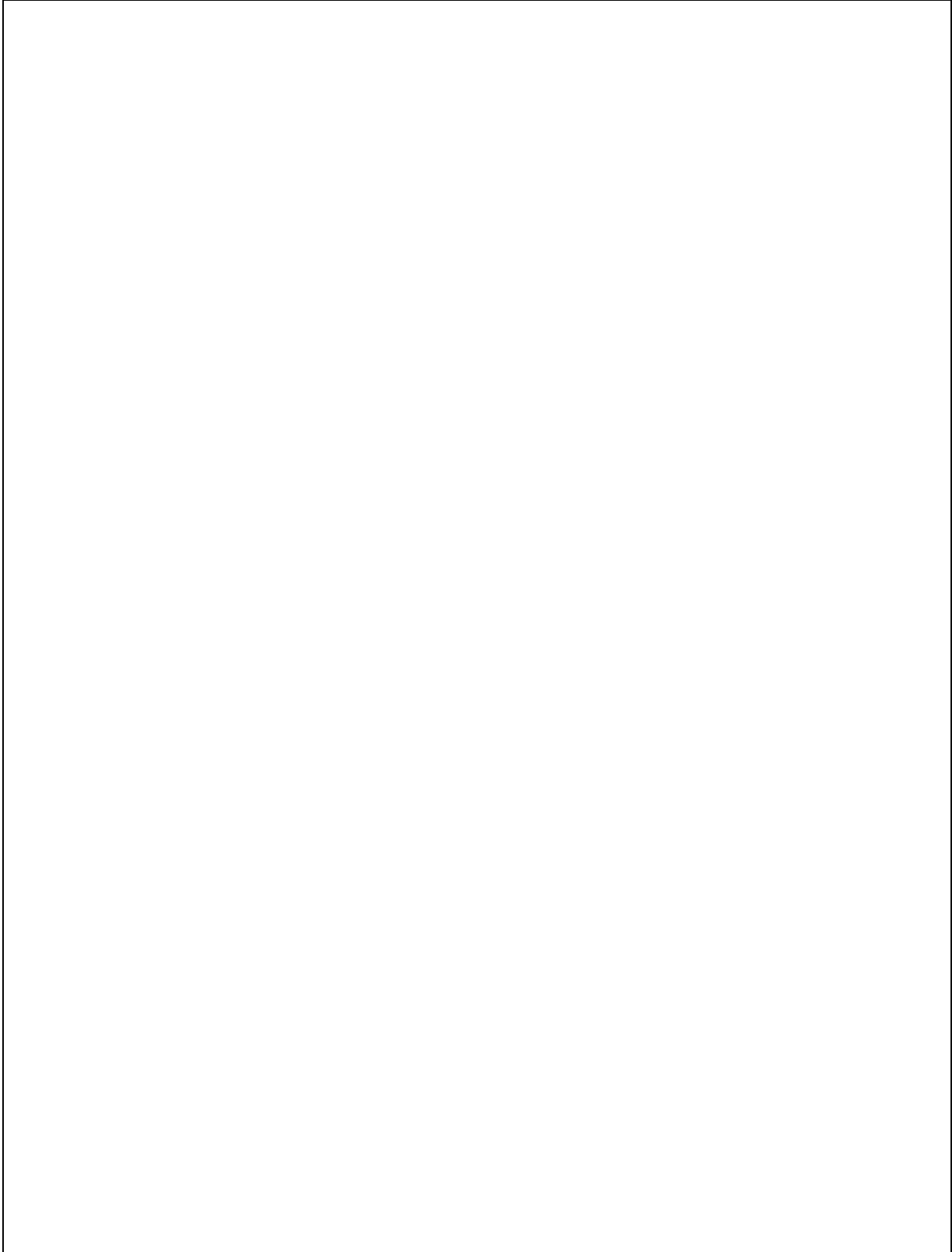
Evaluation

Please identify how the success of your project will be defined, measured and who will evaluate the success of your project.

Max word count: 500

Audience

Please identify the audience you are attempting to reach with your project and describe what you expect will be the impact of your project on the audience. Please use the chart on the following page to identify where your project will be seen by your intended audience.



Max word count: 500

Counties Served (select all that apply)

