WISCONSIN HISTORICAL SOCIETY

2026
WISCONSIN HISTORICAL SOCIETY
MINI-GRANT APPLICATION

AFFILIATE INFORMATION

Name of Organization: _____

FEIN number:_____

Address:_____

City, State, Zip: _____

Telephone Number: _____

E-mail Address:_____

NAME FOR THE INDIVIDUAL MOST FAMILIAR WITH THE PROPOSED PROJECT

Name: _____

Telephone Number: _____

E-mail Address:_____

TITLE OF PROJECT: _____

_____

PLEASE COMPLETE THE FOLLOWING

1) CATEGORY OR CATAGORIES INTO WHICH THE PROJECT FALLS (SEE INSTRUCTIONS):

☐ Archival Supplies ☐ Training ☐ Storage ☐ Conservation Supplies

☐ Climate Control ☐ Computer hardware ☐ Digitization ☐ Collections Management Software

2) IS YOUR ORGANIZATION A CURRENT AFFILIATE OF THE WISCONSIN HISTORICAL SOCIETY? *

☐ YES ☐ NO *Organization must be an Affiliate to apply

3) IS YOUR ORGANIZATION CURRENT IN FILING ANNUAL REPORTS? *

☐ YES ☐ NO *Annual report for 2025 must be filed prior to applying for a mini-grant

4) IS YOUR ORGANIZATION LISTED ON THE IRS WEB SITE AS A PUBLIC CHARITY TO WHICH TAX DEDUCTIBLE CONTRIBUTIONS CAN BE MADE? *

☐ YES ☐ NO

*Check eligibility: https://apps.irs.gov/app/eos/
or contact Wisconsin Historical Society staff for help at WHSAskOutreach@wisconsinhistory.org

Please contact Local History Outreach staff prior to proposing any newspaper/newspaper digitization project

PLEASE COMPLETE THE FOLLOWING

5) SINCE 2021, HAS YOUR ORGANIZATION APPLIED FOR A MINI-GRANT?

Weight is given to organizations that have applied for - but not received - a mini-grant in the past five grant cycles.

☐ YES ☐ NO

6) WAS YOUR ORGANIZATION AWARDED A MINI-GRANT IN 2024 OR 2025?

Weight is given to organizations that have not received a mini-grant in the past two grant cycles.

☐ YES ☐ NO

7) HAS YOUR ORGANIZATION CONSULTED WITH LOCAL HISTORY OUTREACH STAFF REGARDING YOUR APPLICATION?

We strongly recommend that all applicants - especially those who previously applied for but did not receive a grant - reach out to Local History Outreach staff to share a draft of your application before May 1.

☐ YES ☐ NO

PLEASE COMPLETE THE FOLLOWING

IN 300 WORDS OR FEWER, TELL US ABOUT YOUR ORGANIZATION'S MISSION, ACTIVITIES, AND ACCOMPLISHMENTS OVER THE PAST 5 YEARS.

PLEASE COMPLETE THE FOLLOWING

IN 300 WORDS OR FEWER, DESCRIBE THE NEED OR PROBLEM THE PROPOSED PROJECT WILL ADDRESS AND HOW YOU PROPOSE TO ADDRESS THE PROBLEM WITH SUPPLIES, TRAINING, ETC. PLEASE BE AS SPECIFIC AS POSSIBLE.

IN 300 WORDS OR FEWER, TELL US HOW YOU SEE YOUR ORGANIZATION MOVING FORWARD IN THE NEXT 5 YEARS WITH THIS PROBLEM SOLVED. WHAT IS YOUR FUTURE THINKING?

PLEASE PROVIDE US WITH THE FOLLOWING STATEMENT OF SOURCES AND USES OF FUNDS FOR THE PROJECT:

SOURCES OF FUNDS

MINI-GRANT FUNDS: $_____

OTHER FUNDS (NOT REQUIRED): $_____

TOTAL PROJECT FUNDS: $_____

USE OF FUNDS **Provide a detailed line-item budget, including from where items will be purchased, archival qualities of items, etc.**

NAME OF THE PERSON SUBMITTING THIS APPLICATION: _____

APPLICANT'S SIGNATURE:_____ DATE: _____

PLEASE SUBMIT APPLICATION AND COMPLETED W-9 FORM BY MAIL OR EMAIL BY MAY 15, 2026:

MAILING ADDRESS:
WISCONSIN HISTORICAL SOCIETY
PROGRAMS & OUTREACH
816 STATE STREET
MADISON, WISCONSIN 53706

EMAIL ADDRESS: WHSAskOutreach@wisconsinhistory.org

CONTACT US WITH QUESTIONS:

WHSAskOutreach@wisconsinhistory.org

State of Wisconsin
Department of Administration
DOA-6448 (R08/2001)

Substitute **W-9**

Division of Executive Budget and Finance
State Controller's Office

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type
Please see attachment or reverse for complete instructions.
This form can be made available in alternative formats to qualified individuals upon request.

Legal Name
(as entered with IRS) **If Sole Proprietorship enter your Last, First, MI**

Trade Name
If doing business as (D/B/A) or enter business name of Sole Proprietorship

Remit Address (where check should be mailed)
PO Box or Number and Street, City, State, ZIP + 4

Order Address (where order should be mailed)
PO Box or number and street, City, State, ZIP + 4

Primary Address **(for return of 1099 form if different from remit address)**
PO Box or number and street, City, State, ZIP + 4

Entity Designation (check only one) ***Required***

- ☐ Individual / Sole Proprietor
- ☐ Corporation (includes service corporations)
- ☐ Limited Liability Company - Partnership
- ☐ Limited Liability Company - Corporation
- ☐ Government Entity
- ☐ Hospital Exempt from Tax or Government Owned
- ☐ Long Term Care Facility Exempt from Tax or Government Owned
- ☐ All Other Entities

Taxpayer Identification Number (TIN)

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

___ ___ ___ ___ ___ ___ ___ ___ ___

Check Only One ***Required***

- ☐ Social Security Number (SSN)
- ☐ Employer Identification Number (EIN)
- ☐ Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ( )
Signature		Date (mm/dd/ccyy)

For Agency Use Only

Agency Number	Contact	Phone Number
Change ☐ Name ☐ Address ☐ Other (explain)		

Return this form to the address listed below. For your convenience this form has been designed for return in a standard Window envelope.

Return completed application and W-9 to:
fieldservices@wisconsinhistory.org
or
Wisconsin Historical Society
Programs & Outreach
816 State St.
Madison WI 53706-1482

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI
Sole Proprietorships: Enter Last Name, First Name, MI
All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a D/B/A

Remit Address

Address where payment should be sent if different from primary address

Order Address

Address where order should be sent if different from primary address

Primary Address

Address where 1099 should be sent if different from remit address

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number *OR* Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.