

**Commission for Cultural Centers
& Historic Preservation**

APPLICATION



NEVADA

**STATE HISTORIC
PRESERVATION OFFICE**

Department of Conservation & Natural Resources
State Historic Preservation Office

901 South Stewart, Suite 5004
Carson City NV 89701
Phone: (775) 684-3441

Website: www.shpo.nv.gov
Email: shpo-info@shpo.nv.gov

Table of Contents

Requirements	1
Organization	2
Application Part 1: Cover Pages	3
Application Cover Page Requirements	3
Application Part 2: Narrative Description	6
Narrative Description-General Guidance	6
Narrative Description Part A: Questions	7
Narrative Description Part B: Supplemental Material General Guidance	8
Narrative Description Part B: Supplemental Material List	9
Application Part 3: Budget.....	10
Budget Part A. Detailed Budget-General Guidance	10
Budget Form Guidance	11
Budget Part B. Audit	11
Budget Part C. Insurance Policy	11
Budget Part D. Resumes	11

Accessing Forms

Cover Pages url goes here

Budget Form url goes here

Adobe PDF Forms

All of the forms associated with the Commission for Cultural Centers and Historic Preservation are provided in Adobe PDF format. Adobe has a free reader that anyone can install on their computer.

Visit: <https://www.adobe.com/acrobat/pdf-reader.html>

Choose: Download PDF Reader

Fillable Forms

Save the PDF forms to your computer before adding information to the fields.

Submitting the Application

**ALL APPLICATIONS MUST BE POSTMARKED
OR DELIVERED TO THE SHPO BY
5 PM ON THE DUE DATE**

Requirements

- The Commission will not accept any late applications.
- The Commission will only consider written material submitted by the applicant and testimony by the applicant during the grant hearing.
- One original completed application is required.**
Make sure the original application, with the original signatures, are mailed or hand delivered. Please do not hole punch, staple, or otherwise attach documents together. If possible, please submit application materials in the same envelope to help with processing.
- Mailing Address**
If using the U.S. Postal Service, Federal Express, United Parcel Service, or Airborne Express, please use the following address:

**CCCHP MANAGER
STATE HISTORIC PRESERVATION OFFICE
901 S. STEWART STREET, SUITE 5004
CARSON CITY, NV 89701-5247**
- In Person Delivery**
If hand delivering, please make prior arrangements with the SHPO staff as there is no public access to the elevators. A staff member will need to meet you in the lobby.

SHPO Main Office
775-684-3448
shpo-info@shpo.nv.gov

Application

Organization

This application contains three **required** parts. Organize your application in the following order:

1. Cover Pages

- You must use the provided Application Cover Page, Handbook Verification Form, and Application Checklist as the first three pages of the application.

2. Project Narrative

- A. Questions** (Answers can total no more than 5 pages)
 - Project Description
 - Building Use/Community Involvement
 - Project Support/Financial
 - Planning
- B. Supplemental Material**
 - Property ownership documentation
 - Photographs
 - Organization's information and background
 - Recent activities and long range planning
 - Prior and current grant funding history and status
 - All relevant building studies for the resource (e.g., seismic building studies, historic structure reports, building condition assessment) regardless of whether they were previously submitted to the Commission

3. Budget

- A. Detailed Budget**
 - Complete the Budget Form
 - Attach itemized lists and/or contractor quotes that break down labor and material costs
- B. Audit**
 - Most recent audit for the organization or an explanation of why an audit was not completed and how bookkeeping is managed
- C. Insurance**
 - Proof of insurance for the property or a justification for why there is no insurance
- D. Resumes**
 - All principal professionals involved in planning, design and management of the proposed project

Large Format Documents (if applicable)

- Submit large format documents separately with a note that references the CCCHP applicant and project title. In the application, provide a page that references the large format document with a brief description.

Application Part 1: Cover Pages

Application Cover Page Requirements [\(Application Cover Pages Link\)](#)

This provides the Commission with a concise overview of who is proposing the project, where it is located, what it is intended to achieve, and how much it will cost.

- The cover page must be the first page of your application. No exceptions. Your application will be considered incomplete if it is submitted without the cover page. Do not use anything else as your front cover.
 - Alterations to the cover page will not be accepted. Do not edit or change the size of the document or the spaces used for answers.
 - The 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.
-

Application Cover Page 1: Guidance

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.”

