Partnership Grants FY2023

Organizations Information

Primary Organization Name
Character Limit: 250

AKA
Character Limit: 250

DBA
Character Limit: 250

EIN
Character Limit: 250

Government Issued Ruling Year
Character Limit: 250

Certificate of Legal Existence/Good Standing*
Is your organization registered with the Connecticut Secretary of State’s Office to do business in the State of Connecticut and is it in Good Standing (able to obtain a current Certificate of Legal Existence/Good Standing)?

Choices
Yes
No

CT Business ID Number*
Enter your organization’s Business ID number issued by the Connecticut Secretary of State's Office.

You can look up your Business ID number by clicking HERE.
Character Limit: 7

Please provide addresses for any social media sites for your organization, if available.

Facebook
Character Limit: 2000

Twitter
Character Limit: 2000
Organizational Profile Updated?*
"I have reviewed and updated my Organization's profile information."

(To review and update your Organization profile, click on the black pencil icon in the Contact Info tab on the far right above.)

Choices
Yes

Partnership Narrative

Project Title*

Are you requesting a Partnership Grant for one or two years?*

Choices
One Year Partnership
Two Year Partnership

Partnership Summary*

Please describe your partnership and its major components in 2-3 sentences.

Note: This description will be used both internally to reference the partnership for which you are seeking funding support, and, if funded, externally by CTH to describe your grant to the public on our website and in press releases.

Character Limit: 500

What is your organization's mission statement?*

Character Limit: 500

Support for the Humanities*

Please describe your organization and the humanities and arts programs and/or activities that you currently deliver to the public.

Character Limit: 5000
**Partnership Justification**
Please make the case for why you should receive Partnership support and how your activities will help CTH achieve its statewide strategic goals and objectives in priority areas such as:

1. Improving the capacity of Connecticut museums, cultural, humanities, and arts organizations to bring the humanities to the public and their communities;
2. Supporting K-12 educators in teaching CT social studies and humanities topics in ways that connect to CT State Standards and CT museums, cultural, humanities, and arts organizations’ collections;
3. Presenting a more inclusive, diverse, and equitable Connecticut story by connecting to local communities, organizations, and collections;
4. Integrating and/or providing content across organizations, platforms, communities, etc. to improve/increase public access to the humanities.

Please articulate how partnership funds will align with CTH's mission and vision, help your organization become stronger and more sustainable, and best serve residents of CT.

*Character Limit: 7500*

**Partnership Description & Activities**
Explain in detail your proposed partnership, its components, and the activities that you would like CTH to support.

Please include information about your partnership's humanities goals and objectives, including ways that you'll measure and evaluate to determine if you've achieved them.

Please include information about your planned activities for the duration of your partnership proposal.

*Character Limit: 10000*

**Partnership Deliverables**
Please describe the specific products, programs, and items that your project will create, including ways that you will ensure access to the project’s content and scholarship beyond the length of the grant.

Please also describe how your project will share Connecticut-centric content with the public and any ways that it will support CTH programs such as ConnecticutHistory.org, TeachItCT.org,
ConnTours, Book Voyagers, etc.

Please include information about your planned deliverables for the duration of your partnership proposal.

*Character Limit: 7500*

**Organizational Transformation***
How could access to this funding be transformational for your organization and your ability to better serve your audiences?

*Character Limit: 1500*

**Additional Needs***
What would your organization need, beyond funding, to help you realize transformational change?

*Character Limit: 1500*

**Anticipated Audience - Year 1***
Total Anticipated number of People Served for Year 1 of Partnership (November 1, 2022-October 31, 2023)

For this section, we are looking at the total number of people that you are reaching with your activities. This may be the general public, teachers, students, humanities and arts institutions and their staff and board, etc.

*Character Limit: 100*

**Anticipated Audience - Year 2 (If Applicable)***
Total Anticipated number of People Served for Year 2 of Partnership (November 1, 2023-October 31, 2024)

For this section, we are looking at the total number of people that you are reaching with your activities. This may be the general public, teachers, students, humanities and arts institutions and their staff and board, etc.

**Note: For those applicants requesting one year Partnerships, please enter "0."
Character Limit: 100**

**Total Anticipated Audience***
Total Anticipated number of People Served for Entire Partnership (Total Audience November 1, 2022-October 31, 2024)

For this section, we are looking at the total number of people that you are reaching with your
activities. This may be the general public, teachers, students, humanities and arts institutions and their staff and board, etc.

*Character Limit: 100*

**Audience Explained**
Please explain the audience #s provided above, what they represent and include, and how you arrived at the figures provided.

