

# 2023 Capacity Building Grant

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*Humanities DC*

## *Basic Information*

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### How did you learn about this grant opportunity?\*

#### Choices

- HumanitiesDC website
- HumanitiesDC newsletter
- HumanitiesDC social media
- Friends/colleagues
- Email listserv
- Other

If you selected "Email listserv" or "Other," please specify here:

*Character Limit: 100*

### Project Name\*

Name of Project

*Character Limit: 100*

### Amount Requested\*

Amount Requested (Up to \$25,000)

*Character Limit: 20*

### Demographic Information

Your responses to the following demographic questions will help HumanitiesDC understand who we are reaching through our grantmaking.

### Age\*

What is the age range of your target audience? (Select all that apply)

#### Choices

- General Population
- 0-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

### Race and Ethnicity of Target Audience\*

Please select all that apply.

#### Choices

- General Population
- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African, or African American
- Hispanic, Latino/a/x, or Latin American
- Middle Eastern or North African
- Multiracial or Multi-ethnic
- Native Hawaiian or Pacific Islander
- White or European descent
- Prefer not to answer
- Race or ethnicity not included above

If you selected "Race or ethnicity not included above" in the "Race and Ethnicity" question above, please specify here.

*Character Limit: 100*

### Applicant Location\*

Please indicate the Washington, DC Ward in which you are based. Eligibility is restricted to applicants with a Washington, DC address.

#### Choices

- Ward 1
- Ward 2
- Ward 3
- Ward 4
- Ward 5
- Ward 6
- Ward 7
- Ward 8

### Ward(s) Served\*

Please indicate which Washington, DC Wards will primarily benefit from the project. You can select more than one Ward.

#### Choices

- Ward 1
- Ward 2
- Ward 3
- Ward 4
- Ward 5
- Ward 6
- Ward 7
- Ward 8

## Humanities Discipline\*

Which humanities discipline will your project explore? You may list secondary disciplines in the narrative of the application.

### Choices

History  
Anthropology  
Archaeology  
Literature  
Language  
Linguistics  
Art History/Criticism  
Philosophy  
Ethics  
Comparative Religion  
Jurisprudence  
Preservation

## Project Type\*

Your project is a (select all that apply):

### Choices

Capacity Building Project

## *Organization Applicant Information*

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Please note that the information entered in this section should describe the applicant associated with the grants portal account you are using to complete and submit the application.

## Organization Profile\*

Please describe the history of the applicant organization (including the year founded and by whom), how this project will support its overall mission and goals, and how the organization fits the definition of a “humanities-focused” organization as defined in the RFP.

*Character Limit: 2000*

## Annual Budget\*

Please enter your organization's budget for the previous fiscal year.

*Character Limit: 20*

## Number of Full-time Employees\*

Please enter the number of FTEs who work for your organization at least 20 weeks out of the year. Applicant organizations with 15 or more employees or proposing a public event must comply with specific guidelines set forth by the Americans with Disabilities Act (ADA). Relevant questions will appear below, if applicable.

*Character Limit: 5*

### Unique Entity Identifier (UEI)

Please enter the organization's UEI number for reporting purposes. Note: if you are currently working on obtaining your UEI, you may submit your application without it. However, should your application be selected for funding, you must be able to provide the UEI by the grant acceptance deadline. If you are unable to provide your UEI at that time, your award may be rescinded.

*Character Limit: 15*

### Project Director Name\*

*Character Limit: 250*

Will this person be the primary contact for the grant?

#### Choices

Yes

No

### Project Director Address\*

*Character Limit: 250*

### Project Director City\*

*Character Limit: 250*

### Project Director State\*

*Character Limit: 250*

### Project Director Postal Code\*

*Character Limit: 250*

### Project Director Email\*

*Character Limit: 254*

### Project Director Phone Number\*

*Character Limit: 250*

### Project Director Resume\*

*File Size Limit: 2 MB*

### Prior Work\*

Please describe prior work experience that is relevant to your current proposal. You are also able to attach specific examples of your work experience (up to 5 MB).

*Character Limit: 1000 | File Size Limit: 5 MB*

## *Project Narrative*

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The totality of your responses to the questions in this section should provide a full picture of how your project will be successfully developed and implemented.

### **Description of Activities\***

Provide a detailed description of the proposed grant-funded activities, as well as those activities not directly funded by but still made possible because of this grant.

*Character Limit: 3000*

### **Key Personnel\***

Please describe the project team that will ensure the success of your project. Identify each team member by name and title and describe the role each person will play. Specify the primary contact for the grant, if the project director does not serve that role.

*Character Limit: 1500*

### **Timeline\***

Provide a timeline for your proposed project, including relevant dates and milestones, that illustrates how you will successfully carry out the project during the prescribed timeframe.

*Character Limit: 2000*

You may upload a visual representation of your timeline.

*File Size Limit: 2 MB*

### **Measuring Success\***

Describe your desired goals or impact for this project. How will you assess whether you have met the desired goals or achieved the desired impact? Identify any data collection and feedback methods you will use, such as: surveys, focus groups, tracking attendance, etc.

