



Chautauqua Speakers Bureau

The Chautauqua Speakers Bureau is provided by Colorado Humanities to libraries, schools, museums and other organizations to help them offer high-quality humanities programs to their communities. Colorado Humanities (CH) provides funds for the honoraria and travel support for these speakers. You can view a list of possible speakers at www.coloradohumanities.org

Application Procedure

When planning to host a Chautauqua speaker, here are some guidelines:

- ❑ Review the online Speakers Bureau Application
- ❑ Review the online list of possible speakers at the CH website
- ❑ Call CH staff at 303 894 7951 x19 for the contact information of your selected Chautauqua speaker, and to ask any questions you might have about the Speakers Bureau Application
- ❑ Contact your selected Chautauqua speaker to discuss the details of your program as outlined on the last page of the Speakers Bureau Application entitled **Contract Between Colorado Humanities and Presenter**
- ❑ Have the selected Chautauqua speaker agree to the details of your program by signing the **Contract Between Colorado Humanities and Presenter**
- ❑ Mail the completed Speakers Bureau Application, including the original signed copy of the **Contract Between Colorado Humanities and Presenter** page, at least 8 weeks before the planned program to:

Colorado Humanities
1490 Lafayette Street, Suite 101
Denver, CO 80218

Colorado Humanities staff will review the application and notify you within two weeks. The cash cost share noted in the application is only required if your application is approved. CH will pay Chautauqua speakers directly after the completion of the program. Programs are to be free of charge to the audience.

In an effort to increase the distribution of programs across the state, Colorado Humanities will give priority to applications from organizations in regions that have not yet received funding during a fiscal year. If your organization would like to request a second program, the expected cash cost share would be doubled. If you would like a third program during the same fiscal year, your cash cost share would be tripled.

If you have any questions about our Chautauqua Speakers Bureau, please contact us at 303 894 7951 x19 and info@coloradohumanities.org



Colorado Humanities Office Use Only	
Program #	_____
Program date(s)	_____ to _____
Honoraria	\$ _____
Travel/Meals/Lodging	\$ _____
Total amount awarded	\$ _____
Sponsor cost share	\$ _____

Speakers Bureau Application

Application Date _____

Applicant Information

Is your organization a 501(c)(3) or government entity? Yes _____ No _____

Please attach appropriate documentation indicating nonprofit status. Do not attach a Colorado Department of Revenue Sales Tax Exemption Certificate.

PLEASE PRINT or TYPE

Host Organization Name _____

Official of the host organization _____ Title _____

Address, City, Zip _____

Phone _____ Fax _____

E-mail for official of host organization _____

Project Director (Host organization contact for this program or series)

Your Name _____ Title _____

Address, City, Zip _____

County _____

Home Phone _____ Work Phone _____ Fax _____

Project Director E-mail _____

CO Senate District _____ CO House District _____ US Congressional District _____

(District information may be found at www.vote-smart.org)

Proposed Program/Series

Title of your program/series: _____

Date	Time	Presenter/Author	Location

Program location street address

Please confirm the program date, time, and location with your presenter or author before submitting application.

Estimated audience size: _____

General Public _____ Seniors _____ Teachers _____ Students (Grades _____)
Social/Fraternal _____ Other (describe) _____

Percentage of students with free or assisted lunch _____

Does the audience include members from ethnically diverse groups? What percentages?

Black, not Hispanic _____ White, not Hispanic _____ Hispanic _____
Asian/Pacific Islander _____ American Indian/Alaskan Native _____

If known or please estimate: Economic level _____ Education level _____

How will you advertise the program

Newspaper _____ TV/Radio _____ Newsletter _____ Mass Mailing _____
Brochure/Poster _____ Email _____ List serve _____ Website _____
Other (describe) _____

Please describe your publicity plan

Cash cost share requirements and funding guidelines

Colorado Humanities requires that the host organization share the cost of the program with a combination of cash and in-kind contribution at least equal to the request for support.

Cash cost share is typically the host’s contribution toward presenter honoraria. If your organization would like to request a second program during the same fiscal year, the expected cash cost share would be doubled. If you would like a third program during the same fiscal year, your cash cost share would be tripled. In an effort to increase the distribution of programs across the state, Colorado Humanities will give priority to applications from organizations in regions that have not yet received funding during a fiscal year.

In-kind is the value of staff and volunteer time, services, materials, facilities, marketing and advertising, or supplies donated to the program from the sponsoring organization or other sources. Please list the value of the resources you or others are contributing to the program.

Program Name	Colorado Humanities Funding Limit	Your minimum Cash cost share Requirement
Chautauqua presenters receive \$250 for one presentation a day, and \$400 for two presentations on the same day. Their travel is reimbursed at 39¢/mile, lodging at \$95 a day, and meals at \$50 a day (B. \$10, L. \$12, D. \$23)	\$750	\$50-one presentation \$75-two presentations

Host Organization’s Cash and In-kind

Staff and Volunteer time \$ _____
 Services, materials, facilities \$ _____
 Marketing/Advertising \$ _____
 Other \$ _____
Cash Cost Share* \$ _____
TOTAL In-kind and Cash \$ _____

Colorado Humanities Request

Presenter honoraria \$ _____
 Presenter meals \$ _____
 Presenter mileage \$ _____
 Presenter lodging \$ _____
Subtract Cash Cost Share \$ - _____
TOTAL requested from Colorado Humanities \$ _____

*Cash cost share due to Colorado Humanities: \$ _____. Make check payable to Colorado Humanities after application is approved, but send before the date of the first program. Expenses above the Colorado Humanities Funding Limit are the responsibility of the host organization and should be added to the cash cost share.

If any cash or in-kind listed above is derived from state or local government sources, please provide the following:
 State cash \$ _____ State in-kind \$ _____ Local govt. cash \$ _____ Local govt. in-kind \$ _____

Authorizing Signatures

We have read the application guidelines, understand and agree to the payment process and procedure.

 Project Director Date

 Official of Host Organization Date



1490 LAFAYETTE ST., SUITE 101
DENVER, COLORADO 80218
TEL: 303-894-7951 FAX: 303-864-9361
WWW.COLORADOHUMANITIES.ORG

Contract Between Colorado Humanities and Presenter

Project Director

- Consult with the presenter to confirm participation
- Complete numbers 1, 2, 3, 8 and 9.
- Send two copies of this form to each presenter and ask for one signed copy to be returned. Include this original signed copy of the contract with your application to Colorado Humanities.

Presenter

- Complete numbers 4, 5, 6 and 7.
- Retain a copy and return the original to the Project Director

1. **Presenter Name** _____ **Phone** _____

Presenter Address _____

Email _____ **Cell** _____

2. **Program Dates and Time** _____

Program Location including address _____

3. **Title of Presentation/Program** _____

4. **Equipment required (podium, microphone, slide/projector, etc.)** _____

5. **Travel and per diem agreed upon (compensation for travel is allowed at 39¢ per mile or coach airfare, whichever is lowest, round-trip from Presenter's home to program location). Mileage must be established in advance. Compensation for lodging is \$95/day and for meals is \$50/day (meals are broken down as follows: \$10 breakfast; \$12 lunch; \$23 dinner; incidentals \$5). Please note, once established, expenses will only be compensated at the agreed upon amount.**

Mileage or Airfare \$ _____

Lodging \$ _____

Meal Arrangements \$ _____

6. **Honorarium for _____ program(s)** \$ _____

We the undersigned understand and agree to the terms outlined above.

7. _____
Presenter/Author Signature Date

8. _____
Project Director Signature Date

9. **Project Director's Address** _____