

## **APPENDIX II: FORMS AND INFORMATION**

## 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

<b>Grantee:</b> _____ <b>Address:</b> _____ <b>Project Title:</b> _____	<b>Grant No.</b> _____  <div style="text-align: center;"><b>Report Period</b></div> <b>From:</b> _____ <b>To:</b> _____
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[illegible]

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.

---

Title



## CCCHP GRANT PROGRAM VALUE OF DONATED EQUIPMENT

<b>Grantee:</b> _____	<b>Grant No.</b> _____
<b>Address:</b> _____	<b>Report Period</b> From: _____ To: _____
<b>Project Title:</b> _____	

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 GRANT PROGRAM  
VALUE OF DONATED LABOR

<b>Grantee:</b> _____	<b>Grant No.</b> _____
<b>Address:</b> _____	<b>Report Period</b>  <b>From:</b> _____ <b>To:</b> _____
<b>Project Title:</b> _____	

NAME OF PERSON CONTRIBUTING DONATED TIME

TYPE OF WORK PERFORMED  
(LABORER, PLUMBER, MASON, ETC.)

HOURLY RATE

BASED ON

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.

DATE	TIME OF WORK				TOTAL WORK HOURS	HOURLY RATE	VALUE (DONATED HOURS X RATE)
	START	END	START	END			
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-

**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 Person Donating Time

Date

Signature of Supervisor

Date





NEVADA  
**STATE HISTORIC  
PRESERVATION OFFICE**

**CCCHP REIMBURSEMENT REQUEST**

**Report Period (mm/dd/yyyy)**

**From:**

**To:**

**Grantee:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**State Vendor** \_\_\_\_\_

**Number:** \_\_\_\_\_

**Grant No.** \_\_\_\_\_

**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				-
<b>Total</b>	-	-	-	-
<b>Total Funds Requested for Reimbursement on this Claim</b>				-

**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				-
<b>Total</b>	-	-	-	-
<b>Total Match Reported in this Claim</b>				-

**\*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



NEVADA  
STATE HISTORIC  
PRESERVATION OFFICE

## 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

<b>Subgrantee:</b> _____	<b>Subgrant No.</b> _____
<b>Address:</b> _____	
<b>Project Title:</b> _____	

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

Grant No.: \_\_\_\_\_

## TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name \_\_\_\_\_

Vendor Number \_\_\_\_\_

Department &amp; 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

[illegible]

**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

<b>Grantee:</b> _____	<b>Grant No.</b> _____
<b>Project Title:</b> _____	<b>Report No.</b> _____
<b>State Vendor Number:</b> _____	

### BUDGET REVISION SUMMARY

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

#### 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





## CCCHP GRANT PROGRAM

### QUARTERLY PROGRESS REPORT

<b>Grantee:</b> _____	<b>Grant No.</b> _____
<b>Address:</b> _____	<b>Report No.</b> _____
<b>Project Title:</b> _____	<b>Report Period</b>
	<b>From:</b> <input type="text"/> <b>To:</b> <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 <sup>st</sup> 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 (example)

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
<b>TOTAL</b>	<b>\$33,490.00</b>
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