

Humanities to Go Application PREVIEW

**This document is a PREVIEW ONLY. No paper applications will be accepted. [Apply online here.](#)*

Humanities to Go is now implementing a "Pay What You Can" funding scale for organizations seeking to book a program. This ensures that the limited funding available for programs is equitably distributed.

Your answers to the questions below will determine the level of funding available for your organization's program. Please refer to the chart below for details.

IF YOU CHECKED THIS MANY BOXES:	YOU ARE ELIGIBLE FOR THIS STIPEND:	AND YOUR ORGANIZATION WILL CONTRIBUTE THIS AMOUNT TO THE SPEAKER/FACILITATOR:	TOTAL PROGRAM FEE, PAID DIRECTLY TO SPEAKER/FACILITATOR
3-5	\$300	Mileage costs	\$300 plus mileage costs
1-2	\$150	\$150 plus mileage costs	
0	\$0, NHH promotes event and locks in lower than market rate cost for speaker fee	\$300 plus mileage costs	

1. Please check all that apply to your organization.

Determine the poverty rate of your zip code by [map](#) or [list](#).

Operating budget less than \$250,000

Located in a zip code that has a poverty rate that is at or above the state average (7.2%)

Located in Coos, Sullivan, or Cheshire Counties

Would be unable to schedule any public programming without the aid of Humanities to Go

Plan to partner with another community organization to promote, plan, or implement this program

* 2. How many boxes did you check in the above question?

[--Please Select--]

* 1. Will your program be in-person, virtual only, or hybrid (an in-person program with the option to join virtually)?
[--Please Select--]

* 2. What kind of program would you like to host?

I would like to host a book group.

I would like to host a lecture/film screening/discussion/living history/other
format.

* 3. Please provide the following contact information for the person organizing this event:

Program organizer:

Program organizer phone:

Program organizer email:

* 4. Facilitator Name

[--Please Select--]

* 5. Please provide the following information about your book (BOOK GROUP APPLICATIONS ONLY)

Title

Author

Brief Description of Book

* 6. Please provide the following information about your program.

Day of week

Month
(MM)

Day (DD)

Year
(YYYY)

Date

Hour (HH)

Minutes (MM)

AM/PM

Time

Location

Address

City

State

Zip

- * 7. Please provide the name and contact info you would like to be publicly displayed for the event. This is who participants will contact if they have questions about the event.

Coordinator Name _____

Coordinator Contact Info _____

- * 8. Pre-registration is required for book groups so that libraries may source the books. Please provide a link or contact information for pre-registration (BOOK GROUP APPLICATIONS ONLY)

9. Is there anything the public should know about the event?

For example:

If it is a virtual event, please provide information on how to access the event

Accessibility

Parking

Pre-registration

If a meeting or meal is happening adjacent to the program

- * 10. Please provide the following information about the host of the event:

Hosted by: _____

Host phone: _____

- * 11. Please provide the mailing address for the host organization. The check will be mailed to this address.

Street address or PO Box: _____

City: _____

State: _____

Zip: _____

* 12. In which county is the host organization located?

[--Please Select--]

* 13. In which congressional district is the host organization located?

[You may check your district here.](#)

[--Please Select--]

* 14. In what region is the host organization located?

[--Please Select--]

15. If you plan to partner with another organization, please provide their contact information and a brief statement of how you will partner.

* 19. Program Name (if not applying for a book group)

(alphabetically listed)

[--Please Select--]