

## **APPENDIX I**

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1                   **COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**

2                                   **FUNDING AGREEMENT (Agreement)**

3                   This Agreement is made and entered into between the State of Nevada, acting through the  
4                   office of historic preservation as staff assistance to the Commission for Cultural Centers  
5                   and Historic Preservation (STATE), , hereinafter referred to as “STATE” and, **GRANTEE**  
6                   **NAME** hereinafter referred to as “GRANTEE”. This Agreement is entered into pursuant  
7                   to the authority contained in NRS 383.520.

8                   Affixed to and made a part hereof are the following attachments.

9                                         ATTACHMENT A - Scope of Work/Budget

10                                       ATTACHMENT B - Covenants

11                                       ATTACHMENT C – Assurances

12                   WHEREAS, the STATE will administer a State Bond Grant-in-Aid “Grant” in an amount  
13                   of **AWARD \$** to assist in the **PROJECT NAME**. NOW, THEREFORE, the GRANTEE  
14                   in undertaking this project agrees to:

- 15                   1. Duly and faithfully comply with the terms and conditions of this Agreement, all  
16                   applicable federal and State laws.
- 17                   2. At all times during regular business hours or at an agreed to time and as often as the  
18                   STATE requires, permit authorized representatives of the State Historic Preservation  
19                   Office full and free access to the project and to the accounts, records, and books of the  
20                   GRANTEE relative hereto, including the right to make transcripts from such accounts,  
21                   records, and books. The GRANTEE must retain such accounts, records, and books for  
22                   three (3) years after the completion of the project.
- 23                   3. Indemnify, save, and hold the State Historic Preservation Office , its agents and

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employees harmless from all claims, causes of action or liability arising from the performance of this Agreement, subject to NRS Chapter 41.

4. Consult with State Historic Preservation Office if buried or previously unidentified cultural resources are located during these project activities. If this occurs, the GRANTEE will immediately cease all ground-disturbing work in the vicinity, protect the discovery, and contact the State Historic Preservation Office within 24 hours of the discovery.
5. Ensure that a project sign is displayed in a prominent location at each project site while project work is in progress. The project sign will be provided by the State Historic Preservation Office for the duration of the project and will be returned to the State Historic Preservation Office upon project completion. If any damage occurs to the project sign during the project, the GRANTEE will be responsible for replacement of the project sign.
6. Provide the STATE with progress and financial reports in a format prescribed by the STATE during the term of the Grant. Due dates for progress reports are **PUT DATES HERE**. The first progress report is due **DATE HERE**. Required progress reports are to be submitted on or before the due dates above. If the GRANTEE fails to provide the required progress reports during the *first 180 days* (one hundred and eighty) from execution of this Agreement, the STATE reserves the right to revert the *entire* Grant amount from the GRANTEE. If the GRANTEE allows *two quarters* to pass without contacting the STATE to submit a reimbursement request and/or required progress reports, the STATE reserves the right to revert any *remaining* grant funds from the GRANTEE.
7. Submit a final report in a format prescribed by the STATE within **sixty (60)** days of the

1 completion of the project named herein or by **DATE HERE**, whichever comes  
2 first.

3 8. Maintain:

4 a) An accurate record of all expenditures related to the project. Records must be  
5 supported by source documentation. All volunteer services claimed as  
6 nonfederal share must be documented through timecards or records signed by  
7 both the volunteer and project supervisor. The State Historic Preservation  
8 Office may require audits of all project-related records. Such audits shall be  
9 at the expense of the GRANTEE.

10 b) A special account for the project so that an exact itemization of project  
11 expenditures can be submitted by check number along with copies of canceled  
12 checks, itemized invoices, and properly documented time sheets.

13 c) A comparison of actual expenditures with budgeted amounts for the  
14 Agreement.

15 9. Notify the State Historic Preservation Office immediately in writing of problems or  
16 changes in scope of work, budget, product, and performance reporting. No changes  
17 can be made without prior written approval from the State Historic Preservation Office.

18 10. Following the notification of the Grant award and before work begins, the GRANTEE  
19 will attend a project meeting with the State Historic Preservation Office's grants  
20 manager.

21 11. Adhere to all of the policies and procedures described in the *Grants Manual Project*  
22 *General Administrative Guidelines (2021-2022)* provided by the STATE to the  
23 GRANTEE upon execution of this Agreement.

1            THEREFORE, the parties to this Agreement acknowledge and will comply with the  
2 following general terms:

3            1. Payment of the Grant shall be made upon compliance with the terms of this Agreement,  
4 including but not limited to:

5            a. An inspection by the STATE to ensure that the GRANTEE has completed all  
6 project work satisfactorily in accordance with the terms of this Agreement.

7            b. The submission of satisfactory progress reports as referred to above.  
8 Reimbursement requests shall not be processed until such reports are received.

9            c. The submission of a Financial Report that must be executed by the person in charge  
10 of the project. The request shall be accompanied by copies of all original bills from  
11 contractors, suppliers, and vendors, and proof of payment of those bills to assure  
12 evidence of compliance prior to reimbursement.

13            d. The State Historic Preservation may, at its discretion, retain ten percent (10%) of  
14 the STATE'S contribution to the project. When the STATE has received and  
15 approved the final report and proof of payment of all bills and canceled checks, the  
16 STATE shall pay the funds retained to the GRANTEE and issue an official letter  
17 to the GRANTEE to close out the Grant.

18            e. Progress payments may be made at the discretion of the State Historic Preservation  
19 Office upon the completion of distinct phases of work provided that the above-  
20 mentioned conditions have been met for each phase of work.

21            f. Any progress payment made by the STATE shall not constitute nor be construed  
22 as a waiver by the STATE of any breach of covenants or any default which may  
23 exist on the part of the GRANTEE, nor shall any such breach or default impair or  
24 prejudice any right or remedy available to the STATE.

- 1           2. In any news release or printed material describing or promoting the project or any  
2           material produced as a result of the Grant, appropriate credit shall be given to the  
3           STATE by including the phrase "this project has been funded with the assistance of the  
4           Commission for Cultural Centers and Historic Preservation".
- 5           3. Both parties understand that a funding-out provision is required by NRS 244.320 and  
6           NRS 354.626. Continuation of this Grant is subject to and contingent upon sufficient  
7           funds being appropriated, budgeted, and otherwise made available by the State  
8           Legislature and/or federal sources. Reservation of funds based upon budget reductions  
9           is included herein. The State Historic Preservation Office may reduce or terminate this  
10          Grant, and GRANTEE waives any and all claims(s) for damages, effective immediately  
11          upon receipt of written notice (or any date specified therein) if, for any reason, the State  
12          Historic Preservation Office's funding from State and/or federal sources is not  
13          appropriated or is withdrawn, limited, or impaired.
- 14          4. The State Historic Preservation Office or the GRANTEE may terminate this  
15          Agreement in whole, or in part, when both parties agree that the continuation of the  
16          project will not produce beneficial results commensurate with the further expenditure  
17          of funds. The State Historic Preservation Office and the GRANTEE must both agree  
18          in writing upon the termination condition, including the effective date, and in the case  
19          of partial termination, the portion to be terminated.
- 20          5. If the GRANTEE fails to comply with any of the terms of this Agreement, the State  
21          Historic Preservation Office shall have the right to cancel this Agreement without the  
22          consent of the GRANTEE and to file suit, in law or equity. The purpose of the suit  
23          shall be to cause the GRANTEE to cure said violations or to obtain the return of funds  
24          granted to the GRANTEE by the STATE. The STATE shall bring such suit in the

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District Court of the county in which the property is located.

