

**Draft Copy for Review**

**Commission for Cultural Centers and  
Historic Preservation  
(CCCHP)  
Grant Program**

**Fiscal Year 2017-2018**

**Information,  
Application Form  
and  
Instructions**

**Commission for Cultural Centers and Historic Preservation  
CCCHP Grant Program  
State Historic Preservation Office (SHPO)  
901 South Stewart Street, Suite 5004  
Carson City, NV 89701**



NEVADA

**STATE HISTORIC  
PRESERVATION OFFICE**

**CCCHP GRANT PROGRAM  
GENERAL APPLICATION INSTRUCTIONS  
2017-2018**

**ALL APPLICATIONS MUST BE  
POSTMARKED OR DELIVERED TO THE SHPO BY \_\_\_\_\_**

The Commission will not accept any late applications either by mail, hand-delivery, or at the time of the hearing. It will only consider written material submitted by \_\_\_\_\_, 2017 and testimony regarding the application at its grant hearing.

**Part I – Application Cover Page must be signed in blue or black ink**

CCCHP requires wet signatures. No pencil or copied signature(s) will be accepted for the original application cover page. **Application packets without an original signature will be considered incomplete.**

**One original.**

One original of the completed application is required. Make sure the original application, with the original signature, is at the top of the packet when it is mailed or hand-delivered. *Remember, make only one copy of an audit, consultant's resumes and one copy of the insurance verification, and attach them to the original application.*

If using the U.S. Postal Service, Federal Express, United Parcel Service, or Airborne Express, please use the following address:

**CCCHP GRANT PROGRAM  
ATTN: ELYSE JOLLY  
STATE HISTORIC PRESERVATION OFFICE  
901 SOUTH STEWART STREET, SUITE 5004  
CARSON CITY, NV 89701**

If hand delivering, the SHPO is located on the fifth floor of the Bryan Building in Carson City.

## **APPLICATION FORM**

The application form is composed of three (3) parts:

**Part I** is the Application Cover Page. This provides the Commission with a quick and concise overview of who is proposing the project, where it is located, what it is intended to achieve, and how much it will cost. This must be submitted as only a one-page document with the application packet.

**Part II** is the Narrative Description section and should describe your project in detail.

**Part III** is the Budget section. A detailed project budget is necessary to provide the Commission with information needed to evaluate applications. In addition, this information may be used later, in preparation of funding agreements between the Commission and the Grantees.

## CCCHP GRANT PROGRAM APPLICATION SUBMISSION CHECKLIST

- Have you answered all of the items in Part I- Application Cover Page?
- Have you signed Part I- Application Cover Page in blue or black ink?
- Have you answered all of the questions in Part II – Narrative Description? In five pages or less?
- Have you included a detailed budget Part III – Project Budget to convey your project proposal?
- Have you labeled the photographs in your application?
- Have you included the following items in the correct order?
  - Part I – Application Cover Page (required);
  - Part II – Narrative Description (required);
  - Part III – Budget (required) and one copy of your most recent audit report (include with original, signed application);
- Photographs of all exterior elevations with views, identified & oriented to a site plan;
- Photographs of all major rooms & project rooms, labeled & keyed to a floor plan;
- Organization’s Mission Statement, history and length of time established;
- Detailed report on current CCCHP grant status (if applicable), as well as the outcome of previous CCCHP or CCA grants (if applicable);
- A current list (last three years) of all grants (regardless of source) and additional funding, including amounts the organization has or will receive;
- Insurance policy for the building/facility (one copy only with original application);
- A list of current board members for the organization(required);
- Resumes (two page maximum) for all principal professionals involved in the planning, design and/or management of the proposed project (required);
- A copy of the organization’s long-range plan including information on how frequently the plan is updated (required);
- A list of the organization’s activities for the past fiscal year (ex. July 1, 2014 – June 30,2015), if applicable.
- Do you have one copy of the audit?

- Does the application have the required unaltered application cover pages?
- Does the application have an original signature in blue or black ink?
- Have you addressed the packet correctly?

