

APPENDIX II: FORMS

CCCHP FY2017 Important Dates

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

*Reimbursement for any Grant or non-Grant share must occur on or after this date. Reimbursements will not be granted for work completed before this date.

**Reimbursement for any Grant or non-Grant share in relation to this grant must occur on or 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 Checklist

Have you submitted the required documents? Here is a list:

Backup Documentation

- Have you included documentation that shows payment was made for each of the above categories? For the Grant and match shares, the following documentation is considered necessary backup:

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 \$82.49?
- Was the work completed during the contract period?

Consultant Services

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

Travel Claims

- 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 contract period?
- Is the requested travel reimbursement at or below the allowable federally approved rate?
- Tips or gratuities are not reimbursable. Have you adjusted your travel claim(s) accordingly?

Supplies/Operating

- Were these expenditures identified in your original project budget?
- Were these expenditures within the contract 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 contract period?
- Were the operating expenses performed during the contract 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 \$82.49?
 - 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 contract period?

CCCHP Reimbursement Request Checklist

- 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 contract 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 \$82.49?
- Are the month, day and hours worked identified on the form?
- Was the work performed during the contract period?

Other Expenditures

- Were these expenditures identified in your original project budget?
- Were these expenditures within the contract 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?

CERTIFICATION LETTER

(The following is to be printed on grantee letterhead and returned to the SHPO)

Grant #: _____

Organization Name: _____

Mailing Address: _____

Phone Number: _____

Authorized Signatures:

Signature of Authorized Official #1

Signature of Authorized Official #2

Signature of Authorized Official #3

This is to certify that the above is the signature of:

Authorized Official #1 Name (please print)

Title (please print)

and

Authorized Official #2 Name (please print)

Title (please print)

and

Authorized Official #3 Name (please print)

Title (please print)

are authorized to sign the Monthly Financial Report and Quarterly Progress Report forms.

Signature of Authorizing Official

Title (please print)

Date



CCCHP GRANT PROGRAM
VALUE OF DONATED MATERIAL

Grantee: _____ Address: _____ Project Title: _____	Grant No. _____ Report Period From: _____ To: _____
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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.

Signature of Authorizing Grantee Official _____ Date _____ Title _____



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CCCHP GRANT PROGRAM VALUE OF DONATED EQUIPMENT

Grantee: _____ Address: _____ Project Title: _____	Grant No. _____ <p style="text-align: center;">Report Period</p> From: _____ To: _____
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DATE	TYPE AND SIZE OF EQUIPMENT	TOTAL HOURS OF USE	HOURLY RATE	VALUE OF DONATION (HOURS OF USE X HOURLY RATE)	EQUIPMENT OPERATOR'S SIGNATURE

TOTAL VALUE OF DONATION _____

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.		
Signature of Authorizing Grantee Official _____	Date _____	Title _____



CCCHP REIMBURSEMENT REQUEST

Report Period (mm/dd/yyyy)	
From: _____	To: _____

Grantee: _____	Grant No. _____
Project Title: _____	
State Vendor Number: _____	Report No. _____

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

Category	Budgeted Amounts	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
Personnel				-
Consultant				-
Travel				-
Supplies/Operating				-
Equipment				-
Training				-
Other				-
Total	-	-	-	-
Total Funds Requested for Reimbursement on this Claim				-

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

Category	Budgeted Amounts	Previously Claimed (Cumulative)	Funds Spent This Period	Balance Remaining
Personnel				-
Consultant				-
Travel				-
Supplies/Operating				-
Equipment				-
Training				-
Other				-
Total	-	-	-	-
Total Match Reported in this Claim				-

Fill out both budget summaries to autopopulate this section.	TOTAL
1. Total Grant 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 _____
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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

Subgrantee: _____ Address: _____ Project Title: _____	Subgrant No. _____
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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.	
_____ Signature of Certifying Officer for Grantee	_____ Date



TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name _____

Vendor Number _____

Department & Division _____

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.

I do **not** have a travel advance

I **do** have a travel advance from my agency or State Treasurer

Signature of Traveler

Agency Approval

Transportation Codes:

P - Plane **X** - Passenger in Car
PP - Private Plane **PT** - Public Trans: Subway, City Bus
PC - Private Car **SC** - State Car: Motor Pool or Agency Car
OT - Other*: Limousine, Taxi, Shuttle, Rental Car, Inter-City Bus, Railroad

Miscellaneous Codes:

A - ATM Fees* **I** - Incidental Expense

Traveler is:

_____ State Officer or Employee
 _____ Board or Commission Member
 _____ Independent Contractor Whose Contract Provides for Travel

Date	Destination and Purpose of Each Trip	Travel Time		Transportation			Miscellaneous Expenses		Daily Expenses			Total For Day		
		Started	Ended	Code	PC/PP Mileage	Cost	Code	Cost	Meals				Lodging	
									B	L	D			

Less Travel Advance Received from the Traveler's Agency or State Treasurer: _____

Balance Due to Traveler: _____

***Receipts are required for:**
 "Other" transportation expenses
 ATM and bank transactions
 Out-of-state hotel & transportation expenses

Traveler is personally liable for repaying advances and Travel Card charges.

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



PROJECT CHANGE REQUEST

Grantee: _____ Project Title: _____ State Vendor Number: _____	Grant No. _____ Report No. _____
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BUDGET REVISION SUMMARY

Category	Current Budget	Request Budget	Net Change
Personnel			
Consultant			
Travel			
Supplies/Operating			
Equipment			
Training			
Other			
TOTAL			

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 _____
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**CCCHP GRANT PROGRAM
PROJECT CHANGE REQUEST**

(Continuation Sheet)

Grantee: _____	Grant No. _____
Project Title: _____	Request No. _____
State Vendor Number: _____	

REVISION SUMMARY

(Describe proposed changes)



CCCHP GRANT PROGRAM

QUARTERLY PROGRESS REPORT

Grantee: _____ Address: _____ Project Title: _____	Grant No. _____
	Report No. _____
	Report Period From: <input type="text"/> To: <input type="text"/>

Column A: List **all** project products/deliverables. (Refer to Attachment A of your Funding Agreement.)
 Column B: Indicate the anticipated completion date for that particular product per the funding agreement.
 Column C: Indicate yes/no whether or not a particular product is being submitted this quarter.
 Column D: Indicate the percentage (%) of phase/project/product complete at the time of this report.

A. Products/Deliverables	B. Anticipated Completion Date	C. Product submitted this period? Yes or No	D. Percentage (%) completed at this time.
EX: Recon. Survey of Xanadu Neighborhood	6/30/2263	Yes	75% 1 st Draft
1.			
2.			
3.			

Project Activity

Commence Narrative Report of Project Here (NOTE: Report should include project activity both in qualitative and quantitative terms.) Please attach photographs showing work completed to date, if applicable.

Signature of Project Director

Date

FINAL PROJECT REPORT 2017

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

PART I: PROPERTY & OWNERSHIP IDENTIFICATION

1. Grant project number
2. Property name & address
3. Name & address of the property owner
4. Name & address of architectural/engineering firm
5. Dates of project work (including development of plans & 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
TOTAL	\$33,490.00
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:

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
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