



## MUSEUM INTERPRETATION GRANT APPLICATION

**DEADLINE: September 1, 2009**

- Read grant guidelines carefully before filling out the application. Incomplete forms may invalidate your application.
- Make a copy of the application for your files.
- Answer all questions in the space provided on the form. Do not extend to supplemental pages.
- Double-check your math to make sure it is correct.
- If you need assistance, please contact
  - Brandon Johnson at UHC (801-359-9670 Ext. 110) or [johnson@utahhumanities.org](mailto:johnson@utahhumanities.org)
  - Laurel Casjens at OMS (801-533-3592) or [lcasjens@utah.gov](mailto:lcasjens@utah.gov)
- Application **must be received** by September 1, 2009. This is **not** a postmark deadline. Late applications will not be considered.
- Send completed application to:

**Brandon Johnson  
Utah Humanities Council  
202 West 300 North  
Salt Lake City, UT 84103-1108**

Museum \_\_\_\_\_

Address of Museum \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Museum Website \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

State House of Representatives District # \_\_\_\_\_ State Senate District # \_\_\_\_\_ US Congressional District # \_\_\_\_\_

Do you have Nonprofit Status? \_\_\_\_ Yes \_\_\_\_ No (If first time applying to OMS or UHC, please submit *Letter of Determination*.)

Year the museum opened and began exhibiting objects to the general public \_\_\_\_\_

Museum's Total Operating Budget \_\_\_\_\_

Project Title or Brief Description \_\_\_\_\_

**Grant Amount Requested:**

\$



## BUDGET

EXPENSE ITEMS	GRANT REQUEST	IN-KIND MATCH*	CASH MATCH	TOTAL EXPENSE
Museum personnel	X			
Consultants/ Contracted personnel				
Postage/phone/printing				
Promotion/Publicity				
Rental				
Supplies/Materials				
Equipment				
Travel				
Other (describe)				
<b>TOTAL COST</b>				

*\*For in-kind matching, volunteer hours are calculated at \$10 per hour, unless the volunteer is donating services which she/he provides as part of her/his profession in which case time is calculated at that person's professional rate.*

**Authorized Signature(s)**

**Project Director\*** \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different from Museum Address) \_\_\_\_\_

**Authorizing Agent** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address (if different from Museum Address) \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Fiscal Officer\*** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address (if different from Museum Address) \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

\* Project Director and Fiscal Officer must not be the same person.

## **Budget Explanation**

**Itemize and describe all expenses shown on page 3. Explain how grant funds, cash match and in-kind match will be spent within the overall project budget. Include personnel, types of equipment and supplies, locations of travel, and so forth.**