**Is Applicant**: CLG **Does Applicant have:** County/City Affiliation

Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Must match name of registered DUNS #)

Project Title: **FORUM TRAVEL FOR** (INSERT NAME OF ORGANIZATION HERE)

Project Description (brief)**:**

Travel to the National Alliance of Preservation Commission's (NAPC) FORUM in Spokane, Washington in July 2020 for preservation commission training.

Program Area:

X **Public Education**

**Project Budget Summary:**

1. Requested Federal Share: $
2. Non-Federal Share: $

B.1 Cash $

B.2 In-Kind $

1. Grand Total: $

|  |
| --- |
| **For SHPO use only**  Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delivered By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postmarked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Does the applicant agree to complete a SHPO funding agreement within 120 days of official notice of grant award? Does applicant agree that if this step is not completed that all awarded grant funds will be reverted by SHPO? Yes No

**Applicant Organization** – (Must match name of registered DUNS #)

Applicant’s EIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant's DUNS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Dept/Agency:

City: County: ZIP:

Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept/Agency: Daytime Phone:

Subgrant Contact: Title:

Mailing Address *(If different from above)*

Daytime Phone: Fax:

Email:

Start Date: **July 1, 2020** End Date: **August 1, 2020**

In addition to filling out the subgrant application cover pages, please include the following items:

1. Affidavit for Matching Funds Form;
2. A signed Equal Opportunity Statement or equivalent if not previously provided;
3. Debarment Certification Form for “Lower Tier Covered Transactions” [check Part B];
4. Budget Form.

**I HAVE READ THE 2020 HPF SUBGRANT APPLICATION 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 AND COMPLETED THIS **HPF SUBGRANT APPLICATION FOR FY 2020** AND CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**Applicant’s authorized signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name (*please print*):

Title:

Date: