

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

Lisa Simpson

R-2305-09260 - Reading & Discussion Grant

Amount Requested:

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▼ Organization Information

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 program's implementation.
- **Facilitator:** The humanities expert who meets with participants and guides the program's discussions.

Organization: Lisa Simpson

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:

Please upload the Facilitator's Resume or CV using the + link below.

Facilitator's CV/Resume

Is your organization's operating budget less than \$250,000?

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:

▼ Grant Information

Program Title:

Please see the list of available Reading & Discussion themes [HERE](#).

Are you hosting an existing Reading & Discussion theme?

Program Abstract:

Please describe the R&D program in detail. You can respond to the following questions, if it helps guide your description.

What will the program consist of? What issues will it address?

Who is this program designed for, and why?

What benefit would the program have in your community?

How does the program fit with your organization's mission or complement other programming you offer?

Program Description:

▼ Project Details

How many sessions are you planning?

Program Publicity:

Evaluation:

Program Partners:

Identify the region of New York State in which the planned programming will take place.

Organization Geographical Location:

Financial Information

The Reading & Discussion Grant **REQUIRES** applying organizations to meet a 1:1 cost-share match, either from cash or in-kind donations. Please indicate the basic amount you are requesting from Humanities New York and how the cost share will be divided between cash and in-kind resources.

Then, upload a full budget below with the + symbol, using the form [HERE](#).

The maximum amount that can be requested is \$2,000.

Amount Requested: \$0.00

Budget Cost Share Cash:

Budget Cost Share In Kind:

Budget Total:

Request Budget

▼ Documents

In the Request Documents below, you should find the following:

- The Facilitator's CV/Resume
- Your Draft Budget
- The Syllabus/Project Plan (if you are developing your own Reading & Discussion theme)

If one or more of these documents does not appear, you will need to supply it using the associated + upload link above.

REQUEST DOCUMENTS

ORGANIZATION DOCUMENTS