



MINNESOTA HISTORICAL SOCIETY

STATE GRANTS-IN-AID PROGRAM
APPLICATION FORM

Issued July 1997

MHS Use Only

Date received: _____

Proj. number: _____

1. Applicant:

Name of organization

Street address

City State Zip

County

2. Check if IRS Tax-exempt letter is attached.

3. Authorized Officer:

Signature date

Name (please print) title

(_____) (_____) _____
Telephone (work) (home)

4. Project category:

5. Project duration: _____
(months)

6. Name of project:

7. Project Director

Name

Street address

City State Zip

(_____) (_____) _____
Telephone (work) (home)

8. Fiscal Officer:

Name

Street address

City State Zip

(_____) (_____) _____
Telephone (work) (home)

9. Budget summary:

State Grant: _____

Applicant Match: _____

Total Grant Project Budget: _____

10. Brief project description:

Pre-applications: Send one copy only.

Final applications: Send one original and 20 copies to:

MHS Grants Office
345 Kellogg Boulevard West
Saint Paul, MN 55102-1906

1. Detailed project description

Follow the Project Guidelines for the particular grant category related to your project, using as many additional pages as necessary to provide a complete description.

2. How will the public benefit from the project?

Use as many additional pages as necessary to provide a complete description.

Minnesota Historical Society • Grant Application Form

Budget Item	Grant	Cash	Applicant Match In-kind	Donated	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Totals	(A) _____	(B) _____	(C) _____	(D) _____	(E) _____

(B) + (C) + (D) = _____

TOTAL GRANT PROJECT BUDGET _____

Column (A) must not exceed the total of columns (B) + (C) + (D)

ASSURANCES

The applicant agrees to hold harmless the Minnesota Historical Society and the State of Minnesota for any action, complaint, discriminatory proceedings or mitigation of any kind whatsoever, and warrants that the governing baody of this organization or subdivision of state government has by a recorded vote approved this application. The applicant shall conform with and agree to the provisions of Minnesota Statutes, Section 181.59, which prohibits discrimination in hiring of labor and/or contracting by reason of race, creed, or color. The applicant further warrants to be in compliance with Section 363 (1976) as amended.

AUTHORIZED OFFICER: _____
signature

typed name date

BUDGET WORKSHEET FOR APPLICANT MATCH

1. Applicant's Cash Match

List here the sources and amounts of funds to be used for the project. Under "Status" indicate for each source whether these are anticipated funds or funds that are already in-hand.

<u>Source</u>	<u>Amount</u>	<u>Status</u>
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Total Applicant's Cash Funds: \$ _____

2. In-Kind Services

List here the approximate work hours of employees of the applicant organization, the type of work to be performed, and the dollar value (including fringe benefits).

<u>Employee</u>	<u>Project role</u>	<u>Rate of pay</u>	<u>Hours</u>	<u>Wage value</u>
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Total In-kind Services: \$ _____

3. Donated Services

List here the approximate work hours of individual volunteers, the type of work to be performed, and the dollar value. Note: Professional, technical, or clerical persons working in the area of their training and expertise will be credited for financial matching purposes at their current hourly rate of pay. Personnel not working in the area of their training or expertise will be credited for financial matching grant purposes at the current state minimum hourly rate of pay.

<u>Employee</u>	<u>Project role</u>	<u>Rate of pay</u>	<u>Hours</u>	<u>Wage value</u>
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Total Donated Services: \$ _____

4. Donated Materials

List here donated items and their current market value.

<u>Item</u>	<u>Value</u>
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Total Donated Materials: \$ _____

Grand Total Applicant Match: \$ _____