



MUSEUM INTERPRETATION GRANT APPLICATION

DEADLINE: May 1, 2008

- 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 addition 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
 - Dan Burke at OMS (801-533-3589) or dburke@utah.gov
 - Laurel Casjens at OMS (801-533-3592) or lcasjens@utah.gov
- Application **must be received** by the deadline. This is **not** a postmark deadline. Late applications will not be considered.
- Send completed application to:

**Brandon Johnson
Utah Humanities Council
202 North 300 West
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)				
TOTAL COST				

**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.