Property Owner Name and Address: Provide the name of the property owner of record as identified by the appropriate county Assessor. If the address is different than the project location, please provide the property owner’s address. If it is the same address, write “same as project address.”

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 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.

Application Part 1: Cover Pages

Application Cover Page 1: Guidance Cont.

Property Insured: Indicate whether the historic property is insured. If insured, enclose one copy of the policy 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 2-Narrative Description.

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. All grant work is to be completed no later than May 31. If this is a larger or ongoing project, please identify and describe the phases of the project and what you hope to accomplish during this grant cycle in Part 2-Narrative Description.

Project Budget Summary: Provide the requested grant amount and match for the proposed project.

Amount Requested: Identify the total amount of funds requested from the Commission. Remember, a more detailed, itemized budget explanation should be provided in Part 3-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.

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

Match In-Kind/Donations: Includes value of supplies

and services to be donated to the proposed project (see the Grant Handbook for information regarding the value of donated goods and services). 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 itemized project expenses (CCCHP grant request and match categories). Please double-check your calculations match your budget documentation in Part 3.

Application Part 1: Cover Pages

Application Cover Page 2: Guidance

The CCCHP Handbook provides detailed information to assist with all stages of the grant process. It is important that each applicant understands what is expected of them, the parameters for funding, and the obligations if funding is received.

- The Handbook Verification Form is the second page of your application. No exceptions. Your application will be considered incomplete if it is submitted without this.
- Alterations to the Handbook Verification page will not be accepted. Do not edit or change the size of the document or the spaces used for answers.
- The Handbook Verification 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.

Application Cover Page 3: Application Checklist

Applications lacking required information will be rejected by staff and not submitted for review by the Commission. The Application Checklist should be completed after the application is compiled to verify that all required documents and information is included.

- The Application Checklist is the third page of your application. No exceptions. Your application will be considered incomplete if it is submitted without this.
- Alterations to the Application Checklist page will not be accepted. Do not edit or change the size of the document or the spaces used for answers.
- Intials are required at each line to verify the items inclusion in the application packet. This Application Checklist page must be initialed 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.

Application Part 2: Narrative Description

There are two parts to the Narrative Description

A. Questions

B. Supplemental Material

Narrative Description-General Guidance

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

- 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 and 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.
- 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.
- 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.

Application Part 2: Narrative Description

Narrative Description Part A: Questions

- 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 copy a previous year's application information. Be original and specific to this grant cycle.
-

1. Project Description.

- What building(s), prehistoric feature, historic feature, or culturally significant feature 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?

Application Part 2: Narrative Description

3. Project Support/Financial

- What specific contributions (cash, land, labor, materials, etc) have been provided toward the project from the community and/or other sources?
- 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 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. *Be sure to include all relevant studies and planning documents in the following supplemental materials section of the application, even if previously provided in a prior grant cycle.*

Narrative Description Part B: Supplemental Material General Guidance

- If any of the following supplemental items are not applicable or are unavailable at the time of submission, please submit a substitute page. On this page, indicate the name of the item, the page it is substituted for, and the reason this item is not being included in the application. For example, “Organization Long-Range Plan” “Reason: Severely outdated; currently being revised.”
- If you are submitting additional attachments, such as feasibility studies, architectural drawings, large-sized photographs, contractor bids, etc., please include them in the application for Commission to review. If necessary, submit these oversized attachments separately from the application packet. If you wish these materials returned, please make specific arrangements with the 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.

Application Part 2: Narrative Description

Narrative Description Part B: Supplemental Material List

Include the following **required** supplemental material in order:

- 1. A paragraph (200 words maximum) describing the current or intended future use of the property and cultural center programming.
- 2. A printout from the County Assessors website that shows the current owner of the property with the APN number clearly displayed; and
- 3. Photographs of all exterior elevations with views, identified* and keyed to a site plan; and
- 4. Photographs of all major rooms and project rooms, labeled and keyed to a floor plan; and
- 5. Organization's articles of incorporation, mission statement, length of time established, and history; and
- 6. A list of current board members for the organization; and
- 7. A copy of the organization's long-range plan including information on how frequently the plan is updated; and
- 8. A list of the organization's activities for the past fiscal year (i.e., July 1, 2020 – June 30, 2021) or calendar year, (if applicable); and
- 9. A detailed report on current CCCHP grant status (if applicable), as well as the outcome of previous CCCHP or CCA grants (if applicable); and
- 10. A current list (last three years) of all grants (regardless of source) and additional funding, including amounts the organization has or will receive (if applicable).

