Nevada Humanities American Rescue Plan Recovery Program Grant Application

Instructions and Guidelines

This application is for Recovery Program Grants. Recovery Program Grants are designed to provide immediate capacity building and programmatic support that will enable organizations that undertake public humanities programming to respond to the current and longer-term challenges presented by the COVID-19 pandemic. This funding is intended to help Nevada’s humanities-focused organizations prevent, prepare for, respond to, and recover from the COVID-19 pandemic. The Recovery Program Grant Period of Performance is January 1 - October 31, 2022.

Read the Nevada Humanities American Rescue Plan Relief Operating Grant Application Guidelines and Nevada Humanities American Rescue Plan Relief Operating Grant and Recovery Program Grant Frequently Asked Questions (FAQ) before starting and submitting your application.

Applicant Information

Primary Contact Information
The primary contact is the individual responsible for the implementation of this grant. The primary contact will be the liaison between the sponsoring organization and Nevada Humanities. In this instance, the primary contact should be the chief executive of the organization or the organization’s board chair.

Name*
Character Limit: 100

Title*
Character Limit: 100

Complete Mailing Address
If different from above.
Character Limit: 200

Email Address*
Character Limit: 100
Work Phone*
*Character Limit: 25

Cell Phone*
*Character Limit: 25

Organization Website/URL*
*Character Limit: 2000

Alternative Contact Information
We recognize that staff may have flexible office schedules. Please provide any additional contact information that will allow us to best reach you at the moment.
*Character Limit: 300

Authorizing Official Contact Information (if different from above)
The authorizing official for nonprofit organizations is usually the chief executive officer or board chair. This person has the authority to commit funds on behalf of the applicant organization, to ensure compliance with federal regulations, and to certify that the organization is in compliance with federal laws regarding nondiscrimination and fair labor standards, and that its employees have not been declared ineligible to participate in federally funded programs.

Choices
Same as Above

Name
*Character Limit: 100

Title
*Character Limit: 100

Complete Mailing Address
If different from above.
*Character Limit: 100

Email Address
*Character Limit: 100

Work Phone
*Character Limit: 100

Cell Phone
*Character Limit: 100
Primary Organization Type*
If you select "Other," please state your primary organization type in the text box provided below.

Choices
Archive
Arts Organization (including art museums)
Community Organization or Center
Cultural Heritage Organization
Festival
Foundation
Government - State or Local
Higher Ed - Four-year College
Higher Ed - Two-year College
Higher Ed - Affiliates (press, radio station, archive, library, etc.)
Historical Site/House
Historical Society
Incarceration or Detention Facility
Independent Research Library or Center
Indigenous Tribal Organization or Community
K–12 School or School System
Media Organization
Membership Organization or Association
Museum - History
Museum - Other
Nature Center/Botanical Garden/Arboretum
Private Business or Organization
Public Library
Social Services or Health Organization
State or National Park
Not applicable
Other

Character Limit: 100

Secondary Organization Type*
If you select "Other," please state your secondary organization type in the text box provided below.

Choices
Archive
Arts Organization (including art museums)
Community Organization or Center
Cultural Heritage Organization
Festival
Foundation
Government - State or Local
Higher Ed - Four-year College
Enter your organization’s Federal Employer Identification Number (EIN) *

In what year was your organization incorporated as a 501(c)(3)? *

Please upload your nonprofit determination letter here. *

Enter your organization’s nine digit DUNS number.

If your organization does not yet have a DUNS number, have you already submitted your application for a DUNS number to Dun & Bradstreet?

Choices
Yes
No

If your organization does not have a DUNS number at this time you may still proceed with your application, but you will not be able to receive awarded grant funds until you provide this number to Nevada Humanities. Your organization is required to have a DUNS number to receive American Rescue Plan Act funds. Learn more about the DUNS number requirement here as described by the National Endowment for the Humanities. It may take a few days to receive
your DUNS number, so please anticipate this when submitting your application.

**Is your organization registered with the U.S. Government System for Awards Management (SAM)?**
This is optional, but encouraged. Register with SAM here. Note that it may take up to two weeks to complete your registration. You may submit your application while your registration is in process.

**Choices**
- Yes
- No

**Congressional District**
Identify the Congressional district for your primary business address. You can look up your Congressional district here.

**Choices**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19

**State Assembly District**
Identify the State Assembly district for your primary business address. You can look up your State Assembly district here.

**Choices**
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
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- 14
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- 18
- 19
State Senate District*
Identify the State Senate district for your primary business address. You can look up your State Senate district here.

Choices
1
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County*
Identify the county for your primary business address. If you select "Other", please state your county in the text box provided below.

Choices
Carson City
Churchill
Clark
Douglas
Elko
Esmeralda
Eureka
Humboldt
Lander
Lincoln
Lyon
Mineral
Nye
Pershing
Storey
Washoe
White Pine
Other

Character Limit: 50

Financial Information
What is your most recent annual operating revenue as identified on your most recently filed 990 or completed fiscal audit?
Your annual revenue must be greater than $10,000 to be eligible for funding.*

Character Limit: 20

Upload a copy of your most recent organizational audit.
If your organization did not have an audit, then submit a copy of your organization's most recent IRS form 990, 990 EZ, or 990-N e-Postcard.

