



# TEACHER INCENTIVE GRANT APPLICATION COVER SHEET

Submit Application to: **Idaho Humanities Council**      Call for Assistance: **208-345-5346 or (Toll-free) 888-345-5346**  
 217 West State      **www.idahohumanities.org**  
 Boise, ID 83702

Submit the **original signed** application **plus 23 copies (need 24 total)**. **Unsigned applications will not be accepted.**  
 Applications **must** be signed by the authorizing official (if required by institution) and teacher.

Office Use Only:	
Application #: _____	Decision: _____ Funded _____ Rejected _____
Date Received: _____	Amount Awarded: _____

TEACHER INFORMATION		
Name: _____		
School: _____		
Mailing Address: _____		
City _____	State _____	Zip _____
Phone: _____	Fax: _____	Email: _____
Number of years teaching: _____		
Home Address: _____		
City _____	State _____	Zip _____
Phone: _____	Fax: _____	Email: _____

PROJECT INFORMATION	
Project Title: _____	
Requested Grant Period: _____ to _____ <small>(Dates you plan to begin and end making expenditures for project activities)</small>	
Project Format: _____ <small>(film, lecture, exhibit, etc. - see list in guidelines)</small>	
Humanities Disciplines: _____ <small>(see list in guidelines)</small>	
Location: _____	
U.S. Congressional District: _____	State Legislative Districts: _____

BUDGET REQUEST SUMMARY				
Amounts are imported from	Requested Funds			Award (Office Use Only)
Budget Summary Form	IHC Grant Funds	(1)	\$	\$
	In-kind Matching	(2)	\$	\$
	Cash Matching	(3)	\$	\$
	Total Cost-Share (2+3)	(4)	\$	\$
<b>Be sure to doublecheck figures</b>	<b>Total Budget</b>	<b>(5)</b>	<b>\$</b>	<b>\$</b>

<b>List Grant Applications Submitted (Both Funded and Rejected) to IHC within last five years:</b>	<b>Signatures:</b> Signatures indicate compliance with federal nondiscrimination statutes and other federal requirements as listed under "Certifications" in the Application Guidelines.
	Teacher: _____