

Please Note: To edit a draft, respond to a revision request, or request for additional information, select the **Edit** button at the top right

Humanities New York

R-1908-01507 - Vision Grant

Amount Requested:

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VISION GRANTS: SEED FUNDING FOR PROJECT DEVELOPMENT

Up to \$1,500 in support of brainstorming, researching, and professional development for organizations working collaboratively to develop new ideas and strategies for public-facing humanities projects.

Requests related to the **U.S. Women's Suffrage Centennial (2020)** and the **prison ecosystem** are welcome.

- **Amount:** \$500 - \$1,500
- **Match:** 1:1 Required
- **Deadline:** Applications are accepted on a rolling basis. Proposals must be submitted *at least two months* before the first planning meeting date
- **Decisions:** Applicants will receive email notification of the Grant Review Committee's decision approximately 4 to 6 weeks after the date of submission.

To browse a list of recently awarded Vision Grants, visit our website.

Questions? Make an appointment using the calendar on our homepage to discuss proposal ideas and/or eligibility.

▼ Organization Information

If awarded, the organization that appears below will be considered the “Grantee,” unless there is a Fiscal Sponsor.

Please note: applicants cannot edit the Organization record. If you would like to edit the Organization name, please email grants@humanitiesny.org for assistance.

Grant Role Instructions:

- **Primary Contact:** Receives all email correspondence related to this request.
- **Authorizing Official:** Must be an officer of the Applying Organization or Fiscal Sponsor who is authorized to submit this application for funding. If awarded, the Authorizing Official will receive and sign the Grant Agreement.
- **Project Director:** The individual who is primarily responsible for the project's planning and/or implementation.
- **Finance Officer (FO):** Receives and administers the grant funds, if awarded. If using a Fiscal Sponsor, the FO must belong to the sponsoring organization. *The FO should not be the same as the Project Director.*

Organization: Humanities New York

Primary Grant Contact:

Authorizing Official:

Project Director:

Finance Officer:

If the individual fulfilling one of these roles does not display in the options above, please provide their contact information in the fields below. Please include the individual's **first and last name, title, organization, email address, and phone number**. If awarded, grants staff will add them to the grant portal on your behalf.

Authorizing Official:

Project Director:

Finance Officer:

Humanities New York requires that unincorporated Applying Organizations identify a New York State-based 501(c)3 organization as a Fiscal Sponsor to administer the grant funds.

Does this grant include a Fiscal Sponsor?

▼ Grant Application Preparation

Did you read the **Grant Guidelines** before beginning the application?

Grant Guidelines Acknowledgement:

Phone appointments are not required but are encouraged, particularly for first-time applicants. You can request an appointment [on our website](#).

Did you or a member of your Project Team have a phone appointment with HNY staff before applying?

Appointment Acknowledgement:

▼ Project Details

Provide the title you will likely use when marketing the project.

Project Title:

Provide a brief (one or two sentence) summary of your proposed project. HNY will use this description in our press releases if your request is awarded.

Project Abstract:

Describe what your project is about and how the **planning process** will support the development of public-facing programming. **Explain why the theme or topic is important to explore right now and why the humanities are central to this exploration.**

Project Description:

Please select from one to three (1-3) organization goals that the proposed project will fulfill.

Organization Goals:

How many of the partners have humanities expertise?

In the field below, identify the relevant individuals and organizational partners who will contribute to the project's success. Describe each partner's roles and responsibilities. *Be sure to indicate which project team members have humanities expertise and how this expertise will benefit the work.*

Project Team and Partners:

Other Comments:

▼ Planning Process Details

Enter the number of planning meetings and/or events that will result from this grant in the field below.

Number of Planning Activities and/or Events:

Vision Grants must be submitted *at least two months* before the planning process begins.

Planning Activity Dates:

