



### **Eligibility Form**

Do you or your organization reside in MN?

☐ Yes ☐ No

Are you requesting more than \$75,000?

☐ Yes ☐ No

Are you requesting funding for a project that works to create, celebrate, and teach the art, culture, and heritage of the many diverse cultural groups that make up Minnesota?

☐ Yes ☐ No

This funding cannot be used for the following:

- Cover cash payments,
- Reimburse costs incurred before the grant agreement is fully signed,
- Start, match, add, support or complete any type of fundraiser,
- Support a benefit(s) or fundraiser,
- Support investments (such as improvements, construction, property, or equipment),
- Purchase promotional giveaway items such as t-shirts, keychains,
- Fund out-of-state expenses, such as out-of-state travel and lodging and contractor expenses,
- Pay for expenses or other institutional overhead costs that are not directly related to the activities outlined in the project proposal,
- 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, and
- Gift card payments.

Will the funding you are requesting be used for any of the activities listed above?

☐ Yes ☐ No

Will you be using this funding to pay for out-of-state expenses?

☐ Yes ☐ No

Will you be using this funding for new work or new additions to existing work?

☐ Yes ☐ No

<b>Application</b>		
<b>Organization Contact Information</b>		
Organization Name		
Legal Name (if different than above)		
Address		
City	State	Postal Code
Tax ID	Phone	
Website		
<b>Board List</b>		
Please list your board members and their board position (if applicable) in parenthesis. For example, Tom Smith (President).		
<b>Organization Budget</b>		
Please attach a copy of your most recent budget.		
<b>Organization Chart</b>		
Please attach a copy of your organizational chart.		
<b>Authorized Representative</b>		
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	
Title		
Phone	Ext.	Mobile Phone
E-Mail		

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**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**

You have entered into a fiscal sponsor agreement if you have agreed to use a nonprofit tax-exempt organization to accept Legacy funds on your behalf or accept legal and/or financial responsibility on your behalf.

Do you have a fiscal sponsor?

☐ Yes    ☐ No

**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	
<b>Project Name</b> The Minnesota Humanities Center will use this title when referencing this grant, including reporting on the Legacy website.	
<div></div>	
<b>Project Start Date</b> (mm/dd/yyyy) This date is an estimate only. The actual project start date will be when a grant agreement is fully signed.	<b>Project End Date</b> (mm/dd/yyyy) Project activities must be completed on or before May 31, 2027. Grant reporting must be completed no later than June 30, 2027.
<div></div>	<div></div>

Organization Overview
<b>What is your primary news source (identify community)?</b> <div></div>
<b>Please share why this is your primary news source.</b> <div></div>
<b>When was the Organization founded?</b> <div></div>
<b>What language(s) other than English have you previously distributed video content?</b> <div></div>
<b>What languages(s) other than English will materials be translated to and support?</b> <div></div>
<b>Please identify the person that would serve as the lead on this project. Describe their technical experience, and how they will ensure project success.</b> <div></div>

500 word max.

**Select which community or communities your project benefits?** To select multiple options, click each choice individually. This helps us track project impact across communities.

- ☐ Asian and Pacific Island communities
- ☐ Somali diaspora and other African immigrant communities
- ☐ Indigenous communities
- ☐ African American community
- ☐ Latinx community
- ☐ Other underrepresented cultural groups (please specify) \_\_\_\_\_
- ☐ Not community-specific

**How will your organization ensure accuracy of translated materials?**

**Please provide information about the number of people that watch your video content or your audience levels.**

Please select the best range for approximate viewers per video:

- ☐ 1,000–4,999
- ☐ 5,000–19,999
- ☐ 20,000–49,999
- ☐ 50,000+

**What is the project's geographical reach within Minnesota?**

**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"/> Mahnommen	<input type="checkbox"/> Renville	<input type="checkbox"/> Yellow Medicine

## 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,
- Reimburse costs incurred before the grant agreement is fully signed,
- Start, match, add, support or complete any type of fundraiser,
- Support a benefit(s) or fundraiser,
- Support investments (such as improvements, construction, property, or equipment),,
- Purchase promotional giveaway items such as t-shirts, keychains,

- Fund out-of-state expenses, such as out-of-state travel and lodging and contractor expenses
- Pay for expenses or other institutional overhead costs that are not directly related to the activities outlined in the project proposal,
- Food expenses when expenses are either (i) incurred during the planning phase of the project or (ii) are not essential to the final program, and
- Wages, salary, and benefits of staff for the time that such individuals are not working on the project, and
- Gift card payments.

**Payment to vendors must be paid by electronic fund transfer or check with payee noted.**

Provide the budget totals for the following categories:

Personnel/ Staff

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



### **Full Time Equivalents**

How many FTEs (Full Time Equivalents) will be funded with this grant? The number of FTEs and Independent Contractors working on the grant project will be reported on the Legacy website.

*For example: 0.5 (50%) of one staff person, and 0.35 (35%) of another = 0.85 total FTEs*

### **Grant Payments**

Minnesota law, as enforced by the Department of Administration, provides the manner in which MHC may issue payments to grantees. You may select between Reimbursement or Advanced Payment models.

### **Reimbursement**

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 for the total amount spent per payment request.

### **Advance**

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%

Those who choose the advanced payment model will receive advanced payments at a fixed amount. For example, if a Grantee is on a 20% advance payment model and receives a grant award of \$1,000 then they will receive \$200 per each payment request. 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.

Please select your preferred payment model below.

☐ Reimbursement

☐ Advanced

**Complete the following question *ONLY* if you wish to pursue obtaining an advanced payment.**

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 \$25,000 or more.**

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. (If you have a Fiscal Sponsor, please include their financial documents).

## 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 that if awarded, none of the applicant's current principals have been convicted of a felony financial crime in the past 10 years. Principal is defined as a public official, board member, or staff with authority to access grant funds or determine how funds are used.

☐ I agree    ☐ I do not agree

I certify that if awarded funding, the applicant is in good standing with the Minnesota Secretary of State as required by MN statutes, Chapter 317A.

☐ I agree    ☐ I do not agree

I certify that if awarded, contact information will be clearly posted on the applicant's website for the applicants leadership and the employee or other person who directly manages and oversees the grant for the applicant. "Contact Information" means a telephone number, email address, or business address. "Leadership" means the applicants top administrative person, such as an Executive Director, President, or CEO.

☐ 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

Did you attend or watch a recording of an information session for this grant opportunity?

☐ Yes    ☐ No

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