State of Alabama
ALABAMA HISTORICAL COMMISSION
468 South Perry Street
Montgomery, Alabama 36130-0900
HISTORIC PRESERVATION FUND (CFDA 15.904) U.S. DEPARTMENT OF THE INTERIOR
FY2019 Application to the Alabama Historical Commission

2019 APPLICANT INFORMATION

1. Applicant Name _____

2. Applicant Address: Street _____ P O Box _____

City _____ State _____ ZIP _____ -_____

3. Applicant Federal Employer Identification Number: ___ ___ - ___ ___ ___ ___ ___ ___ ___
4. Applicant's Status:
( ) Certified Local Government
( ) Sponsored by Certified Local Government. Grant awards will be to CLG's only. CLG may apply as sponsor and pass through grant funds to non-CLG applicant. Name of CLG Sponsor: _____

5. Contact Person (Mr., Ms., Dr.) _____ Telephone _____
Name, Title
Address if different from Applicant: _____, _____, _____
State Zip
E-mail Address _____

6. Project Director (Mr., Ms., Dr.) _____ Telephone _____
Name, Title
Address if different from Applicant: _____, _____, _____
State Zip
E-mail Address _____

REQUEST PROFILE

1. Request Category (select one): Project requests must be submitted for a specific activity. More than one application can be submitted for separate projects.

( ) SURVEY AND REGISTRATION
( ) PRESERVATION PLAN DEVELOPMENT
( ) STAFFING
( ) PREDEVELOPMENT
( ) PUBLIC AWARENESS AND EDUCATION
( ) PRESERVATION COMMISSION TRAINING

2. Project Title or Name of Property - _____

3. Project Dates - Beginning _____ Ending _____
No project should take more than one year to complete. Grant agreements will be provided by June 15, 2019 to grant recipients. The grant project should be completed by June 15, 2020 for AHC staff to review products and financial records necessary in closing out the grant to meet federal reporting standards. SPECIAL NOTE: If this project involves grant assistance to a National Historic Landmark, you will not be able to proceed until concurrence is obtained from the National Parks Service as requested by the Alabama Historical Commission.

4. Grant Amount Requested (60% of line 6.) $ _____

5. Minimum Match Required (40% of line 6. Do not include) $ _____
overmatch from your budget on page 4 on this line.
6. Total $ _____
(Check your math: line 4 divided .60 should equal line 6)

7. Project Work Area/Location (must be within CLG jurisdiction):

State House of Representatives District _____ State Senatorial District _____

U. S. House of Representatives District _____

_____ _____
(City) (County)

INDIVIDUALCATEGORIES:

If you selected category SURVEY AND REGISTRATION, complete the following:

Survey:

Square miles to be surveyed _____

Estimated number of standing structure forms to be completed _____

Estimated number of archaeological site forms to be completed _____

Registration:

Type: ☐ Single Structure ☐ District ☐ Multiple Property

Number of nominations to be prepared _____

Estimated number of contributing properties contained in nomination(s) _____

PROJECT SUMMARY

Provide a concise description of the project for which funds are being requested. What are the objectives of project? What products will result from project?

TIME-PRODUCT-PAYMENT SCHEDULE

For each major work activity, provide information on what will be accomplished, the approximate cost and the date by which to be completed. This information will be used to develop a schedule for reimbursements provided to funded projects in the grant agreement. No project should take more than one year to complete. Your schedule should include an interim step at September 30th (end of the fiscal year) so that the Alabama Historical Commission can report the status of your project to the federal government.

EXAMPLE:

June 30, 2019 to September 30, 2019 - Conduct public hearing to present draft design review guidelines – estimated $2500 reimbursement amount requested

October 1, 2019 to December 31, 2019 - Provide three training sessions to preservation commission on design review process and applying design guidelines. Present final draft of design guidelines to preservation commission and public – estimated $2500 reimbursement amount requested.

January 1, 2020 to March 15, 2020 - Provide preservation commission with thirty copies of final design guidelines – estimated $2500 reimbursement amount requested.

EVALUATION CRITERIA

Follow application instructions.

PROJECT BUDGET

EXPENSE ITEMS	CASH OUTLAY	INKIND DONATIONS
	$	$
TOTALS	$	$

RECAP OF PROJECT BUDGET

TOTAL PROJECT COST (Cash Outlay plus In kind (non-cash i.e. volunteers, etc.) Donations)	$
MATCHING SHARE	
GRANT SHARE APPLIED FOR	$

BUDGET NARRATIVE

List expense in terms of cost such as "personnel, printing, photography" not "report preparation." Show rates for all costs. Provide a brief summary of how work will be accomplished and what products will result from each expense listed. Justify costs if necessary especially for unusual or high costs.

