CARES Relief Grant

Alabama Humanities Foundation

Organization Information

PRIMARY CONTACT
This individual will be considered the primary contact for all grant communications and is responsible for completing all required materials, including a final report.

Contact Name*
Character Limit: 100

Contact Title*
Character Limit: 100

Contact Email Address*
Character Limit: 254

GENERAL ORGANIZATIONAL INFORMATION

Organization City*
Enter the name of the city where your organization is based.
Character Limit: 50

Organization County*
Select the county where your organization is based.

Choices
Autauga
Baldwin
Barbour
Bibb
Blount
Bullock
Butler
Calhoun
Chambers
Cherokee
Chilton
Choctaw
Clarke
Clay
Cleburne
Coffee
Colbert
Conecuh
Coosa
Covington
Crenshaw
Cullman
Dale
Dallas
DeKalb
Elmore
Escambia
Etowah
Fayette
Franklin
Geneva
Greene
Hale
Henry
Houston
Jackson
Jefferson
Lamar
Lauderdale
Lawrence
Lee
Limestone
Lowndes
Macon
Madison
Marengo
Marion
Marshall
Mobile
Monroe
Montgomery
Morgan
Perry
Pickens
Pike
Randolph
Russell
St. Clair
Shelby
Sumter
Talladega
Tallapoosa
Tuscaloosa
Walker
Congressional District*
Select the congressional districts in which the project took place. To view a map of Alabama's congressional districts, click here.

Choices
1
2
3
4
5
6
7

DUNS Number*
The federal government requires every federal grant recipient to register with the Data Universal Numbering System (DUNS). The DUNS number must correspond directly to the applicant organization. To register with DUNS, visit this link.

Character Limit: 10

ORGANIZATION SUMMARY
For this application, polished writing and proper grammar are not our priority. The priority is to provide your organization with the support it needs in a timely manner. Please tell us what is happening, what you need, who you will be serving, and the impact it will have.

Mission Statement*
Enter your organization's mission.

Character Limit: 500

Organization Description*
Briefly describe your organization, including the organization's history, intended audience, core programs, and activities. If your organization is led by or serves underrepresented groups, please provide further detail about how your work supports these communities. Underrepresented groups vary in each community and can include, but are not limited to, people of color people who identify as LGBTQ+, people who live in rural areas, people with disabilities, or people who identify as immigrants or refugees.

Character Limit: 1000

Humanities Connection*
Briefly describe how the humanities are relevant to your organization's mission and work.

Character Limit: 1000
Humanities Disciplines*
Select the humanities disciplines that are represented by your organization's core programming and activities.

**Choices**
- Anthropology
- Archaeology
- Art History, Theory, or Criticism
- Comparative Religions
- Ethics
- History
- Jurisprudence
- Language and Linguistics
- Literature
- Philosophy
- Other (specify below)

**Other**
If you selected other above, specify here.

*Character Limit: 50*

Additional Information (Optional)
If there is any information we have not requested, but which you feel is important for us to know in order to evaluate your application, please provide it here.

*Character Limit: 1000*

Financial Information

**Annual Operating Budget**
Enter your organization's annual operating budget.

*Character Limit: 20*

**Estimated Financial Loss**
Estimate the total financial impact on your organization due to the COVID-19 pandemic. Please quantify your losses from the date first affected by the virus to the present. We recognize that this is a tentative approximation.

*Character Limit: 20*

**AHF Funds Requested**
Organizations may request up to $15,000 depending on need.

*Character Limit: 20*
Impacts on Sources of Funding*
Briefly describe how the COVID-19 pandemic has impacted your typical sources of funding.

Character Limit: 300

Other Financial Relief*
List other sources of financial relief that you are applying for or have received, including SBA or PPP loans, Alabama State Council on the Arts grants, National Endowment for the Arts or National Endowment for the Humanities grants, or local city, county, or state funding. Include the source of funding and the amount requested or received.

Character Limit: 500

Financial Impacts*
List how your organization has been affected by the economic impact of the COVID-19 pandemic below. Select all that apply.

Explanation of Conditions:
- Lost Revenue: Significant total projected 2020 revenue was lost because of canceled programs or activities
- Lost Space: You have lost or are at risk of losing space because you cannot make monthly rent, mortgage, or utility payments
- Staff Layoff: You have or are planning to furlough or lay off one or more staff members
- Risk of Permanent Closure: You are considering or are at risk of permanently closing your organization as a result of the financial impacts of the COVID-19 pandemic

Choices
Lost Revenue
Lost Space
Staff Layoff
Risk of Permanent Closure
Other (Please explain below)

Other
If you selected other above, specify here.

Character Limit: 250

Use of AHF Funds*
Describe in detail how your organization will use AHF funding and how the funding will impact your ability to provide humanities programming now and in the future. AHF CARES Relief Grants are available for general operating expenses only, including expenses such as salaries, rent, property maintenance, utilities, supplies, and equipment.

Funds may not be used for the promotion of a particular political, religious, or ideological point of view; purchase of land or facilities; construction or renovation; purchase of equipment items
worth $5,000 or more; or overlapping project costs with any other pending or approved applications for federal funding.

Character Limit: 2000

**Additional Information (Optional)**
If there is any information we have not requested, but which you feel is important for us to know in order to evaluate your application, please provide it here.

Character Limit: 1000

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**Certifications and Signatures**

**INTERNAL INFORMATION**
Project Name and Grant Number are assigned by AHF after submission for internal recordkeeping purposes.

**Project Name**
Assigned by AHF upon submission.

Character Limit: 100

**Grant Number**
Assigned by AHF upon submission.

Character Limit: 25

**AGREEMENT**
By submitting this application, I agree to use any awarded funds as set forth in this proposal and certify our compliance with the conditions specified below.

1. **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (45 CFR 1169)**
The applicant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

   Where the applicant is unable to certify to any of the statements in the certification, such prospective participant shall attach an explanation to this proposal.

2. **Certification Regarding Nondiscrimination Statutes**
The applicant certifies that it will comply with the following non-discrimination statutes and their implementing regulations:

   a) **Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.),** which provides that no
person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance. Title VI also extends protection to persons with limited English proficiency.

b) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), which provides that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied benefits of, or be subject to discrimination under any education program or activity receiving federal financial assistance.

c) The Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), which provides that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

d) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which provides that no otherwise qualified individual with a disability in the United States shall, solely by reason of their disability, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.


3. Certification Regarding Data Collection
Data collection activities performed under this agreement are the responsibility of the applicant, and AHF’s nor NEH’s support of grant activities does not constitute approval of the survey design, questionnaire content, or data collection procedures. The applicant certifies that it will not represent to respondents that such data are being collected for, or in association with, AHF, NEH, or any other government agency without the specific written approval of the data collection plan.

However, this requirement is not intended to preclude mention of support from AHF or NEH for grant activities in response to an inquiry or acknowledgment of such support in any publication of this data. AHF and the federal government have the right to obtain, reproduce, publish, or otherwise use the data first procured under a grant and to authorize others to receive, reproduce, publish, or otherwise use such data for AHF or federal purposes.

4. Certification Regarding Grant Agreement and Final Report
The applicant certifies that, if a grant is awarded, the applicant is able to comply with all terms and conditions included in AHF’s standard grant agreement and is willing to supply all relevant information requested in the grant final report. Click on these links to view samples of the grant agreement and final report.
**Authorized Signature**
By entering your name below, you indicate that you agree to the terms and certifications listed above.

*Character Limit: 150*

**Application Date**

*Character Limit: 10*