



WISCONSIN
HISTORICAL
SOCIETY

2021
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 2020 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) IF YOUR ORGANIZATION IS A FIRST-TIME APPLICANT, HAS IT CONSULTED WITH FIELD SERVICES STAFF?

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 PAPER COPY OF THIS APPLICATION BY MAY 15, 2021 TO:

FIELD SERVICES PROGRAM
WISCONSIN HISTORICAL SOCIETY
816 STATE STREET
MADISON, WISCONSIN 53706

THANK YOU!

CONTACT US WITH QUESTIONS:

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