- | | | | |
|---------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> All Counties | <input type="checkbox"/> Faribault | <input type="checkbox"/> Marshall | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Aitkin | <input type="checkbox"/> Fillmore | <input type="checkbox"/> Martin | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Anoka | <input type="checkbox"/> Freeborn | <input type="checkbox"/> McLeod | <input type="checkbox"/> Roseau |
| <input type="checkbox"/> Becker | <input type="checkbox"/> Goodhue | <input type="checkbox"/> Meeker | <input type="checkbox"/> Saint Louis |
| <input type="checkbox"/> Beltrami | <input type="checkbox"/> Grant | <input type="checkbox"/> Mille Lacs | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Hennepin | <input type="checkbox"/> Morrison | <input type="checkbox"/> Sherburne |
| <input type="checkbox"/> Big Stone | <input type="checkbox"/> Houston | <input type="checkbox"/> Mower | <input type="checkbox"/> Sibley |
| <input type="checkbox"/> Blue Earth | <input type="checkbox"/> Hubbard | <input type="checkbox"/> Murray | <input type="checkbox"/> Stearns |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Isanti | <input type="checkbox"/> Nicollet | <input type="checkbox"/> Steele |
| <input type="checkbox"/> Carlton | <input type="checkbox"/> Itasca | <input type="checkbox"/> Nobles | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Carver | <input type="checkbox"/> Jackson | <input type="checkbox"/> Norman | <input type="checkbox"/> Swift |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Kanabec | <input type="checkbox"/> Olmsted | <input type="checkbox"/> Todd |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Kandiyohi | <input type="checkbox"/> Otter Tail | <input type="checkbox"/> Traverse |
| <input type="checkbox"/> Chisago | <input type="checkbox"/> Kittson | <input type="checkbox"/> Pennington | <input type="checkbox"/> Wabasha |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Koochiching | <input type="checkbox"/> Pine | <input type="checkbox"/> Wadena |
| <input type="checkbox"/> Clearwater | <input type="checkbox"/> Lac Qui Parle | <input type="checkbox"/> Pipestone | <input type="checkbox"/> Waseca |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Lake | <input type="checkbox"/> Polk | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> Lake Of The Woods | <input type="checkbox"/> Pope | <input type="checkbox"/> Watonwan |
| <input type="checkbox"/> Crow Wing | <input type="checkbox"/> Le Sueur | <input type="checkbox"/> Ramsey | <input type="checkbox"/> Wilkin |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Red Lake | <input type="checkbox"/> Winona |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> Lyon | <input type="checkbox"/> Redwood | <input type="checkbox"/> Wright |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Mahnomen | <input type="checkbox"/> Renville | <input type="checkbox"/> Yellow Medicine |

Project Management

Please describe how the project manager will ensure that the project is completed on a timely basis, that expenses and hours worked by staff are correctly reported, and the goals for the project will be achieved.

[Empty response box for project management description]

Max word count: 500

Project Compliance

Legacy funding only supports the creation of new work or new additions to existing work. Please describe how this project constitutes new work or a new addition or component to your existing work and programming.

Max word count: 500

Budget

Budget Template

Please complete and attach MHC's budget template. MHC's budget template can be found on MHC's website where you accessed this application. If you have questions, please feel free to contact MHC staff.

As a reminder, Legacy prohibits funds from being used to:

- Cover cash payments
- Cover costs expensed before the grant agreement is fully signed
- Start, match, add to, or complete any type of capital campaign
- Support capital costs (such as improvements, construction, property, or equipment)
- Pay for indirect costs or other institutional overhead charges that are not directly related and proportional to, and necessary for, the activities outlined in the project proposal
- Support benefits and fundraisers or fundraising-related activities
- Purchase promotional giveaway items like t-shirts, keychains, etc.
- Fund out-of-state expenses, including out-of-state travel

Provide the budget totals for the following categories:

Personnel and Contractors

Print, Media, and Promotional Materials

Supplies and Equipment - Purchased

Rental Costs (non-overhead)

Food/ Meals

Transportation and Lodging

Administrative and Support costs

Total Amount Requested

Other Funding Sources

Grant Payments

Minnesota law, as enforced by the Department of Administration, provides the manner in which MHC may issue payments to grantees. Reimbursement is the preferred and default method of payment under state guidelines. Under the Reimbursement model, upon the grantee providing information that expenses have been incurred, MHC will forward funding reimbursement to the grantee.

Grantees may also receive a partial advance under Minnesota law. Under the Advance model, the grantee may receive the following partial advance depending on the amount of the grant:

- If grant is \$10,000 or less, the maximum that can be advanced is 75%
- If the grant is more than \$10,000 but less than \$50,000, the maximum that can be advanced is 50%
- If the grant is more than \$50,000, the maximum that can be advanced is 25%

Grantees will not receive any additional funding under their grant until a financial reconciliation has occurred. Advances may only be provided under Minnesota law to Grantees who do not have a history of late reports, poor performance, or financial risk.

Upon completion of a grant, MHC conducts a financial review of the expenses incurred by the grantee. Minnesota law requires MHC to conduct a more in-depth financial review of the expenses of grantees that obtain an advance.

Complete the following section ONLY if you wish to pursue obtaining an advance.

Please identify the amount of advance funding that you wish to request and provide a brief explanation as to the need for the advanced payment. As there is no guarantee that you will be eligible to receive an advance, please also indicate in your request whether you will be able to pursue the project if you are denied an advance.

Max word count: 500

Financial Review

Complete this section ONLY if you are requesting funds more than \$25,000.

Please check the box below to indicate your organization's annual income and provide the corresponding financial document to MHC.

- Board Approved Financial Statement (Organization annual income under \$50,000 and no IRS Form 990)
- IRS Form 990 (Organization annual income under \$750,000)
- Certified Financial Audit (Organization annual income over \$750,000)

Financial Information

Please attach the financial document you identified above.

Certifications & Acknowledgement

I certify that the money for this grant will be spent as indicated within this grant application and consistent with Minnesota law.

- I agree I do not agree

I certify that these grant funds will be used to supplement and not substitute traditional sources of funding.

- I agree I do not agree

I certify that funds will not be spent on: activities unless they are directly related to and necessary for the project; indirect costs or other institutional overhead charges that are not directly related and proportional to, and necessary for, the activities outlined in the project proposal; fundraising; lobbyists and/or political contributions; bad debts, late payment fees, finance charges, or contingency funds; parking or traffic violations; promotional giveaway items; or out of state transportation.

- I agree I do not agree

I certify that if awarded, all grant documentation will be saved and archived for at least six years from the end date of the project.

- I agree I do not agree

Enter your full name, business title, and the date of submission.

(e.g., Emi Sakura, Executive Director, December 1, 2020)

Full Name	Business Title	Date of submission

By signing above and selecting "I agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.

- I agree I do not agree