

# CARES Act Humanities Relief Grants

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*Connecticut Humanities*

## *Grant Eligibility*

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**Stop! Before filling out the application, please be sure to review the following:**

### **Project Eligibility\***

Connecticut Humanities is honored to provide rapid-response funding to nonprofit humanities and cultural organizations that are facing financial hardship resulting from COVID-19.

These grants are funded by the CARES Act via the National Endowment for the Humanities.

Applicant organizations must demonstrate financial hardship due to the effects of COVID-19 on their organization. Hardship may include, but is not limited to:

- Loss of significant revenue
- Loss of venue or workspace
- Loss of paid staff due to layoffs or furloughs
- Reduction in staff hours
- Temporary closure or reduced hours of operation

Please review the CARES Act Humanities Relief Grants guidelines before applying.

Make sure your organization meets all four requirements below before applying:

### **Choices**

Is a 501(c)(3) nonprofit organization incorporated in CT

Has had its nonprofit status for at least 1 year

Provides significant humanities programs and activities to the public on a regular basis

Is in compliance with previous CT Humanities grants

## *Narrative and Impact of COVID 19*

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### **Project Title\***

*Character Limit: 150*

### **Humanities Programs and Services\***

Tell us about the humanities programs and/or services that your organization normally provides to the public such as interpretive exhibitions, public programs, tours, open hours, educational programs, digital initiatives, and special events.

*Character Limit: 1500*

### **Actual Financial Loss to Date\***

What is your current estimate of actual loss of revenue due to COVID-19?

Please quantify your losses from the date first affected by the virus through the date of your application.

*Character Limit: 20*

### **Estimated Financial Loss through September 1\***

What is your total estimated loss of revenue due to COVID-19 through September 1?

We recognize this is a tentative approximation. Please quantify your losses from the date first affected by the virus through September 1, if people remain unable to gather in large groups.

*Character Limit: 20*

### **COVID-19 Impact on Organization\***

Tell us about the financial hardships caused by COVID-19 on your organization's operations, staffing, and revenue streams. Be as specific as possible.

*Character Limit: 1500*

### **Continuity of Operations, Responsiveness & Sustainability\***

Tell us about your organizations' plans for continuity of operations during and responsiveness to the COVID-19 crisis and for sustainability after the crisis has passed.

*Character Limit: 1500*

### **Additional Information (Optional)**

If there is any information we have not requested, but which you feel is important for Connecticut Humanities in evaluating your application, please provide it here.

*Character Limit: 1000*

## ***Amount Requested and Anticipated Use of Funds***

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### **Amount of Funding Requested**

Connecticut Humanities will be re-granting a total of \$450,000 in CARES Act funding to non-profit humanities organizations across Connecticut. Grant awards will range from \$2,500 to \$15,000. Maximum amount of funding that can be requested is based upon an organization's

**budget size:**

- \$2,500 maximum request (organizations with budgets under \$100,000);
- \$5,000 maximum request (organizations with budgets between \$100,000-\$250,000);
- \$10,000 maximum request (organizations with budgets between \$250,000-\$500,000)
- \$15,000 maximum request (organizations with budgets over \$500,000)

*Character Limit: 20*

**Current Year Operating Budget\***

Please attach your organization's FY2020 operating budget in pdf format (for your current fiscal year).

*File Size Limit: 3 MB*

**Anticipated Use of CARES Act Humanities Relief Grant Funds\***

Please tell us what expenses you anticipate using your relief grant funds on if your grant is awarded. Check all that you anticipate applying funds toward.

**Choices**

Staff salary (full or part time)  
Temporary staff or contractor expenses  
Utility bills  
Mortgage or rent payments  
Costs related to safe re-openings for staff and the public  
Other (explain below)

**Other (Explain)**

If you selected other above, please indicate on which additional items you anticipate allocating Relief Grant funds.

*Character Limit: 250*

**Other Sources of Relief Funds\***

What other sources of financial relief are you seeking at this time or have you received already? Check all that apply.

**\*\*Note:** response to this question is for information gathering and reporting purposes only and will NOT impact your application's review or outcome.

**Choices**

Economic Injury Disaster Loan (SBA)  
Paycheck Protection Program (SBA)  
Connecticut Recovery Bridge Loan (DECD)  
CT Office of the Arts Grant  
NEH Grant  
NEA Grant

IMLS Grant  
Community Foundation Grant  
Other (explain below)

### Other (Explain)

If you selected other above, please indicate other sources of relief funds your organization has received or is seeking at this time.

*Character Limit: 250*

## Applicant Information

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### Authorizing Signatory First Name\*

Note: If funded, the **Authorizing Signatory** is the person authorized to sign a grant contract for your organization.

*Character Limit: 100*

### Authorizing Signatory Last Name\*

*Character Limit: 100*

### Authorizing Signatory Title\*

*Character Limit: 250*

### Authorizing Signatory Mailing Address\*

Please follow this formatting example:

*Connecticut Humanities, 100 Riverview Center, Suite 270, Middletown, CT 06457*

*Character Limit: 250*

### Authorizing Signatory Phone Number\*

Please use the following format:

*000-000-0000*

*Character Limit: 250*

### Authorizing Signatory Email Address\*

*Character Limit: 250*

### Project Director First Name\*

Note: The Project Director is the person responsible for managing your project. This individual will become your organization's primary contact person with Connecticut Humanities should the grant be funded. The Project Director and the Fiscal Agent CANNOT be the same person.

*Character Limit: 100*

**Project Director Last Name\***

*Character Limit: 100*

**Project Director Title**

*Character Limit: 100*

**Project Director Organization\***

*Character Limit: 150*

**Project Director Phone Number\***

Please use the following format:

*000-000-0000*

*Character Limit: 250*

**Project Director Email Address\***

*Character Limit: 250*

**Fiscal Agent First Name\***

Note: The Fiscal Agent is the person responsible for managing your project's grant funds and expenditures. The Project Director and the Fiscal Agent CANNOT be the same person.

*Character Limit: 100*

**Fiscal Agent Last Name\***

*Character Limit: 100*

**Fiscal Agent Title**

*Character Limit: 100*

**Fiscal Agent Organization\***

*Character Limit: 150*

**Fiscal Agent Phone Number\***

Please use the following format:

*000-000-0000*

*Character Limit: 250*

**Fiscal Agent Email Address\***

*Character Limit: 250*

**Application Certification\***

"I certify that the information presented in this application is true and accurate. I have read and understand the guidelines relating to this application. The applicant organization is in compliance with any grants previously awarded by Connecticut Humanities."

**Choices**

By checking this box, I certify that I have read and understood the above statement

**Certified By\***

Name and Title

*Character Limit: 250*