



Eligibility Form

Do you or your organization reside in MN?

☐ Yes ☐ No

Are you requesting more than \$50,000?

☐ Yes ☐ No

Is this organization creating or producing books for youth?

☐ Yes ☐ No

This funding cannot be used for the following:

- Cover costs incurred before the grant agreement is fully signed,
- Start, match, add, or complete any type of capital campaign,
- Support capital costs (such as improvements, construction, property, or equipment),
- Support benefits and fundraisers,
- 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 indirect costs or overhead charges 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
- Cash 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

Application **Contact Information**

Organization Legal Name

Organization Preferred Name (if different than above)

Address

City

State

Postal Code

Phone

Website (if applicable)

Board List

Please list your board members and their board position (if applicable) in parenthesis. For example, Tom Smith (President).

Organization Budget

Please attach a copy of your most recent organization 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

Title

Phone

Ext.

Mobile Phone

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 <u>ONLY</u> 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 <u>ONLY</u> if you are using a fiscal sponsor.		
Organization Name		
Address		
City	State	Postal Code
Tax ID	Website	
Contact Name		
Contact Phone	Contact Email	
Fiscal Sponsorship Agreement		
Please submit a copy of your Fiscal Sponsorship agreement as a PDF attachment.		

Project Details

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. (For this application projects cannot start before Oct. 1, 2026)

Project End Date (mm/dd/yyyy)

Project activities must be completed by May 31, 2027. Grant reporting must be completed no later than June 30, 2027.

Project Overview

Please summarize your project below. Please include the specific activities that will be completed with the funding requested, and its impact upon your intended youth audience in Minnesota. (If awarded this will be used as the summary of your project on the MHC and Legacy website).

Max word count: 500

Project Alignment

Is the primary purpose of this project to create, produce, and/or distribute books for youth that celebrate cultural expression? (Select all that apply and describe them in more detail below.)

☐ Create books for youth

☐ Produce books for youth

☐ Distribute books for youth

Please describe how your project will create, produce, and/or distribute books for youth in more detail below.

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Max word count: 500

What makes your book concept a strong example of excellent, original creative work?

--

Max word count: 500

How does the proposed book amplify Minnesota cultural history or the experiences of Minnesota cultural communities?

--

Max word count: 500

What educational value is the project bringing to Minnesota youth?

--

Max word count: 500
What youth audience are you attempting to serve? Be specific with grade or age level, subject matter, number of youth, educators, and/or number of schools.
Max word count: 500
How engaging, well-developed, and appropriate is the proposed book concept for the intended youth audience?
Max word count: 500
These grants will be awarded to applicants who do one or more of the following, please select all that apply:
☐ Amplify arts, culture, and heritage in Minnesota
☐ Increase the depth and breadth of Minnesota who will connect with arts, culture, and heritage
☐ Provided opportunities for individuals in Minnesota to enjoy arts and culture for free or at reduced cost to allow access for economically disadvantaged individuals and families in Minnesota to attend Legacy programs

Please describe how you will do one or more of the previous.

Max word count: 500

Counties Served (select all that apply)

- | | | | |
|---------------------------------------|--|-------------------------------------|--------------------------------------|
| ☐ All Counties | ☐ Faribault | ☐ Marshall | ☐ Rice |
| ☐ Aitkin | ☐ Fillmore | ☐ Martin | ☐ Rock |
| ☐ Anoka | ☐ Freeborn | ☐ McLeod | ☐ Roseau |
| ☐ Becker | ☐ Goodhue | ☐ Meeker | ☐ Saint Louis |
| ☐ Beltrami | ☐ Grant | ☐ Mille Lacs | ☐ Scott |
| ☐ Benton | ☐ Hennepin | ☐ Morrison | ☐ Sherburne |
| ☐ Big Stone | ☐ Houston | ☐ Mower | ☐ Sibley |
| ☐ Blue Earth | ☐ Hubbard | ☐ Murray | ☐ Stearns |
| ☐ Brown | ☐ Isanti | ☐ Nicollet | ☐ Steele |
| ☐ Carlton | ☐ Itasca | ☐ Nobles | ☐ Stevens |
| ☐ Carver | ☐ Jackson | ☐ Norman | ☐ Swift |
| ☐ Cass | ☐ Kanabec | ☐ Olmsted | ☐ Todd |
| ☐ Chippewa | ☐ Kandiyohi | ☐ Otter Tail | ☐ Traverse |
| ☐ Chisago | ☐ Kittson | ☐ Pennington | ☐ Wabasha |
| ☐ Clay | ☐ Koochiching | ☐ Pine | ☐ Wadena |
| ☐ Clearwater | ☐ Lac Qui Parle | ☐ Pipestone | ☐ Waseca |
| ☐ Cook | ☐ Lake | ☐ Polk | ☐ Washington |

