## **CERTIFIED HISTORICAL INSTITUTIONS**

PLEASE DOWNLOAD THE APPLICATION PDF TO YOUR COMPUTER AND SAVE AS A NEW FILE TO COMPLETE THE FILLABLE FORM.



# 2024–25 Small Grant Application

PLEASE SPECIFY		
Tier 1 Grant Application (\$2,000 maxi	mum) Tier 2 Gr	ant Application (\$1,000 maximum)
Name of Organization		
Mailing Address		
City	ZIP Code	
Physical Address of Museum		
City	ZIP Code	County
Phone	Email	
Project Contact Person		
Contact Phone	Contact Email	
GRANTS MAY BE USED TO FUND:		
<ul> <li>Public programming (virtual or in-person)</li> <li>Improvement or expansion of exhibits</li> </ul>	<ul> <li>Collections management/ artifact and archival storage improvements</li> <li>Preservation of artifacts or documents</li> </ul>	<ul> <li>Audio and/or video recording of oral histories</li> <li>Educational materials</li> <li>Equipment to facilitate audience engagement</li> </ul>
GRANTS MAY NOT BE USED TO FUN	ND:	
<ul> <li>Facility improvements or repairs</li> </ul>	<ul><li>Merchandise for resale</li><li>Purchase of artifacts</li></ul>	<ul><li>Advertising costs</li><li>Staff/Volunteer Time</li></ul>
PROJECT TITLE		
CATEGORY:		
	Collections Management/ Storage/Preservation	Audio/Video Recordings
Public Programs	-	Educational Materials
Grant amount requested: \$		
Application authorized by Board Men		
Board Member's Signature Digital signature accepted. Or please print, sign	n, and scan or photograph.	Date

#### **SUBMIT BY JULY 15, 2024**

Email completed form to: certified@azhs.gov

For questions, please call (520) 628-5774. | azhs.org

### **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? **Please limit response to 300 words.** 

2. Relevance: Why is the project important? Please limit response to 300 words.

 Work plan: Detail the work to be done, and how volunteers and/or staff will proceed. Include a schedule or timeline, with volunteer hours and paid hours on the project. Will the entire project be completed by June 15, 2023? If it is a phase of a continuing project, explain and give the expected completion date for the entire project. Please limit response to 300 words.

4. Accountability: What measurements, other than dollars, will be used to measure the success of the project? Please limit response to 300 words.

5. Budget: Please complete the separate Excel Budget Summary Form and submit with your application.

#### **SUBMIT BY JULY 15, 2024**

Email completed form to: **certified@azhs.gov** For questions, please call **(520) 628-5774**. **| azhs.org**