



To create an account, go to the [Foundant Login page](#).

Once on the Login page, click “**Create New Account**”



Logon Page

Email Address*

Password*

[Forgot your Password?](#)

Log On

Create New Account



Organization information: Although only those with asterisks (*) are required, we encourage you to fill out as many fields as you can. Once you’ve filled it out, click “Next”

Organization Information

If you are applying as an individual please enter your own name for Organization Name. Enter your business address and contact information.
NOTE: You will not be able to change your organization information after registering.

Organization Name*

Tax ID/Registered Charity Number

Web Site

Telephone Number*

Fax Number

Organization Email

Address 1*

Address 2

City*

State*

Postal Code*

Country

Next >

User Information

User information:

You will input your personal individual information here. We suggest using the “Copy Address from Organization” function to save a few seconds. When you’ve entered your Name, Email/Username, and Phone Number, click “Next”

Organization Information	
User Information	
<input type="button" value="Copy Address from Organization"/>	
Salutation	First Name*
<input type="text"/>	<input type="text"/>
Middle Name	Last Name*
<input type="text"/>	<input type="text"/>
Suffix	Business Title
<input type="text"/>	<input type="text"/>
Email / Username*	Email / Username Confirmation*
<input type="text" value="✉"/>	<input type="text" value="✉"/>
Telephone Number*	Mobile Number
<input type="text"/>	<input type="text"/>
Fax Number	Address 1*
<input type="text"/>	<input type="text"/>
Address 2	City*
<input type="text"/>	<input type="text"/>
State*	Postal Code*
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	
<input type="button" value="◀ Previous"/>	<input type="button" value="Next ▶"/>

Executive Officer:

This is asking you if you are the primary user. Per the instructions on-screen, select “Yes” or “No” for this question. After selecting “Yes” or “No”, click “Next”.

Organization Information	
User Information	
Executive Officer	
Are you the Organization's Executive Director?*	
If you are applying as individual please answer YES	
<input type="radio"/> Yes	
<input type="radio"/> No	
<input type="button" value="◀ Previous"/>	<input type="button" value="Next ▶"/>

Additional Executive Officer Information: If there is anyone else you want to add as part of your organization’s roster, add it here. After you’re done, click “Next”.

Organization Information	
User Information	
Executive Officer	
Additional Executive Officer Information	
Business Title	Mobile Number
<input type="text"/>	<input type="text"/>
Address 2	Country
<input type="text"/>	<input type="text"/>
<input type="button" value="Previous"/>	<input type="button" value="Next"/>

Password: Create the password, reenter for confirmation, and hit “**Create Account**” – you’re ready to nominate!

Organization Information	
User Information	
Executive Officer	
Additional Executive Officer Information	
Password	
Password*	Confirm Password*
<input type="text"/>	<input type="text"/>
<input type="button" value="Previous"/>	<input type="button" value="Create Account"/>

Once you hit “**Create Account**”, you’ll see a follow-up screen that details the e-mail confirmation that you’ll receive in your inbox. You’ll have the opportunity to confirm that you receive that email, or move forward and confirm it later. It’s your choice.

If you have any questions, please contact Laura Benson, Grant/Contract Projects Manager, at laura@mnhum.org or 651-772-4244.



This program is funded in part with private support from individuals and money from the Arts and Cultural Heritage Fund that was created with the vote of the people of Minnesota on November 4, 2008.



2018-2019 Why Treaties Matter Host Site Applications II

Minnesota Humanities Center

Project Overview

Project Name*

The Humanities Center will use this title when referencing this grant, including reporting on the Legacy website.

(Note: If you don't have a specific project name, you can use "Why Treaties Matter Traveling Exhibit at [Your Host Site]"

Project Overview*

Please provide a one paragraph overview of this project. This paragraph will be used for reporting purposes on the Humanities Center's website, the Legacy reporting website, and elsewhere when needed.

Hosting Dates: Choice #1*

Please select your top preferred dates for hosting the Why Treaties Matter exhibit.

Choices

Sept 10-Oct 7, 2018
Oct 22-Nov 30, 2018
Dec 10, 2018-Jan 21, 2019
Jan 28-Mar 10, 2019
May 6-Jun 16, 2019

Hosting Dates: Choice #2*

Please select a second choice for dates for hosting the Why Treaties Matter exhibit.

<Same dates as above>

Hosting Dates: Choice #3*

Please select your third choice for dates for hosting the Why Treaties Matter exhibit.

<Same dates as above>

Why would you like to host this exhibit?*

Please provide a compelling explanation of why your organization and community would like to host this exhibit. What are you hoping to accomplish in your community by bringing the exhibit?

Public Programs and Events*

List and describe your three proposed public events and/or activities.

Project Activities/Goals*

How will your project planning (with partners, community, how you work) and/or project activities (events, meetings, etc) address the goals of the Why Treaties Matter program:

1. Communicate, in a meaningful and truthful way, the history of the sovereignty of and treaties between nations in Minnesota territory (and, later, the state of Minnesota) to educators, students, and the general public.
2. Build relationships that will endure beyond the active exhibition period.
3. Center indigenous knowledge and expertise in the hosting of the exhibition and community engagement activities.
4. Improve the amount and quality of teacher instruction about American Indian histories and cultures in the project's partner school districts.

Previous Exhibit/Hosting Experience*

Please provide a summary of previous experience hosting traveling exhibits (if any), and what you learned from those experiences.

Facility/Venue Description*

Please provide a detailed description of the host facility proposing to house the exhibit (include square footage).

Partner/Community Support*

Please describe community and/or educational partners who will contribute to the exhibit and how their support will enhance the exhibit's run and energize the community. What are the specific roles and responsibilities of the community and partners both in planning/design and implementation?

Strong proposals will demonstrate intended efforts to reach American Indian and non-American Indian community members for inclusion in the exhibit in both planning/design and implementation.

Committed Resources*

What staff and financial resources will you contribute to this project? Include staff roles and responsibilities, and any budget narrative information that demonstrates financial commitment to this project.

Counties Served*

<Statewide/Counties Drop Down Menu>

Goals, Outcomes, and Evaluation

Please note: While the independent review panel will not be assessing proposal strength based on this question, they will be noting that each applicant has identified clear outcomes and evaluation plan per state requirements.

Projects funded by the Arts and Cultural Heritage Fund must have measurable outcomes and a plan for evaluating the results. This requirement is set by Minnesota Statutes 129D.17 Subdivision 2.

Goals, Outcomes, and Methods*

Answer the following questions:

- (1) What are the goal(s) of this project?
- (2) How will you know if you have achieved your goal(s) - in other words, what outcomes (that can be measured/tracked) are you looking for that will tell you if you achieved your goals?
- (3) What is your evaluation plan - who will track/measure your outcomes and what methods will you use (ex: surveys, focus groups, etc)?

**--Remaining questions below are all drop-down, multiple choice, or contact information.
Note that none of these require narrative responses--**

Additional Legacy Reporting Elements

Subject*

Please check the subject(s) below that best describes your project. This information will be reported on the Legacy reporting website.

Choices

Agriculture/Forestry/Mining
Archeology Arts
Arts Access
Biological Diversity
Cultural Heritage Preservation
Education/Outreach
Historic Preservation
History
Natural Areas and Habitat
Natural Resource Information and Planning
Recreation
Renewable Energy
Tourism
Water Resources

Activity Type*

Please select the activity type that best describes your project. This information will be reported on the Legacy reporting website.

Choices

Analysis/Interpretation
Assessment/Evaluation
Capital Development/Rehabilitation
Demonstration/Pilot Project
Digitization/Online Information Access
Education/Outreach/Engagement
Fund Administration
Grants/Contracts
Inventory
Land Acquisition
Mapping
Modeling
Monitoring
Planning
Preservation
Research
Restoration/Enhancement
Technical Assistance

Authorized Representative

Please include contact information below for your organization's authorized representative. This individual must have the authority to sign the grant agreement and any subsequent amendments and/or extensions. If you do not list a project manager in the next section, this individual will be listed on the Legacy reporting website as the project manager.

Authorized Representative's Full Name*

Authorized Representative's Title*

Authorized Representative's Phone Number*

Authorized Representative's Email Address*

Project Manager

If this grant project has a project manager beyond the organization's authorized representative, please include contact information below for this individual. Humanities Center staff will communicate directly with this individual about the grant and s/he will be listed on the Legacy reporting website as the project manager.

Project Manager's Full Name

Project Manager's Title

Project Manager's Phone Number

Project Manager's Email Address

Authorized Representative Certifications

Intended Purpose*

I certify that all money from this grant will be spent only for arts, arts education, and arts access and to preserve Minnesota's history and cultural heritage.

Choices

I agree

I do not agree

Supplement not Substitute*

I certify that these grant funds will be used to supplement and not substitute traditional sources of funding.

Choices

I agree

I do not agree

Unallowable Expenses*

I certify that funds will not be spent on: activities unless they are directly related to and necessary for the project; indirect costs or other institutional overhead charges that are not directly related to and necessary for a specific appropriation; fundraising; taxes (except sales tax on goods and services); lobbyists and/or political contributions; bad debts, late payment fees, finance charges, or contingency funds; parking or traffic violations; or for out of state transportation.

Choices

I agree

I do not agree

Electronic Signature*

Enter your full name, business title, and the date of submission (e.g. Emi Sakura, Executive Director, September 1, 2018).

*By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.**

Choices

I agree

I do not agree