

Humanities To Go



Application *For Non Profits Only*

Applications must be received in our office at least **TEN WEEKS** prior to the program or your application cannot be processed. Photocopy this blank form and use copies to submit future applications. Please keep a completed copy of this application. Questions? Call 224-4071 or e-mail ragran@nhhc.org.

1. **Program Host (organization or group):** _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____
(all communications and checks from the Humanities Council will be mailed to this address)

Region of NH: North Country Lakes Region Dartmouth/Lake Sunapee Region

Monadnock Region Merrimack Valley Seacoast Congressional Dist.: District 1 District 2

Principal Officer & Title: _____

Program Organizer: _____ Phone: _____ Email: _____

2. **Program Partner (optional):** _____ Contact Person: _____

Address: _____ Phone: _____ Email: _____

3. **Title of Program:** _____ **Location where event will be held including building name, address and town:** _____

NHHC Scholar's Name: _____ (you MUST contact scholar before submitting application)

Date: _____ Day of the Week: _____ Time: _____
(if any of this information changes for any reason, please contact Anne Coughlin immediately at 224-4071 x16 or acoughlin@nhhc.org to ensure that your event is listed correctly in our print and on-line Calendars)

4. Program Host & Partner Cost Share:

First program in a Calendar year: \$35.00

Second program: \$50.00

Third program: \$75.00

Program hosts (and their partners, if applicable) are responsible for the above cost share. Applications cannot be processed without it; **please make checks payable to NHHC.**

The program host pays the speaker directly (\$175 plus total mileage) at the completion of the program. Please fill in roundtrip mileage @ .40/mile in the space provided, after consulting with scholar: _____ roundtrip miles x .40/mile = _____

Two weeks prior to your program, you will receive a check from NHHC to cover the speaker stipend and up to \$30 in mileage. Your organization is responsible for any mileage cost above \$30.

5. **Assurance:** I certify that the organization and individuals named in this application have agreed to participate in the proposed program on the terms specified, and I understand and accept the condition that this program must be free and open to the public as well as the requirement that Council support must be formally acknowledged at the program and on ALL printed materials.

Program Organizer Signature: _____ Date: _____

NHHC Executive Director: _____ Date: _____

Please mail the signed application and send your check for the appropriate cost share to:
New Hampshire Humanities Council, 19 Pillsbury Street, Concord, NH 03301-3570.

Questions? Contact Rick Agran at ragran@nhhc.org or 224-4071 x14.