

**Application Number:**

**SURVEY & PLANNING**

**APPLICATION**

**For Federal Historic Preservation Grants**

**I NAME OF PROJECT:**

**II LOCATION OF PROJECT:**

**COUNTY:**

**III TYPE OF PROJECT: (check one)**

Architectural/Historical Survey

Archaeological Survey

Comprehensive Planning

Heritage Education

National Register

Predevelopment

**(See attached Allowable Activities for definitions)**

**IV PROJECT SPONSOR:**

ADDRESS:

**V CONTACT PERSON:**

TELEPHONE NUMBER:

EMAIL ADDRESS:

**CLG: Yes No**

**State Historic Preservation Office**

**Department of Arts, Culture & History**

**1900 Kanawha Blvd, East**

**Charleston, WV 25305**

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**VI Provide a detailed description of the project, which includes the purpose and need for the project. (See Attachment A Section VI).**

**VII Include a detailed plan and timetable for completion of project and products to be produced:**

**VIII Describe any ongoing local preservation programs, such as active CLG programs, historic landmarks or historical society:**

**IX Community Impact – How will this project benefit the community? How will the project be promoted or the public educated about the project?**

Have you included letters of support for this project? Yes No

**X How does the project meet the goals and objectives of the Historic Preservation Statewide Plan? Please explain**

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**XI PROVIDE A SIMPLE BUDGET, LIST TOTAL PROJECT COST AND SHOW FEDERAL AND MATCHING SHARE. Volunteer time is to be computed at $8.75/hr. unless additional qualifications are documented. Staff on payroll will be valued at their rate of pay.**



**GRANT MATCHING**

**REQUEST SHARE**

PERSONNEL

CONSULTANT

OTHER (Specify)

**TOTAL**

**TOTAL PROJECT COST**

**GRANT + MATCHING SHARE**

Describe who will be responsible for completing which portions of the project: All consultants and staff must meet the appropriate 36 CFR 61 qualifications. (See Attachment A Section X)

**XII LIST WHO WILL PROVIDE MATCHING FUNDS, WHERE FUNDS COME FROM (i.e. private, county government, state funds, etc.), ARE THEY CASH OR IN-KIND AND THE AMOUNT: (Attach evidence of all matching funds).**

Donor: Donor:

Source: Source:

Kind: Kind:

Amount: Amount:

**XIII TYPE OF APPLICANT/RECIPIENT**

State Federal

County City

CLG Higher Education

Non-Profit Commercial

Indian Tribe Other (specify)

**XIV IS THIS YOUR FIRST HISTORIC PRESERVATION GRANT?**

IF NO, LIST MOST RECENT GRANT RECEIVED:

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I certify that this project will be administered and work performed in accordance with all applicable regulations and procedures governing federal grants: The National Register program manual, the applicable Secretary of the Interior’s Standards and Guidelines, Title VI activities (attached), certification regarding debarment (attached), non-construction assurances (attached), and any special conditions detailed by the State Historic Preservation Office. The Office of Managements and Budget OMB Circulars A-87 (Cost Principles), 43 CFR 12 (Administrative Requirements) for State and Local Governments, and A-128 are hereby incorporated by reference into this grant.

Date Signature and Title

Date Signature and Title

Date Signature and Title

**PLEASE SIGN AND RETURN COMPLETED APPLICATION AND ALL THE ATTACHMENTS AND ASSURANCES.**

Please remember that no work can commence for which funding is requested until the project coordinator has attended the Subgrant Orientation meeting. If this project is site specific, the sponsor must be the owner of the site, or evidence of owner support must be attached.

**RETURN TO:**

**GRANTS COORDINATOR**

**STATE HISTORIC PRESERVATION OFFICE**

**DEPARTMENT OF ARTS. CULTURE AND HISTORY**

**1900 KANAWHA BLVD, E., CULTURE CENTER**

**CHARLESTON, WV 25305**

**(304) 558-0240**