File Size Limit: 10 MB

URL Link to Audit Documents
If you would like to submit your audit documents via a URL link, please provide it here. This is optional.
Character Limit: 2000
**Audited Financial Statement**
Which document did you upload?

**Choices**
Audit  
990  
990 EZ  
990-N e-Postcard

**Single Audit**
Was your organization’s most recent audit a Single Audit?
The Single Audit, Subpart F of the OMB Uniform Guidance, is a rigorous, organization-wide audit or examination of an entity that expends $750,000 or more of federal assistance received for its operations.

**Choices**
Yes  
No

**Project Budget**
Download and complete the Nevada Humanities American Rescue Plan Relief and Recovery Grants Application Budget Form as indicated. Completely fill out the template and then upload the completed form. List only the expenses that the grant will pay for in the "NH Grant Request Amounts" column. Itemize expenses within each category and explain how you arrived at the estimated costs. Note that overlapping project costs with any other pending or approved application(s) for federal funding are not allowed.

Note that if you are applying for both a Relief Operating Grant and a Recovery Program Grant you must create and submit a different budget for each application with applicable and unique expenses appropriate to each grant stream. You may not duplicate costs in each application.

Upload Your Completed Nevada Humanities American Rescue Plan Relief and Recovery Grants Application Budget Form here.*

*File Size Limit: 5 MB

**Recovery Program Grant Funding Levels**
Applicants may apply for program grants ranging between $1,000 - 10,000.

No funding match or cost share is required.

**Grant Request Amount**
*Character Limit: 20
Primary Use of Grant Funds*
If you select "Other", please state your secondary intended use of grant funds in the text box provided below.

**Choices**
Create jobs
Preserve jobs
Maintain operations
Create humanities programs
Sustain humanities programs
Implement new humanities activities
Sustain existing humanities activities
Other

*Character Limit: 50*

Secondary Use of Funds*
If you select "Other", please state your secondary use of funds in the text box provided below.

**Choices**
Create jobs
Preserve jobs
Maintain operations
Create humanities programs
Sustain humanities programs
Implement new humanities activities
Sustain existing humanities activities
Other

*Character Limit: 50*

Did your organization receive CARES Act grant funding from Nevada Humanities in 2020?*

**Choices**
Yes
No

Has your organization received other kinds of grant funding from Nevada Humanities in the past?*

**Choices**
Yes
No
**Application Narrative**
Please answer the questions below. Note that the character limits are the maximum number of characters allowed.

**Project Title**
Provide a short title that includes your organization name and describes the intended use of these grant funds.
*Character Limit: 250*

**What is your organization’s mission?**
If your organization has vision and diversity, equity, and inclusion (DEI) statements, please include those here.
*Character Limit: 1000*

**Provide a brief description of your organization.**
What are your major programs, services, and activities?
*Character Limit: 1000*

Describe how the humanities are relevant to your organization’s mission and work, and specifically explain how you deliver humanities programming to the public in Nevada.
*Character Limit: 2000*

**On average, how many people or audience members does your organization serve annually?**
*Character Limit: 10*

Describe the people and communities your organization serves, including, but not limited to, geographic areas and demographic makeup.
Consider age, race, ethnicity, gender, socioeconomic status, etc.
*Character Limit: 1000*

**Primary Audience Served**

**Choices**
White/Caucasian
Black or African American
Hispanic or Latinx
American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Other - please describe

*Character Limit: 40*
Secondary Audience Served*

Choices
White/Caucasian
Black or African American
Hispanic or Latinx
American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Other - please describe

*  
Character Limit: 50

Do you serve, or are you led by members of communities traditionally under-resourced in the humanities?*
Please provide additional detail about how your work supports these communities and how they participate in your programs.*

Character Limit: 2000

How many full-time employees do you have?*

Character Limit: 5

How many part-time employees do you have?*

Character Limit: 5

How many contractors do you work with that directly support your humanities-based programs and operations? What is the nature of their work?*

Character Limit: 750

Proposed Activities and Objectives*
Describe your proposed project activities (including format, dates, and locations), the project's objectives, the project’s humanities content, your intended results, and how the grand funds will be spent.

Character Limit: 2500

Statement of Need*
Describe how the COVID-19 pandemic has affected your organization’s capacity to provide public humanities programs to Nevadan’s and how the proposed activity addresses specific organizational and community needs.

Character Limit: 2500

Impact*
Describe the potential impact of these activities on your organization and its mission, both in the short term (by the end of the grant period) and the long term.
Certification

Certification*
Does the applicant organization comply fully with federal legislation in the following matters:

a. it does not discriminate on the basis of race, color, national origin, sex, age or handicap;
b. it is not delinquent on federal debt;
c. it complies with federal fair labor standards; and
d. neither it nor its principles have been suspended, debarred, or declared ineligible from participation in a transaction with a federal department or agency.

By selecting yes below, you certify that the organization is fully compliant in the matters listed above. If your answer is no, the organization is ineligible for funding.

Choices
Yes
No

Entering the full name of the Authorizing Official below constitutes a digital signature. The signatory must be an officer of the applicant organization who is authorized to submit this application for funding. By signing below you certify that the information on this application is complete and accurate.

Authorizing Official Name*

Character Limit: 100

Authorizing Official Title*

Character Limit: 100

Certification Date*

Character Limit: 10