*Character Limit: 2000*

## *Budget*

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### **Budget Table**

The Budget Table must be filled out and submitted as part of the application. Please enter in your estimates for each budget category, accounting for funds from HumanitiesDC and – if applicable – external sources (cost share – cash and in-kind). Don't forget to save your work. Matching funds are not required for this grant. Notes or supporting information about the budget may be added in the next section – “Budget Narrative.” Note: any expenditures you deem to be "Other" in the Budget Table must be specified in the Budget Narrative.

<b>CATEGORY</b>	<b>HumanitiesDC Grant Funds</b>	<b>Cost Share - Cash</b>	<b>Cost Share - In-Kind</b>	<b>TOTAL (add up manually)</b>
Honoraria				
Salary/wages				
Travel				
Supplies				
Publicity, promotion, printing				
Postage, telephone				
Facilities rental				
Evaluation				
Other (specify in budget narrative)				
<b>TOTAL (automatic)</b>				

### Budget Narrative\*

Provide a narrative description of how the funds listed in each category of the Budget Table will be directed. The narrative should be a detailed breakdown of the funds expended in each budget category outlined in the Budget Table.

*Character Limit: 1500*

## Form 990

If you are an organization that completes an annual audit, please upload your most recent Form 990. If more than one document, it should either be combined and uploaded as a .zip file, or submitted via a link in a text file.

*File Size Limit: 25 MB*

## Appendix

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### Appendix

If you have additional documents which can support your proposal – such as program participant resumes, participant letters of commitment, brochures, photos, site/venue agreements – please upload those here. Any uploaded documents should be referenced in the relevant section of the proposal narrative.

You may type this information in, cut and paste it from another document or upload a document file into the space below using your browser. If you have more than 5 files to upload (i.e. several resumes), please combine several documents into one file and upload that file as one document.

*Character Limit: 4000 | File Size Limit: 25 MB*

### Appendix 2

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

*File Size Limit: 3 MB*

### Appendix 3

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

*File Size Limit: 3 MB*

### Appendix 4

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

*File Size Limit: 3 MB*

### Appendix 5

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

*File Size Limit: 3 MB*

## *Accessibility*

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For more information, applicants may access the complete text of the ADA here: <https://www.law.cornell.edu/uscode/text/42/12101>. Note that neither HumanitiesDC or the District of Columbia government represent that this link leads to the latest version of the subject law.

Also note that your responses will be used to ensure compliance and will not be scored by the evaluation panel.

### **Accessibility Plans\***

Please describe your organization's process for formulating accessibility plans (e.g. creating an accessibility advisory committee, board and staff disability rights training, budgeting for reasonable accommodation requests, etc.). In addition to detailed plans for its compliance with the Americans with Disabilities Act (ADA) (42 U.S.C § § 12101 et seq.), each applicant must demonstrate how the project will be inclusive, diverse, equitable and accessible throughout the District of Columbia, beyond participants with disabilities.

Successful applications will consider a broad definition of “accessibility” by addressing financial, geographic, demographic, cultural and developmental access. For more information, applicants may access the complete text of the ADA here:

<https://www.law.cornell.edu/uscode/text/42/12101>. Note that neither HumanitiesDC nor the District of Columbia government represent that this link leads to the latest version of the subject law.

*Character Limit: 3000*

### **Current Accessibility Status\***

Describe the current process/status of an organization’s physical accessibility. If the location is not barrier-free, include a plan for project/program modification that ensures access in a barrier-free environment, when needed.

*Character Limit: 3000*

### **Accessibility for presentations\***

Describe the organization's current progress/status of accessibility in presenting activities – communications access (e.g. TDD, large print, or brail materials; audio description or assistive listening devices, ASL interpreted programs, etc.) and marketing/advertising.

*Character Limit: 3000*

## *Legal Compliance, Certification, and Signature*

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Entering your information below indicates that the statements contained in this application are true and correct to the best of your knowledge and belief. Your entered name also certifies that



the Sponsoring Organization is in compliance with:

- Eligibility requirements outlined in the applicable Request for Proposals for this grant program
- Title VI of the Civil Rights Act of 1964;
- Title VII of the Civil Rights Act of 1964;
- Title IX of the Education Amendments of 1972;
- Section 504 of the Rehabilitation Act of 1973;
- the Americans with Disabilities Act;
- the Age Discrimination Act of 1973;
- the Labor Standards under Sections 5(i) and 7(g) of the National Foundation of the Arts and Humanities Act of 1965;
- and the regulations issued pursuant thereto by the National Endowment for the Humanities (Code of Federal Regulations, Title 45, Chapter XI).

The entered name also certifies the sponsoring organization or individual applicant is not debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs in violation of the regulations implementing Executive Order 12549 "Debarment and Suspension."

**Please Note:** By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

1. representing that you are an officer or other agent for the applicant Grantee duly authorized to enter into legally binding agreements on behalf of the Grantee
2. agreeing to submit this grant application in an electronic form on behalf of the Grantee which shall be bound by its contents as an electronic transaction
3. agreeing that your insertion of data into these following fields constitutes an electronic signature.

### Authorized Signature\*

*Character Limit: 100*

### Title\*

*Character Limit: 100*

### Date\*

*Character Limit: 100*