



## 2024 HEEF IMAGINE Grant Application

### INTRODUCTION

The Hopi Education Endowment Fund (HEEF) is accepting IMAGINE Grant proposals from programs and projects that serve the Hopi people. Successful applicants will incorporate the following characteristics within their proposal:

- **Hopi Language and Culture** – Incorporate the preservation, teaching and practices of Hopi language and culture.
- **Capacity Building** – Programs and projects that strengthen community structure, and local capabilities.
- **Effectiveness** – Programs and projects that work to achieve positive and measurable results while enhancing the lives of participants and the Hopi community.
- **Transferability** – Programs and projects that can serve as a model for other Hopi communities to replicate.
- **Sustainability** – Programs and projects that show a promise of sustained impact and effectiveness.

### PROPOSAL GUIDELINES

#### Program/Project needs to:

- **Be completed by December 31, 2024**
- Ensure the safety and well-being of all participants and staff/volunteers participating in the program or project. This includes ensuring that appropriate fingerprint/background checks will be completed on all adults working with minors **prior** to the program's start date.
- Adhere to all current Hopi Tribal Executive Order requirements regarding COVID 19 safety measures.
- Ensure that most of the program/project participants are members of the Hopi Tribe.
- Obtain required Hopi tribal and village authorization, approval and permits if the project involves voice/video recording or visiting of historic/cultural sites located on the Hopi reservation.
- Demonstrate partnership in funding sources for the project. Partnerships should include grant funding and in-kind support.
- Ensure structure and accountability. Proposals must be submitted from organized groups that can demonstrate that they have been in **existence for at least one year prior** to the program start date. Applicants must also demonstrate they possess the administrative and fiscal capacity to meet the

proposed program goals & objectives, as well as to appropriately manage the funds.

If a program **does not meet this requirement**, they can be sponsored by an organization who meets the requirements and will agree to be their fiscal agent and oversight. The Sponsoring program will need to submit a letter, on letterhead, sharing information about their program and a statement where they agree to be the sponsoring and oversight organization for your program.

- If awarded, the grantee must submit a final program report within one month after the date the program officially ends. If a final report is not submitted, the program/project will be ineligible to apply for future IMAGINE grants.

**Types of Programs Not Eligible for Funding:**

Examples of programs and activities that are not considered for funding include, but are not limited to:

- Sports team trips
- School Class trips
- Funding support for an individual to participate in a camp, conference, event, etc.
- Construction projects

**Indirect Cost Fee:**

IMAGINE Grant funds cannot be used to pay for fees such as an Indirect Cost Fee, Program implementation fee, or any fee that is charged to administer the grant.

**Marketing and Social Media Promotion:**

If awarded, once accepted, the program gives the HEEF permission to use pictures and data for marketing, fundraising and reporting purposes.

**Previously Funded IMAGINE Grant Program Recipients**

Programs and organizations that have previously received IMAGINE Grant funding must have fulfilled all reporting requirements prior to submission of a new application. Proposals seeking funds for projects, activities and programs previously funded by the IMAGINE Grant will not be considered.

**Funds Available:**

**A total of \$21,500 is available** to be granted. Specific award amounts will vary.

**Deadline:**

A hard copy of your complete proposal or an electronic copy must be **received or postmarked by 5:00 p.m. MST on June 14, 2024.**

**Proposal Delivery:**

Deliver your proposal via one of the following options:

- **Mail:**  
Hopi Education Endowment Fund  
PO Box 605  
Kykotsmovi, AZ 86039
- **Email:**
- [heef@hopieducationfund.org](mailto:heef@hopieducationfund.org)
- **Drop off:**  
HEEF Office in Kykotsmovi Village located on the campus of the former Hopi Mission School on highway 264, House L
- **Ground (Fed Ex/UPS) shipping:**  
1 Hopi Mission School House L  
Kykotsmovi, AZ 86039

NOTE: You are responsible for confirming receipt by the HEEF.

