West Virginia Humanities Council  
CARES Act Emergency Relief Grant  
Sample Application

SPONSORING ORGANIZATION  
This information pertains to the nonprofit organization that will be responsible for overseeing the grant, if awarded.

Sponsoring Nonprofit Organization Name  
Address 1  
Address 2  
City, State, Zip  
Phone  
Web Address

During the past five years, has the sponsoring organization been investigated for its financial or management practices?  
Yes/No

If YES, please explain. (Limit 150 words)

Does the sponsoring organization receive federal funds, and if so is the organization subject to single audit as required by 2 CFR Part 200, Subpart F?  
Yes/No

If yes, did the sponsoring organization have any major program findings in its most recent audit?  
Yes/No

If YES, please explain. (Limit 150 words)

If awarded, the sponsoring organization must provide their Federal Employer Identification Number (FEIN) from the IRS, a current Data Universal Numbering System (DUNS) number, and have an active System for Award Management (SAM) account before funds can be disbursed. If you do not currently have them, apply immediately. Do not wait for award notification.

FEIN #  
DUNS #  
SAM.gov CAGE Code

What is the sponsoring organization’s mission? (Limit 150 words)

Has the sponsoring organization ever received a grant from the West Virginia Humanities Council?  
Yes/No
Have you previously applied for CARES Act Emergency Relief Grant funding from the West Virginia Humanities Council?

Yes/No

**AUTHORIZING OFFICIAL**

*The authorizing official is the CEO of the sponsoring organization and, if awarded, will sign the contract and certifications.*

Prefix, First Name, Last Name  
Title, Organization  
Address 1  
Address 2  
City, State, Zip Code  
Phone  
Email

**PROJECT DIRECTOR**

*This person is responsible for the management of the grant and has the responsibility of submitting reports to the West Virginia Humanities Council. The project director may NOT serve as the fiscal officer.*

Prefix, First Name, Last Name  
Title, Organization  
Address 1  
Address 2  
City, State, Zip Code  
Phone  
Email

**FINANCIAL OFFICER**

*This is the person responsible for record-keeping and accounting for the grant. The fiscal officer may NOT serve as the project director.*

Prefix, First Name, Last Name  
Title, Organization  
Address 1  
Address 2  
City, State, Zip Code  
Phone  
Email

**NARRATIVE STATEMENT**

The narrative must address the following (limit 2000 words):

A. Describe your organization’s commitment to public humanities. Provide examples.
B. Describe immediate needs that are a direct result of the COVID-19 pandemic. Explain how the needs are related to the crisis. Examples include (but are not limited to):
   - Unable to pay rent, utilities, or payroll due to loss of income (no entrance fees being collected)
- Expenses incurred due to cancelling/rescheduling of events
- Expenses incurred in reformatting scheduled events for digital delivery
- Increased overhead due to remote work

C. How do you plan to use the funding? If you are proposing a specific humanities project in response to the current health crisis, or with the crisis or its impact as a primary subject matter, please provide details about the scope of the project and what you want to accomplish.

BUDGET

Enter the requested grant amount (up to $10,000).

Enter the amount of in-kind match. Match is not required. The ability or inability to include cost-share will not influence award/rejection

Enter the amount of cash match. Match is not required. The ability or inability to include cost-share will not influence award/rejection.

Indicate if you have applied or plan to apply for CARES Act funding through the West Virginia Department of Arts Culture and History. If you have, what is the status of that application? List additional funding that you have requested, plan to request, or have secured for this project. (limit 500 words)

COMPLIANCE

By submitting this grant proposal, the applicant is acknowledging compliance with the West Virginia Humanities Council’s grant guidelines and certifies that the sponsoring organization is established for nonprofit purposes. Further, you are confirming that your organization does not discriminate against any individual with respect to the terms and conditions of employment based on that individual’s race, sex, age, religion, color, national origin, disability, genetic information, marital status, veteran status, sexual orientation, gender identity or expression, housing status, or any other non-merit factor protected under state, local, or federal laws.