**KENTUCKY AFRICAN AMERICAN HERITAGE COMMISSION GRANT PROGRAM APPLICATION**



## The Kentucky African-American Heritage Commission is pleased to accept grant applications for projects that emphasize contributions made in our history. We have had the pleasure of supporting projects across the state ranging from $1000.00 to $10,000.00. The purpose of our funding is to supplement your project budget. We encourage the applicants to seek additional funds to complete their financial needs.

## Carefully read all the application to be sure you provide needed information. All required supporting information must be attached to the application when submitted. An incomplete application will not be accepted. When your project is completed, you are to acknowledge financial support was provided by the Kentucky African American Heritage Commission and the Kentucky State Historic Preservation Office. Applications can be downloaded, completed and submitted online as PDF files, forwarded to the attention of the Kentucky African American Heritage Commission Grants Committee, Kentucky Heritage Council, 410 High Street, Frankfort, KY 40601 or emailed to the attention of Tressa.Brown@ky.gov. Questions or concerns regarding your grant application should be addressed to Tressa Brown at 502-892-3607 before the application deadline.

## Your signature is permission for the Commission to take pictures of your project and use them for publicity on our website and printed materials.

**Application Deadline: September 26, 2025 Target fund distribution is October 31, 2025**

**Applicant Information**

**Section 1: Initial General Project Information**

1. Organization Information

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Organization:**

\_\_ Local Government \_\_ Certified Local Government \_\_ University \_\_ Church

\_\_ Non-Profit Organization (501c3) \_\_\_\_ State Agency or Regional Planning Agency

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With the exception of churches, all organizations must attach your 501c3 designation letter from the IRS. In addition, you will be asked to provide a W-9 using the current dated form (March 2024 or later).**

**Provide proposed budget to support grant request. KAAHC will offer a grant based on this information. The grant may not cover the entirety of your budget, but may select portions that look most critical to your project.**

## **Project Information:** your project is to follow one of the three types indicated here. In the body of the application, you will find a pertinent section that has added required information.

**Type of Grant Request (pick one): Site Facility Program**

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congressional District: \_\_\_\_\_\_\_\_ Legislative District: \_\_\_\_\_\_\_\_\_

**Physical Location of Site/Facility** (if different from above):

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this address “not for publication**?” Yes No \_\_ \_

**Project Summary Statement: Describe in 500 words or less, the significance of this project to the preservation of Kentucky African American history as a site, program, or facility nominated for funding. If approved, how will KAAHC funds be applied?**

**Anticipated project completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As indicated in section one, choose only one of the following project types on page 3 or 4 for your project to complete your application. Please note, **if this information is not included, your application is considered incomplete and will not be reviewed further**. All applications will be reviewed together and we will not notify you to get added information to complete your application. You can ask questions prior to your submission.

Both during and at the conclusion of your project, you will be contacted by a representative of the Commission. They may request a site visit to see progress of the project and at the conclusion, we will seek a letter stating such and a means of publicizing the project identifying the Kentucky African American Heritage Commission and the Kentucky State Historic Preservation Office as supporters.

# **FOR *SITES,* PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**In addition to the response to each question above, applications must also include the following attachments:**

* 1. Letters of consent from all property owners or concerned parties.
	2. Text and/or photographs of all present or intended site markers
	3. Photographs illustrating the current appearance and condition of the site being nominated for funding.
	4. Maps showing location of the site.

S1. Site type:

 Building Object District (neighborhood)

 Structure Landscape/natural feature \_\_\_\_ Archeological site

 Other (describe):

S2. Is the site listed in the National Register of Historic Places? Y es No

What is the listing name? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S3. Ownership of site:

 Private Private non-profit (501c3) \_\_\_ Multiple ownership

 Public, local government \_\_\_Public, state government Public, federal government

S4. Describe current educational programs, tours, markers, signs, brochures, site bulletins, or plaques at the site. Include text and photographs of markers.

S5. Describe any other local, state, or federal historic designation, records, signage, or plaques the site currently has. N/A

S6. Is the site open to the public, and if so under what conditions?

S7. Have you applied to other Kentucky state organizations for funding (don’t include private organizations) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **FOR FACILITIES; PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**In addition to the response to each question, applications must also include a letter of support from the facility owner, manager or managing entity.**

F1. Facility type:

 Archive Library Museum Research Center \_\_\_\_\_\_Cemetery

**\_\_\_\_\_** Other (describe):

F2. Provide a general description of the facility and its purpose or mission.

F3. If a facility, identify and describe the types of documents or features of the facility or site. N/A

F4. Identify and describe the conditions of public access to the facility, including handicapped access.

F5. If applicable, describe any traveling exhibit, interlibrary-loan, and photocopying or duplication policies and capability. N/A

# **FOR EDUCATIONAL AND/OR INTERPRETIVE PROGRAM; PLEASE PROVIDE THE FOLLOWING INFORMATION:**

In addition to the information in section one, please provide the added information requested below:

P1. Program type: \_\_\_\_ Education program \_\_\_ Dramatic performance, theater

 Living history Commemorative or cultural center Other (describe):

 Interpretive program Tour (etc.)

**In addition to each question, applications must also include the following attachments:**

1. Letters of support from people consulted in the development of the interpretive program
2. An example of an audience feedback card or questionnaire or other audience feedback mechanism.
3. A letter of consent for the funding request from the owner or manager of the program.

P2. Describe the theme or message of the program, and how it is to be conveyed to an audience or the general public. Attach added pages to complete this portion of your application.

**Signature of Certifying KAAHC Official** Date

**Assigned Commissioner:**

**FOR KAAHC USE ONLY**