*Photo labels can be provided in a variety of ways: pencil on the back of the photo, in a photo log that references the photo number, or typed under a photo that has been embedded in a document.

Example photo labels “west elevation facing west, first floor” or “Ground Floor Lobby facing east from front door”.

Application Part 3: Budget

There are four parts to the Budget

- A. Detailed Budget**
 - B. Audit**
 - C. Insurance Policy**
 - D. Resumes**
-

Budget Part A. Detailed Budget-General Guidance (Form Link and Example Link)

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.

- Use the provided budget form. It is in a fillable PDF format with embedded formulas. It can be used to directly input data (electronically). A printable form for completing by hand is available by request.
- Clearly differentiate between portions of the project where Commission grant funds will be used (CCCHP Grant) and portions of the project where other outside resources (Match) will support. Match is the amount of cash and/or in kind donations provided for the project (See the CCCHP Handbook for details).
- Each section should be broken into categories and an itemized list provided for each category. Attach itemized lists or contractor quotes that break down labor and material costs.
- CCCHP Grant funds will only cover contractor travel. Travel rates must follow U.S. General Service Administration (GSA) rates for Nevada.

Application Part 3: Budget

Budget Form Guidance

Fill in your organizations name in the 'Applicant' field at the top of the page.

1. Personnel are people who work for the organization applying for the grant. Their costs should only be for work related to the grant project.
2. Travel rates follow U.S. General Service Administration (GSA) rates for Nevada. For current rates visit <https://www.gsa.gov/travel>. Mileage rates are set by the State of Nevada, Department of Administration. For current rates visit <https://budget.nv.gov/Policy-Directives/> These rates are updated at the beginning of every calendar year.
NOTE: Only contractor travel is eligible for CCCHP Grant funding.
3. Contractual Services. It is important to attach itemized lists and contractor quotes that have been broken into categories. Labor can be broken into specific activities and materials can be broken out by type.
4. Operating categories are provided as a guideline. Categories may need to be left blank and others added for your project. Don't forget to include itemized lists for each category you use.
5. Other is available to use for costs that do not meet the previous categories.
6. This is just a summation of the amounts from Sections 1 – 5.
7. This is the total amount your organization is requesting from CCCHP.
8. This is the total match amount your organization may contribute to the project.
9. 'Proposed Project Costs' is the entire project costs (CCCHP grant and match combined).

Budget Part B. Audit

- One copy of the organizations most recent audit report. If there is no audit, please provide an explanation of why an audit was not completed and how bookkeeping is managed.
-

Budget Part C. Insurance Policy

- Insurance policy for the building/facility. If there is no insurance, please include an explanation as to why there is not.
-

Budget Part D. Resumes

- Resumes (two pages maximum per resume) for all principal professionals involved in the planning, design, and/or management of the proposed project.

NEVADA COMMISSION FOR CULTURAL
CENTERS & HISTORIC PRESERVATION (CCCHP)
GRANT APPLICATION

	NEVADA STATE HISTORIC PRESERVATION OFFICE	<i>SHPO Use Only</i>
	Initials: _____	Received: _____
	Postmarked: _____	Delivery Svc: _____

APPLICATION COVER PAGE This unaltered form must be submitted as the cover page for the application.
Do not staple or bind application documents.

Grant Cycle Year(s) _____

Applicant Organization: _____
EIN (Taxpayer Identification Number): _____
Mailing Address: _____
City: _____ County: _____ ZIP: _____
Project Contact: _____ Title: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ Email: _____

Historic Property Name: _____ Date Built: _____
Property Owner Name and Address: _____
Project Address: _____
City: _____ County: _____ ZIP: _____
Property Insured: Yes; please enclose one copy of policy No; please explain: _____

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

Project Synopsis (Brief):

Proposed Start Date: _____

Proposed End Date: _____

Project Budget Summary:	
Amount Requested:	_____
Proposed Match:	
Cash:	_____
In-Kind/Donations:	_____
Total Project Budget:	_____
If Applicable, Minimum Amount Requested	_____

Applicant's Authorized Signature*	
Name:	_____
Title:	_____
Date:	_____

***Sign in blue or black ink. Application packets without original signatures will be considered incomplete.**

NEVADA COMMISSION FOR CULTURAL
CENTERS & HISTORIC PRESERVATION (CCCHP)
GRANT APPLICATION



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

APPLICATION COVER PAGE Cont.