6. The commencement date for all work to be performed under this Agreement is **DATE HERE**. The termination or end date is **DATE HERE**. The State Historic Preservation Office shall not consider any work performed at any time other than described in this paragraph as an eligible activity for reimbursement purposes. All requests for reimbursement must be submitted to the State Historic Preservation Office no later than **DATE HERE**. The STATE shall not pay any requests received at the office of the State Historic Preservation office after this date pursuant to this Agreement. Upon receiving reimbursement requests, the State Historic Preservation Office will review the request for completeness and accuracy. If complete and accurate, the reimbursement request will be processed within fifteen (15) business days of receipt.
7. The GRANTEE shall submit a Financial Report reimbursement request totaling at least **INSERT MINIMUM AMOUNT HERE** by no later than **DATE HERE**. This Financial Report must be executed by the person in charge of the project. The request shall be accompanied by copies of all original bills from contractors, suppliers, and vendors, and proof of payment of those bills to assure evidence of compliance prior to reimbursement.
8. This Agreement shall be construed and interpreted according to the laws of the State of Nevada.
9. All work conducted by the GRANTEE shall be assessed by the State Historic Preservation Office for adequacy of performance and conformance with *The Secretary of the Interior's Standards for the Treatment of Historic Properties*. If work does not meet the terms of this Agreement, the GRANTEE shall remedy the work even if that requires the expenditure of funds other than those contributed to the project by the

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Commission for Cultural Centers and Historic Preservation.

10. The GRANTEE agrees to revert to the State Historic Preservation Office all funds contributed to the project by the Commission for Cultural Centers and Historic Preservation if the GRANTEE does not meet the terms of this Agreement or if the GRANTEE violates any section of NRS.

11. Under the terms of this Agreement, the GRANTEE warrants that it shall not discriminate nor allow discrimination against any employee based on race, color, religion, sex, sexual orientation, gender identity or expression, age, disability or national origin. The GRANTEE shall permit the STATE access to its records of employment, advertisements, and other pertinent data relative to this provision.







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to its structure as an organization, or to its leadership, and the Commission may consider these changes in future funding decisions.

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| <b>ATTACHMENT A-2<br/>BUDGET</b> |  |          |
|----------------------------------|--|----------|
| <b>Participant:</b>              |  |          |
| <b>Project Title:</b>            |  |          |
| <b>Termination Date:</b>         |  |          |
| <b>Project ID #</b>              |  |          |
| <b>Itemized Budget</b>           | <b>CCCHP Share</b>                     | \$       |
|                                  | <b>Subtotal CCCHP Share:</b>           | \$       |
|                                  | <b>Non-CCCHP Share (if applicable)</b> | \$<br>\$ |
|                                  | <b>Subtotal Non-CCCHP Share:</b>       | \$       |
|                                  | <b>Total Project Costs:</b>            | \$       |

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1 **COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**  
2 **(CCCHP-PROJECT NUMBER) COVENANTS**

3 These covenants are made and entered into between the State of Nevada, acting  
4 through the office of historic preservation as staff assistance to Commission for Cultural  
5 Centers and Historic Preservation (STATE), hereinafter referred to as "STATE" and  
6 **NAME OF PROPERTY OWNER** hereinafter referred to as "PROPERTY OWNER",  
7 for the purpose of the property known as the **PROPERTY NAME**, which is owned in fee  
8 simple by the PROPERTY OWNER.

9 The property is comprised essentially of grounds, collateral, appurtenances, and  
10 improvements. The property is more particularly described as follows:

11 **COUNTY ASSESSOR'S PARCEL NUMBER AND LEGAL DESCRIPTION**

12 In consideration of the sum of **\$GRANT AWARD** received in grant-in-aid  
13 assistance from the STATE, the PROPERTY OWNER hereby agrees to the following for  
14 a period of time ending on **TERMINATION DATE OF COVENANTS**.

- 15 1. The PROPERTY OWNER agrees to assume the cost of the continued  
16 maintenance and repair of said property so as to preserve the architectural,  
17 historical, cultural or archaeological integrity of the same, in order to protect  
18 and enhance those qualities which make it historically significant as  
19 determined by the STATE.
- 20 2. The PROPERTY OWNER agrees that no visual or structural alterations to  
21 either the interior or exterior of the property will be made without prior  
22 written permission of the STATE.

- 1           3.    The PROPERTY OWNER agrees that the STATE, its agents and designees,  
2                   shall have the right to inspect the property at all reasonable times, in order to  
3                   ascertain whether or not the conditions of these Covenants are being observed.
- 4           4.    The PROPERTY OWNER agrees that when the property is not clearly visible  
5                   from a public right of-way or includes interior work assisted with State of  
6                   Nevada, Commission for Cultural Centers and Historic Preservation grant  
7                   funds, the property will be open to the public not less than twelve (12) days a  
8                   year on an equitable spaced basis and at other times by appointment. Nothing  
9                   in these Covenants will prohibit the PROPERTY OWNER from charging a  
10                  reasonable, non-discriminatory admission fee, comparable to fees charged at  
11                  similar facilities in the area.
- 12          5.    The PROPERTY OWNER further agrees that when the property is not open  
13                  to the public on a continuing basis, and when the improvements assisted with  
14                  State of Nevada Commission for Cultural Centers and Historic Preservation  
15                  grant funds are not visible from the public right-of-way, notification will be  
16                  published for three consecutive working days, no less than one week prior to  
17                  the opening date in one newspaper of general circulation in the community  
18                  area in which the property is located. The advertisement shall give the dates  
19                  and times when the property will be open. Documentation of such notice will  
20                  be furnished annually to the STATE during the term of these Covenants.
- 21          6.    The PROPERTY OWNER agrees to comply with Title VI of the Civil Rights  
22                  Act of 1964 (U.S.C. 2000 (d)), the Americans with Disabilities Act (42 U.S.C.

1           12204), and with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.  
2           794). These laws prohibit discrimination on the basis of race, religion,  
3           national origin, or disability. In implementing public access, reasonable  
4           accommodation to qualified disabled persons shall be made in consultation  
5           with the STATE.

6           7. The agreement shall be enforceable in specific performance by a court of  
7           competent jurisdiction.

8           8. SEVERABILITY CLAUSE - It is understood and agreed by the parties  
9           thereto that if any part, term, or provision of this agreement is held to be illegal  
10          by the courts, the validity of the remaining portions or provisions shall not be  
11          affected, and the rights and obligations of the parties shall be construed and  
12          enforced as if the contract did not contain the particular part, term, or  
13          provision held to be invalid.

14          9. These restraints shall run with the property and are binding upon the  
15          PROPERTY OWNER and any and all successors, heirs, assignees, or lessees.

16          10. The STATE shall have the right to file suit in law or equity, if the PROPERTY  
17          OWNER violates any of the restraints of these Covenants. The purpose of  
18          the suit shall be to cause the PROPERTY OWNER to cure said violations or  
19          to obtain the return of funds granted to the PROPERTY OWNER by the  
20          STATE.

21          11. The PROPERTY OWNER shall record these Covenants in the Recorder's  
22          Office of the County in which the subject property is located. The STATE'S

1 obligations with regard to the subject property shall not become effective until  
2 the PROPERTY OWNER has furnished the STATE satisfactory proof of the  
3 aforementioned recordation.

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COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION (CCCHP-PROJECT NUMBER)  
COVENANTS

1

2 These CCCHP Covenants are entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

3

4 **PROPERTY OWNER -**

5

6 \_\_\_\_\_

7 Signature

8

9 Name and Title (print)

10

11

12 Witnessed by Notary Public

13 State \_\_\_\_\_

14 County of \_\_\_\_\_

15 On \_\_\_\_\_

16 \_\_\_\_\_, personally appeared before me, \_\_\_\_\_

17 a Notary Public in and for said County and State. They are known to me to be the person

18 described in and who executed the foregoing instrument, who acknowledged to me that

19 \_\_\_\_\_executed the same freely and voluntarily and for the uses and

20 purposes therein mentioned.

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\_\_\_\_\_

Notary Public

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**STATE-COMMISSION FOR CULTURAL CENTERS AND HISTORIC**

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**PRESERVATION**

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Robert Allan Ostrovsky, Chair

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**REVIEWED AS TO FORM ONLY:**

13

Aaron Ford, Attorney General

14

By: \_\_\_\_\_ Date: \_\_\_\_\_

15

Senior Deputy Attorney General





1           **COMMISSION FOR CULTURAL CENTERS AND HISTORIC PRESERVATION**

2                           **FUNDING AGREEMENT AMENDMENT # 1**

3 Project:

4 Date:

5 Grant Number:

6 GRANTEE:

7 On approval by the parties, this amendment shall become a part of the original agreement, and  
8 shall incorporate the proposed revision below:

9  
10 GRANTEE:

11 Signature: \_\_\_\_\_

12 Name (print): \_\_\_\_\_

13 Title (print): \_\_\_\_\_

14 Date (print): \_\_\_\_\_

15  
16 APPROVED BY STATE:

17 State Historic Preservation Office

18 \_\_\_\_\_

19 Rebecca Lynn Palmer

20 State Historic Preservation Officer

21 Date: \_\_\_\_\_

# Sample Detailed Contractor Estimate

## ENTRY PORCH WATERPROOFING & PRINT ROOM CEILING REWORK

|  |                |                    |
|--|----------------|--------------------|
| • DEMO                                     |                | \$5,000.00         |
| • NEW UNDERLAYMENT/WATERPROOFING           | L&M            | \$9,000.00         |
| • NEW WOOD DECK L&M                        |                | \$9,500.00         |
| • REWORK STAIRS L&M                        |                | \$3,000.00         |
| • MISC TRIM REWORK/REINSTALL L&M           |                | \$3,100.00         |
| • PAINT NEW DECK AND TRIM L&M              |                | \$2,200.00         |
| • INSULATION/DRYWALL/PAINT AT PRINT RM L&M |                | \$6,650.00         |
| • NEW/ADDED ELECTRICAL (BUDGET ALLOWANCE)  |                | \$2,500.00         |
|  | ○ <b>TOTAL</b> | <b>\$40,950.00</b> |

## EAST SIDE WINDOW/DOOR RESTORATION

|                                     |                |                    |
|-------------------------------------|----------------|--------------------|
| • REMOVE AND TRANSPORT TO CSCI SHOP |                | \$4,400.00         |
| • SHOP RESTORATION L&M              |                | \$19,400.00        |
| • REINSTALL LABOR                   |                | \$2,200.00         |
| • WINDOW FRAME RESTORATION L&M      |                | \$8,800.00         |
| • REPAINT INSIDE AND OUT L&M        |                | \$4,025.00         |
| • RESTORE 2 DOORS AND FRAMES L&M    |                | \$2,800.00         |
| • LIFT RENTAL                       |                | \$2,875.00         |
|                                     | ○ <b>TOTAL</b> | <b>\$44,500.00</b> |

## CHIMNEY REPOINTING

|                  |                |                   |
|------------------|----------------|-------------------|
| • MASONRY L&M    |                | \$4,025.00        |
| • LIFT RENTAL    |                | \$1,150.00        |
| • SHEETMETAL CAP |                | \$825.00          |
|                  | ○ <b>TOTAL</b> | <b>\$6,000.00</b> |

## OUTBUILDING STABILIZATION

|                       |                |                   |
|-----------------------|----------------|-------------------|
| • CARPENTRY MATERIALS |                | \$2,300.00        |
| • CARPENTRY LABOR     |                | \$4,400.00        |
|                       | ○ <b>TOTAL</b> | <b>\$6,700.00</b> |

## ADA RAMP AT NORTH SIDE

|                      |                |                    |
|----------------------|----------------|--------------------|
| • EXCAVATION/PREP    |                | \$1,150.00         |
| • CONCRETE FOOTINGS  |                | \$3,450.00         |
| • CARPENTRY DECK L&M |                | \$11,500.00        |
| • RAILS              |                | \$2,875.00         |
| • ADA HARWARE        |                | \$1,025.00         |
|                      | ○ <b>TOTAL</b> | <b>\$20,000.00</b> |

# Sample Budget Forms Related to Detailed Contractor Estimate

GRANT APPLICATION FOR 2019-2020  
PART III BUDGET FORM

**Applicant:**

**1. Personnel:**

|                   | Position Title | Hours | Hourly Rate (HR) | ✓ if HR includes Fringe Benefits | % of HR that is a fringe benefit | Amount of fringe benefit | Total Amt     | State Share   | Non-State Share |
|-------------------|----------------|-------|------------------|----------------------------------|----------------------------------|--------------------------|---------------|---------------|-----------------|
| a.                | N/A            |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| b.                |                |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| c.                |                |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| d.                |                |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| e.                |                |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| f.                |                |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| g.                |                |       |                  |                                  |                                  | 0.00                     | 0.00          |               |                 |
| <b>Sub-total:</b> |                |       |                  |                                  |                                  |                          | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b>   |

**2. Travel:** (see GSA rates in the application document)

|                   |   | Rate | Miles/# of days | Total Amount  | State Share   | Non-State Share |
|-------------------|---|------|-----------------|---------------|---------------|-----------------|
| a.                | <b>Mileage</b>                                  |      |                 |               |               |                 |
|                   | 1. Person #1-                                   |      |                 | 0.00          |               |                 |
|                   | 2. Person #2-                                   |      |                 | 0.00          |               |                 |
| b.                | <b>Per Diem (Breakfast)</b>                     |      |                 | 0.00          |               |                 |
|                   | <b>Per Diem (Lunch)</b>                         |      |                 | 0.00          |               |                 |
|                   | <b>Per Diem (Dinner)</b>                        |      |                 | 0.00          |               |                 |
| c.                | Transportation costs (parking fees, taxi, etc.) |      |                 | 0.00          |               |                 |
| d.                | <b>Lodging</b>                                  |      |                 |               |               |                 |
|                   | 1. Weeknight (Sun-Th)                           |      |                 | 0.00          |               |                 |
|                   | 2. Weekend (Fri-Sat only)                       |      |                 | 0.00          |               |                 |
| e.                | Other:  |      |                 | 0.00          |               |                 |
| f.                | Other:  |      |                 | 0.00          |               |                 |
| <b>Sub-total:</b> |   |      |                 | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b>   |



GRANT APPLICATION FOR 2019-2020  
PART III BUDGET FORM

**3. Contractual Services: Attach itemized lists or contractor quotes showing the breakdown of materials and labor costs for all proposed work items**

|  | Contractual Service                      | Total Amount | State Share | Non-State |
|--|--|--------------|-------------|-----------|
|  | Materials - break out by type            |              |             |           |
|  | Labor - define specific activities       |              |             |           |
| a. Porch & Print Room Labor                    | Demolition                               | 4,500.00     | 4,050.00    | 450.00    |
|  | New Underlayment/Waterproofing Labor     | 4,000.00     | 3,600.00    | 400.00    |
|  | New Wood Deck                            | 4,500.00     | 4,050.00    | 450.00    |
|  | Rework Stairs                            | 2,000.00     | 1,800.00    | 200.00    |
|  | Miscellaneous Trim Rework/Reinstallation | 2,500.00     | 2,250.00    | 250.00    |
|  | Paint New Deck and Trim                  | 2,000.00     | 1,800.00    | 200.00    |
|  | Insulation/Drywall/Paint at Print Room   | 3,650.00     | 3,285.00    | 365.00    |
|  | New/Added Electrical in Print Room       | 1,000.00     | 900.00      | 100.00    |
| b. Porch & Print Room Materials                | Demolition                               | 500.00       | 450.00      | 50.00     |
|  | New Underlayment/Waterproofing Labor     | 5,000.00     | 4,500.00    | 500.00    |
|  | New Wood Deck                            | 5,500.00     | 4,950.00    | 550.00    |
|  | Rework Stairs                            | 1,000.00     | 900.00      | 100.00    |
|  | Miscellaneous Trim Rework/Reinstallation | 600.00       | 540.00      | 60.00     |
|  | Paint New Deck and Trim                  | 200.00       | 180.00      | 20.00     |
|  | Insulation/Drywall/Paint at Print Room   | 3,000.00     | 2,700.00    | 300.00    |
|  | New/Added Electrical in Print Room       | 1,500.00     | 1,350.00    | 150.00    |
| c. East Side Window/Door Restoration Labor     | Remove and Transport to Shop             | 4,400.00     | 3,960.00    | 440.00    |
|  | Shop Restoration                         | 14,400.00    | 12,960.00   | 1,440.00  |
|  | Window Frame Restoration                 | 8,000.00     | 7,200.00    | 800.00    |
|  | Repaint Inside and Out                   | 3,625.00     | 3,262.50    | 362.50    |
|  | Restore 2 Doors and Frames               | 2,300.00     | 2,070.00    | 230.00    |
| c. East Side Window/Door Restoration Materials | Remove and Transport to Shop             | 0.00         | 0.00        | 0.00      |

|  |                            |                     |                     |                    |
|--|----------------------------|---------------------|---------------------|--------------------|
|  | Shop Restoration           | 5,000.00            | 4,500.00            | 500.00             |
|  | Window Frame Restoration   | 800.00              | 720.00              | 80.00              |
|  | Repaint Inside and Out     | 400.00              | 360.00              | 40.00              |
|  | Restore 2 Doors and Frames | 100.00              | 90.00               | 10.00              |
| d. East Side Window/Door Restoration Equipment | Lift Rental                | 2,875.00            | 2,587.50            | 287.50             |
| e. Chimney Repointing Labor                    | Masonry                    | 3,025.00            | 2,722.50            | 302.50             |
|  | Sheetmetal Cap             | 400.00              | 360.00              | 40.00              |
| d. Chimney Repointing Materials                | Masonry                    | 1,000.00            | 900.00              | 100.00             |
|  | Sheetmetal Cap             | 425.00              | 382.50              | 42.50              |
| f. Chimney Repointing Equipment                | Lift Rental                | 1,150.00            | 1,035.00            | 115.00             |
| g. Outbuilding Stabilization Labor             | Carpentry Labor            | 2,300.00            | 2,070.00            | 230.00             |
| h. Outbuilding Stabilization Materials         | Carpentry Materials        | 4,400.00            | 3,960.00            | 440.00             |
| i. ADA Ramp Labor                              | Excavation/Prep            | 900.00              | 810.00              | 90.00              |
|  | Concrete Footings          | 2,000.00            | 1,800.00            | 200.00             |
|  | Carpentry Deck             | 7,000.00            | 6,300.00            | 700.00             |
|  | Rails                      | 1,000.00            | 900.00              | 100.00             |
|  | ADA Hardware               | 400.00              | 360.00              | 40.00              |
| j. ADA Ramp Materials                          | Excavation/Prep            | 250.00              | 225.00              | 25.00              |
|  | Concrete Footings          | 1,450.00            | 1,305.00            | 145.00             |
|  | Carpentry Deck             | 4,500.00            | 4,050.00            | 450.00             |
|  | Rails                      | 1,875.00            | 1,687.50            | 187.50             |
|  | ADA Hardware               | 625.00              | 562.50              | 62.50              |
| k. Engineering Consulting                      | Engineering - Allowance    | 2,000.00            | 1,800.00            | 200.00             |
|  | <b>Sub-total:</b>          | <b>\$118,050.00</b> | <b>\$106,245.00</b> | <b>\$11,805.00</b> |

**4. Operating: List estimated operating expenses relating to the proposed project.**

|                   |  | # of | Rate | Flat Rate | Amount        | State Share     | Non-State       |                |
|-------------------|--|------|------|-----------|---------------|-----------------|-----------------|----------------|
| a.                | Photocopying                           | 2    |      | 50        | 50.00         | 0               | 50              |                |
| b.                | Film and Processing                    |      |      |           |               |                 |                 |                |
| c.                | Maps                                   |      |      |           |               |                 |                 |                |
| d.                | Postage                                |      |      |           |               |                 |                 |                |
| e.                | Telephone                              |      |      |           |               |                 |                 |                |
| f.                | Utilities                              |      |      |           |               |                 |                 |                |
| g.                | Supplies (specify):                    |      |      |           |               |                 |                 |                |
| h.                | Other (specify): Blueprints for Permit | 2    |      | 200       | 200.00        | 200             |                 |                |
| i.                | Other (specify):                       |      |      |           |               |                 |                 |                |
| <b>Sub-total:</b> |  |      |      |           | <b>225.00</b> | <b>\$250.00</b> | <b>\$200.00</b> | <b>\$50.00</b> |

