



**Arizona Historical Society
Small Grant Application**

Award Year 2019

(Please type or print clearly)

1. Name of organization _____

2. Mailing address _____

City _____ Zip _____

Physical address of museum _____

3. Project contact person _____

4. Telephone _____ Email _____

5. County _____

6. Project title _____

Category: Exhibition Collections Management Programs
 Facilities Improvement Website Development

7. Grant Amount Requested _____

8. IRS status code 501(c)(3) Yes No 9. AZ Tax Identification Number _____

9. Mission Statement - ATTACH COPY OF MISSION STATEMENT

Adoption Date _____ Revision Date _____

10. Application authorized by President's name (type or print) _____

President's signature _____ Date _____

Submit by **June 30, 2019**, to:

Arizona Historical Society

Attn: Todd Bailey

1300 N. College Ave., Tempe, AZ 85281

Email: ahsadmin@azhs.gov Phone: 480-387-5365

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Project Narrative**

Name of organization _____

Project title _____

1. Description of project for which these contract funds will be used. What are the goals of the project? What product and/or improvement is to be accomplished, and how?

2. Relevance: Why is the project important?

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3. Work plan: Detail the work to be done, and how volunteers and/or staff will proceed. Include schedule or timeline, with volunteer hours and paid hours on the project. Will the entire project be completed between August 1, 2019 and June 30, 2020? If it is a phase of a continuing project, explain and give the expected completion date for the entire project.

4. Accountability: What measurements, other than dollars, will be used to measure the success of the project?

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Budget Request Detail

(Please type or print; attach additional sheets as needed)

Name of Organization _____

Project Title _____

Project period from _____ to _____

****[Refer to the AHS Grant Criteria & Guidelines](#)****

A. Materials, supplies, equipment to be purchased or rented:

Item	Quantity (A)	Cost per Unit (B)	Extended Cost (A x B)	AHS Grant Portion	Non AHS Funds
TOTAL					

B. Personnel

Total volunteer hours: _____

Paid staff, intern, student stipend, or organization member time:

Name, Title/Role	Hours	Hourly Rate	Total \$
TOTAL			

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C. Professional Services: (example: outside consultant or contractor):

Company Name, Address, Phone	Type of Service	Amount

BUDGET SUMMARY

A. Total Materials Expense	\$
B. Total Value Staff/Volunteer/Intern	\$
C. Total Professional Services Expense	\$
TOTAL PROJECT COST (A + B + C)	\$
Total non-AHS funds, if any:	\$
Total GRANT requested from AHS:	\$