



# TILLOTSON GRANT Book Discussion Application for Coos County Organizations

**THIS APPLICATION IS FOR USE BY COOS COUNTY ORGANIZATIONS ONLY. THE TILLOTSON GRANT WILL FUND 8 BOOK DISCUSSION SESSIONS IN COOS COUNTY IN 2011. APPLICANTS ARE ENCOURAGED TO APPLY AS SOON AS POSSIBLE. The Humanities Council must receive your application at least TEN WEEKS before your planned book discussion or the first discussion in a series. Applicant libraries are limited to FOUR book discussions (stand-alone or in a series) per calendar year.**

**SPONSORING LIBRARY:** \_\_\_\_\_

Program Organizer: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Program Location:** Building name, street address, city, zip code:

Date	Day of Wk	Time	Book Title	Scholar
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____

**COST Your cost share, to be paid to NHHC:**

- 1 discussion: \$35
- 2 discussions: \$70
- 3 discussions: \$105
- 4 discussions: \$140

Total enclosed: \_\_\_\_\_

**NHHC FUNDS REQUESTED**

Two weeks before the program the program host will receive a check from NHHC to cover the facilitator honorarium, round-trip mileage at .50 per mile (up to 350 miles), \$25 for meals, and the cost of accommodations, if any (up to \$100) for each of up to four facilitators listed above. The program organizer pays the facilitator directly at the completion of each program.

**Scholars:** Total discussions \_\_\_\_\_ x \$200 per discussion = \_\_\_\_\_

**Mileage for Discussion 1:** \_\_\_\_\_ **Discussion 2:** \_\_\_\_\_ **Discussion 3:** \_\_\_\_\_ **Discussion 4:** \_\_\_\_\_

**Scholar Travel:** Total miles \_\_\_\_\_ x .50 per mile = \_\_\_\_\_ for all scholars.

**Accommodation for Discussion 1:** Name of accommodation \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Discussion 2:** Name of accommodation \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Discussion 3:** Name of accommodation \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Discussion 4:** Name of accommodation \_\_\_\_\_ Cost \$ \_\_\_\_\_

**NHHC total:** \_\_\_\_\_

**Assurance:** I certify that the organization and individuals named in this application have agreed to participate in the proposed program on the terms specified, and I understand and accept the condition that this program must be free and open to the public, as well as the requirement that NHHC support must be formally acknowledged at the program and on ALL publicity including website links.

**Program Organizer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail the completed and signed application with your check for the appropriate application fee to:**  
**New Hampshire Humanities Council, 19 Pillsbury St., Concord, NH 03301-3570**  
**Questions: Contact Office Manager Sue Butman at sbutman@nhhc.org or 224-4071.**