



State Form 50553 (R23 / 6-24)

Historic Preservation Fund (HPF) Grant Application Forms

ARCHAEOLOGICAL Category

Forms Attached:

- Archaeological Project Proposal Cover Sheet
- Project Budget Form
- Matching Share Form
- Statement of Understanding Form

The forms included in this packet are required parts of an HPF grant application. This category is NOT for rehabilitation or construction activity. Those projects fall under the Acquisition and Development Category.

Instructions for these forms, additional requirements and proposal submission information are provided in “HPF Archaeological Instructions and Priorities” which is available on the DHPA webpage:

<https://www.in.gov/dnr/historic-preservation/financial-assistance/grants/apply/>

Applicants MUST obtain a copy of the Instructions and Priorities packet for the current evaluation criteria and fiscal year schedule in order to compile and submit a complete grant proposal.

IF YOU HAVE QUESTIONS: Please contact the DHPA Grants Staff for general advice, further information, and/or clarification of these instructions:

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Steve Kennedy

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317-232-1648
317-232-6981

Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology
402 West Washington Street, Room #W274
Indianapolis, IN 46204-2739
Phone: 317-232-1646
www.in.gov/dnr/historic-preservation

**HPF IS A PROGRAM OF THE U.S. DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE
ADMINISTERED BY THE INDIANA DEPARTMENT OF NATURAL RESOURCES,
DIVISION OF HISTORIC PRESERVATION AND ARCHAEOLOGY**



DNR | *Historic Preservation
& Archaeology*
Indiana Department
of Natural Resources

HISTORIC PRESERVATION FUND

ARCHAEOLOGICAL PROJECT PROPOSAL COVER SHEET FORM

Federal Fiscal Year _____

Administered by the Indiana Department of Natural Resources, Division of Historic Preservation and Archaeology: 402 W. Washington St., Room W274, Indianapolis, Indiana 46204-2739. Telephone number (317) 232-1646, Fax number (317) 232-0693.

1. Project Title: _____

2. Project Sponsor: _____

Address (*number and street, city, state, and ZIP code*): _____

Daytime Telephone: _____ E-mail: _____

3. Federal Identification Number of Project Sponsor: _____

4. Unique Entity Identifier (UEI) Number of Project Sponsor: _____

5. U.S. Congressional District Number: _____

6. Name(s) of DNR Property in survey area, if applicable: _____

County (or Counties) where project is located: _____

7. Name of Project Coordinator: _____

Address (*number and street, city, state, and ZIP code*): _____

Daytime Telephone: _____ E-mail: _____

8. Name of Principal Investigator: _____

Address (*number and street, city, state, and ZIP code*): _____

Daytime Telephone: _____ E-mail: _____

9. Project Budget Breakdown:

a. Total Project Cost: \$ _____

b. Amount of **Federal Funding** Requested: (cannot exceed \$50,000) \$ _____

c. Amount of Non-Federal Match: \$ _____

10. Proposed Project Schedule:

Beginning Date: _____

Ending Date: _____

11. Supply the information requested below regarding the products to be created by this project.

Has formal written landowner permission been secured? Yes No
If yes, please include documentation of written landowner permission. If no, be advised that the DHPA reserves the right to reject grant proposals not accompanied by landowner permission.

Estimated number of square miles in the survey area: _____

Estimated number of hectares surveyed at the reconnaissance level (Phase Ia): _____
"Reconnaissance survey" activities include: visual surface survey, auguring, coring, and shovel probing to discover site evidence at or near the ground surface (1 hectare = 2.5 acres = .004 square miles).

Estimated number of hectares surveyed at the intensive level (Phase Ib and Ic): _____
"Intensive survey" activities include: controlled surface or shallow subsurface investigations on known sites or deeper subsurface investigations in areas where deeply buried sites may occur. This includes methods such as: grid collection or sampling; detailed mapping; piece-plotting; systematic probing, coring, or auguring; use of remote sensing techniques; and deeper subsurface sampling (including use of heavy machinery) to discover buried sites.

