



Book Discussion Application 2009 – 2010

The Humanities Council must receive your application at least TEN WEEKS before your planned book discussion or the first discussion in a series. Each series must have at least two facilitators. Applicant libraries may host up to FOUR book discussions per calendar year. We also encourage you to partner with other community organizations.

SPONSORING LIBRARY: _____

Program Organizer: _____

Address: _____

Phone number: _____ E-mail: _____

Congressional District (check one): District 1 District 2 Region of NH (check one): Dartmouth/Lake Sunapee
 Lakes Region Monadnock Region North Country Merrimack Valley Seacoast

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

The program host pays the scholar directly (\$200 per discussion plus total mileage) at the completion of each program. NHHC will mail you a check before your first program. Fill in the round trip mileage for each of the scholars above. NHHC will pay up to \$50 in mileage per scholar. **Program hosts are responsible for any mileage above \$50 per scholar.**

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.

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:** _____

NH Humanities Council approval: _____ **Date:** _____

Keep a copy for your records and mail the signed application with payment to: NHHC, 19 Pillsbury St., Concord, NH 03301