

NEVADA HISTORIC PRESERVATION FUND (HPF)
THROUGH THE NATIONAL PARK SERVICE (NPS)
HPF SUBGRANT APPLICATION FY23
AFFIDAVIT FOR MATCHING FUNDS

STATE OF NEVADA
COUNTY OF

WHEREAS, _____, hereinafter referred to as Subgrant, in the interest of the historic preservation project commonly known as: _____, certifies that the project previously referenced shall have the necessary matching funds required pursuant to the Historic Preservation Act (P.L. 89-665).

SUBGRANT HEREBY CERTIFIES, that if Subgrant is funded \$ _____ in Historic Preservation funds from the United States government, Subgrant will have available an acceptable match in the amount of \$ _____ as funds set aside for the project named above.

Subgrant Signature

Date

Subgrant Name (please print)

Date

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__.

Notary Public

NEVADA HISTORIC PRESERVATION FUND (HPF) THROUGH THE NATIONAL PARK SERVICE (NPS)

HPF SUBGRANT APPLICATION FY23

CIVIL RIGHTS ASSURANCE

As the authorized representative of the applicant, I certify that the applicant agrees that, as a condition to receiving any Federal financial assistance from the Department of the Interior, it will comply with all Federal laws relating to nondiscrimination. These laws include but are not limited to: (a) Title VI of Civil Rights Act of 1964 (42 U.S.C. 2000d-1), which prohibits discrimination on the basis of race, color or national origin; (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap; (c) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101et. seq.), which prohibits discrimination on the basis of age; and applicable regulatory requirements to the end that no person in the United States shall, on the grounds of race, color, national origin, handicap or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by the applicant. THE APPLICANT HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE shall apply to all aspects of the applicant's operations including those parts that have not received or benefited from Federal financial assistance.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applicants for Federal financial assistance which were approved before such date.

The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, assignees, and sub recipients and the person whose signature appears below who is authorized to sign this assurance on behalf of the Applicant.

Signature of Authorized Certifying Official

Title

Applicant/Organization

Date Submitted

Applicant/Organization Mailing Address

Bureau or Office Extending Assistance