Estimated **total number** of sites to be documented on state survey forms: _____

Estimated number of these sites that will be **newly added** to the state inventory: _____

Estimated number of properties or sites to be listed in the National Register: _____
Count each contributing building or site within a district as one. Please include a sketch map showing the proposed district boundaries as part of the Project Description.

This application prepared and submitted by:

Name and Title: _____

Mailing Address (*number and street, city, state, and ZIP code*): _____

Daytime Telephone: _____ E-mail: _____

Signature: _____ Date (*month, day, year*): _____

PROJECT BUDGET FORM

Please indicate the proposed budget for the project. The figures on this page, when totaled, should equal the Total Project Cost given on the Proposal Cover Sheet. Please refer to the instructions for category-specific guidelines.

COST CATEGORY	PROJECT COSTS (reflects ALL costs)
1. Personnel -- Paid: This Category refers only to persons on the direct payroll of the sponsoring organization.	Administrative
	Professional
	Clerical
2. Fringe Benefits: Fringe Benefits for paid personnel are allowable.	
3. Volunteer Personnel -- Unpaid: Volunteer time is valued at current minimum wage.	
4. Travel: (@ current rate per mile)	
5. Supplies and/or Materials:	
6. Contractual:	
7. Curation:	
8. Printing/Publication:	
9. Other: <i>(Describe)</i>	

- 10. TOTAL PROJECT COST** **\$**
(add columns 1 through 8; this should match the amount on line #9a on proposal cover sheet)
- 11. Funding Level** **X 70 %**
(multiply line 10 by 70%)
- 12. GRANT AMOUNT REQUESTED**** **\$**
(this should match amount on line #8b on proposal cover sheet—Cannot exceed \$50,000)

** The figure representing the Grant Amount Requested should be **rounded down to the nearest whole dollar, cannot exceed \$50,000**, and should be the same as that recorded on the Proposal Cover Sheet. Applicants are required to submit a detailed breakdown of costs, or “Budget Justification Page,” on a separate sheet following this form.

MATCHING SHARE FORM

Applicants are asked to submit appropriate documentation of the matching share (copies of bank statements, etc.) following this form. Please note that proposals submitted without documentation WILL NOT receive full credit for the matching share under the grant evaluation criteria.

SOURCE #1

Donor: _____

Source: _____

Type (check one): Cash In-Kind Volunteer Amount: \$ _____

SOURCE #2

Donor: _____

Source: _____

Type (check one): Cash In-Kind Volunteer Amount: \$ _____

SOURCE #3

Donor: _____

Source: _____

Type (check one): Cash In-Kind Volunteer Amount: \$ _____

TOTAL MATCHING SHARE: \$ _____*

**This amount should match what is listed for the Non-Federal Match Share, line #9c, on the Proposal Cover Sheet and should include any "over-match" required to make up the total project budget beyond the minimum funding ratio.*

CERTIFICATION OF MATCHING SHARE

I certify that the matching share funds/goods/services identified above are available, and that they will be allocated only to the grant-assisted project described in this application and titled:

Title of Project

Name and Title of Authorized Representative

Signature

Date (month, day, year)

STATEMENT OF UNDERSTANDING FORM FOR HISTORIC PRESERVATION FUND SUBGRANTS

With respect to any grant received from the Department of Natural Resources, Division of Historic Preservation and Archaeology (DNR-DHPA), the applicant indicates by his/her signature that he/she has read, understands, and agrees that:

1. This is a request for consideration for a grant, and not a promise for funding, from the National Park Service HPF program administered by the Department of Natural Resources (DNR).
2. The individual submitting this grant request on behalf of the applicant has the necessary authority to request consideration of this project by the Department of Natural Resources.
3. This is a matching grants program in which only a portion of the total project cost can be supplied by the grant funds; the matching share will be supplied by the grant applicant in the form of cash, donated or volunteer labor, and/or donated supplies in accordance with state and federal regulations.
4. No work covered in this application is to begin until the applicant has been notified in writing that funds have been awarded and has accepted in writing the terms and conditions of the grant.
5. If a grant is received, all obligations for material or work are to be paid by the applicant, who will then receive reimbursement from the National Park Service through the Indiana Department of Natural Resources, based on prior agreement and approval. The applicant will be required to supply all necessary financial documentation which must include copies of accurate personnel time sheets indicating the effort expended on the project, canceled checks, invoices, and other data as required by the DHPA, unless special arrangements are made.
6. Grants will be administered in conformance with all applicable federal and state laws, regulations, policies, requirements and guidelines, including OMB Circular A-102 and A-110 (as applicable), policies and procedures of the Historic Preservation Grant-in-Aid Program, Title VI of the 1964 Civil Rights Act, non-discrimination on the basis of handicap (Sec. 504 of the Rehabilitation Act of 1973), and equal employment opportunity and labor law requirements of federal grants.
7. Procurement actions will be conducted in a manner that provides for maximum open and free competition in compliance with program requirements, including OMB Circular A-102 and A-110 (as applicable).
8. All costs charged to the grant project will be in payment of an approved budget item during the project period and will conform to the cost principles of OMB Circular A-87 and A-21 (as applicable).
9. In accordance with Title VI of the 1964 Civil Rights Act (P.L. 88-325), the Department of Natural Resources requires that grant applicants not discriminate against any employee or applicant for employment on a historic preservation project because of race, color, sex, national origin, or ancestry. All employees must be advised of equal opportunity and benefits. Any complaint of discrimination must be reported to the State Historic Preservation Officer.
10. Adequate financial resources will be available for performance (including necessary experience, organization, technical qualifications, and facilities) to complete the proposed project or a firm commitment, arrangement or ability to obtain such will be made.
11. An adequate financial management system (and audit procedure when deemed applicable) will be maintained which provides efficient and effective accountability and control of all property, funds and assets.
12. The matching share will not consist of funds from the federal government under another assistance agreement unless authorized.

13. The project, if funded, will be carried out in accordance with the guidelines set forth by the Division of Historic Preservation and Archaeology, Department of Natural Resources, and will be completed within the allotted time.
14. The applicant shall participate in the grant project and shall submit copies of archaeological/architectural data and survey, study, and planning materials to the Department of Natural Resources with the condition that specific site data including site addresses be withheld from public access in accordance with federal law and the regulation and access policy adopted by the Natural Resources Commissions. This condition is necessary to protect property owners from unwanted destruction, risk, or disruption of their property and to protect valuable scientific data, cultural materials, and artifacts that might otherwise be lost or harmed.
15. The applicant will cooperate with the staff of the Department of Natural Resources in meeting all the above requirements, as well as other federal requirements that may apply.
16. Additional administrative requirements and project-specific conditions may be made a part of any grant offer made by the Division of Historic Preservation and Archaeology as a result of this application.
17. Any breaking of the conditions set forth in this Statement of Understanding may mean cancellation of the grant.

The applicant recognizes and agrees that any federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall reserve the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and on the person or persons whose signature(s) appears below and who is/are authorized to sign this assurance on behalf of the Applicant.

Name of Applicant/Project Sponsor

Date (*month, day, year*)

Name and Title of Authorized Representative

Signature

LANDOWNER PERMISSION FORM

I hereby grant permission for archaeologists from this institution:

to conduct scientific investigations for archaeological sites on the following property

Property Name

Property Address

located in _____ County, Indiana.

Printed Name of Landowner or Authorized Representative

Signature of Landowner or Authorized Representative

Date (*month, day, year*)

Address (*number and street, city, state, and ZIP code*):

Telephone Number: _____

E-mail Address: _____

Signature of Archaeologist / Principal Investigator

Date (*month, day, year*)

University or Company Affiliation: _____

Address (*number and street, city, state, and ZIP code*):

Telephone Number: _____

E-mail Address: _____