**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 2024 in West Palm Beach, Florida July 31 – August 04, 2024 for preservation commission training.

NAPC’s FORUM is the only national conference focused on the issues facing local historic preservation boards and commissions. Held on a biennial basis, FORUM includes dozens of educational sessions and discussion panels, mobile workshops and tours, and five days of non-stop networking for commission staff and volunteers representing local, state, and national organizations and government agencies.

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 UEI #)

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

UEI Expiration Date:

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 31, 2024** End Date: **August 04, 2024**

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 2024 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 2024** 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: