



WISCONSIN
HISTORICAL
SOCIETY

2022
WISCONSIN HISTORICAL SOCIETY -
WISCONSIN COUNCIL FOR LOCAL HISTORY
MINI-GRANT APPLICATION



WISCONSIN
COUNCIL FOR
Local History

AFFILIATE INFORMATION

Name of Organization: _____

FEIN number: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address: _____

NAME FOR THE INDIVIDUAL MOST FAMILIAR WITH THE PROPOSED PROJECT

Name: _____

Telephone Number: _____

E-mail Address: _____

TITLE OF PROJECT: _____

PLEASE COMPLETE THE FOLLOWING

1) CATEGORY OR CATAGORIES INTO WHICH THE PROJECT FALLS (SEE INSTRUCTIONS)

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Archival Supplies | <input type="checkbox"/> Past Perfect | <input type="checkbox"/> Storage | <input type="checkbox"/> Digitization |
| <input type="checkbox"/> Climate Control | <input type="checkbox"/> Computer hardware | <input type="checkbox"/> Training | <input type="checkbox"/> Conservation Supplies |

2) IS YOUR ORGANIZATION A CURRENT AFFILIATE OF THE WISCONSIN HISTORICAL SOCIETY? *

- YES NO *Organization must be an Affiliate to apply

3) IS YOUR ORGANIZATION CURRENT IN FILING ANNUAL REPORTS? *

- YES NO *Annual report for 2021 must be filed prior to applying for a mini-grant

4) IS YOUR ORGANIZATION LISTED ON THE IRS WEB SITE AS A PUBLIC CHARITY TO WHICH TAX DE-DUCTIBLE CONTRIBUTIONS CAN BE MADE? *

- YES NO

*Check eligibility: <https://apps.irs.gov/app/eos/>
or contact Wisconsin Historical Society staff for help at fieldservices@wisconsinhistory.org

PLEASE COMPLETE THE FOLLOWING

5) HAS YOUR ORGANIZATION APPLIED FOR A MINI-GRANT DURING THE PAST 5 YEARS?

YES NO

6) HAS YOUR ORGANIZATION BEEN AWARDED A MINI-GRANT DURING THE PAST 3 YEARS?

YES NO

7) HAS YOUR ORGANIZATION CONSULTED WITH FIELD SERVICES STAFF REGARDING YOUR APPLICATION?

YES NO

PLEASE COMPLETE THE FOLLOWING

IN 300 WORDS OR FEWER, TELL US THE STORY OF YOUR ORGANIZATION:

PLEASE COMPLETE THE FOLLOWING

IN 300 WORDS OR FEWER, TELL US THE NEED OR PROBLEM THE PROPOSED PROJECT WILL ADDRESS:

IN 300 WORDS OR FEWER, TELL US HOW THE ACTIVITIES OR PRODUCTS TO BE USED IN THE PROJECT WILL ADVANCE THE NEED OR HELP SOLVE THE PROBLEM YOU HAVE IDENTIFIED:

PLEASE PROVIDE US WITH THE FOLLOWING STATEMENT OF SOURCES AND USES OF FUNDS FOR THE PROJECT:

SOURCES OF FUNDS

MINI-GRANT FUNDS: \$ _____

MATCHING FUNDS: \$ _____

TOTAL PROJECT FUNDS: \$ _____

USES OF FUNDS

SYSTEMS AND SOFTWARE FOR RECORDING, \$ _____
INVENTORYING, AND ACCESSING COLLECTIONS:

MATERIALS AND ITEMS TO MAINTAIN AN \$ _____
APPROPRIATE ENVIRONMENT FOR COLLECTIONS:

CONSERVATION MATERIALS: \$ _____

TRAINING MATERIALS AND EXPENDITURES
(ANY TRAVEL AT \$0.14/MILE)

HARDWARE FOR COLLECTIONS MANAGEMENT AND
ACCESS:

TOTAL PROJECT FUNDS: \$ _____

NAME OF THE PERSON SUBMITTING THIS APPLICATION: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PLEASE SUBMIT 1 COPY OF THIS APPLICATION, BY MAIL OR EMAIL, BY MAY 16, 2022:

MAILING ADDRESS:

LOCAL HISTORY GRANT
WISCONSIN HISTORICAL SOCIETY
816 STATE STREET
MADISON, WISCONSIN 53706

EMAIL ADDRESS: fieldservices@wisconsinhistory.org

CONTACT US WITH QUESTIONS:

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