Handbook Verification Form

- I HAVE READ THE CCCHP GRANT HANDBOOK, AND
- I HAVE COMPLETED THIS CCCHP GRANT APPLICATION, AND
- I CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Authorized Signature*

Name: _____

Title: _____

Date: _____

***Sign in blue or black ink. Application packets without original signatures will be considered incomplete.**

NEVADA COMMISSION FOR CULTURAL
CENTERS & HISTORIC PRESERVATION (CCCHP)
GRANT APPLICATION



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

APPLICATION COVER PAGE Cont.

Application Checklist

Directions: Assemble the application in the following order and initial in blue or black ink on the lines to confirm that each of the required components are included in the application package.

1. Cover Pages

- _____ **Application Cover Page**
- _____ **Handbook Verification Form**
- _____ **Application Checklist**

3. Budget

- _____ **Detailed Budget**
 - Completed Budget Form
 - Attached itemized lists and/or contractor quotes that break down labor and material costs
- _____ **Audit**
 - Most recent audit for the organization. If there is no audit, provide an explanation of why an audit was not completed and how bookkeeping is managed.
- _____ **Insurance**
 - Proof of insurance for the property or a justification for why there is no insurance
- _____ **Resumes**
 - All principal professionals involved in planning, design and management of the proposed project

2. Project Narrative

- _____ **A. Questions** (No more than 5 pages)
- _____ **B. Supplemental Material**
 - _____ **A paragraph (200 words maximum) describing the current or intended future use of the property and cultural center programming.**
 - _____ **County Assessor print out showing the current owner of the property with the APN number**
 - _____ **Photographs of all exterior elevations with views and all major rooms and project rooms, identified and keyed to a site plan**
 - _____ **Organization's information including:**
 - Articles of incorporation, mission statement, length of time established, and history
 - A list of current board members
 - Long-range plan including information on how frequently the plan is updated
 - **If applicable:**
 - A list of activities for the past fiscal year
 - A detailed report on current CCCHP grant status as well as the outcome of previous CCCHP grants
 - A current list (last three years) of all grants and additional funding, including amounts the organization has or will receive

_____ **Initial to confirm that the applicant understands that applications lacking any of the required information listed above are ineligible for review by the Commission.**

NEVADA COMMISSION FOR CULTURAL CENTERS & HISTORIC PRESERVATION (CCCHP) GRANT APPLICATION



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

APPLICATION BUDGET

APPLICANT: _____

1. Personnel: CCCHP Grant funds cannot be used to compensate personnel. Match is limited to work related to the grant project.

	Position Title	Hours	Hourly Rate (HR)	Does HR include fringe benefits?	% of HR that is fringe benefit	Amount of fringe benefit	Match (Non-CCCHP Grant)
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							
j.							
						Sub-total:	

2. Travel: CCCHP Grant funds only cover travel for contracted service providers. This can be companies or individuals. Travel expenses must follow U.S. General Service Administration (GSA) rates.

	Contracted service provider	Match	CCCHP Grant	Total Amount
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
		Sub-total:		

NEVADA COMMISSION FOR CULTURAL CENTERS & HISTORIC PRESERVATION (CCCHP) GRANT APPLICATION



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

APPLICATION BUDGET Cont.

APPLICANT: _____

3. Contractual Services: Attach itemized lists or contractor quotes showing the breakdown of materials and labor costs for all proposed work items. If contractor is billing travel use travel section to record costs. ***When listing materials, break out by type *When listing labor, define specific activities.**

		Type of Material or Specific Activity	Match	CCCHP Grant	Total Amount
1.	<i>AB Roofers</i>				
	<i>Roofing Labor</i>	<i>Install</i>	\$1,000	\$2,000	\$3,000
	<i>Roofing Materials</i>	<i>Shingles</i>	\$0	\$5,600	\$5,600
Sub-total					

NEVADA COMMISSION FOR CULTURAL CENTERS & HISTORIC PRESERVATION (CCCHP) GRANT APPLICATION



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

APPLICATION BUDGET Cont.

APPLICANT: _____

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

Note: CCCHP Grant funds cannot be used for administrative costs.

		# of	Rate	Flat Rate	Match	CCCHP Grant	Total Amount
a.	Photocopying						
b.	Film and Processing						
c.	Maps						
d.	Postage						
e.	Telephone						
f.	Utilities						
g.	Supplies (specify)						
h.	Other (specify)						
				Sub-total:			

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

		Rate	Match	CCCHP Grant	Total Amount
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
		Sub-total			

NEVADA COMMISSION FOR CULTURAL CENTERS & HISTORIC PRESERVATION (CCCHP) GRANT APPLICATION



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

APPLICATION BUDGET Cont.

