# CARES Act General Operating Support Grants Application

New Hampshire Humanities is honored to offer grants for general operating support to New Hampshire-based humanities and cultural nonproﬁts and libraries with annual budgets of $500,000 or less. Support is intended to provide emergency-relief funding to organizations suffering financial losses due to Covid-19 and its consequences. Funding for these grants is provide by CARES Act & the National Endowment for the Humanities.

* **Total funds available:** $370,200
* **Purpose:** General operating expenses or specific programs/projects. No matching contribution is required.
* **Deadlines and Application Review:** Applications will be accepted and reviewed on a rolling basis starting May 1, 2020 until all monies have been committed. All funds will be awarded by October 31, 2020.
* **Application Submission:** Grant applications and supporting documents should be emailed to cares@nhhumanities.org. Please include *CARES Act General Operating Support Grants Application* in the subject line of your email.
* **Award Notification:** Applicants will be notified of the status of their application within 10 business days of submission.
* **Eligibility:** Registered NH nonprofits with 501(c)(3) tax-exempt status and public libraries are eligible to apply. Applicant’s annual operating plan may not exceed $500,000.
* **Other Requirements:** Applicants must apply for a [DUNS number](https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html), a unique entity identification number which is used by the federal government to track expenditure of federal funds. Apply as soon as possible.  While not required in the initial application, funds cannot be disbursed without it.

# CARES Act General Operating Support Grants Application

1. **Primary Contact Name**This individual will be considered the primary contact for all grant communications and is responsible for completing all required materials, including a final report.

|  |  |
| --- | --- |
| First  |  |
| Last  |  |
| Title |  |

1. **Contact Information**

|  |  |
| --- | --- |
| Email Address |  |
| Office Number |  |
| Alternative Number |  |

1. **Organization Name**

|  |  |
| --- | --- |
| Name |  |
| Website |  |
| Facebook link |  |
| Instagram Link |  |
| Twitter link |  |

1. **Organization Address**

|  |  |
| --- | --- |
| Street Address |  |
| Town/City |  |
| Zip Code |  |
| County |  |
| Congressional District |  |

1. **What year was your organization founded?**

|  |
| --- |
|  |

1. **What is your organization’s mission?**

|  |
| --- |
|  |

1. **What is your organization’s annual budget?**

|  |
| --- |
|  |

1. **Has your organization ever received a grant from New Hampshire Humanities?**

 (this is for internal informational purposes only)

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t know |  |

1. **What type of organization is applicant?**

|  |  |
| --- | --- |
| 501(c)3 tax-exempt NH Nonprofit Corporation |  |
| Public Library |  |
| Other (please specific) |  |

1. **Please attach your W-9.** Click here for the form: [**https://www.irs.gov/pub/irs-pdf/fw9.pdf**](https://www.irs.gov/pub/irs-pdf/fw9.pdf)
2. **Does your organization have a DUNS #?**

***This is a prerequisite for this grant opportunity. Click here for more information:*** [**https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html**](https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html)

|  |  |
| --- | --- |
| DUNS # |  |
| None yet - Date applied |  |

1. **Is your organization registered with the U.S. System for Awards Management (SAM)?** **This is not a prerequisite for this grant opportunity.**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. **What are your major programs, services and/or activities?**

*(100 words maximum)*

|  |
| --- |
|  |

1. **What is your most urgent organizational need and what is your plan for addressing it? In what ways (if any) is your organization taking advantage of the challenges of this moment?
*(500 words maximum)***

|  |
| --- |
|  |

1. **What level of financial support are you requesting to assist with the organizational need(s) described above? *($2,500*** *I* ***$5,000*** *I* ***$10,000)***

|  |
| --- |
|   |

1. **What other financial support have you applied for (or do you plan to apply for) as a result of the COVID-19 crisis? *(List all that apply)***

|  |  |
| --- | --- |
|  |  |

1. **Please check all that apply:** (*please double click on box for options box)*

[ ]  I certify compliance with the following non-discrimination statue: Our organization does not discriminate against any individual with respect to the terms and conditions of employment based on that individual’s race, sex, age, religion, color, national origin, disability, genetic information, marital status, veteran status, sexual orientation, gender identity or expression, housing status, or any other non-merit factor protected under state, local, or federal laws.

[ ]  I agree to use any New Hampshire Humanities funds received for general operating purposes.

[ ]  I agree to submit a final report to New Hampshire Humanities by October 1, 2020.

[ ]  I have included a completed W-9.

|  |  |
| --- | --- |
| **Signature of authorized person:** |  |
| **Print Name:** |  |
| **Title:** |  |
| **Date:** |  |