



### 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"/>
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Tax ID

Phone

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

Phone

Ext.

Mobile Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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, the specific activities that will be completed with the funding requested, and its impact upon your intended audience and the people living in Minnesota.

Max word count: 500

## Project Alignment

Please identify and describe how your project aligns with one or more of the following.

- Preserve and honor the cultural heritage of Minnesota

Max word count: 500

Provide education and student outreach on cultural diversity

Max word count: 500

Support the development of culturally diverse humanities programming, including arts programming

Max word count: 500

Empower communities in building identity and culture, including, preserving and honoring communities whose Indigenous cultures are endangered or disappearing

Max word count: 500

Please identify what percentage of your organization's work on an annual basis would fit within one of the four above categories of activities.

Select which community or communities your project benefits.

- Asian & Pacific Island communities
- Somali diaspora and other African immigrant communities
- Indigenous communities with a focus on the 11 Tribes in Minnesota
- African American community
- Latinx community
- LGBTQIA+ community
- Other underrepresented cultural groups
- Multiple communities served

### **Community Involvement**

Please identify the stakeholders were 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



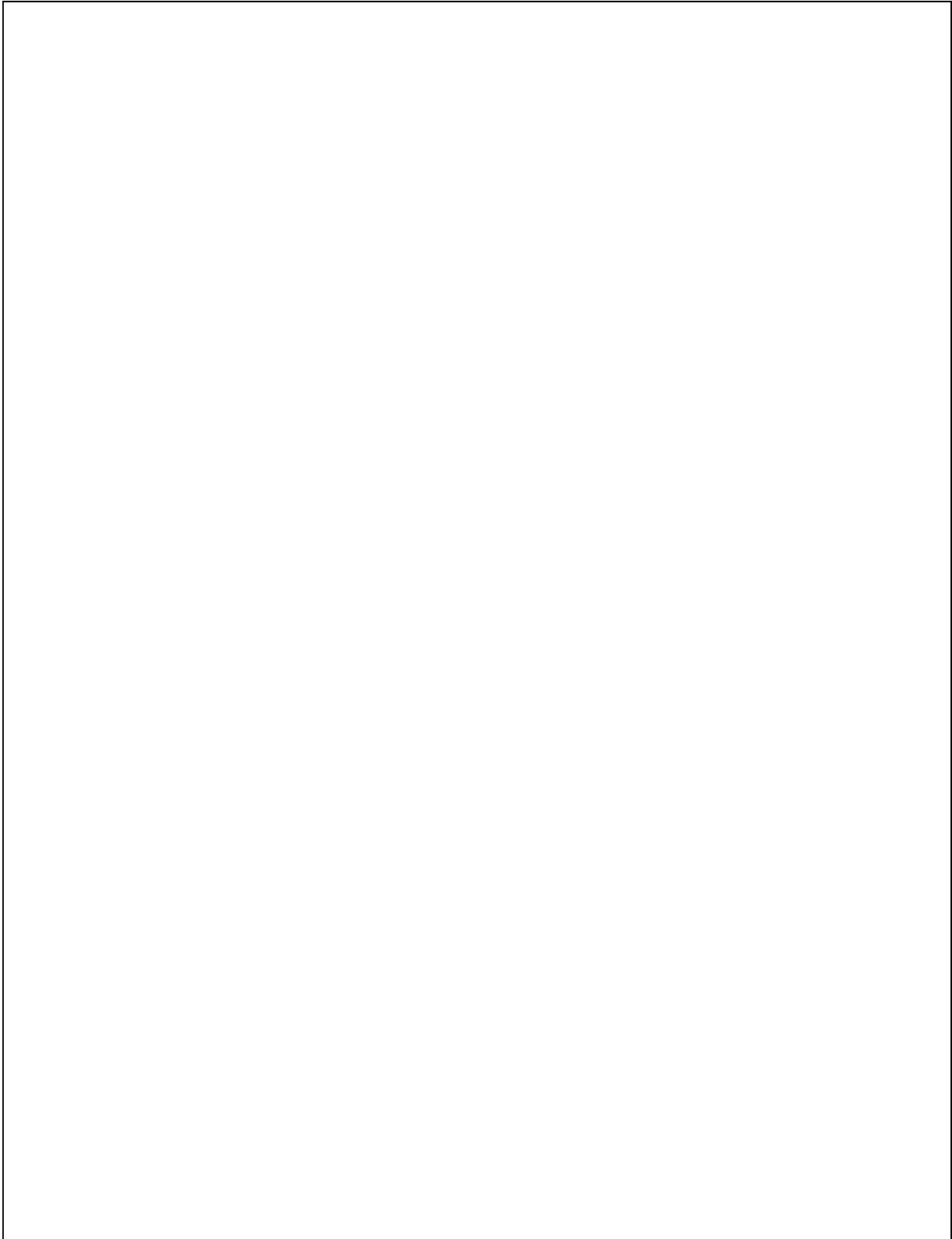
**Evaluation**

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.

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. Budgets will only be accepted using MHC's budget template. The 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.
- Food expenses when expenses are either (i) incurred during the planning phase of the project, or (ii) are not essential to the final program.
- Wages, salary, and benefits of staff for the time that such individuals are not working on the project.
- Fund parades.

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%

**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