APPLICANT: _____

6. Section #1- 5 Subtotals:

		Match	CCCHP Grant	Total Amounts
1.	Personnel			
2.	Travel			
3.	Contractual Services			
4.	Operating			
5.	Other			
	Sub-total			

7. Requested CCCHP Grant Total: _____

8. Potential Match: _____

9. Proposed Project Costs Grand Total: _____

Note: For assistance with completing the budget, please refer to the CCCHP Grant Handbook.

Topics

- Match
- Procurement of Goods, Services, & Contracts

Forms

- Value of Donated Material
- Value of Donated Equipment
- Value of Donated Labor



COMMISSIONER REVIEW FORM

Applicant: _____

Historic Property: _____

Application #: _____

Amount Requested: _____

Commissioner: _____

Total Points: _____

Suggested Award: _____

Historic Preservation Issues - (40 Points)

Total: _____

Examples of topics to be considered:

- The project will promote or preserve some historic or prehistoric feature of Nevada.
- The building or prehistoric feature or historic feature or resource of cultural significance can be realistically saved.
- The applicant demonstrates an ability to raise or sustain required amounts of financial support from sources other than the State of Nevada, including donations of goods and services (relative to the means and abilities of the applicant).
- The project will produce a facility that will continue to be used as a cultural center in the future and will be properly maintained according to the SOI Standards.

Community Impact - (30 Points)

Total: _____

Examples of topics to be considered:

- The project will promote tourism in the State.
- The project will supplement training and education in the classroom, in the arts, and in the humanities.
- The project incorporates the various disciplines directly associated with cultural resources, such as the museums, arts, and humanities, and will be used by many types of cultural organizations.
- A broad base of the community will use the facility supported by the project.
- The facility will assist the Commission as it addresses the needs of geographic and demographic balance.

Accountability - (30 Points)

Total: _____

Examples of topics to be considered:

- The applicant can demonstrate that it can complete a quality project within budget and in a reasonable time.
- The applicant can manage the grant and can account for expenditure of funds according to the State of Nevada and Commission's fiscal requirements.

Notes:



STATEMENT OF INTENT

Grant Cycle Year(s) interested in applying _____

Applicant Organization: _____

Organization Type: Government Religious Organization 501(c) Non-profit Corporation

City: _____ County: _____

Project Contact: _____ Title: _____

Daytime Phone: _____ Email: _____

Historic Property Name: _____ Year Built: _____

Property Owner Name and Address: _____

Project Address: _____

City: _____ County: _____ ZIP: _____

Parcel: _____ Is the property listed on the National Register of Historic Places: Yes No

Significance of the property:

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

Project Synopsis (Brief):



STATEMENT OF INTENT CONT.

Applicant Organization: _____

Intended cultural center programming for the space:

Is there currently any community support for this project and intended cultural center programming?

Yes No

If yes, please describe the support below. If no, please describe how you will engage the community in the future.

If the organization is a 501(c) corporation, attach the Articles of Incorporation.

Name (Printed)

Signature

Date



REQUEST FOR TECHNICAL GUIDANCE

Name of Organization or Owner Requesting Guidance: _____

Mailing Address: _____

Property Name: _____

Property Address: _____

Year Property Built: _____ Does the Property have existing covenants: _____

Technical guidance is provided for the brick and mortar aspects of a proposed project.

This request does not require that the Organization or Owner have a complete proposal prepared. Please just provide a description and any information that is available.

Submit request form, description of work, and supplementary materials to knbrown@shpo.nv.gov or by mail to:

State Historic Preservation Office
901 S. Stewart St., Ste. 5004
Carson City, NV 89701-5247

Technical Guidance requests for grant projects are due **at least one month in advance of the grant due date.**

Note: Methods and materials must follow the SOI Standards. Visit the National Park Service’s Technical Preservation Services website (<https://www.nps.gov/tps/standards.htm>) Click on the top tab "How to Preserve." Look through the preservation tech notes and preservation briefs, or search by preservation topic.

