

COMMONWEALTH SPEAKERS 2008-09 INTERIM APPLICATION

Please type or print all responses. Be sure to provide all requested information. Mail your application to: Pennsylvania Humanities Council, 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 (____) _____
 Email _____ Website _____
 District #s: U.S. Congress _____ PA Senate _____ PA House _____
 Annual Budget _____ # of Paid Staff _____ # of Humanities Programs Last Year _____

2. Contact person _____
 Home address (*if preferred over above*) _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Home Email _____

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 & Time of Program requested (*note: applications must be received at least 8 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*)

6. What other public programs for adults does your site currently offer? _____

7. Describe your outreach, publicity and promotional plans for attracting an audience to this presentation _____

8. Estimated attendance (*acceptable minimum 25*) _____

9 Applicant Contribution: Estimate the value of the contribution your organization will expend in order to host this presentation. To come up with a figure:

A. Consider the time your staff and volunteers will spend planning, hosting and evaluating the event. Multiply the estimated number of hours by an hourly rate = \$ _____

B. Consider the value of services and materials that your organization will supply to promote and present the event (e.g., equipment rentals, supplies, phone, postage, etc.) = \$ _____

C. Total those two figures together = \$ _____

10. How did you hear about this program? _____

11. Please note: You must complete the following section in order to have your application considered. Also note, applications from organizations with outstanding evaluations and publicity documents will not be processed.

[] I have read and understand the program guidelines, responsibilities and restrictions.

I, [your name here _____], representing [your organization's name here _____], hereby agree to fulfill the program responsibilities if my application is accepted, including publicizing the program widely in order to attract a diverse community audience, evaluating the program as required by the Pennsylvania Humanities Council, and providing other services and equipment as needed by the Commonwealth Speaker for the presentation.

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

Signature _____ Date ____/____/____