



2015

ALABAMA HISTORICAL COMMISSION Capital Enhancements Grant Application Guidelines

The Alabama Historical Commission (AHC) will administer a \$400,000 state-funded Grant Program in FY 2015 (October 1, 2014 – September 30, 2015), for capital improvements at historical properties and sites that did not receive historical grants in fiscal year 2013. No grant will be given to state-owned sites or operated historical properties. This includes State properties owned, operated, or supported by State commissions, boards, agencies, universities, and authorities. Non-Profit organizations, County and Municipal Governments are eligible to apply. Religious institutions/organizations are disqualified from applying. The grants will be awarded so that grant recipients reflect the geographical diversity of the State. Grant amounts will not exceed \$10,000 for any one historical site or park. Granted funding must be used for capital improvements and not operating costs. The AHC will likely receive more applications than it is able to fund and will work to award grants broadly and fairly across the state.

I. APPLYING FOR FUNDS

Applicants must complete an official 2015 Capital Enhancement Grant application that is available at the AHC website, www.preserveala.org/grantsprogram.aspx. Print, complete, and sign the application. The signature must be of the authorized official of the organization who has the authority to apply for grants and sign grant agreements for the organization. The application must retain the format of the original with the order, pagination, and spacing unchanged when printed or reproduced.

All applicants must have a Federal Employer Identification Number (FEIN) to be eligible to apply. Attach a copy of either a completed, signed State of Alabama Comptroller's Office Request for Taxpayer's Identification Number or IRS form W-9. Attach a copy of the completed, signed and witnessed E-Verify Certification. If applicable, attach a copy of the entire Memorandum of Understanding signed by the applicant and the Department of Homeland Security. All applications must have letters of support from both the House and Senate members who represent the area of the historic site/park.

Nonprofit organizations, in addition to the above forms, are required to submit their entity or charter identification number from the Secretary of State of Alabama or a copy of their tax exemption letter from the Internal Revenue Service. Nonprofit organizations are required to complete, sign and attach a copy of

the notarized State of Alabama Disclosure Statement (Required by Act 2001-955).

Failure to follow these instructions will result in rejection of your application. **Incomplete applications will not be reviewed.** Applications must have all of the attachments and information requested (names and contact information of personnel, hours of operation, geographic area served, budgets, attachments, letters of support from House and Senate members, signatures, etc.).

Nonprofit organizations are subject to verification of their non-profit status prior to being evaluated for funding.

II. DEADLINE

Applications must delivered, mailed or emailed as an attachment to John R. Powell, Jr., Contracts and Grants, Alabama Historical Commission by **August 15, 2014**. If the application is mailed, a postmark no later than August 15, 2014, must be on the envelope. If the application is hand delivered, it must be received by the AHC no later than 5:00 PM, August 15, 2014. Do not bind, staple, or enclose pages in plastic page protectors. If the application is sent, but not received by the AHC in time to be evaluated, the AHC cannot be held responsible. In no case will a faxed application be accepted.

Deliver to:

John R. Powell, Jr.
Contracts and Grants
john.powell@preserveala.org

Mailing Address:

The Alabama Historical Commission
P. O. Box 300900
Montgomery, Alabama 36130-0900

Physical Address:

The Alabama Historical Commission
468 South Perry Street
Montgomery, AL 36104

Phone: 334 230-2654

III. DISTRIBUTION OF FUNDS

Grant funds will be released when the applicant and the AHC have received a fully executed agreement signed by the grantee, the Director of the Alabama Historical Commission, and the Governor. Funds will be distributed in equal quarterly amounts and not in one lump sum. In the event that the Governor declares the General Fund in proration (across the board cuts), payments will be reduced accordingly.

Questions? Contact: John Powell, 334 230-2654 john.powell@preserveala.org

IV. ELIGIBLE ACTIVITIES

These funds are to assist historical sites and parks to make capital enhancements to non-state owned or operated historical properties and sites that did not receive historical grants in fiscal year 2013.