Secretary of the Interior (SOI) Standards for Rehabilitation: <https://www.nps.gov/tps/standards/four-treatments/treatment-rehabilitation.htm>

Request Submitted by:

_____	_____	_____
Print Name	Signature	Date
_____	_____	
Title	Organization (if applicable)	
_____	_____	
Email	Phone	



REQUEST FOR TECHNICAL GUIDANCE

Name of Organization or Owner Requesting Guidance: _____

Documentation (*required) Please check boxes for all attached documentation.

- | | |
|---|---|
| <input type="checkbox"/> Description of Proposed Work* | <input type="checkbox"/> Sketches, plans, or architectural drawings depicting the proposed work |
| <input type="checkbox"/> Location on building | <input type="checkbox"/> Sketch or site plan of project location |
| <input type="checkbox"/> Approximate size of area affected | <input type="checkbox"/> Specs of materials to be used |
| <input type="checkbox"/> Existing conditions | <input type="checkbox"/> Historic photographs depicting past condition or design |
| <input type="checkbox"/> Materials to be used | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Proposed methods | |
| <input type="checkbox"/> Photographs of existing conditions | |
-

Description of Proposed Work (attach additional pages as needed)



AUTHORIZED SIGNATORIES CERTIFICATION LETTER

Organization Name: _____

Address: _____

Phone Number(s): _____

Grant Number: _____

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.

Authorized Signatories (please include up to three)

Authorized Official **Project Manager** (Print)

Authorized Official **Project Manager** (Signature)

Title (Print)

Authorized Official **Financial Manager** (Print)

Authorized Official **Financial Manager** (Signature)

Title (Print)

Authorized Official **Project Manager** (Print)

Authorized Official **Project Manager** (Signature)

Title (Print)

Signature of Certifying Officer for Grantee

Date



REIMBURSEMENT REQUEST

Grantee: _____ Grant Number: _____

Address: _____ Granting Period

Project: _____ From: _____ To: _____

Vendor Number: _____ Request Number: _____ Date: _____

Fill out budget categories on the following pages to auto-populate this section	Total
1. Total project funds (CCCHP Grant & Match)	
2. Total project funds spent this grant period (CCCHP Grant & Match)	
3. Total project funds previously spent (CCCHP Grant & Match)	
4. Total CCCHP Grant funds spent to date	
5. Total Match claimed to date (Cash & In-kind)	
6. Remaining balance of Match	
7. Remaining balance of CCCHP Grant funds	

How to complete this form:

Category and **Budgeted Amount** are found in the Funding Agreement in attachment A2 Budget.

Previously Reimbursed is the total of what has already been claimed by the grantee for that category.

Funds to be Reimbursed this Period are the expenses that are being reimbursed in this request.

Be sure to attach receipts and proof of payment for these expenses.

Balance Remaining is automatically calculated. It is the Budgeted Amount minus Previously Reimbursed and Funds to be Reimbursed this Period.

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.

Print Name/ Title	Signature	Date
--------------------------	------------------	-------------



REIMBURSEMENT REQUEST CONT.

Grant Number: _____ Request Number: _____ Date: _____

CCCHP Grant Share (Please attach backup documentation)

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
<i>a. Roofing Materials</i>	\$10,000.00	\$4,000.00	\$1,000.00	\$5,000.00
Total				

Match (Please attach backup documentation)

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
<i>a. Roofing Labor</i>	\$5,000.00	\$0.00	\$1,000.00	\$4,000.00
Total				



REIMBURSEMENT REQUEST

Grantee: _____ **Grant Number:** _____

Address: _____ **Granting Period**

Project: _____ **From:** _____ **To:** _____

Vendor Number: _____ **Request Number:** _____ **Date:** _____

Fill out budget categories on the following pages to auto-populate this section	Total
1. Total project funds (CCCHP Grant & Match)	
2. Total project funds spent this grant period (CCCHP Grant & Match)	
3. Total project funds previously spent (CCCHP Grant & Match)	
4. Total CCCHP Grant funds spent to date	
5. Total Match claimed to date (Cash & In-kind)	
6. Remaining balance of Match	
7. Remaining balance of CCCHP Grant funds	

How to complete this form:

Category and **Budgeted Amount** are found in the Funding Agreement in attachment A2 Budget.

Previously Reimbursed is the total of what has already been claimed by the grantee for that category.

Funds to be Reimbursed this Period are the expenses that are being reimbursed in this request.

Be sure to attach receipts and proof of payment for these expenses.

Balance Remaining is automatically calculated. It is the Budgeted Amount minus Previously Reimbursed and Funds to be Reimbursed this Period.

