OMB Number: 4040-0003
Expiration Date: 9/30/2005

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational Version 01

*** 1. NAME OF FEDERAL AGENCY:**

National Endowment for the Humanities

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

45.164

CFDA TITLE:

Promotion of the Humanities_Public Programs

*** 3. DATE RECEIVED:** Completed Upon Submission to Grants.gov **SYSTEM USE ONLY**

*** 4. FUNDING OPPORTUNITY NUMBER:**

NEH-GRANTS-062705-001

* TITLE:

Consultation Grants for Museums

5. APPLICANT INFORMATION

* a. Legal Name:

b. Address:

* Street1:	Street2:
* City:	County:
* State:	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code:

c. Web Address:
http://

* d. Type of Applicant: Select Applicant Type Code(s):	* e. Employer/Taxpayer Identification Number (EIN/TIN):
Type of Applicant:	* f. Organizational DUNS:
Type of Applicant:	* g. Congressional District of Applicant:
* Other (specify):	

6. PROJECT INFORMATION

* a. Project Title:

* b. Project Description:

c. Proposed Project: * Start Date: * End Date:

OMB Number: 4040-0003
Expiration Date: 9/30/2005

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7. PROJECT DIRECTOR

Social Security Number (SSN) - Optional:

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix:	* First Name:	Middle Name:

* Last Name:	Suffix:
Smith	

* Title:	* Email:

* Telephone Number:	Fax Number:

* Street1:	Street2:

* City:	County:

* State:	Province:

* Country:	* Zip/Postal Code:
USA: UNITED STATES	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

☐ Same as Project Director (skip to item 9):	Social Security Number (SSN) - Optional: Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix:	* First Name:	Middle Name:

* Last Name:	Suffix:

* Title:	* Email:

* Telephone Number:	Fax Number:

* Street1:	Street2:

* City:	County:

* State:	Province:

* Country:	* Zip/Postal Code:
USA: UNITED STATES	

OMB Number: 4040-0003
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9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

** I Agree ☐

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE

Prefix: * First Name:	Middle Name:
* Last Name:	Suffix:
* Title:	* Email:
* Telephone Number:	Fax Number:
* Signature of Authorized Representative: Completed Upon Submission to Grants.gov	* Date Signed: Completed Upon Submission to Grants.gov