Funds may be used for routine or cyclical maintenance, such as painting, roof repair or replacement, brush clearance at a site, improvements to facilities and buildings. If using these funds for work on a building or buildings, the treatment of historic properties must be in accordance with The Secretary of Interior's Standards

<http://www.nps.gov/tps/standards/rehabilitation.htm>

For questions about the Secretary of Interior's Standards, contact: Chloe Mercer, 334.230.2669
chloe.mercer@preserveala.org. Photographs would be helpful as part of the application.

V. INELIGIBLE ACTIVITIES

Funds may not be used to purchase alcohol, to fund social activities, ceremonies, banquets, entertainment, lobbying, as contributions to endowment funds, personnel, advertising, programming, or to purchase real estate or historic artifacts.

VI. SELECTION OF APPLICATIONS TO BE FUNDED

Applications will be ranked and recommendations for funding will be based upon the criteria scoring system; however, the final selection of applications for funding will be based upon ensuring that grant recipients reflect the geographical diversity of the State and are to a historical site or park that is open to the public for the purpose of interpreting Alabama history to the public.

Grant Application Criteria Scoring System

1. Importance of the funds to the integrity of the historic site or park [up to 5 points].
2. How the proposed use of funds meets site or park mission [up to 5 points].
3. Ability of the site or park to accomplish the proposed work plan [up to 3 points].
4. How the site or park serves the community [up to 3 points].
5. Importance of the site or park to Alabama's history [up to 4 points].
 - 3 points: nationally significant
 - 2 points: statewide significance or a representative of a rare type
 - 1 point: locally significant
 - *Add 1 additional point if the building or site is endangered



**ALABAMA HISTORICAL COMMISSION
2015 CAPITAL ENHANCEMENTS GRANT PROGRAM
GRANT APPLICATION**

I. APPLICANT

Name of Organization _____

☐ **County or Municipal Government**

☐ **Non-Profit Organization** Attach your IRS Tax-Exemption Determination Letter, and/or write in your

date of incorporation: _____ entity/chapter # _____

county of incorporation _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax _____

Organization Website _____

Contact Person _____

Contact Person's Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax _____

Email _____

II. HISTORIC SITE OR PARK INFORMATION

Historic Site or Park Name _____

Historic Site or Park Address _____

City _____ State _____

Zip _____

County _____

Alabama Legislative District of Site or Park Location: Senate _____ House of Representatives _____

Go to www.legislature.state.al.us and find your Senator and Representative using search button "Find Your Legislator"

Amount Requested in this FY 2015 application (\$10,000 maximum) \$ _____

III. SUMMARY of Historic Site or Park [In a few sentences, provide a brief description of your operations and activities. Begin with your mission statement.]

IV. HISTORIC PROPERTY STATUS

Are there any properties on the site or park listed on the **National Register of Historic Places**?

Yes - attach a list

No

Are there any properties on the site or park listed on the **Alabama Register of Landmarks & Heritage**?

Yes - attach a list

No

Other: Attach a list of any other properties on the site or park that you consider to be historic.

Is your site or park open to the public? Yes No

If Yes, please attach a schedule indicating the dates and times that the site is open to the public.

V. DETAILED DESCRIPTION OF USE OF FUNDS [See criteria 1 – 3 in the grant guidelines.

Discuss how the historic site or park meets the requirements of the grant guidelines in general. Provide a detailed operations description and how the grant funds will be spent using a detailed budget, work plan and timetable. Discuss who will perform the work. Use additional sheets as necessary.]

VI. ADDITIONAL SUPPORTING INFORMATION [See grant application criteria scoring system 4-5 in the grant guidelines.] *Complete the following with additional sheets as necessary to describe your operations.*

How does the historic site or park serve or benefit the community?

Explain why this site or park is important to Alabama's history, including architectural and cultural significance of the site.

Is the historic site or park endangered? If so, describe the threat and how a capital improvement grant will benefit the site or park.