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.

Print Name/ Title **Signature** **Date**



REIMBURSEMENT REQUEST CONT.

Grant Number: _____ Request Number: _____ Date: _____

CCCHP Grant Share (Please attach backup documentation)

Category	Budgeted Amount	Previously Reimbursed (Cumulative)	Funds to be Reimbursed This Period	Balance Remaining
<i>a. Roofing Materials</i>	\$10,000.00	\$4,000.00	\$1,000.00	\$5,000.00
Total				



CONTRACTOR CLAIM FOR TRAVEL EXPENSE

Grantee: _____ Grant Number: _____

Address: _____ Project: _____

This completed signed form, accompanying receipts, and proof of payment to the contractor, must be provided by the grantee to the State Historic Preservation Office for CCCHP fund reimbursement to the grantee.

Date	Destination and Purpose	Travel Time		Total Mileage	Rate	Total Mileage Cost	GSA Rates (Per Diem)					Total Per Diem	Total
		Enter Travel	End Travel				B	L	D	\$5*	Lodging		
Total							Total						
Receipts required: Lodging, Transportation, Airport Parking, Public Transportation, & Other Fees. Travel Time is used to determine Per Diem eligibility and is outlined on-line. For example, if travel begins at noon, B -breakfast is not eligible to be claimed. *Incidentals are \$5 for each night lodging is claimed.							Airport Parking						
							Transportation (Airfare, Taxi, Rental)						
							Public Transportation (Public Bus)						
							Other (ATM, Fees)						
							Total Claim						

Travel Claim Total Summary	
Personal Vehicle	
Per Diem	
Transportation	
Other Costs	
Total Claim	

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 Contractor

Date

Name of Contractor Traveling

Duty Station

Project Director Signature

Total Claim

Mileage Rates Contact SHPO for rate
GSA Per Diem Rates <https://www.gsa.gov>
State Administrative Manual (Travel 0200)
<https://budget.nv.gov/uploadedFiles/budgetnvgov/content/Governance/SAM.pdf>



PROGRESS REPORT

CCCHP Handbook - Reporting Requirements page 25.

Grantee: _____ **Grant Number:** _____

Address: _____ **Granting Period**

Project: _____ **From:** _____ **To:** _____

Report Number: _____ **Date:** _____

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

A. Project Category	B. Anticipated Completion Date	C. Percentage (%) of grant-funded project completed at this time



PROGRESS REPORT CONT.

Grant Number: _____ Report Number: _____ Date: _____

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. (Attach additional pages if needed.)

Signature of Project Director

Date



FINAL PROGRESS REPORT (DIRECTIONS AND 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
TOTAL	\$33,490.00

CCCHP Grant monies expended:	\$11,000.00
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: PROJECT 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



FINAL PROGRESS REPORT (DIRECTIONS AND EXAMPLE) CONT.

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



PROJECT CHANGE REQUEST

Grantee: _____ Grant Number: _____

Address: _____ Granting Period

Project: _____ From: _____ To: _____

Vendor Number: _____ Request Number: _____ Date: _____

The Grantee must provide a written explanation of what the requested changes are and why. This includes if money needs to be shifted (increased/decreased) among other budget categories.

The Grantee cannot act upon the request until it has been approved in writing.

Revise Budget

Category	Current Budget	Request Budget	Net Change
Total			

Change Project Director From: _____ To: _____

Attach new Director's Resume

Change Grant Period From: _____ To: _____

Change Project Scope



PROJECT CHANGE REQUEST CONT.

Grant Number: _____ Report Number: _____ Date: _____

Change Request Summary and Justification

Describe all proposed changes. (Attach additional pages if needed.)

Signature of Project Director

Date

Signature of SHPO

Date



REQUEST FOR PERMISSION TO UNDERTAKE STRUCTURAL OR VISUAL ALTERATIONS

Name of Organization or Owner Requesting Permission: _____

Mailing Address: _____

Property Name: _____

Property Address: _____

Year Property Built: _____ Expiration Date of Covenants: _____

In accordance with current Covenants (Stipulation 2) in effect on the property above, the above named Organization or Owner is requesting written permission to undertake visual or structural alterations as described in the attached documentation. (Use as many pages as needed)

Submit request form, description of work, and supplementary materials to knbrown@shpo.nv.gov or by mail to:

State Historic Preservation Office
901 S. Stewart St., Ste. 5004
Carson City, NV 89701-5247

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.