**5. Other (please specify or attach detailed budget):**

|                   |  | Rate | Amount        | State Share   | Non-State     |
|-------------------|--|------|---------------|---------------|---------------|
| a.                |  |      |               |               |               |
| b.                |  |      |               |               |               |
| c.                |  |      |               |               |               |
| d.                |  |      |               |               |               |
| e.                |  |      |               |               |               |
| f.                |  |      |               |               |               |
| g.                |  |      |               |               |               |
| h.                |  |      |               |               |               |
| <b>Sub-total:</b> |  |      | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |

GRANT APPLICATION FOR 2019-2020  
PART III BUDGET FORM

6. Section #1- 5 Subtotals:

|                   |                      | Amounts             | State Share         | Non-State Share    |
|-------------------|----------------------|---------------------|---------------------|--------------------|
| 1.                | Personnel            | 0.00                | 0.00                | 0.00               |
| 2.                | Travel               | 0.00                | 0.00                | 0.00               |
| 3.                | Contractual Services | 118,050.00          | 106,245.00          | 11,805.00          |
| 4.                | Operating            | 250.00              | 200.00              | 50.00              |
| 5.                | Other                | 0.00                | 0.00                | 0.00               |
| <b>Sub-total:</b> |                      | <b>\$118,300.00</b> | <b>\$106,445.00</b> | <b>\$11,855.00</b> |

|     |  |                  |                     |
|-----|--|------------------|---------------------|
| 7.  | <b>Requested State Share Total:</b>        | <b>Subtotal:</b> | <b>\$106,445.00</b> |
| 8.  | <b>Potential Non-State Share:</b>          | <b>Subtotal:</b> | <b>\$11,855.00</b>  |
| 9.  | <b>Actual Non-State Share:</b>             | <b>Subtotal:</b> | <b>\$0.00</b>       |
| 10. | <b>Proposed Project Costs Grand Total:</b> |                  | <b>\$118,300.00</b> |



## State of Nevada Commission for Cultural Centers and Historic Preservation

### Request for Permission to Undertake Structural or Visual Alterations

In accordance with current Covenants (Stipulation 2) in effect on the property below,  
\_\_\_\_\_ (*name of owner/organization*) is requesting written  
permission to undertake visual or structural alterations as described below:

**Building Name:**

**Building Address:**

**Building's Date of Construction:**

**Expiration Date of Covenants:**

**Supplementary Information:**

Please indicate if you have submitted the following—

- Written description of proposed work (*required; see second page*)
- Photographs of existing conditions (*required; please attach*)
- Sketches, plans, or architectural drawings depicting the proposed work
- Sketch or site plan of project location
- Specs of materials to be used
- Historic photographs depicting past condition or design
- Other

**Request Submitted by:**

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

**Organization -**

**Title -**

**Email address -**

**Phone number -**

**Date of Request:**

Please allow up to 14 business days for this form to be processed. Proposed work must not begin until this form has been reviewed and approved by the State Historic Preservation Office.

***Commission for Cultural Centers and Historic Preservation  
Request for Permission to Undertake Structural or Visual Alterations***

---

*Please submit request form and supplementary materials to the State Historic Preservation Office, 901 S. Stewart St., Ste. 5004, Carson City, NV 89701-5248 or by email to [knbrown@shpo.nv.gov](mailto:knbrown@shpo.nv.gov).*

---

**Description of Proposed Work:**

Please provide a thorough written description of the proposed work, including–

- Location on building
- Approximate size of area affected
- Existing conditions
- Materials to be used
- Proposed methods (must follow the [Secretary of the Interior's Standards](#))

*(Use as many pages as needed)*

## APPENDIX II

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## CCCHP FY2021-2022 Important Dates

|                                      |                               |
|--------------------------------------|-------------------------------|
| Project Commencement Date*           | TBD                           |
| Progress Report #1 Due               | TBD                           |
| Progress Report #2 Due               | TBD                           |
| Progress Report #3 Due               | TBD                           |
| Project Termination Date**           | TBD                           |
| Final Product Due                    | TBD                           |
| Final Reimbursement Due              | TBD                           |
| Reimbursement Processing timeline*** | 15 business days upon receipt |

\*. Reimbursements will not be granted for work that has started or completed before this date.

\*\* Reimbursement requests will not be honored for work completed after this date.

\*\*\*All reimbursement requests are reviewed for completeness upon receipt. If everything is in order, reimbursement requests will be processed within 15 business days.





**CCCHP REIMBURSEMENT REQUEST**

|                                 |                  |
|---------------------------------|------------------|
| <b>Report Period (mm/dd/yy)</b> |                  |
| <b>From:</b> _____              | <b>To:</b> _____ |

|   |  |
|---|--|
| <b>Grantee:</b> _____<br><b>Project Title:</b> _____<br><br><b>State Vendor Number:</b> _____ | <b>Grant No.</b> _____<br><br><b>Request No.</b> _____ |
|---|--|

**BUDGET SUMMARY--GRANT SHARE (Please include backup documentation)**

| Category   | Budgeted Amounts | Previously Reimbursed (Cumulative) | Funds to be Reimbursed This Period | Balance Remaining |
|--|------------------|------------------------------------|------------------------------------|-------------------|
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
|  |                  |                                    |                                    | -                 |
| Total  | -                | -                                  | -                                  | -                 |
| <b>Total Funds Requested for Reimbursement on this Claim</b> |                  |                                    |                                    | -                 |

**BUDGET SUMMARY--MATCH SHARE (Please include backup documentation)**

| Category                                  | Budgeted Amounts | Previously Claimed (Cumulative) | Funds Spent This Period | Balance Remaining |
|---|------------------|---------------------------------|-------------------------|-------------------|
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
|   |                  |                                 |                         | -                 |
| Total                                     | -                | -                               | -                       | -                 |
| <b>Total Match Reported in this Claim</b> |                  |                                 |                         | -                 |

| <b>*Fill out both budget summaries to autopopulate this section.</b> | <b>TOTAL*</b> |
|--|---------------|
| 1. Total project funds   | -             |
| 2. Total project funds spent this period (Grant & Match)             | -             |
| 3. Revenues earned in this report period                             | -             |
| 4. Total project funds previously spent. (Grant and Match)           | -             |
| 5. Total Grant funds spent to date                                   | -             |
| 6. Total match claimed to date (Cash and in-kind)                    | -             |
| 7. Remaining balance of match  | -             |
| 8. Remaining balance of Grant funds                                  | -             |

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purposes set forth under the terms of the approved project.

|  |            |             |
|--|------------|-------------|
| Signature of Authorized Official _____ | Date _____ | Title _____ |
|--|------------|-------------|

### **Backup Documentation**

- Have you included documentation that shows payment was made for each of the approved budget categories you are requesting reimbursement for?

For the Grant and Match shares, the following documentation is considered necessary backup. Be sure to clearly label each invoice with what is applied to the Grant and what is Match. If a portion is covered by another grant, be sure to make note of that as well.

### **Personnel (Timesheets)**

- Have you or other staff working on the project and the appropriate supervisor signed and dated the timesheets?
- Do they clearly identify the day, month, and hours spent on the grant project?
- Have you identified the hourly rate (including benefits) at which the work is being charged?
- Have you submitted documentation to justify the hourly rate? Is the hourly rate at or below the rate of \$82.57?
- Was the work completed during the grant period?

### **Consultant/contractor Services**

- Have you enclosed the invoice from the consultant/contractor? A copy or original is fine.
- Does the invoice clearly indicate the time in which the work was performed?
- Was the work performed during the grant period?
- Did you include all necessary copies of cancelled checks, bank statements, receipts, etc. to prove payment?

### **Travel Claims**

- Were travel expenditures identified in your original project budget?
- Has each individual completed the travel form if necessary?
- Are the original signatures on the travel form for both the individual and the project director?
- Was the travel completed during the grant period?
- Is the requested travel reimbursement at or below the allowable federally approved GSA rate?
- Tips or gratuities are not reimbursable. Have you adjusted your travel claim(s) accordingly?
- Did you include receipts for lodging, airfare and/or car rentals?

### **Supplies/Operating**

- Were these expenditures identified in your original project budget?
- Were these expenditures within the grant period?
- Have you included copies of all receipts/invoices? Are they clearly identified?
- If a receipt includes items not reimbursable with grant funds, are the items being claimed highlighted?
- Were the supplies purchased during the grant period?

- Were the operating expenses performed during the grant period?

### **Donated Equipment/Material Forms**

- If necessary, have you completed the "**Value of Donated Equipment**" form?
  - Is the supervisor's original signature on the "Value of Donated Equipment" form?
  - Is the hourly rate identified? Is the hourly rate at or below the rate of \$82.57?
  - Are the equipment operator's original signature(s) and the volunteer's supervisor's original signature on the form?
  - Was the use of the donated equipment done during the grant period?
- If necessary, have you completed the "**Value of Donated Material**" form?
  - Is the supervisor's original signature on the "Value of Donated Material" form?
  - Is the current fair market value identified and justified?
  - Is the date of the donation identified on the form?
  - Was the donation made during the grant period?

### **Donated Labor Forms**

- Has each volunteer completed a "Value of Donated Labor" form if necessary?
- Are the original signatures on the "Value of Donated Labor" form from both the volunteer and the volunteer's supervisor?
- Is the wage rate identified and justified? Is the hourly rate at or below the rate of \$82.57?
- Are the month, day and hours worked identified on the form?
- Was the work performed during the grant period?

### **Other Expenditures**

- Were these expenditures identified in your original project budget?
- Were these expenditures within the grant period?
- Have you included copies of all receipts/invoices? Are they clearly identified?
- If a receipt includes items not reimbursable with grant funds, are the items being claimed highlighted?

### **Final Reimbursement Checklist Items**

- Did you double check your math?
- Do the invoice totals and the reimbursement request totals match up?

**\*If any of your answers are "NO", the reimbursement request may be denied. Please contact the grant manager with any questions or concerns.**



This form authenticates the individuals authorized to sign requests for reimbursement and/or quarterly progress reports. Please complete this form, stating whom the **project manager**, **financial manager**, and **alternate person** will be, along with their signatures and date.

CCCHP Grant #: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Authorized Signatories\* (please include up to three):

X \_\_\_\_\_  
Authorized Official Project Manager (print)

X \_\_\_\_\_  
Signature of Authorized Project Manager

X \_\_\_\_\_  
Title (print)

X \_\_\_\_\_  
Authorized Official Financial Manager (print)

X \_\_\_\_\_  
Signature of Authorized Financial Manger

X \_\_\_\_\_  
Title (print)

X \_\_\_\_\_  
Authorized Official Alternate (print)

X \_\_\_\_\_  
Signature of Authorized Alternate

X \_\_\_\_\_  
Title (please print)

This is to certify that the above individuals are authorized to sign the CCCHP Reimbursement Request form, the Quarterly Progress Report form and the Project Change Request forms.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Title (print)

\_\_\_\_\_  
Date



CCCHP GRANT PROGRAM  
VALUE OF DONATED MATERIAL

|   |   |
|---|---|
| <b>Grantee:</b> _____<br><b>Address:</b> _____<br><b>Project Title:</b> _____ | <b>Grant No.</b> _____<br><br><p style="text-align: center;"><b>Report Period</b></p> <b>From:</b> _____ <b>To:</b> _____ |
|---|---|

| DESCRIPTION OF MATERIAL DONATED | DATE OF DONATION | CURRENT FAIR MARKET VALUE | BASIS OF VALUE |
|---------------------------------|------------------|---------------------------|----------------|
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  |                           |                |
|                                 |                  | -                         |                |

|  |               |                |
|--|---------------|----------------|
| I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project. |               |                |
| _____<br>Signature of Authorizing Grantee Official   | _____<br>Date | _____<br>Title |







NEVADA  
STATE HISTORIC  
PRESERVATION OFFICE

## PROPERTY RECORD

Grantee: \_\_\_\_\_

Grant No.: \_\_\_\_\_

Project Title: \_\_\_\_\_

Property listed herein has been assigned to the Grantee for use as set forth in above project number.

REMINDER: SHPO MUST BE NOTIFIED PRIOR TO ACTION WHICH WOULD RESULT IN PROPERTY DISPOSITION

| DATE RECEIVED | PROPERTY DESCRIPTION | SERIAL NO. OR OTHER I.D.# | SOURCE OF PROP. (VENDOR) | TITLE HOLDER | COST | % OF GRANT | LOCATION OF PROPERTY | USEFUL LIFE |
|---------------|----------------------|---------------------------|--------------------------|--------------|------|------------|----------------------|-------------|
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |
|               |                      |                           |                          |              |      |            |                      |             |

I certify that to the best of my knowledge and belief, the information contained herein is true and correct.

