

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.**

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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.**

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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.**