

2018 WISCONSIN HISTORICAL SOCIETY WISCONSIN COUNCIL FOR LOCAL HISTORY MINI-GRANT APPLICATION



AFFILIATE INFORMATION					
Name of Society:					
Name of Society:Society FEIN number (required):					
NAME FOR THE INDIVIDUAL MOST FAMILIAR WITH THE PROPOSED PROJECT					
Name:					
Telephone Number:					
E-mail Address:					
TITLE OF PROJECT:					
PLEASE COMPLETE THE			- INOTELIATIONS		
1) CATEGORY OR CATAGOR	IES INTO WHICH THE	PROJECT FALLS (SEI	= INSTRUCTIONS)		
☐ Archival Supplies	☐ Past Perfect	☐ Storage	☐ Digitization		
☐ Climate Control	☐ Computer hardwar	e 🗌 Training	☐ Conservation Supplies		
2) IS YOUR SOCIETY A CURRENT AFFILIATE OF THE WISCONSIN HISTORICAL SOCIETY? *					
☐ YES ☐ NO	Organization must be an a	affiliate to apply			
3) IS YOUR SOCIETY CURRENT IN FILING ANNUAL REPORTS WITH THE WISCONSIN HISTORICAL SOCIETY? *					
☐ YES ☐ NO	*Annual report for 2017 m	oust be filed prior to applyi	ng for a mini-grant		
4) IS YOUR SOCIETY LISTED ON THE IRS WEB SITE AS A PUBLIC CHARITY TO WHICH TAX DEDUCTIBLE CONTRIBUTIONS CAN BE MADE? *					
□ YES □ NO					
*Check eligibility: https://apps.irs.gov/app/eos/revokeSearch.do?searchChoice=ePostcard&dispatchMethod=selectSearch or contact Field Services staff for help at fieldservices@wisconsinhistory.org					

PLEASE COMPLETE THE FOLLOWING				
5) HAS YOUR SOCIETY APPLIED FOR A MINI-GRANT DURING THE PAST 5 YEARS? ☐ YES ☐ NO				
6) HAS YOUR SOCIETY BEEN AWARDED A MINI-GRANT DURING THE PAST 3 YEARS? \Box YES \Box NO				
7) IF YOUR SOCIETY IS A FIRST-TIME APPLICANT, HAS IT CONSULTED WITH FIELD SERVICES STAFF? $\hfill\Box$ YES $\hfill\Box$ NO				
8) HAS THE PERSON COMPLETING THIS APPLICATION VIEWED THE WISCONSIN HISTORICAL SOCIETY WEBINAR THAT GIVES INSTRUCTIONS AND TIPS FOR SUBMITTING SUCCESSFUL APPLICATIONS? * *Webinar will take place February 28, 2018, email fieldservices@wisconsinhistory.org for the link				
□YES □NO				
9) HAS THE GOVERNING BOARD OF YOUR SOCIETY APPROVED THE PROPOSED PROJECT AND THIS GRANT APPLICATION?				
□ YES □ NO				
10) WILL THE PROPOSED PROJECT FURTHER YOUR SOCIETY'S TAX EXEMPT PURPOSES?				
□YES □NO				
11) WILL THE GRANT BE MATCHED BY YOUR SOCIETY ON AT LEAST A 1:1, DOLLAR FOR DOLLAR BASIS?				
□ YES □NO				
12) DOES YOUR SOCIETY AGREE TO OBTAIN THE EXPRESS, WRITTEN CONSENT OF THE WISCONSIN COUNCIL FOR LOCAL HISTORY BEFORE DEVOTING ANY OF THE PROJECT FUNDS TO ACTIVITIES OR PRODUCTS OTHER THAN THOSE DESCRIBED IN THIS APPLICATION?				
□ YES □ NO				
13) WILL YOUR SOCIETY PUBLICIZE THE PROJECT AND THE SOURCES OF FUNDS IF IT IS AWARDED A MINI-GRANT? *				
☐ YES ☐ NO *sample press releases will be provided to awardees				
14) WILL YOUR SOCIETY MAINTAIN RECORDS OF EXPENDITURES IN CONNECTION WITH THE PROJECT FOR AT LEAST 3 YEARS TO ALLOW INSPECTION BY THE WISCONSIN COUNCIL FOR LOCAL HISTORY?				
□YES □NO				
15) IS YOUR SOCIETY CURRENTLY REGISTERED WITH THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS AS A FUNDRAISING CHARITY? *				
☐ YES ☐ NO *Not a requirement to apply, www.wdfi.org				
16) HAS YOUR SOCIETY'S FUNDRAISING REGISTRATION EVER BEEN REVOKED OR RESTRICTED IN WISCONSIN OR ANY OTHER JURISDICTION?				
□YES □NO				

PLEASE COMPLETE THE FOLLOWING				
IN 300 WORDS OR FEWER, TELL US THE STORY OF YOUR SOCIETY:				

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

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

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, 2018 TO:

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

THANK YOU!

CONTACT YOUR FIELD SERVICES REPRESENTATIVE WITH QUESTIONS:

RICK BERNSTEIN
SOUTHERN REGION FIELD SERVICES REPRESENTATIVE
608-608-264-6583 rick.bernstein@wisconsinhistory.org

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NORTHERN REGION FIELD SERVICES REPRESENTATIVE
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