Signature of Project Director

Date

Name (Please Print)





## CCCHP GRANT PROGRAM COMPETITIVE NEGOTIATION AND SMALL PURCHASES CONTRACTING DOCUMENTATION

|  |                           |
|--|---------------------------|
| <b>Subgrantee:</b> _____<br><b>Address:</b> _____<br><b>Project Title:</b> _____ | <b>Subgrant No.</b> _____ |
|--|---------------------------|

Purpose of Contract: \_\_\_\_\_

Type of Contract:

|                       |       |
|-----------------------|-------|
| Professional Services | _____ |
| Printing              | _____ |
| Equipment/Supplies    | _____ |
| Other                 | _____ |

Contact Information:

- 1      Name of Person or Company: \_\_\_\_\_  
        Address: \_\_\_\_\_  
        City, State, Zip Code: \_\_\_\_\_  
        Telephone/Fax Number: \_\_\_\_\_  
        Date Contacted: \_\_\_\_\_  
        Bid: \_\_\_\_\_
- 2      Name of Person or Company: \_\_\_\_\_  
        Address: \_\_\_\_\_  
        City, State, Zip Code: \_\_\_\_\_  
        Telephone/Fax Number: \_\_\_\_\_  
        Date Contacted: \_\_\_\_\_  
        Bid: \_\_\_\_\_
- 3      Name of Person or Company: \_\_\_\_\_  
        Address: \_\_\_\_\_  
        City, State, Zip Code: \_\_\_\_\_  
        Telephone/Fax Number: \_\_\_\_\_  
        Date Contacted: \_\_\_\_\_  
        Bid: \_\_\_\_\_

|  |               |
|--|---------------|
| I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project. |               |
| _____<br>Signature of Certifying Officer for Grantee   | _____<br>Date |



STATE OF NEVADA  
 Commission For Cultural Centers and Historic Preservation  
**CONTRACTOR CLAIM FOR TRAVEL EXPENSE**  
 (SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

**Name & Title:** \_\_\_\_\_  
**Employee ID #:** \_\_\_\_\_  
**Official Station:** \_\_\_\_\_

*I declare under penalties of perjury that to the best of my knowledge this is a true and correct claim in conformance with the governing statutes and the State Administrative Manual and its updates.*

*Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_*

| DATE | DETAIL<br><i>("NO ACRONYMS")</i>                   | TIME         |              | MILEAGE | TOTAL VEHICLE COSTS | DAILY EXPENSES            |   |   |            | PER DIEM TOTAL | CLAIM TOTAL        |         |
|------|--|--------------|--------------|---------|---------------------|---------------------------|---|---|------------|----------------|--------------------|---------|
|      |  | ENTER TRAVEL | LEAVE TRAVEL |         |                     | Meals                     |   |   | Incidental |                |                    | Lodging |
|      |  |              |              |         |                     | B                         | L | D |            | 5.00 Per day   |                    |         |
|      |  |              |              |         |                     | See GSA Website for Rates |   |   |            |                |                    |         |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      |  |              |              |         | \$ -                |                           |   |   |            |                | \$ -               | \$ -    |
|      | Other Costs: ATM Fees, etc...                      |              |              |         | \$ -                |                           |   |   |            |                |                    | \$ -    |
|      | AIRPORT PARKING: Personal Vehicle                  |              |              |         | \$ -                |                           |   |   |            |                |                    | \$ -    |
|      | TRANSPORTATION: Other (i.e. Taxi, Rental, Shuttle) |              |              |         | \$ -                |                           |   |   |            |                |                    | \$ -    |
|      | TRANSPORTATION: Public (i.e. Subway, City Bus)     |              |              |         | \$ -                |                           |   |   |            |                |                    | \$ -    |
|      |  |              |              |         |                     |                           |   |   |            |                | <b>TOTAL CLAIM</b> | \$ -    |

Claimant is: \_\_\_\_\_  
 \_\_\_\_\_ Independent Contractor Whose Contract Provides for Travel

**\*Receipts are required for:**  
 Hotel and Transportation Charges  
 ATM and bank transactions  
 Airfare

| Travel Claim Total Summary |          |             |
|----------------------------|----------|-------------|
| Transportation             | =        | \$ -        |
| Personal Vehicle           | =        | \$ -        |
| Per Diem                   | =        | \$ -        |
| Other Costs                | =        | \$ -        |
| <b>Total Claim:</b>        | <b>=</b> | <b>\$ -</b> |

This form is used for the State to reimburse the contracted traveler and must be submitted within one month of completion of travel unless prohibited by exceptional circumstances (SAM 0220.0).



NEVADA  
**STATE HISTORIC  
 PRESERVATION OFFICE**

## PROJECT CHANGE REQUEST

|   |   |
|---|---|
| <b>Grantee:</b> _____<br><b>Project Title:</b> _____<br><b>State Vendor Number:</b> _____ | <b>Grant No.</b> _____<br><b>Report No.</b> _____ |
|---|---|

### BUDGET REVISION SUMMARY

| Category     | Current Budget (list full approved budget) | Request Budget | Net Change |
|--------------|--|----------------|------------|
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
|              |  |                | -          |
| <b>TOTAL</b> | -  | -              | -          |

**OTHER CHANGES:**

See Continuation Sheet

**Change Project Director:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Change Grant Period:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Revise Scope of Work:**  See Continuation Sheet

The Grantee must provide a written explanation of what the requested changes are and why money needs to be shifted (increased/decreased) among other budget categories. Ordinarily, shifting of funds should not change the scope of the project. The Grantee will receive a copy of the request and cannot act upon the request until it has been approved in writing.

Signature of Project Director \_\_\_\_\_ Date \_\_\_\_\_ Signature of SHPO \_\_\_\_\_ Date \_\_\_\_\_



# CCCHP GRANT PROGRAM PROJECT CHANGE REQUEST

(Continuation Sheet)

|                                       |                          |
|---------------------------------------|--------------------------|
| <b>Grantee:</b> _____                 | <b>Grant No.</b> _____   |
| <b>Project Title:</b> _____           | <b>Request No.</b> _____ |
| <b>State Vendor<br/>Number:</b> _____ |                          |

## REVISION SUMMARY

*(Describe proposed changes)*



## CCCHP GRANT PROGRAM

# PROGRESS REPORT

|   |  |
|---|--|
| <b>Grantee:</b> _____<br><b>Address:</b> _____<br><b>Project Title:</b> _____ | <b>Grant No.</b> _____<br><b>Report No.</b> _____<br><b>Report Period</b><br><b>From:</b> <input style="width: 50px;" type="text"/> <b>To:</b> <input style="width: 50px;" type="text"/> |
|---|--|

Column A: List **all** project Categories (Refer to Attachment A of your Funding Agreement.)

Column B: Indicate the anticipated completion date for that particular category

Column C: Indicate the percentage (%) of phase/project complete at the time of this report.