- | | | | |
|-------------------------------------|--|-----------------------------------|--|
| ☐ Cottonwood | ☐ Lake Of The Woods | ☐ Pope | ☐ Watonwan |
| ☐ Crow Wing | ☐ Le Sueur | ☐ Ramsey | ☐ Wilkin |
| ☐ Dakota | ☐ Lincoln | ☐ Red Lake | ☐ Winona |
| ☐ Dodge | ☐ Lyon | ☐ Redwood | ☐ Wright |
| ☐ Douglas | ☐ Mahnomen | ☐ Renville | ☐ Yellow Medicine |

Applicant Experience & Community Connection

What relevant experience does the applicant have in writing, developing, or producing books and/or youth-focused content? Please provide details that demonstrate your ability to successfully complete the proposed project.

Max word count: 500

How is the project informed by or connected to the community or cultural context it represents? If applicable, describe how community members, educators, or cultural experts have informed the need for this project, supported the plan for this project, or will engage with or evaluate the project success.

Max word count: 500

If applicable, describe any partnerships, collaborations, or community relationships that will support this project.

Max word count: 500

Select which community or communities your project benefits?

- ☐ Asian and 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
- ☐ None of the above

Does your project specifically support any of the following communities named in the legislation?

- ☐ Indigenous organizations
- ☐ Communities whose culture and heritage have been historically underrepresented
- ☐ Recent immigrant communities
- ☐ Veterans
- ☐ None of the above

Project Management

Please describe your project plan and timeline.

Max word count: 500
Please describe your tools to make sure that the project plan and timeline run as planned and scheduled. (Please make sure to describe how expenses will be tracked, and employee hours will be tracked correctly and consistently). If any expenses in your budget need further explanation, please provide that there.
Max word count: 500
What are your project goals, and is there a plan to achieve them and to measure success of the project during the different phases? If applicable, how will you ensure compliance with Minnesota competitive bid laws?
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

If applicable, how will compliance with Minnesota competitive bid laws be ensured?

Max word count: 500

Evaluation & Impact

Proposed Measurable Outcomes

Please list your measurable outcomes for this project. Who or what is expected to change as a result of the grant? If you accomplish your planned activities as proposed, what outcomes are you hoping to see, that can be measured/tracked? (Note: this section will be used on the Legacy reporting website)

Max word count: 500

Subject

Please check the subject(s) below that best describes your project. This information will be reported on the Legacy reporting website (pick the one that best fits your project).

☐ Archeology

☐ Education/Outreach

☐ Arts	☐ Historic Preservation
☐ Arts Access	☐ History
☐ Cultural Heritage Preservation	
Activity	
Please select the activity type that best describes your project. This information will be reported on the Legacy reporting website (pick the one that best fits your project).	
☐ Analysis/Interpretation	☐ Education/Outreach/ Engagement
☐ Assessment/Evaluation	☐ Planning
☐ Demonstration/Pilot Project	☐ Preservation
☐ Digitization/Online Information Access	☐ Research
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 costs incurred before the grant agreement is fully signed, ▪ Start, match, add, or complete any type of capital campaign, ▪ Support capital costs (such as improvements, construction, property, or equipment), ▪ Support benefits and fundraisers, ▪ 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 indirect costs or overhead charges 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 ▪ Cash 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

Please double-check that the sum of the budget category totals is the same as the total amount requested.

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 the grant is \$10,000 or less, the maximum available advance is 75%
- If the grant is at least \$10,000 and less than \$49,999, the maximum available advance is 50%
- If the grant is \$50,000 or more, the maximum available advance 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 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 \$50,000. If you are requesting less than \$50,000, you do not need to complete this section.

Please check the box below to indicate your organization's annual income and provide the corresponding financial document to MHC. All financial documents must be from 2024 onward.

- ☐ 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 submit the financial document you identified above. (If you have a fiscal sponsor, please submit only their financial documents). These should be submitted as a PDF attachment.

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		