



Utah Humanities Council
Competitive Grant Application Form

FOR OFFICE USE ONLY

GRANT NUMBER:

Contract Period:

PART A: BASIC INFORMATION

Project title:

Application date:

Name, address, telephone/fax, email address, and website of
 APPLYING ORGANIZATION (please include county in address):

Type of organization:

Name, address, telephone/fax, and email address of
 Applying Organization's AUTHORIZING AGENT:

Name, address, telephone/fax, and email address of
 PROJECT DIRECTOR:

Name, address, telephone/fax, and email address of
 FISCAL AGENT:

Humanities disciplines (check all that apply):

- archaeology
- art history/criticism
- comparative religions
- cultural anthropology
- folklore
- history
- jurisprudence
- languages
- linguistics
- literature
- philosophy/ethics
- interdisciplinary

Topics:

Formats:

Locations:

Audiences:

Title, year, and grant number of most recent UHC grant:

Name and type of COLLABORATING ORGANIZATION (optional):

Funds requested:

BUDGET SUMMARY	Application	Award (office use only)
UHC Grant Funds	1)	
In-Kind Matching	2)	
Cash Matching	3)	
(Add lines 2 + 3)		
Total Project Budget	4)	

Requested grant period:

From _____ to _____
 mo/day/yr mo/day/yr

PART B: SIGNATURES

We, the undersigned, have read this application and the attached narrative proposal, and certify that all information is correct to the best of our knowledge. By signing and submitting this application, we also certify that the above institution is in compliance with all federal statutes listed in UHC's Basic Guidelines for Competitive Grants to Nonprofit Organizations.

 Authorizing Agent

 Project Director

 Fiscal Agent

PART C: BUDGET FORM AND ADDITIONAL INFORMATION

INCOME (the numbers in the "Income" section do not tally automatically from other pages—please input them directly)

- 1. GRANT REQUESTED FROM THE UTAH HUMANITIES COUNCIL \$ _____
- 2. IN-KIND CONTRIBUTIONS ANTICIPATED \$ _____
- 3. CASH MATCHING OR COST SHARE
 - a. Cash from applying organization \$ _____
 - b. Admission or registration fees \$ _____
 - c. Total cash from other sources (list donors and amounts below) \$ _____
 - Private _____
 - Corporate _____
 - Government _____
- TOTAL CASH MATCHING OR COST SHARE \$ _____
- 4. TOTAL PROJECT BUDGET \$ _____

EXPENSES

EXPENSE ITEMS	UHC GRANT	IN-KIND MATCHING	CASH MATCHING	TOTAL EXPENSES
Scholar Honoraria				
Other Personnel				
Postage				
Printing				
Promotion				
Rental				
Supplies				
Telephone				
Travel				
Media Production				
Other				
TOTAL COST	1)	2)	3)	4)

BUDGET EXPLANATION

On a separate page, itemize and describe all expenses (including UHC grant funds and matching contributions) for figures shown on the budget form above.

LEGISLATIVE INFORMATION

U. S. Congressional District _____ State Senate District _____ State House of Representatives District _____
 Mayor Name _____ Mayor Address _____

GRANT WRITER CONTACT INFORMATION

Name _____ Telephone and email address _____



Utah Humanities Council Web Calendar Form

Please provide the requested information below so that we can include it on the Utah Humanities Council's Web Calendar. If some program details are still being planned, please submit what you have and then update us when details are finalized. List each event, program, and/or series etc., individually in the space provided. To guarantee that the information we offer the public through our Web Calendar service is accurate, please send all changes, such as program times and locations, to Maria Torres (phone 801-359-9670; fax 801-531-7869; torres@utahhumanities.org).

Program Details

Program #1

Program #2

Program Title:

Program Title:

Brief Program Description for Web Calendar

Brief Program Description for Web Calendar

Program Location (Include Room or Auditorium Name, Room #, etc.)

Program Location (Include Room or Auditorium Name, Room #, etc.)

Program Address

Program Address

Program Date

Program Date

Contact phone number

Contact phone number

Website

Website

Program #3

Program Title:

Brief Program Description for Web Calendar

Program Location (Include Room or Auditorium Name, Room #, etc.)

Program Address

Program City, St, ZIP

Program Date

Program Time

Contact phone number

Website

Program #4

Program Title:

Brief Program Description for Web Calendar

Program Location (Include Room or Auditorium Name, Room #, etc.)

Program Address

Program City, St, ZIP

Program Date

Program Time

Contact phone number

Website