

# CARES Act Relief Grant

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*Humanities Montana*

## *Organization Information*

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Note to the Applicant:

For this application, polished writing and proper grammar are not our priority. **The priority is to provide your organization with the support it needs in a timely manner.** Please tell us what is happening, what you need, who you will be serving, and the impact it will have.

Please contact us at [info@humanitiesmontana.org](mailto:info@humanitiesmontana.org) with any questions.

### **Project Name\***

*Character Limit: 100*

### **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.

*Character Limit: 250*

### **Organization City\***

Please enter the city where your organization is headquartered.

*Character Limit: 50*

### **Organization County\***

Please chose the county where your organization is headquartered from the drop down list

#### **Choices**

Beaverhead  
Big Horn  
Blaine  
Broadwater  
Carbon  
Carter  
Cascade  
Chouteau  
Custer  
Daniels  
Dawson  
Deer Lodge  
Fallon  
Fergus  
Flathead

Gallatin  
Garfield  
Glacier  
Golden Valley  
Granite  
Hill  
Jefferson  
Judith Basin  
Lake  
Lewis And Clark  
Liberty  
Lincoln  
Madison  
McCone  
Meagher  
Mineral  
Missoula  
Musselshell  
Park  
Petroleum  
Phillips  
Pondera  
Powder River  
Powell  
Prairie  
Ravalli  
Richland  
Roosevelt  
Rosebud  
Sanders  
Sheridan  
Silver Bow  
Stillwater  
Sweet Grass  
Teton  
Toole  
Treasure  
Valley  
Wheatland  
Wibaux  
Yellowstone

**Annual Operating Budget\***

What is your organization's average annual operating budget?

*Character Limit: 20*

### **Requested Amount\***

Please list the dollar amount you are requesting from Humanities Montana to support your organization. You may request up to **\$5,000**.

*Character Limit: 20*

### **Organization Summary\***

**Who does your organization serve and how?**

Suggested Word Limit: 300 words

If your organization is led by and/or serves underrepresented groups, please provide further detail about how your work supports these communities. Underrepresented groups vary in each community. These groups can include people of color; people who identify as LGBTQ+; people who live in rural areas; people with disabilities; people who identify as immigrants or refugees; and people whose first (or only) language is not English. Keep in mind this is not an exhaustive list.

*Character Limit: 10000*

### **Estimated Annual Audience\***

Please estimate the number of individuals your organization serves annually.

*Character Limit: 25*

## *Emergency Funding*

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### **Impact on Typical Sources of Funding\***

**How have your typical sources of funding been impacted by COVID-19?**

Suggested Word Limit: 300 words

Please include what percentage of your annual budget are received from government or public sources, including federal, state, and city/county sources.

*Character Limit: 10000*

### **Financial Impacts of COVID-19\***

In what ways has your organization been affected by the economic impacts of the coronavirus? Select all that apply

Explanation of Conditions:

- Lost Revenue: Significant total projected 2020 revenue was lost because of canceled programs since March 1.

- **Lost Space:** We have lost/are about to lose our space because we cannot make our monthly rent, mortgage, or utility payments.
- **Staff Layoff:** We have laid off/are about to lay off one or more staff members because we cannot make payroll.
- **Risk of Permanent Closure:** We are considering or are planning to permanently close our organization as a result of the financial impacts of COVID-19.
- **Other** (please explain below)

### Choices

Lost Revenue

Losing Space

Staff Layoff

Risk of Permanent Closure

Other (Please explain below)

### Other (Optional)

If you selected other, please briefly explain the specific financial impacts of COVID-19 on your organization below.

Suggested Word Limit: 250 words

*Character Limit: 10000*

### Estimated Financial Loss\*

How would you estimate the total financial impact on your organization of COVID-19? We recognize this is a tentative approximation. Please quantify your losses from the date first affected by the virus to the present (or the most up-to-date calculation of your financial losses so far).

*Character Limit: 20*

### Financial Relief\*

**What other sources of financial relief are you seeking at this time?**

#### Choices

SBA Loan

NEH Grant

NEA Grant

County Funding

City Funding

Other (explain below)

### Other Financial Relief

**If you selected other, please briefly explain the other sources of funding you are seeking.**

Suggested Word Limit: 250 words

*Character Limit: 5000*

## Additional Information (Optional)

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

*Character Limit: 10000*

## Grant Agreement & Certification

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### **Note to Applicant:**

***As required by federal guidelines, approved grant applicants must have the following required information before receiving grant funds:***

- Federal Tax ID Number (or EIN)
- <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 number

**Apply for this early as a DUNS number can take up to two business days to receive.**

If approved, Humanities Montana will request this required information in our grant contract. Humanities Montana cannot allocate awarded funds until this required information is received. For any questions about this process, please email [kim.anderson@humanitiesmontana.org](mailto:kim.anderson@humanitiesmontana.org).

### **Electronic Signature\***

The applicant organization assumes all responsibilities as grantee and may not operate simply as the fiscal agent for the project. In signing and submitting a grant application, the authorizing official certifies that the applicant organization will ensure that the acceptance paperwork and required reports are submitted on time and will comply with the certifications listed below.

Humanities Montana is required to ask each applicant for certification of compliance with nondiscrimination statutes, debarment, and suspension. By signing and submitting this form, the organization's authorizing official is providing these certifications.

*Character Limit: 50*

Nondiscrimination Statutes and Regulations:

- (a.) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000 et seq.), which provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance;
- (b.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance;

(c.) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance;

(d.) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6106 et seq.), which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute; and

(e.) The Americans with Disabilities Act (ADA) of 1990.

Certification regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (45 CFR 1169):

(a.) The applicant organization certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

(b.) Where the applicant is unable to certify to any of the statements in the certification, such prospective participant shall attach an explanation to this proposal.