Note: Methods and materials must follow the SOI Standards. Visit the National Park Service’s Technical Preservation Services website (<https://www.nps.gov/tps/standards.htm>) Click on the top tab "How to Preserve." Look through the preservation tech notes and preservation briefs, or search by preservation topic.

Secretary of the Interior (SOI) Standards for Rehabilitation: <https://www.nps.gov/tps/standards/four-treatments/treatment-rehabilitation.htm>

Request Submitted by:

Print Name

Signature

Date

Title

Organization (if applicable)

Email

Phone



REQUEST FOR PERMISSION TO UNDERTAKE STRUCTURAL OR VISUAL ALTERATIONS

Name of Organization or Owner Requesting Permission: _____

Documentation (*required) Please check boxes for all attached documentation.

- | | |
|---|---|
| <input type="checkbox"/> Description of Proposed Work* | <input type="checkbox"/> Sketches, plans, or architectural drawings depicting the proposed work |
| <input type="checkbox"/> Location on building | <input type="checkbox"/> Sketch or site plan of project location |
| <input type="checkbox"/> Approximate size of area affected | <input type="checkbox"/> Specs of materials to be used |
| <input type="checkbox"/> Existing conditions | <input type="checkbox"/> Historic photographs depicting past condition or design |
| <input type="checkbox"/> Materials to be used | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Proposed methods | |
| <input type="checkbox"/> Photographs of existing conditions* | |
-

Description of Proposed Work (attach additional pages as needed)



COMPETITIVE NEGOTIATIONS AND SMALL PURCHASES CONTRACTING DOCUMENTATION

Grantee: _____ Grant Number: _____

Address: _____ Granting Period

Project: _____ From: _____ To: _____

Purpose of Contract: _____

Type of Contract: Professional Services
 Printing
 Equipment/Supplies
 Other _____

Contact Information:

1. Name of Person or Company: _____
Address: _____
Telephone: _____
Date Contacted: _____
Bid: _____

2. Name of Person or Company: _____
Address: _____
Telephone: _____
Date Contacted: _____
Bid: _____

3. Name of Person or Company: _____
Address: _____
Telephone: _____
Date Contacted: _____
Bid: _____

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

Signature of Certifying Officer for Grantee

Date



VALUE OF DONATED EQUIPMENT

Grantee: _____ Grant Number: _____

Address: _____ Granting Period

Project: _____ From: _____ To: _____

Date	Type & Size of Equipment	Total Hours of Use	Hourly Rate	Value of Donation (Hours x Rate)	Equipment Operator's Signature

Value of Total Donation _____

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

Signature of Authorizing Grantee Official _____

Date _____

Name & Title (Print) _____



VALUE OF DONATED LABOR

Grantee: _____ **Grant Number:** _____

Address: _____ **Granting Period**

Project: _____ **From:** _____ **To:** _____

A person donating time to a project will be paid at the federal minimum wage unless he/she is professionally skilled in the work they are performing on the project (i.e., plumber doing work on pipes, mason doing work on a brick building). When this is the case, the wage rate this individual is normally paid for performing this service may be charged to the project. **Note: Time is reported in half hour increments.**

Name of Person Contributing Donated Time

Type or Work Performed (Labor, Plumbing, Mason)

Hourly Rate

Based On

Date	Time of Work				Total Hours	Hourly Rate	Value (Hours x Rate)
	Start	End	Start	End			

Value of Total Donation _____

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

Signature of Person Donating Time

Date

Signature of Supervisor

Date



VALUE OF DONATED MATERIAL

Grantee: _____ **Grant Number:** _____

Address: _____ **Granting Period**

Project: _____ **From:** _____ **To:** _____

Date	Description of Donated Material	Basis of Value	Fair Market Value

Value of Total Donation _____

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

Signature of Authorizing Grantee Official

Date

Name & Title (Print)



PROPERTY RECORD FORM

Grantee: _____ Grant Number: _____

Address: _____ Granting Period

Project: _____ From: _____ To: _____

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

Property Information:

Date Received: _____

Property Description: _____

Serial Number or Other ID.: _____

Source of Property (Vendor): _____

Title holder: _____

Cost: _____

Percent of Grant: _____

Location of Property: _____

Useful Life: _____

Date Received: _____

Property Description: _____

Serial Number or Other ID.: _____

Source of Property (Vendor): _____

Title holder: _____

Cost: _____

Percent 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 (Print)