### **ZOOM Information Session**

The HEEF will host an IMAGINE grant information session on Tuesday, May 28, 2024 beginning at 12:00 noon to 1:30 p.m. AZ Time via ZOOM

Meeting ID: 837 2721 6505

Passcode: 198736

### **Questions- Contact the HEEF at**

Phone: 928-734-2275

Justin Hongeava, Acting Executive Director [jhongeava@hopieducationfund.org](mailto:jhongeava@hopieducationfund.org)

## 2024 IMAGINE Grant Proposal Instructions/Notes

**All proposals must be 12-point font on standard 8 x 11-page double spaced not to exceed maximum pages listed.**

**A complete proposal package must include the following Sections:**

- General Information
- Project Proposal
- Budget
- Verification of Fingerprint/Background Check Form
- Photo Release Form
- Release of Liability Form

**Section Notes:**

- 1. General Information Page -7:** Fill in all the spaces on the form and don't forget to include:
  - a. A one paragraph summary on your program. If selected as a grantee, this paragraph will be used in Press Releases to share info on the 2024 grantees.
  - b. Signature of designate authority is required.
  
- 2. Project Proposal Page 8 -** Maximum 10 pages. Must include information under the following headings:
  - **General Narrative:** Describe your program as if you are sharing the information with a possible donor.
  - **Logistics:** Describe where the program will be held and who the participants, staff, volunteers will be, etc.
  - **Hopi Values and Culture:** Describe how the project will incorporate Hopi values and culture into the programming.
  - **Education:** Each grant is responsible for including an educational component in their project. Please share your educational component.
  - **Work Plan:** Share a plan that includes project activities, responsible parties, and timelines.
  - **Program Progress-** Provide your program goals and how you plan to evaluate and measure progress on your goals. Share information on how the program is expected to benefit and impact the Hopi community.

- **Required for Previously Funded IMAGINE Grant Programs only–**
  - Share how this new grant proposal will **differ** from the previous years of funding.
  - Explain what current efforts are being taken to achieve sustainability and fiscal independence from IMAGINE funding. List items such as active grant writing, fundraising for the specific program, etc.

**3. Budget-**

Maximum 3 pages. Must include a Budget Summary as well as a Budget Justification. See the format to follow and example on pages 8-9.

4. **Signed Verification of Fingerprint/Background Check** see page 10.
5. **Signed Photo Release Form** see page 11.
6. **Signed Release of Liability** see page 12.

**2024 IMAGINE Grant Application  
General Information**

Name of Program/Project Title \_\_\_\_\_

\_\_\_\_\_  
Name and address of Organization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Organization Representative/Program Signatory**

Name & Title: \_\_\_\_\_

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

Phone Number: (        ) \_\_\_\_\_

Fax Number: (        ) \_\_\_\_\_

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

**Additional Program Contact Person (Required)**

Name & Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

Start Date and End Date of Program:  
\_\_\_\_\_

Total number of projected program participants: \_\_\_\_\_

Estimated number of program participants who are members of the Hopi Tribe: \_\_\_\_\_

Physical location of program:

---

---

Total Amount Requesting: \$ \_\_\_\_\_

Has Program been previously awarded an IMAGINE or Community Grant from the HEEF?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Program Summary Description:**

**Attach a one paragraph summary** description of the program. Include a contact person and number that interested individuals can contact if they have questions. This information will be used for HEEF Marketing efforts announcing the 2024 IMAGINE Grantees. Marketing efforts include digital and print media.

**Verification:**

I verify that the information stated above is true and correct. I also verify that by signing this application, I agree to abide to the conditions set forth in the IMAGINE grant process.

\_\_\_\_\_  
Signature of Authorized Representative /Program Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Name of Authorized Representative /Program Signatory

**Program/Project Name: XXX**  
**BUDGET SUMMARY EXAMPLE**

<b>Budget Category</b>	<b>HEEF</b>	<b>Other funding Source</b>	<b>Total</b>
Personnel	\$1,440.00	\$1,440.00	\$2,880.00
Fringe benefits 10%	\$144.00	\$144.00	\$288.00
Equipment	\$500.00	\$300.00	\$800.00
Materials & Supplies	\$600.00	\$300.00	\$900.00
Postage	\$50.00	\$50.00	\$100.00
Gas	\$250.00	\$100.00	\$350.00
<b>TOTAL</b>	<b>\$2,984.00</b>	<b>\$2,334.00</b>	<b>\$5,318.00</b>

**Note:**

Other funding sources can include cash, and in-kind funds. Please specify.