VII. SIGNATURE *of the authorized official of the organization who has the authority to apply for grants and sign grant agreements for the organization.*

Signature: _____

(Mr., Ms., Dr.) Print Name: _____

Title: _____

Phone Number _____

Email _____

VIII. CHECKLIST OF REQUIRED MATERIALS:

- Letters of support from both the House and Senate members who represent the area of the historic site/park - **all applications**
- Request for Taxpayers Identification Number or form W-9 – **all applications**
- E-Verify Certification – **all applications**
- Memorandum of Understanding if required by E-Verify Certification – **if applicable**
- State of Alabama Disclosure Statement (Required by Act 2001-955) **nonprofits**
- IRS Tax Exemption Letter **nonprofits if applicable**
- List of National and/or Alabama register listed properties on the site or park **if applicable**
- Additional Sheets **if needed** under Section V and VI Detailed Site or Park Description. (Budget, work plan, timetable.)
- Schedule that shows the days and hours that the site or park is open to the public – **all applications**
- The form must not be altered or reformatted, stapled, bound, etc.;
- Form must be signed by authorized official only
- All questions must be addressed and all required attachments included
- Applications must be sent via email attachment, hand-delivered (5PM) or postmarked by **August 15, 2014**. (NO faxed applications accepted.)

STATE COMPTROLLER'S OFFICE
REQUEST FOR TAXPAYERS IDENTIFICATION NUMBER

In order to receive payment by the State of Alabama, a correct tax identification number (TIN), name (that matches TIN provides) and address must be on our files. Section 6109 Internal Revenue Code requires you to furnish your correct TIN to persons who must file information returns with the Internal Revenue Service. Return form to

ATTN: JOHN POWELL
ALABAMA HISTORICAL COMMISSION
468 SOUTH PERRY STREET
MONTGOMERY AL 36130-0900

Part 1-Taxpayer Identification Number, Name and Address:

Employer Identification Number	Social Security Number
Name (that matches TIN):	
Business name if different:	
Address:	

Part 2-Business Designation. Circle the designation that identifies your business type.

1. CORPORATION OR PROFESSIONAL CORPORATION (A corporation formed under the laws within the United States).
2. NOT FOR PROFIT CORPORATION (Section 501(c) (3))
3. PROFESSIONAL ASSOCIATION
4. PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST
5. SOLE PROPRIETORSHIP OR SELF-EMPLOYED (identification number must be Social Security Number).
6. NONCORPORATION RENTAL AGENCY
7. GOVERNMENTAL ENTITY (City, County, State or U S Government)
8. LIMITED LIABILITY COMPANY
9. FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY (A corporation or other foreign entity formed under the laws of a country other than the United States or an individual temporarily in the United States).

NOTE: If several state agencies make payments to your business, it is possible that you have received more than one of these forms. If you have already mailed this information, please disregard this request. Failure to complete and return this form may subject you to backup withholding in the amount of 31% of future payments pursuant to Section 3406, Internal Revenue Code.

UNDER PENALTIES OF PERJURY,I DECLARED THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF,IT IS TRUE, CORRECT AND COMPLETE. I AUTHORIZE THE OFFICE OF THE STATE COMPTROLLER IN THE DEPARTMENT OF FINANCE, STATE OF ALABAMA TO RECEIVE TAX INFORMATION FROM THE INTERNAL REVENUE SERVICE OR THE STATE DEPARTMENT OF REVENUE IN ORDER TO VERIFY THE ACCURACY OF ALL THE INFORMATION PROVIDED ABOVE.

SIGNATURE	TITLE	DATE	AREA CODE/TELEPHONE NUMBER

To enroll in the federal E-Verify program, go to <http://www.dhs.gov/e-verify>. After you enroll, attach a copy of your federal Memorandum of Understanding (MOU) that will result from your enrollment.

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
The Alabama Historical Commission (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 201 1-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.

b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

(a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

(b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20 _____

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on

this _____ day of _____ 20_____.

