



State Form 50552 (R23 / 5-24)

Historic Preservation Fund (HPF) Grant Application Forms

ARCHITECTURAL AND HISTORICAL Category

Forms Attached:

- Architectural and Historical 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 Architectural & Historical 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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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
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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
ARCHITECTURAL AND HISTORICAL PROJECT
PROPOSAL COVER SHEET

Fiscal Year _____

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

1. Project Title: _____

2. Project Sponsor: _____ [] Certified Local Government*

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

Daytime Telephone: _____ E-mail: _____

*CLG's Third Party Administrator (*if applicable*) _____

Mailing 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. County (or Counties) where project is located: _____

7. Name of Project Coordinator: _____

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

Daytime Telephone: _____ E-mail: _____

8. Name of Principal Investigator: _____

Mailing 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 (not to exceed \$50,000): \$ _____

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

10. Proposed Project Schedule:

Beginning Date: _____

Ending Date: _____

11. Supply the information requested below (as appropriate) regarding the products to be created by this project.

a. For National Register Historic District Nominations or Multiple Property Documentation Form Projects:

Estimated number of properties to be listed in the National Register: _____

Count each contributing building within a district counts as one. Please be sure to include a sketch map showing the proposed district boundaries as part of the Project Description.

Was the historic district identified by county survey or a Section 106 project within the last five (5) years? Yes No

If NO, has a written verification of the district's eligibility been obtained and included with the grant application? Yes No

If NO, please contact the DHPA grant staff before proceeding with the grant application.

b. For projects resulting in the preparation of Historic Structure Reports, Feasibility Studies, or Architectural or Engineering Plans and Specifications:

Is the property currently listed in the National Register of Historic Places? Yes No
(Either listed *individually* or as a *contributing resource* within a listed district)

What is the name of the National Register district or property?

If not, has the Nomination passed substantive review by the DHPA? Yes No
*If not, the property is NOT ELIGIBLE to receive HPF grant funds.
DO NOT PROCEED with submitting this proposal.*

Is the property a National Historic Landmark (1 of 42 in Indiana)? Yes No

Name of Property owner: _____

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

Daytime Telephone: _____ E-mail: _____

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

Is the project within a federally-designated flood area? Yes No

If yes, attach a copy of the flood insurance policy or other proof of insurance.

This application prepared and submitted by: (*This person will be contacted regarding questions or missing information.*)

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 <i>(reflects 100% of costs)</i>
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:	
5. Supplies and/or Materials:	
6. Architectural Design Fees:	
7. Advertisement:	
8. Contractual:	
9(a). Other: <i>(Describe)</i>	
9(b). Other: <i>(Describe)</i>	

10. TOTAL PROJECT COST **\$**
(add columns 1 through 9; this should match the amount on line #9a on proposal cover sheet)

11. Funding Level **X** **50 % (or 60% CLG)**
(multiply line 10 by 50%, or 60% for CLGs)

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** and should be the same as that recorded 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 #8c, on the Proposal Cover Sheet and must 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 accordance 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

Name and Title of Authorized Representative

Signature

Date (*month, day, year*)