*Character Limit: 2500*

**Schedule**
Describe the major activities that will take place during the proposed partnership period (for one year Partnerships: November 1, 2022-October 31, 2023; for two year Partnerships: November 1, 2022-October 31, 2024), specific dates for those activities, and the team member(s) responsible for each. Include ONLY tasks during the requested partnership period.

Please use the following format:

1. Date; Activity; Team Member(s)
2. Date; Activity; Team Member(s)
   etc

*Character Limit: 7500*

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**Partnership Team Members, Contractors, and Consultants**

**Partnership Team**
Please list your partnership’s major participants including staff members, contractors, consultants, etc.; indicate if they will be paid with CTH funding; and list their major responsibilities.

Make sure you include ALL participants for whom you are requesting CTH funding in this section.

Please attach resumes or bios for all listed in the Partnership Team in the next question.

If you will be creating new staff positions with this funding, describe the position(s) below and include a brief job description (if available) in the resume upload section below.

Please use the following format:

Team Member 1 Name
Team Member 1 Title
Team Member 1 Organization
Paid with CTH grant funds
Major Responsibilities

Team Member 2 Name
Team Member 2 Title
Team Member 2 Organization
Not paid with CTH grant funds
Major Responsibilities
Etc

*Character Limit: 10000*

**Partnership Team Resumes and Bios**
Please attach a CV or resume of up to 3 pages for each person for whom CTH funding is being sought that demonstrates appropriate skills to carry out their role in the partnership. For new positions, please include a job description (if available).

Short (one- or two-paragraph) bios of vital team members NOT paid through CTH funds may also be included.

*File Size Limit: 3 MB*

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**Partnership Budget & Justification**

**Year 1 Budget (November 1, 2022-October 31, 2023)**
Upload your completed Connecticut Humanities Universal Budget Form (a Microsoft Excel spreadsheet) for the first year of the partnership here. Please click here for a blank Universal Budget Form.

Note: The Universal Budget Form contains several tabs. The first tab provides instructions on how to use the spreadsheet. The next 8 tabs should be used to enter partnership expenses by appropriate expense category. The last tab is a Budget Summary; do not enter data into the Budget Summary as values will fill automatically to this page from all of the other expense category tabs.

*File Size Limit: 3 MB*

**Year 1 Budget Notes and Justification**
In this space, please explain and justify the need for any items you wish Connecticut Humanities to fund, including those that have not been described and explained elsewhere in the partnership application.

*Character Limit: 5000*

**Year 2 Budget (November 1, 2023 - October 31, 2024; If Applicable)**
Upload your completed Connecticut Humanities Universal Budget Form (a Microsoft Excel spreadsheet) for the second year of the partnership here (if applicable). Please click here for a blank Universal Budget Form.

Note: The Universal Budget Form contains several tabs. The first tab provides instructions on how to use the spreadsheet. The next 8 tabs should be used to enter partnership expenses by appropriate expense category. The last tab is a Budget Summary; do not enter data into the Budget Summary as values will fill automatically to this page from all of the other expense category tabs.
Year 2 Budget Notes and Justification
In this space, please explain and justify the need for any items you wish Connecticut Humanities to fund, including those that have not been described and explained elsewhere in the partnership application.

Character Limit: 5000

Additional Attachments
While no additional attachments are required, feel free to upload any additional information you would like us to see when reviewing your application (e.g., consultant proposals, reports, photographs, etc).

File Upload
Please attach one (1) pdf or Word document containing all attachment materials combined.

File Size Limit: 11 MB

Applicant Information

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

Current Board List*
Please attach a list of your organization's current board members (names, mailing addresses, and email addresses).

*File Size Limit: 1 MB

Current Year Operating Budget*
Please attach your organization's operating budget for your current fiscal year.
*File Size Limit: 1 MB

Previous Year Operating Budget*
Please attach your organization's operating budget actuals for your most recently completed fiscal year.
*File Size Limit: 1 MB

Application Certification*
"I declare that I have examined the information contained in the application and accompanying guidelines and, to the best of my knowledge and belief, they are true, correct and complete.

My organization values and promotes inclusion, diversity, equity, and access in our workplace, on our board, with our partners, and through our activities.

I am aware that the submission of any false information/statement or omission of any pertinent information resulting in the false representation of a material fact in this application and related materials is punishable as a Class A Misdemeanor under Connecticut General Statutes 53a-157b."

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

Certified By*
Name and Title
**CT Humanities Grants E-newsletter Opt-in**

By checking the box below you (the applicant) are opting in to receive periodic e-news related to our granting program. Other members of your organization may subscribe here.

Your answer to this question will not affect the application review process.

If you choose not to receive our grants e-newsletter, you will still receive communication from us about your grant application and occasional grant-related announcements.

**Choices**

Yes