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
FY2014 Application to the Alabama Historical Commission

2013 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, 2013 to grant recipients. The grant project should be completed by June 15, 2014 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 (80% or 50% of line 6.) $ _____

5. Minimum Match Required (20% or 50% of line 6. Do not include) $ _____
overmatch from your budget on page 4 on this line. .
6. Total $ _____
(Check your math: line 4 divided by .80 or .50 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 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, 2014 to September 30, 2014 - Conduct public hearing to present draft design review guidelines – estimated $2500 reimbursement amount requested

October 1, 2014 to December 31, 2014 - 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, 2015 to March 15, 2015 - 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 Inkind (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 Accountant or _____
Fiscal Officer
(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 A-133 Single Audit.

The form DI-2010 U.S. Department of the Interior Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying must be completed and attached to this application. Other forms as applicable.

U.S. Department of the Interior

Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions - **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.** See below for language to be used or use this form certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions - (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements - Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters- Primary Covered Transactions

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CHECK____IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

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CHECK__X__IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

This form was electronically produced by Elite Federal Forms, Inc.

DI-2010
June 1995
(This form replaces DI-1953, DI-1954, DI-1955, DI-1956 and DI-1963)

PART C: Certification Regarding Drug-Free Workplace Requirements

*CHECK_**X**__IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL.*

Alternate I. (Grantees Other Than Individuals)

A. The grantee certifies that it will or continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check___if there are workplaces on files that are not identified here.

PART D: Certification Regarding Drug-Free Workplace Requirements

CHECK___IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

PART E: Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements

CHECK____IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS $100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT; SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK___IF CERTIFICATION FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF $150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING $100,000, UNDER THE LOAN.

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED NAME AND TITLE

DATE