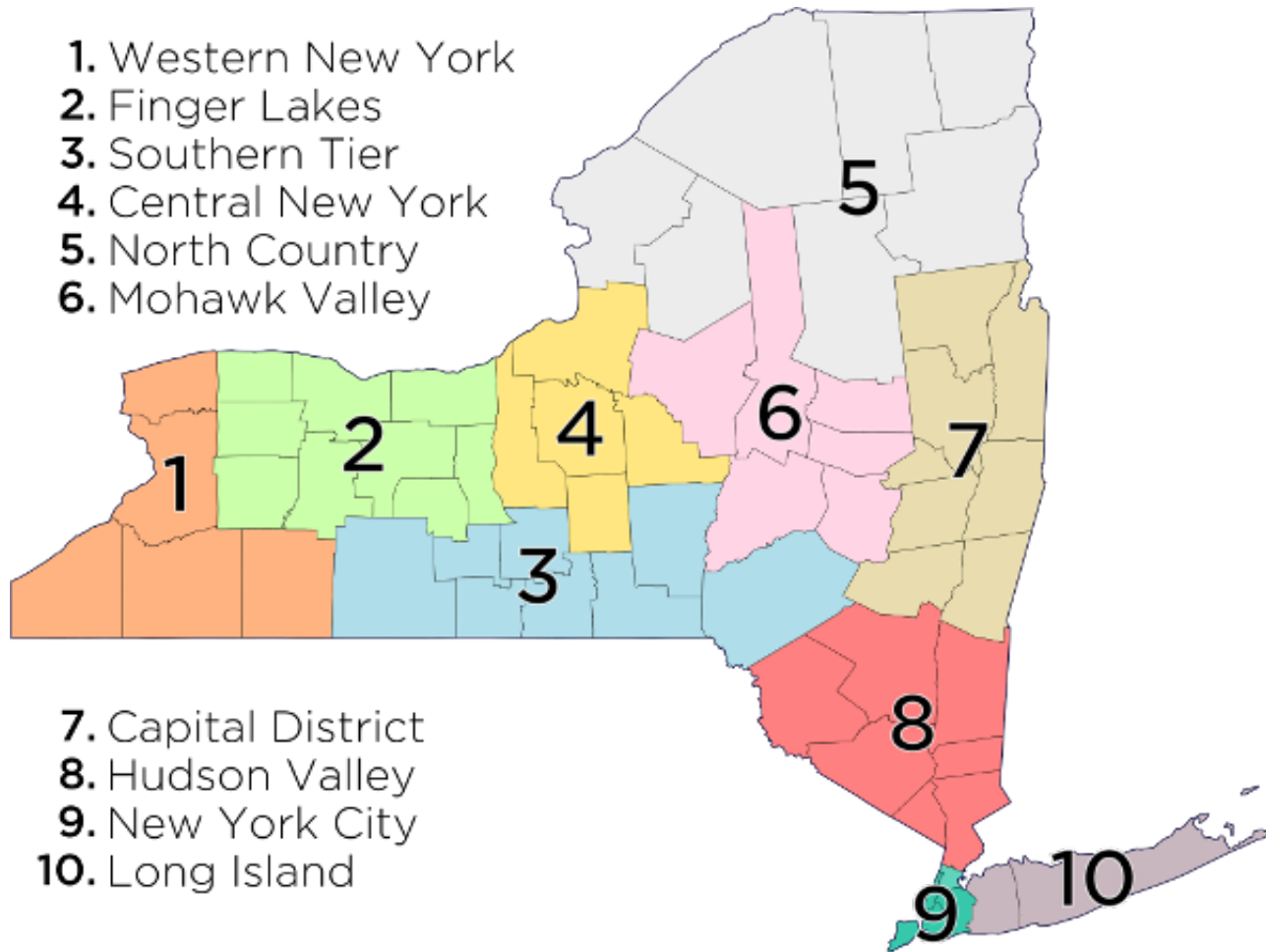
List all venues where your project will take place, including addresses. If one or more of your venues is not confirmed, please explain.

Venues:

Identify all the regions in which the planned programming will take place.

Regions Served:

- 1. Western New York
- 2. Finger Lakes
- 3. Southern Tier
- 4. Central New York
- 5. North Country
- 6. Mohawk Valley



- 7. Capital District
- 8. Hudson Valley
- 9. New York City
- 10. Long Island

Program Admission Fee:

If there is a public component to your project please provide the total estimated number of participants for all project activities.

Estimated In-Person Attendees:

The following question is not designed to assess marketing or social media reach. Provide the estimated number of individuals who will interact with project content online, virtually, or broadcast.

Estimated Virtual Attendees:

▼ Financial Information

Vision Grant requests (\$500 - \$1,500) require a minimum 1:1 match. Put another way, *Vision Grants can fund no more than 50% of a project's expenses*. The match may come from a combination of cash and in-kind sources. Be sure to value staff and volunteer time. If you have questions about demonstrating the necessary match, please contact grants@humanitiesny.org for assistance.

Applicants may request support for any necessary costs to achieve the proposed scope of work. This includes staff time, scholar honoraria, and travel.

Amount Requested: \$0.00

The Total Project Expenses should reflect the full cost of your project, including the value of any in-kind contributions and the expenses that will be paid for with this grant request, if awarded.

Total Project Expenses: \$0.00

Required Request Documents:

- **Project Budget** using the Budget Template. You can view a sample budget [here](#).

Request Budget

| |
|------------------------|
| INITIAL PROJECT BUDGET |
| |

▼ Documents

*Please upload the following documents by selecting the + icon under **Request** or **Organization**:*

Optional Request Document: Upload one file to supplement your narrative. This may include: material relevant to this project or an example of a past program, activity, or notable press.

| |
|-------------------|
| REQUEST DOCUMENTS |
| |

Required Organization Documents:

If these have not already been uploaded for your organization, please upload the following:

- **501c3 Determination Letter:** Upload the 501(c)3 Designation Letter for the Applying Organization or Fiscal Sponsor. Municipalities and Tribal Governments may provide alternative documentation of their tax-exempt status.
- **Org 990 or Operating Budget:** Upload the Applying Organization's most recent 990. If the Applying Organization only files a 990-N, please attach an operating budget for the current fiscal year instead. Do not upload the 990 or operating budget of a Fiscal Sponsor.

501c3 Determination Letter

Org 990 or Operating Budget

ORGANIZATION DOCUMENTS

▼ Certification

By selecting yes below, you certify the the information in this application is complete and accurate. If granted, you will comply with NEH nondiscrimination statutes and all other NEH requirements.

Certification:

Entering the full name of the Authorizing Official below constitutes a digital signature. The signatory must be an officer of the Applying Organization who is authorized to submit this application for funding.

Authorizing Official Name:

Authorizing Official Title:

Certification Date:

Please note: The portal does not autosave; therefore, you must click the **Save** button to ensure your data will not be lost. Once saved, and you are ready to submit the application or any revision requests, select **Submit** or **Re-Submit**.