## **Building a More Perfect Union: Pandemic Recovery Grants for Humanities Organizations**

#### **Application Form Template**

***NOTE:*** *You may use this template to gather the information necessary to complete your proposal in the* [*online application intake form*](https://survey.nwp.org/s3/Building-a-More-Perfect-Union-Grant-Application)*. Information from this Application Form Template will be entered directly into the online intake form (do not upload a copy of this template with your application).*

##

## **Project Overview**

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### Project Title

*Provide a short, descriptive title for your proposed project.*

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### Abstract

*In 200 words or less, provide an abstract of your project. If your proposal is funded, this may be used as a public summary of your project.*

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## **Applicant Organization**

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### Organization Name

*Name the recipient organization for this grant, if awarded. The named organization will be responsible for hosting, administering, and reporting on the grant funds over the course of the grant. The contract for grant funds will be made with the named organization.*

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### Organization Website

### *Provide the URL of the organization’s website.*

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### Organization Location

*Provide the main location of the organization.*

 City State Zip Code

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### What type of organization?

*Please note that grants cannot be made to individuals, organizations outside of the United States, or for-profit organizations. Check all that apply.*

\_\_ U.S. 501(c)3 Nonprofit Organization

\_\_ Accredited public or 501(c)3 institution of higher education

\_\_ State or local government agency

\_\_ Federally recognized Native American tribal government

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### What is the humanities focus of your organization?

\_\_ Local history organization

\_\_ Archival organization

\_\_ Literature-focused organization

\_\_ Humanities-focused university center

\_\_ Park or historic site

\_\_ Library or museum

\_\_ Community-based organization

\_\_ Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **Contact Information**

Lead Program Team Contact

*Provide the following contact information for the Lead Program Team Member responsible for this project. This person will serve as the main point of contact for this proposal and the main program contact if the proposal is funded.*

|  |  |
| --- | --- |
| First Name |   |
| Last Name |   |
| Title |   |
| Organization |   |
| Email |   |
| Phone |   |

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### Additional Lead Program Team Contact (optional)

*If applicable, provide contact information for an Additional Lead Team Member who will be mutually responsible for this project and serve as an additional main point of contact. If you do not have another lead team member, leave this blank.*

|  |  |
| --- | --- |
| First Name |   |
| Last Name |   |
| Title |   |
| Organization |   |
| Email |   |
| Phone |   |

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### Other Program Team Members: Name & Title & Organization

*Please provide the name, title, and organization of all other team members involved in this project (e.g. Jane Doe, 8th grade history teacher, Sunnyside School). You will provide additional information about each team member in your narrative proposal. Enter each person on a separate line.*

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## Applicant Organization Contracting Officer

*Provide the contact information for the person at the recipient organization who will serve as the Contracting Officer for the grant, if awarded. This person is typically a grants or finance officer, business manager, or Executive Director, and must have the authority at the recipient organization to sign contracts on behalf of the organization.*

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| --- | --- |
| First Name |   |
| Last Name |   |
| Title |   |
| Organization |   |
| Email |   |
| Phone |   |

## **Location(s) of Proposed Work**

## Where will the proposed work take place?

*If the work will take place in a specific location, please enter the city, state and zip code. If the work will take place in multiple locations or a larger region, please describe the region.*

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## Region

*In which region(s) will the proposed project take place? Check all that apply.*

\_\_ Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)

\_\_ Southeast (DC, DE, FL, GA, MD, NC, SC, VA, WV)

\_\_ Midwest (IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI)

\_\_ South Central (AL, AR, KY, LA, MS, OK, TN, TX)

\_\_ West Mountain (AZ, CO, ID, MT, NM, NV, UT, WY)

\_\_ West Pacific (AK, CA, HI, OR, WA)

\_\_ US Territories (PR, VI, Guam, Northern Mariana Islands, American Samoa)

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## Location/Setting

*In which community setting(s) will the proposed work take place? Check all that apply.*

\_\_ Urban

\_\_ Rural

\_\_ Suburban

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## **Applicant Organization Required Documentation**

## Applicant Organization D-U-N-S Number

*Any entity receiving federal grant dollars must have a unique entity number, currently a valid* [*Dun and Bradstreet Data Universal Numbering System (D-U-N-S) number*](https://fedgov.dnb.com/webform/)*. D-U-N-S numbers are unique nine-digit numbers assigned to all types of business organizations, including nonprofits and government entities. Enter your organization’s 9-digit D-U-N-S number.*

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## Applicant Organization W-9

*Upload a PDF of your organization’s completed and signed W-9 form, using the most recent version (Revised October 2018):* [*https://www.irs.gov/pub/irs-pdf/fw9.pdf*](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

## Applicant Organization Audit Requirements

*In the year of your most recently completed audit, were you subject to A-133 federal audit requirements under* [*2 CFR Part 200.501*](https://www.ecfr.gov/cgi-bin/text-idx?SID=fd16e6231657aa3b4a89e191e7f4360e&mc=true&node=se2.1.200_1501&rgn=div8) *(expending $750,000 or more of federal funds during the fiscal year)?*

\_\_ Yes

\_\_ No

## Applicant Organization Audit

*Upload a PDF of your organization’s most recently completed full audit (including the audit report on compliance with Federal Uniform Guidance (*[*2 CFR Part 200.501*](https://www.ecfr.gov/cgi-bin/text-idx?SID=fd16e6231657aa3b4a89e191e7f4360e&mc=true&node=se2.1.200_1501&rgn=div8)*), if applicable to your organization).*

## Applicant Organization Indirect Cost Rate

*Does your organization have a current negotiated indirect cost rate (see the RFP for more detailed information)?*

\_\_ Yes, our federally negotiated indirect cost rate is \_\_\_\_\_\_ %

\_\_ Yes, our recently negotiated indirect cost rate with a prior pass-through entity is \_\_\_\_\_%

\_\_ No, we will not claim any indirect costs

\_\_ No, we will charge the de minimis rate of 10% of MTDC

## (if yes, option #1) Applicant Organization Indirect Cost Rate Agreement Cognizant Federal Agency

*Enter the name of the Cognizant Federal Agency with which your Organization has established your Indirect Cost Rate Agreement (e.g., U.S. Department of Education).*

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## (if yes, option #1 or #2) Applicant Organization Indirect Cost Rate Agreement Upload

*Upload a copy of your current Indirect Cost Rate Agreement to support the % listed above.*

## Applicant Organization Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

*You must comply with 2 CFR Part 180.335 and .350 with respect to providing information regarding all debarment, suspension, and related offenses information, as applicable. By submission of this application, the prospective recipient organization certifies that neither it nor its principles is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.*

\_\_ Certification confirmed