**CCCHP GRANT PROGRAM APPLICATION**

**2017**

NEVADA COMMISSION FOR  
CULTURAL CENTERS AND HISTORIC PRESERVATION (CCCHP)  
**GRANT APPLICATION FOR FY2017-2018**

*For SHPO use only*  
Received: \_\_\_\_\_  
Postmarked: \_\_\_\_\_  
Delivery Svc.: \_\_\_\_\_  
Initials: \_\_\_\_\_

**APPLICATION COVER PAGE** (This *unaltered* form must be submitted with the application.)

Applicant Organization: \_\_\_\_\_  
EIN (Taxpayer Identification Number): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Project Title: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Project Type:  Rehabilitation/Construction  Planning/Construction  Architectural/Engineering Study/Construction

Historic Property Name: \_\_\_\_\_ Date Built: \_\_\_\_\_

Property Insured:  Yes; please enclose one copy of policy  No; please explain: \_\_\_\_\_

Project Synopsis (brief): \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

Proposed End Date: \_\_\_\_\_

**Project Budget Summary:**

Amount Requested: \$ \_\_\_\_\_

Proposed Match: Cash \$ \_\_\_\_\_

In-Kind/Donations: \$ \_\_\_\_\_

Total Project Budget: \$ \_\_\_\_\_

**Applicant's authorized signature:**

\_\_\_\_\_

Name (please print): \_\_\_\_\_

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

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

**For SHPO use only:**  
**Award:** \_\_\_\_\_

**I HAVE READ THE 2017 CCCHP APPLICATION GRANTS  
MANUAL\***

**\*PLEASE NOTE—IF THIS PAGE IS NOT SIGNED, THE APPLICATION IS CONSIDERED  
INCOMPLETE AND CANNOT MOVE FORWARD IN THE FUNDING PROCESS.\***

I HAVE READ THE GRANTS MANUAL AND COMPLETED THIS **CCCHP APPLICATION FOR  
2017** AND CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO  
THE BEST OF MY KNOWLEDGE.

**Applicant's authorized signature:**

\_\_\_\_\_

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

Name (*please print*): \_\_\_\_\_

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



## CCCHP GRANT PROGRAM APPLICATION INSTRUCTIONS FOR PART I - CCCHP APPLICATION COVER PAGE

**This cover page must be the first page of your application.** No exceptions. Your application will be considered incomplete if it is submitted without this cover page. Do not use anything else as your front cover. An electronic copy of this page is available at [www.shpo.nv.gov](http://www.shpo.nv.gov). Please copy as needed. Do not edit or change the size of the document or the spaces used for answers.

**Applicant Organization:** Please provide the complete name of your organization.

**Employer Identification Number (EIN):** This is a nine-digit number that the Internal Revenue Service (IRS) assigns in the following format: XX-XXXXXXX. EINs are used by employers, sole proprietors, corporations, partnerships, nonprofit associations, trusts, estates of decedents, government agencies, certain individuals, and other business entities. This item must be filled in. No exceptions.

**Mailing Address:** This should be the address at which you wish to receive project correspondence and reimbursements.

**Project Contact, Title, Phone Numbers, Fax, and Email:** List the person within your organization who will be able to answer questions concerning the application. Include daytime and evening phone numbers, as well as fax and email addresses. If numbers are unavailable, please indicate with a “N/A.”

**Project Title:** Provide a title for the project to be used in press releases and promotion of the grant program, should your project be awarded funds.

**Project Address:** Provide a street address for the project building/site.

**Project Type:** Select only one category.

**Historic Property Name:** Indicate the historic name of the historic building or site where the proposed work is to be performed.

**Date Built:** Indicate the date of construction for the historic building. If an exact date is unavailable, please use “circa” (or approximate) dates.

**Property Insured:** Indicate whether the historic property is insured. If insured, enclose one copy of the policy only, with the original application. If not, please explain. Be brief and concise.

**Project Synopsis:** This should be a concise summary of your project and should provide the Commission with a clear idea of your goals. Do not make your answer so long that you need an attachment. You will have an opportunity to provide a more detailed explanation of your project in “Part II-Narrative.”

**Proposed Start and End Dates:** Indicate when the project is scheduled to begin. The end date should provide the Commission with an idea of how long the project will take for completion. It should be completed within 15 to 18 months of the bond sale. If this is a larger or ongoing project, please identify the phases of the project and what you hope to accomplish during this grant cycle.