\*See page 22 of grant Manual for Reporting Requirements

| A. Project Category     | B. Anticipated Completion Date | C. Percentage (%) of grant-funded project completed at this time. |
|-------------------------|--------------------------------|---|
| <b>EX: Replace Roof</b> | <b>05/01/2025</b>              | <b>75%</b>  |
| 1.                      |                                |   |
| 2.                      |                                |   |
| 3.                      |                                |   |

### Project Activity

*Commence Narrative Report of Project Here - Attach photographs showing work completed to date, if applicable. Be sure to report **all** project activity during this reporting period.*

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Date

# FINAL REPORT FORMAT (EXAMPLE)

The following material will form the basis for the final project report for each CCCHP rehabilitation project. Please make sure to label and include the following sections:

## PART I: PROPERTY and OWNERSHIP IDENTIFICATION

1. Grant project number
2. Property name and address
3. Name and address of the property owner
4. Name and address of architectural/engineering firm, if applicable
5. Name and address of general contractor, if applicable
6. Name and address of specialist contractor, if applicable
7. Dates of project work (including development of plans and specifications)

## PART II: FISCAL REPORT

1. Total project cost, including CCCHP share
2. Final work cost breakdown (see example below)

### A. Final work-cost breakdown example:

|                              |                    |
|------------------------------|--------------------|
| Architectural Fees           | \$3,125.00         |
| Scaffolding                  | 5,000.00           |
| Demolition                   | 4,000.00           |
| Replace steel lintels        | 3,902.00           |
| Glass and glazing            | 2,500.00           |
| Carpentry                    | 0.00               |
| Window repair                | 10,263.00          |
| Door repair                  | 1,000.00           |
| Painting                     | 3,700.00           |
| <b>TOTAL</b>                 | <b>\$33,490.00</b> |
| CCCHP Grant monies expended: | \$11,000.00        |
| Grant Match expended:        | \$22,490.00        |

### B. List by donor, source, kind, and amount for each of the other funding sources example:

|         |                  |
|---------|------------------|
| Donor:  | Local Non-Profit |
| Source: | Revenue          |
| Kind:   | Cash             |
| Amount: | \$22,490.00      |

3. Brief narrative explaining any differences between original work cost estimates and final costs

## PART III: CASE STUDY NARRATIVE

1. Brief (one to two pages) narrative of preservation or restoration needs prior to grant award
2. Brief (one to two pages) narrative of completed project work, including reference to consultants' reports, test results, products, and materials used to accomplish the preservation or restoration objective(s)
3. A proposed maintenance schedule based upon the particular problems encountered and addressed

## FINAL REPORT FORMAT (EXAMPLE)

4. Brief (one to two pages) narrative of preservation problems that still need to be addressed

### **PART IV: PHOTOGRAPHIC INDEX (see example below)**

Please use the example format below and be sure to include:

1. At least two photographs of the condition of each work category prior to grant funded work
2. At least two photographs of work in progress for each work category
3. At least two photographs of work completed for each work category

#### **Photographic Index Example:**

##### **Before Work**

| <u>Index #</u> | <u>View</u>                             | <u>Date Taken</u> |
|----------------|---|-------------------|
| B1             | South Elevation overview (typical)      | 5/20/2005         |
| B2             | Detail of South entry door              | 5/20/2005         |
| B3             | Detail of typical wood window           | 5/20/2005         |
| B4             | Detail of typical metal window          | 5/20/2005         |
| B5             | Detail of stucco condition above window | 5/20/2005         |
| B6             | Termite damage at window trim           | 5/20/2005         |

##### **During Work**

| <u>Index #</u> | <u>View</u>  | <u>Date Taken</u> |
|----------------|--|-------------------|
| D1             | South Elevation showing work on doors and windows                    | 1/15/2006         |
| D2             | Detail showing mortise and tenon joinery and hardware being stripped | 1/15/2006         |
| D3             | Detail showing reglazing of wood window                              | 1/15/2006         |
| D4             | Detail of paint preparation and condition of wood at window          | 1/15/2006         |
| D5             | Detail of paint preparation at metal window                          | 1/15/2006         |
| D6             | Detail of exposed deteriorated steel lintel                          | 1/15/2006         |
| D7             | Detail of replacement lintel being installed                         | 1/15/2006         |
| D8             | Profile of new wood trim compared with original wood trim            | 1/15/2006         |

##### **After Work**

| <u>Index #</u> | <u>View</u>  | <u>Date Taken</u> |
|----------------|--|-------------------|
| A1             | South Elevation showing completed work               | 6/1/2006          |
| A2             | Wood door and hardware now restored                  | 6/1/2006          |
| A3             | Wood window now restored                             | 6/1/2006          |
| A4             | Metal window now restored                            | 6/1/2006          |
| A5             | Stucco and brick work at lintel now repaired         | 6/1/2006          |
| A6             | Wood trim replaced at limited interior window frames | 6/1/2006          |

## APPENDIX III

- [SECRETARY OF INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES AND 36 CFR 68](#) 79
- [NRS 332: PURCHASING: LOCAL GOVERNMENTS](#) 83
- [NRS 383: HISTORIC PRESERVATION AND ARCHEOLOGY](#) 101  
(Commission for Cultural Centers and Historic Preservation at page 92; 383.500)



Please go to <https://www.nps.gov/tps/standards/treatment-guidelines-2017.pdf> to see the full 252-page document



THE SECRETARY  
OF THE INTERIOR'S  
**STANDARDS FOR  
THE TREATMENT  
OF HISTORIC  
PROPERTIES**

WITH  
**GUIDELINES FOR  
PRESERVING,  
REHABILITATING,  
RESTORING &  
RECONSTRUCTING  
HISTORIC  
BUILDINGS**



U.S. Department of the Interior  
National Park Service  
Technical Preservation Services

Under the National Historic Preservation Act (NHPA), the Secretary of the Interior is responsible for establishing professional standards and for providing guidance on the preservation of the nation's historic properties. *The Secretary of the Interior's Standards for the Treatment of Historic Properties* apply to all grants-in-aid projects assisted through the Historic Preservation Fund (authorized by the NHPA) and are intended to be applied to a wide variety of resource types, including buildings, sites, structures, objects, and districts. The Standards address four treatments: preservation, rehabilitation, restoration, and reconstruction. The treatment Standards, developed in 1992, were codified as 36 CFR Part 68 in the July 12, 1995, Federal Register (Vol. 60, No. 133). They replaced the 1978 and 1983 versions of 36 CFR Part 68, entitled *The Secretary of the Interior's Standards for Historic Preservation Projects*. The revised Guidelines herein replace the Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings, published in 1995 to accompany the treatment Standards.

*The Secretary of the Interior's Standards for the Treatment of Historic Properties* are regulatory only for projects receiving Historic Preservation Fund grant assistance and other federally-assisted projects. Otherwise, these Guidelines are intended to provide general guidance for work on any historic building.

Another regulation, 36 CFR Part 67, focuses on "certified historic structures" as defined by the Internal Revenue Service Code of 1986. The Standards for Rehabilitation cited in 36 CFR Part 67 should always be used when property owners are seeking certification for federal tax benefits.

THE SECRETARY OF THE INTERIOR'S **STANDARDS**  
FOR THE TREATMENT OF HISTORIC PROPERTIES  
WITH  
**GUIDELINES** FOR PRESERVING, REHABILITATING,  
RESTORING & RECONSTRUCTING HISTORIC BUILDINGS

Revised by Anne E. Grimmer

*from The Secretary of the Interior's Standards  
for the Treatment of Historic Properties with  
Guidelines for Preserving, Rehabilitating,  
Restoring & Reconstructing Historic Buildings  
Kay D. Weeks and Anne E. Grimmer (1995)*

U.S. Department of the Interior  
National Park Service  
Technical Preservation Services  
Washington, D.C.

2017