

Arizona Historical Society Small Grant Application FY 2019-20

(Please type)

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	
	☐ Collections Management ☐ Programs
	☐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 Presiden	nt's name (type or prin <u>t)</u>
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

Project Narrative

Nan	ne of organization
Proj	ect title
	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. F	Relevance: Why is the project important? Is there an impact on the community? Please explain.

3.	Work plan: Detail the work to be done, and how volunteers and/or staff will proceed. Include schedule or imeline, 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.			
1	Accountability: What measurements, other than dollars, will be used to measure the success of the project?			

Budget Request Detail

(Please type. Attach additional sheets as needed)

Name of Organization					
Project Title					
Project period from		to			
Refer	to the <i>AHS Grant</i>	t Criteria & G	uidelines		
A. Materials, supplies, equipment to					
Item	Quar (A	v I I nif	Extended Cost (A x B)	AHS Grant Portion	Non AHS Funds
					<u> </u>
					<u> </u>
					<u> </u>
TOTAL					
B. Personnel					
Total volunteer hours:					
Paid staff, intern, student stipend, or or					
Name, Title/Role		Hours	Hourly	y Rate	Total \$

TOTAL

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:	\$