

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

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R-2304-09162 - Community Conversations Amount Requested:

**Status**

Draft

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**Organization:**

**Primary Application Contact:**

**Authorizing Official:**

**Project Director:**

If the Authorizing Official's name does not display in the options above, please provide the Authorizing Official's first and last name, title, organization, email address, and phone number.

**Authorizing Official Contact Information:**

If the Project Director's name does not display in the options above, please provide the Project Director's first and last name, title, organization, email address, and phone number.

**Project Director Contact Information:**

**Facilitator Contact Information:**

**Facilitator's Organization**

**Location**

**Facilitator:**

**Is your organization's operating budget below \$250,000?**

### ▼ Grant Information

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Please provide a unique project name to help identify your application (it can be as simple as "Public Health and Democracy [Organization Name]).

**Program Title:**

**Amount Requested:** \$0.00

**Possible Program Dates and Times:**

**Venue Information:**

**Project Goals:**

**Anticipated Number of Participants:**

**Demographics:**

### ▼ Community Outreach

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**Will your event be open to the public?**

Tell us how you plan to attract an audience for this program.

**Publicity:**

If you are collaborating with other organizations to increase the reach of your programming, please indicate those groups and their involvement below.

### Additional Geographic Information

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Use the following links to look up your legislator information:

Address of the awarded organization  
New York City Organizations

**Congressional District:**

**State Senate District:**

**State Assembly District:**

**NYC Council District:**

### Request Documents

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Use the **HNY budget template** for your project budget; upload an excel or google sheet in the Request Budget field below. This should reflect the full cost of your project. Requests can be between \$200 and \$1,000 and 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 can be found in the **HNY sample budget**.

A match is not required for this grant, but if you anticipate costs outside the scope of the grant funds, please indicate so in the budget.

Applicants may include a *de minimis* indirect cost rate (ICR) of up to 10% of direct expenses of the total grant. In other words, [TOTAL project expenses] = [direct expenses] + [ICR, which is no more than 0.10 x direct expenses].

## 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 (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:**

▶ Award Information

▶ Due Diligence

▶ Internal Administration