

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-2205-07731 - Quick Grant

Amount Requested: \$500.00

Apply for a Grant

▼ Table of Contents

Organization Information
 Grant Application Preparation
 Project Details
 Activity or Event Details
 Financial Information
 Documents
 Certification

QUICK GRANTS: MATCHING FUNDS FOR PROJECT IMPLEMENTATION

\$500 for in-person public humanities projects that encourage audiences to reflect on their values, explore new ideas, and engage with others in their community. **Available to organizations whose total yearly operating expenses are \$250,000 or less.**

Requests related to the **prison ecosystem** are welcome.

- **Amount:** \$500
- **Match:** 1:1 required
- **Deadline:** Applications are accepted on a rolling basis (monthly). They are gathered together at the end of a given month and reviewed shortly thereafter. Applications must be submitted at least two months before your event takes place.
- **Decisions:** Applicants will receive email notification of the Grant Review Committee's decision approximately 4 to 6 weeks after the date of submission.

Please note: Organizations may receive **One Quick OR one Action Grant** per calendar year, not both.

To browse a list of recently awarded Quick 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.”

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 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. *The FO should not be the same as the Project Director.*

Organization: Humanities New York

Is your Organization Operating Budget Less than 250K?

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:

▼ 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. Explain why the theme or topic is important to explore right now and why the humanities are central to this exploration. Be sure to describe the format of your project.

Project Description:**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:**Activity or Event Details**

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

Number of Activities and/or Events:**Activities and/or Events Type**

Are the Activities/Events Virtual, In-Person, or Both?

Event Dates:**Venues**

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

Do all venues for this project meet ADA accessibility standards?

ADA Accessibility Standards:

Indicate how much the public will pay to participate in your program. If there is a sliding scale or discounts are offered, include all prices.

Program Admission Fee:

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:**Covid-19 Contingency Plans**

Uncertainty is a defining characteristic of the coronavirus: either the pandemic will continue into next year or a new vaccine will bring it to an abrupt end. What are your plans for adapting to this ever-evolving public-health crisis?

▼ Financial Information

Quick Grant requests (\$500) require a minimum 1:1 match. Put another way, *Quick 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, marketing, and travel.

Amount Requested: \$500.00

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

Describe the expenses below. If you prefer, you may submit the budget by using the **Budget Template** and uploading it in the documents section below. You can view a **sample budget here**.

- If you elect to use the Budget Template, please upload it **as an Excel doc**. Do not upload the Budget Template as a PDF.

Initial Project Budget:

▼ Documents

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

Optional Request Document: You may submit the budget using the Budget Template. You can view a sample budget here.

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. 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.

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. You certify that the applying organization has not been suspended or debarred, and that it is not delinquent on federal debt.

If granted, you will comply with **NEH nondiscrimination statutes and all other NEH requirements**. You will provide HNY with the organization's unique entity identifier (currently a **DUNS number**), if it is not already on record.

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 (such as the Project Director, Fiscal Officer, President, Vice President, Executive Director, or Chancellor) who agrees to the certification above.

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**.