**Project Budget Summary:** This section requests the estimated amounts for your proposed project.

**Amount Requested:** Identify the total amount of funds requested from the Commission. Remember, a more detailed budget explanation should be provided in Part III-Budget. Also keep in mind that this grant does not cover mortgage payments, programming, reports, landscaping, administrative or any other “non-bricks and mortar” construction, except as previously noted.

**Cash Match:** Includes cash contributions to the project that will be donated during the funding period.

**In-Kind/Donations:** Includes value of supplies and services to be donated to the proposed project. It may also include the value of a facility donated to the project. If the facility will be purchased for the project, the actual dollar value should be included as a cash match. Do not include the value of the building/facility if it has been included in calculations on previous CCCHP applications. These donations must occur during the grant cycle.

**Total Project Budget:** Should be the sum of all the project expenses. Please double-check your calculations.

## CCCHP GRANT PROGRAM APPLICATION INSTRUCTIONS FOR PART II – NARRATIVE DESCRIPTION

**In five pages or less**, please answer the questions posed below. Number and answer the questions in order and identify each of your answers using bold headings. With all responses, be as specific as possible. Do not use general or vague statements. Give specific numbers or estimates wherever possible. Do not photocopy a previous year's application information. Be original and specific to this grant cycle.

### 1. Project Description.

- What building(s) are you restoring/rehabilitating?
- What is the historical significance of the property?
- How do you propose to restore/rehabilitate it?
- Who will be doing the work?
- What is the timeline for the project?
- Who holds title to the property?

### 2. Building Use/Community Involvement

- How and by whom will the facility be used?
- Who will be responsible for management of the building and its programs/activities?
- How has the community been involved in your project?
- How will the community continue to be involved in your project?
- How will the community continue to be involved in the use of the building?
- How are your restoration/rehabilitation plans related to the uses of the building?
- What importance to tourism (cultural or otherwise) will the facility have?

### 3. Project Support/Financial

- What specific contributions (cash, land, labor, materials, etc.) your community and other sources have already made to the project?
- What grants and additional funding (last three years), including amounts, has the organization received or will receive for this project?
- What additional contributions are projected in order to complete the project?
- How will your facility sustain itself financially in the future?
- Please provide evidence that you can implement the project and maintain a viable program in the future.

### 4. Planning

- If your project includes planning, please describe the process.
- Who will participate in the planning?
- Who will coordinate it?
- How will the community be involved? *Please note that projects requesting funds for planning may be supported only if the planning is part of a construction project.*
- If your project is based on previous planning, please describe.

In addition to answering the above, please include the following supplemental material in the following order:

1. Photographs of all exterior elevations with views, identified & oriented to a site plan; and
2. Photographs of all major rooms & project rooms, labeled & keyed to a floor plan; and
3. Organization's mission statement, including length of time established, and history; and
4. A detailed report on current CCCHP grant status (if applicable), as well as the outcome of previous CCCHP or CCA grants (if applicable); and
5. An insurance policy for the building/facility (one copy only); and
6. A list of current board members for the organization (required); and
7. Resumes (maximum two pages per resume) for all principal professionals involved in the planning, design and/or management of the proposed project (required); and
8. A copy of the organization's long-range plan including information on how frequently the plan is updated (required); and
9. A list of the organization's activities for the past fiscal year (ex. July 1, 2014 – June 30, 2015) or calendar year, if applicable.

If any of the above supplemental items are missing, not applicable, or unavailable at the time of submission, please submit a substitute page for the item. On this page, indicate the name of the item, the page it is substituted for, and the reason why this item is not being included in the application. For example, "Organization Long-Range Plan" "Reason: Severely outdated; currently being revised."

If you wish to submit additional attachments, such as feasibility studies, architectural drawings, large-sized photographs, etc., please include one copy only for Commission review. Submit these oversized attachments separately from the application packet. If you wish these materials returned, please make specific arrangements with SHPO staff. Neither the SHPO nor the Commission will be responsible for the condition of materials upon return, although all reasonable care will be taken. Please note that not all material can or will be returned, particularly if it is needed for the agency record.

