



# Janet Malser Humanities Trust

## APPLICANT INFORMATION

Deadline: April 2, 2018

Organization (see below\*): \_\_\_\_\_

Project Manager (Contact Person): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email/ Web Site: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_

\*Organization Description: *Please attach a brief description of your organization. Include its mission, major programs and services, and what constituency it serves.*



## PROJECT INFORMATION

Project Title: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Would you accept partial funding? yes  no

Do you have funds from any other source? yes  no

*If yes, please list amount and source:* \_\_\_\_\_

Is this project currently established and ongoing? yes  no

*If yes, list the dates it has been running and the present funding source and amount?*

\_\_\_\_\_

### **Please attach the following:**

**Project Description:** In two to three pages, please summarize the proposed project, your goals and objectives, when and where it will take place, who will benefit from it, and how it will be executed. Attach supportive material of participating organizations, project manager(s), and all others who will be involved with the execution of this project.

**Project Budget and Finances:** Outline and Itemize your project expenses. Please give a full accounting of how the funds requested will be used. In addition, if this project is currently active and you are seeking additional support funding through this Trust, please list your other funding sources.

**Project Impact:** What communities will be served by this project? Who is the target audience? How do you plan to inform the public about the proposed project and the impact it will make on their community? How will you acknowledge grant support from the Janet Malser Humanities Trust?

**Confirmation Signature:** Please note that the signatures below are persons authorized to attest to the fact that all requests and information provided by this application are accurate and true. If this application is approved, said person will follow all the guidelines set by this Trust and acknowledges the legal responsibility of using granted monies solely for the proposed project.

Project Manager: \_\_\_\_\_

*Signature*

*Position*

*Date*

Organization Executive: \_\_\_\_\_

*Signature*

*Position*

*Date*

**FOR JANET MALSER HUMANITIES TRUST USE ONLY**

SUBMITTED BY DEADLINE? YES  NO

\$

AMOUNT APPROVED

SIGNATURE OF TRUST CHAIR OR AUTHORIZED MEMBER

TITLE

DATE