**Program/Project Name: XXXX**  
**BUDGET JUSTIFICATION EXAMPLE**

**Personnel**      Note: This figure is from the Total Line in the summary \$2,880.00

- HEEF- For ½ of Program Coordinator cost for 6 weeks. 40 hours/week x 6= 240 hours.  
 $\$12/\text{hour} \times 240 = \$2,880.00$  Half of Program Coordinator salary = **\$1,440.00**
- Other Funding source- For ½ of Program Coordinator cost for 6 weeks. 40 hours/week x 6= 240 hours.  
 $\$12/\text{hour} \times 240 = \$2,880.00$  Half of Program Coordinator salary = \$1,440.00-  
 In-kind

Fringe benefits 10% \$ 288.00

- HEEF-  $\$1,440 \times 10\% =$  **\$144.00**
- Other Funding Source -  $\$1,440 \times 10\% =$  \$144.00 In-kind

Equipment \$ 800.00

- HEEF- For purchase of camera, and video recorder. Estimated at **\$500.00**
- Other Funding Source - For purchase of video recorder. Estimated at \$300.00

Materials & Supplies \$ 900.00

- HEEF- For purchase of Frames, Poster Board, Glue, etc. Mailing envelopes, etc.  
 = **\$600.00**
- Other Funding Source - For purchase of materials needed or office operation-  
 \$300.00

Postage \$ 100.00

- HEEF- For postage to mail photo print copies estimated at \$10.00 each x  
 5=**\$50.00**
- Other Funding Source - For postage to mail photo print copies estimated at  
 \$10.00 each x 5=\$50.00

Gasoline \$ 350.00

- HEEF- For gasoline for program vehicle to conduct site visits to photograph  
 historical sites. Estimated at \$25/trip x 10 trips =**\$250.00**
- Other Funding Source - \$25/trip x 4 trips =\$100

**Note that the following totals should match the total listed on the budget summary on page 9.**

<b>HEEF Funded</b>	<b>\$ 2,984.00</b>
<b>Other</b>	<b>\$2,334.00</b>
<b>TOTAL</b>	<b>\$5,318.00</b>



## Verification of Fingerprint/Background Check Form

On behalf of the \_\_\_\_\_ Program,

I \_\_\_\_\_  
the Authorized Representative and Program Signatory, hereby verify that prior to the program implementation that a **Fingerprint and Background check** will be conducted on all staff, volunteers and program representatives who will be in direct contact with minors under the age of 18 who are participating in the program.

Furthermore, I verify that all results from said Fingerprint and Background checks will be fully reviewed to determine if said individual is deemed appropriate to interact with minors under the age of 18 and that the program accepts full responsibility for said individual's actions.

\_\_\_\_\_  
Signature of Authorized Representative /Program Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Rep./Program Signatory



## Photo Release Form

I, \_\_\_\_\_ hereby authorize Hopi Education Endowment Fund (HEEF) permission to use photographs of the program participants and activities released for use in its publications, including but not limited to all HEEF printed & digital publications, and marketing pieces.

\_\_\_\_\_  
Signature of Authorized Representative /Program Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Rep./Program Signatory



## Release of Liability Form

On behalf of the \_\_\_\_\_ Program,

I \_\_\_\_\_ the Authorized Representative and Program Signatory; release the Hopi Tribe, Hopi Education Endowment Fund, Staff, Board, Volunteers, Officers staff and Directors from any and all liabilities, claims and/or damages arising from the program.

It is expressly understood and agreed that the funded program assumes the risk of injury or death and/or damages to individuals or property, which may occur during the duration of the program period.

\_\_\_\_\_  
Signature of Authorized Representative /Program Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Rep./ Program Signatory