Applicants should be aware that the Commission must be notified at any point during the grant process if there are fundamental changes in programming or to the structure of its organization. The Commission may withhold or withdraw funds should those changes not meet the approval of the Commission.

There should be strong evidence of extensive community involvement and quality planning in your project from inception through design of programs and final use. Such evidence could include ongoing participation by the community, how the facility is to be managed, and previous experience of the applicant in organizational operation and programming.

This section must also contain specific information on the historical significance of the property, the depth and range of community support for both the actual building rehabilitation, and plans for the future operation of the facility. Evidence of carefully planned and executed local fundraising is important, as is the ability to forecast future financial support from earned and/or contributed revenues. In some cases, emergencies or other issues may preclude the expected extensive planning. Applicants for such projects are encouraged to complete as much planning as possible. Applicants are encouraged to use professional consultants for planning and/or completion of projects.

This section is vital to providing the Commission with a complete understanding of your organization, your project, and resources available.

Please do not include any proprietary or confidential information when submitting your application. The application process is a public process and as such, all submitted documentation is available to the public upon request.

## CCCHP GRANT PROGRAM APPLICATION INSTRUCTIONS FOR PART III – PROJECT BUDGET

### **Budget**

This form has been created in Microsoft Excel and Microsoft Word formats. The Excel format of this form has embedded formulas and can be used to directly input data (electronically). The Word format can also be used to input data electronically, but will not calculate formulas. It can also be printed out and filled in by hand. Each page has an 'Applicant' field at the top. Please make sure to fill in your organizations name on all of these pages.

The applicant budget must clearly differentiate between portions of the project where Commission grant funds will be used and portions of the project where other outside resources will support. Each section should be broken into categories and provide an itemized list for each category. Applicants may use the enclosed sample format or an alternative budget of their choice, so long as it precisely and clearly expresses the budget. Legible spreadsheets are encouraged.

In addition, Part III requires only one copy of your most recent audit report along with comments on the findings and recommendations, including a plan for corrective action taken on prior findings. If corrective action is not necessary, a statement describing the reason that it is not necessary should accompany the audit report. *A single copy of the audit report is adequate and should be included with the original signed application.* The following items are required:

- One copy of your most recent audit report (include with original, signed grant application); and
- Insurance policy for the building/facility (one copy only to be included with original, signed grant application).
- Resumes (two pages maximum per resume) for all principal professionals involved in the planning, design and/or management of the proposed project.

The budget form is broken up into 10 questions or sections. Please answer each question with as much detailed data as possible.

- Questions 1 – 6 asks for line item descriptions, the total amount requested for each line item, and a breakdown of that amount into the grant and non-grant share. The rates noted in Question 3 are those allowable by the State for reimbursement purposes.\*
- Question 7 is a summation of the amounts noted in Questions 1 – 5.
- Question 8 is the amount your organization is requesting and should equal the amount in 'Question 7 – Total: Grant Share.'
- Question 9 'Required Non-Grant Share' is the amount your organization is required to contribute to the project.
- Question 10 'Actual Non-Grant Share' is the actual amount your organization is contributing to the project. This should be greater than or equal to Question 8

\*Budget – GSA Travel Rates (CHANGE THESE AS OF 10/1/2017)

<b>GSA M&amp;IE</b>	<b>Clark</b>	<b>Washoe</b>	<b>Carson City, Douglas, Stateline &amp; Other</b>
Breakfast:	\$15.00	\$15.00	\$11.00
Lunch:	\$16.00	\$16.00	\$12.00
Dinner:	\$28.00	\$28.00	\$23.00
Incidentals	\$5.00	\$5.00	\$5.00
<b>Lodging</b>			
Oct. 1- June 30	\$102.00	\$102.00	\$91.00
July 1 - Aug. 31	\$102.00	\$134.00	\$91.00
Sept. 1 - Sept. 30	\$102.00	\$102.00	\$91.00
<b>Personal Mileage*</b>			
State convenience:	\$0.5750	\$0.5750	\$0.5750
Personal convenience:	\$0.2875	\$0.2875	\$0.2875

\*The State of Nevada, Department of Administration updates mileage rates at the beginning of every calendar year. Rates are subject to change. Please contact the SHPO if you have any questions or concerns.