MATCHING SHARE

Cash, inkind, or a combination of both are allowable contributions for matching grant monies. The term "inkind" refers to the monetary value of non-cash contributions provided by the grantee, or any other agency, institution, organization or individual. Inkind contributions include any donated services, space, or material essential to the completion of a project. For budget purposes, the dollar value of such inkind contributions may be calculated by determining how much such services or goods would cost the applicant if they had to be paid in cash. (The minimum wage scale for unskilled services, standard union or professional services, or the fair market value for all other donations may also be helpful to determine the dollar value of inkind contributions.) Those applicants providing direct financial support and other indications of commitment to the project will receive the most favorable considerations.

Donor: Indicate "grantee" if applicant is donor, or list name(s) of other donor(s).
Source: Indicate where funds are coming from (i.e. "operating funds," "private donation," "appropriated funds," "CDBG," etc.).
Kind: Indicate the type of match (i.e. "cash," "inkind services," "inkind equipment," "volunteer services." If non-cash, indicate the rate at which it is valued (individual's rate per hour, etc.)
Amount: Total of all matching share must be same as matching share in budget above.

Donor:_____

Source_____

Kind:_____ If non-cash, indicate rate _____

Amount:$_____

Donor:_____

Source_____

Kind:_____ If non-cash, indicate rate _____

Amount:$_____

Donor:_____

Source_____

Kind:_____ If non-cash, indicate rate _____

Amount:$_____

Donor:_____

Source_____

Kind:_____ If non-cash, indicate rate _____

Amount:$_____

Donor:_____

Source_____

Kind:_____ If non-cash, indicate rate _____

Amount:$_____

Donor:_____

Source_____

Kind:_____ If non-cash, indicate rate _____

Amount:$_____

TOTAL AMOUNTS ABOVE SHOULD EQUAL MATCHING SHARE ON THE PREVIOUS BUDGET PAGE.

PROJECT PERSONNEL

List principal project personnel: name, title and address. If the applicant's existing staff qualify, vitae should be attached. If the applicant plans to obtain qualified professional services subsequently (either as staff, consultants, or pro bono workers), grant award may be subject to acquiring qualified professionals. Submit resumes of consultants being considered. The Alabama Historical Commission must review and approve qualifications before project work begins. Include name of consultant(s) or city staff to perform work. If consultant has not been identified, give list of consultants the city will consider to perform grant activities.

FINANCIAL PROFILE

Award of grant funds is made by contract between you and the Alabama Historical Commission. This grant program is funded with federal funds. You will be required to comply with applicable federal government-wide regulations governing the use of grant funds.

Fiscal Year ends _____ _____
Month Day

Chief Fiscal Officer (Mr., Ms., Dr.) _____ Telephone _____
Name, Title

Address if different from Applicant: _____, _____, _____
State Zip

E-mail Address _____

Person who will be able to provide photocopies of source financial documentation during period of this grant project:

Accountant (Mr., Ms., Dr.) _____ Telephone _____
Name, Title

Address if different from Applicant: _____, _____, _____
State Zip

E-mail Address _____

INVOLVEMENT

Describe the involvement (either support or opposition) of the following organizations: official preservation agency, public agencies, local government, co-sponsoring/cooperating organizations.

CERTIFICATIONS

I certify that I will abide by regulations of the U. S. Department of the Interior which prohibit unlawful discrimination in federally-assisted programs on the basis of race, color, handicap and/or national origin. I will inform any person who believes he or she has been discriminated against in any program, activity or facility operated by a recipient of federal assistance that they should write to: Director, Office of Equal Opportunity, U.S. Department of the Interior, Washington, DC 20240. I certify that matching funds are available for this project. I understand that grant monies can only be reimbursed for project expenditures made during the grant period and that a separate Grant Agreement will be required as executed by the Alabama Historical Commission and the Applicant Organization.

These Certifications shall be treated as a material representation of fact upon which reliance will be placed if the Alabama Historical Commission determines to award the grant.

Chief Administrative Officer:_____
of Certified Local Government Signature
(Mr., Ms., Dr.) Name _____

Title _____

Chief Administrative Officer:_____
of Non-CLG (if applicable) Signature
(Mr., Ms., Dr.) Name _____

Title _____

Project Director : _____
Signature
(Mr., Ms., Dr.) Name _____

Title _____

Chief Fiscal Officer _____
Signature
(Mr., Ms., Dr.) Name _____

This grant must be separately accounted for in the applicant's financial records and included on the applicant's schedule of financial assistance to be included in its 2 CFR 200.500 Single Audit.