

Please type or print all responses. **Incomplete applications will not be considered.** A downloadable version of the application is available at [www.pahumanities.org](http://www.pahumanities.org). Mail your application to: PHC, 325 Chestnut Street, Suite 715, Philadelphia, PA 19106. Or fax it to (215) 925-3054.

1. Host Organization

Mailing Address

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

PA County \_\_\_\_\_ Phone (      ) \_\_\_\_\_ Fax (      ) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

District #s: U.S. Congress \_\_\_\_\_ PA Senate \_\_\_\_\_ PA House \_\_\_\_\_

2. Contact Person

Home Address (if preferred over above)

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

Home Phone (      ) \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Please fill in check box to receive information via e-mail on PHC programs and activities.

3. Presentation requested. (List two Speakers in case your preferred Speaker is not available. Applications that do not list a preferred AND alternate speaker will not be processed.)

Preferred Speaker

Preferred Topic

Alternate Speaker

Alternate Topic

4. Date and time of program requested. (Note: applications must be received at least **12 weeks** prior to the date listed.)

Preferred Date \_\_\_\_\_ Preferred Time \_\_\_\_\_

Alternate Date \_\_\_\_\_ Alternate Time \_\_\_\_\_

5. Location of program (Give the site name and street address, if different from the address in #1.)

Site Name

Site Address

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

6. Annual Budget of your Organization \_\_\_\_\_ # of Paid Staff \_\_\_\_\_

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7. Why do you want to host a Commonwealth Speaker?

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8. Describe your outreach, publicity and promotional plans for attracting an audience. List any press contacts you have in your community.

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9. Estimated Attendance (*acceptable minimum 25*) \_\_\_\_\_

10. Applicant Contribution: To demonstrate the interest and support of your organization in hosting a Commonwealth Speaker, **all applicants must contribute time and/or services valued at \$400 or more.**

To come up with a figure:

A. Estimate the time your staff will spend planning, hosting and evaluating the event \_\_\_\_\_ hours

B. Provide an hourly rate for your time (*if you are a volunteer, you must provide an hourly rate that you think someone might be paid for this activity*) \$\_\_\_\_\_

C. Consider the value of services and materials that your organization will supply to promote and present the event, e.g., fee for venue, supplies, phone, postage, etc. (*if your organization is providing the venue, include how much you might charge for rental of that venue to another organization*) \$\_\_\_\_\_

D. Multiply the time spent (A) by the hourly rate (B), add any other services provided in (C) to come up with a total \$\_\_\_\_\_

11. How did you hear about the Commonwealth Speakers program?

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12. You must complete the following section in order to have your application considered.

Note: Applications from organizations with outstanding evaluations or publicity documents will not be processed.

[Organization's name here \_\_\_\_\_] hereby agrees to fulfill the program responsibilities as described in the 2010-11 Commonwealth Speakers catalog if this application is accepted, including:

- Using PHC's event and publicity guides and crediting PHC and other funders as detailed
- Providing the Speaker with his or her requested equipment and setup instructions
- Evaluating the program as required by PHC as detailed in PHC materials

In addition, the organization listed above warrants and represents that it has sufficient liability for the activities contemplated and shall be responsible for and agrees to indemnify and hold harmless PHC, including its directors, officers, employees, agents and assigns, from damages to property or injuries to any person(s) and other losses, damages, expenses, claims, demands, suits and actions by any party against PHC in connection with the program.

If the organization is a college or university, we agree to pay PHC a fee in the amount of \$400 if awarded a presentation. We recognize this fee will be waived if we have submitted an appropriate letter from a nonprofit community organization that will co-sponsor the presentation, should the application be accepted.

Authorizing Signature \_\_\_\_\_ Date / /