

**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-2210-08347 - Post-Incarceration Humanities Partnership Grant

Amount Requested:

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### HNY POST-INCARCERATION HUMANITIES PARTNERSHIP GRANT

Up to \$25,000 to New York State-based non-profit organizations that currently serve individuals who are going through the process of societal reentry after a period of incarceration, the families of those individuals, or both populations. HNY will also entertain applications from organizations that work on issues of prison reform and/or abolition. Projects funded under the Post-Incarceration Humanities Partnership Grant must incorporate humanities content and methodologies and be in alignment with HNY's values of justice, community, and dialogue. Competitive proposals will detail plans for the use of the funding, and explain how using the tools of the public humanities will benefit the project. Organizations that employ the formerly incarcerated are strongly encouraged to apply.

- **Amount:** up to \$25,000
- **Match:** at least 50% required, cash or in-kind accepted
- **Deadline:** 5:00 pm on 1/4/23
- **Decisions:** Applicants will receive email notification of the Grant Review Committee's decision by the end of February 2023.

Please contact Director of Grant-Making Joe Murphy at [pihp@humanitiesny.org](mailto:pihp@humanitiesny.org) with any questions.

Humanities New York is grateful to the Mellon Foundation for recognizing the importance of this work and for generously supporting it.

### ▼ Grant Application Preparation

Did you read the Post-Incarceration Humanities Partnership Grant Guidelines before beginning the application?

Did you or a member of your team have a phone appointment with HNY staff regarding this proposal? Phone appointments are not required but are encouraged, particularly for first-time applicants. You can request an appointment on our website.

Do you understand that, if awarded, your organization will not be eligible for a Vision Grant, Action Grant or Quick Grant award in 2023?

## ▼ Organization Information

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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 [pihp@humanitiesny.org](mailto:pihp@humanitiesny.org) for assistance.

**Organization:** Humanities New York

### **Mission Statement:**

**Grant Roles:** Please denote who in your organization will be acting as the following four required roles by either selecting from the dropdown or entering in this person’s contact information—their first and last name, title, organization, email address, and phone number—in the corresponding field marked with (new).

**Primary Contact:** Receives all email correspondence related to this request.

**Authorizing Official:** Person who is authorized by your organization to submit this application for funding. If awarded, this individual will receive and sign the Grant Agreement.

**Project Director:** The person who is primarily responsible for the project’s implementation.

**Finance Officer:** Someone other than the Project Director who receives and administers the Grant funds.

### **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:**

**Organization Legislative Districts:** Use the following links to look up your legislator information:

- Federal and State Districts, by ZIP
- NYC Council Districts

#### **Congressional District:**

#### **Senate District:**

#### **State Assembly District:**

#### **NYC Council District:**

## ▼ Project Summary

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Please refrain from using all capital letters as well as naming your organization or the location of the project in the two following fields.

**Project Title:** Provide the title you will likely use when marketing the project.

**Project Abstract:** Provide a one sentence summary of the project. If awarded, HNY will use this text as the basis for its press release.

**Project Description:** Describe what your project is about. Explain why the theme or topic is important to explore right now and how it will impact formerly incarcerated individuals, their families, and communities. Be sure to describe the format of your project. Note that character limits for the following fields are ceilings, not recommended lengths. The Grant Review Committee appreciates responses that are clear and thorough.

**Public Humanities Methods:** Please describe how your project will incorporate public humanities methodologies, and how partnering with Humanities New York will be beneficial to the project.

**Audience:** Describe who this project will serve and how it will respond to their needs and interests.

**Project Team:** Identify the relevant individuals and organizational partners who will contribute to the project and describe their responsibilities. Indicate who among them have backgrounds in the humanities and how their expertise will benefit this program.

**How many of the partners have humanities expertise?**

**Does your organization employ any formerly incarcerated individuals?**

**Community Outreach:** What methods will you use to promote this project? Be sure to identify how you will reach the audiences described above.

**Project Evaluation:** Describe how you will evaluate the success of the goals described above. Identify at least two measurable outcomes. Consider including both quantitative (countable information) and qualitative (descriptive information) measures of success.

**Other Comments:**

### ▼ Activity or Event Details

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**Number of Events:** Enter the number of activities that will result from this grant.

**Event Type:** Explain whether the activities are in-person, virtual, or hybrid.

**Event Dates:** Provide the event dates below. Be as specific as possible and only list events that will occur during the grant period; the last date listed will determine the end date of your grant.

**Venues:** List all venues where your project will take place, including physical addresses and online platforms where your project will take place. If one or more of your venues is not confirmed, please explain. Please address ADA accessibility of all venues.

**Admission:** How much will the public pay to participate in your programs? Specify if there are any differences in cost between events. Is there a sliding scale or are discounts offered?

**Attendees:** Provide the total estimated number of participants for all project activities.

**Views:** The following question is not designed to assess marketing or social media reach. Provide the estimated number of views that you believe your project will receive online, virtually, or via broadcast. This number should include people who interact with the project online during the grant period.

### ▼ Financial Information

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**Post-Incarceration Humanities Partnership Grant** requests may not exceed \$25,000.

Use the **HNY budget template** for your project budget. Please upload an excel or google sheet—not a PDF—in the Request Budget field below. This should reflect the full cost of your project, nothing beyond the scope and timeline in your Project Summary. Requests can be used for any expense necessary to achieve the described activities with the exception of international travel and alcohol. Example expenses include staff time, honoraria, and marketing and can be found in the **HNY sample budget**.

Requests must demonstrate a match of at least 50% of requested funding with cash and/or in-kind support provided by the applying organization (or its partners). Cash can be in-hand or anticipated at the time of grant request.

(The uploaded budget attachment will display in both the Initial Project Budget and the Request Documents sections.)

Request Budget

INITIAL PROJECT BUDGET

Referring to your uploaded budget, please provide:

**Amount Requested:** \$0.00  
**Total Project Expenses:** \$0.00

▼ 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.

**Note:** The budget attachment will display in two places: The "Initial Project Budget" section and the "Request Documents" section. This does not count toward the one optional supplementary document.

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.

ORGANIZATION DOCUMENTS
 Copy of HNY at a Glance (2).pdf  <b>Org 990 or Operating Budget</b> Added by TEST USER at 3:11 PM on September 1, 2022
 SAMPLE HNY Vision Grant Application.pdf  <b>501c3 Determination Letter</b> Added by TEST USER at 3:11 PM on September 1, 2022

### ▼ Certification

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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 they are 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.

**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**.