

**Arizona Historical Society
Small Grants Application 2017-18**

Page 1 of 4 - Cover Sheet
(Please type or print)

1. Name of organization _____

2. Mailing address _____

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. Amount requested _____

8. IRS status code _____ 9. AZ tax identification number _____

10. Mission Statement

Adoption date _____

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

President's signature _____ Date _____

Submit by **Friday, June 30, 2017** to:
Arizona Historical Society
Attn: Valerie Shanahan
949 E. 2nd St.
Tucson, AZ 85719
520-617-1169
vshanahan@azhs.gov

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Page 2 of 4 - Project Narrative
(Please type or print; attach additional sheets as needed)

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?

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 during the contract year? 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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Page 3 of 4 - Budget Request Detail
(Please type or print; attach additional sheets as needed)

Name of organization _____

Project title _____

Project period from _____ to _____

Complete Sections A through C below for requested funds.

Note: Please refer to the enclosed *AHS Grant Criteria & Guidelines* for priorities to be considered.

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

<u>Item</u>	<u>Quantity</u>	<u>Cost per unit, \$</u>	Total <u>AHS \$</u>	Total <u>Non-AHS \$</u>
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B. Personnel

Total volunteer hours: _____

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

<u>Name, title</u>	<u>Hours</u>	<u>Hourly rate</u>	<u>Total \$</u>
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C. Professional services: (example: outside consultant or contractor):

<u>Company name, address, telephone</u>	<u>Type of service</u>	<u>Total \$</u>
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Page 4 of 4 – Total Budget Request
(Please type or print; attach additional sheets as needed)

Name of organization _____

Project title _____

Total funds requested from AHS \$ _____

Total non-AHS funds, if any \$ _____

Total \$ Value _____