WITNESS:

Printed Name of Witness



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

This form is provided with:

☐

Contract

☐

Proposal

☐

Request for Proposal

☐

Invitation to Bid

☐

Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐

Yes

☐

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
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Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐

Yes

☐

No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
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1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
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OVER

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature _____ Date _____

Notary's Signature _____ Date _____ Date Notary Expires _____

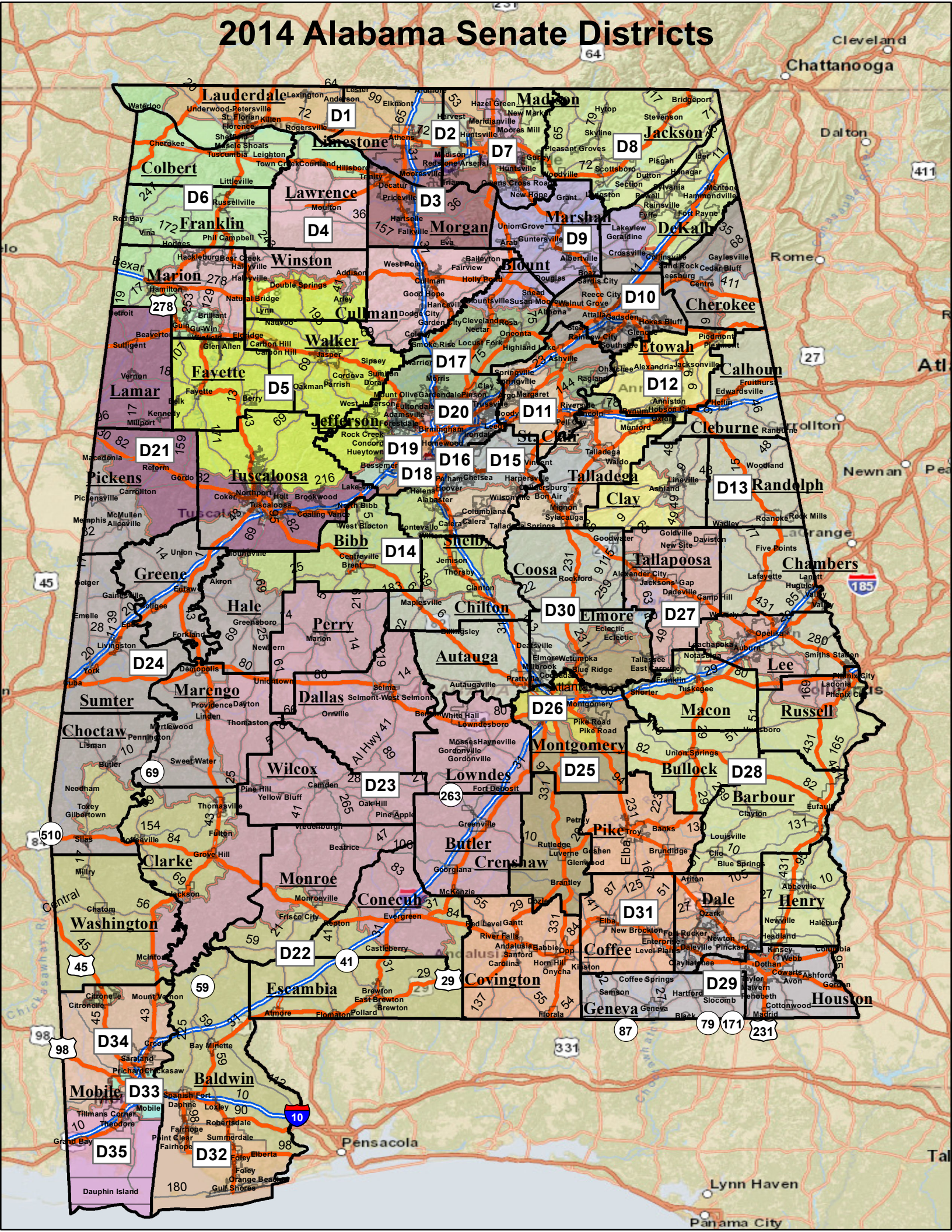
Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

DISTRICT MAPS

The enclosed maps show Senate and House districts in
The State of Alabama.

Go to www.legislature.state.al.us and find your Senator and Representative using search button "Find Your Legislator"

2014 Alabama Senate Districts



2014 Alabama House Districts

