



NEVADA
**STATE HISTORIC
PRESERVATION OFFICE**

A division of the Nevada Department of Conservation & Natural Resources

STATE OF NEVADA
Joe Lombardo, Governor
Vinson Guthreau, Director
Arthur Krupicz, Administrator
901 S. Stewart Street, Suite 3002
Carson City, Nevada 89701
p: 775-684-3448 • shpo.nv.gov

NEVADA HISTORIC PRESERVATION FUND (HPF) THROUGH THE NATIONAL PARK SERVICE (NPS)
HPF25 RD2 SUBGRANT APPLICATION
APPLICATION COVER

Is Applicant: ☐ Representing owner(s)? ☐ CLG **Does Applicant have:** ☐ County/City Affiliation

Applicant Organization: _____ (Must match name in UEI)

Project Title: _____

Project Description (brief):

Program Areas (please mark all that apply—**ONLY 1 APPLICATION PER PROJECT**):

☐ **Planning:**

- The development, design and implementation of local historic preservation or cultural resource management plans at a regional or local level. Development of historic contexts, ordinances, regulations, standards, and/or guidelines that support regional or local plan goals.

☐ **Survey and Inventory:**

- Survey: “Activity directly pertinent to the location, identification, and evaluation of historic and archeological resources” (Historic Preservation Fund Grants Manual 6-14).
- Inventory: Activity directly pertinent to the development and maintenance of data on historic resources.

☐ **National Register Nomination:**

- Preparation of National Register of Historic Places and National Historic Landmark Nominations to expand “the national list of districts, sites, buildings, structures and objects significant in American history, architecture, archaeology, engineering, or culture, maintained by the Secretary of the Interior under authority of Section 101(a)(1)(A) of the Act” (Historic Preservation Fund Grants Manual Glossary-13).

☐ **Documentation (HABS/HAER/HALS)**

- Preparation of either Historic American Building Survey (HABS), Historic American Engineering Record (HAER), or Historic American Landscape Survey (HALS).

☐ **Pre-Development/Construction and Development/Construction:**

- Pre-Development: “The historical, architectural, and/or archeological research necessary to properly document proposed construction work on a historic structure or site performed prior to the commencement of development” (Historic Preservation Fund Grants Manual Glossary -16).
- Development: “A project which has for its purpose the protection, rehabilitation, restoration, or reconstruction of a historic property” (Historic Preservation Fund Grants Manual Glossary -6).



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☐ **Public Education:**

- Increase overall public awareness of technical preservation methods and techniques.
- Promote relationships with the public and private sectors to achieve preservation objectives.
- Preservation planning, local preservation ordinances and design review guidelines.
- Training and Education for Employee, Commissioner, or Elected Official Development (Technical Conferences, etc.);

Project Budget Summary:

A. Requested Federal Share:	\$ _____
B. Non-Federal Share:	\$ _____
B.1 Cash	\$ _____
B.2 In-Kind	\$ _____
C. Grand Total:	\$ _____

For SHPO use only

Received: _____

Initials: _____

Delivered
By: _____

Postmarked: _____



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1. Has the **Applicant** and **Property Owner** read the Secretary of the Interior’s “Standards and Guidelines for the Treatment of Historic Properties” as it relates to preservation, rehabilitation, restoration, and reconstruction work? (<https://www.nps.gov/tps/standards/four-treatments.htm>).
☐ Yes ☐ No
2. Does the Applicant acknowledge that any project supported by HPF or Matching Share must meet the Secretary of Interior’s Standards for the Treatment of Historic Properties and SHPO’s Architectural Standards and Guidelines?”
☐ Yes ☐ No
3. Is Applicant willing to hire minority personnel or a minority-owned businesses to perform the project or a business certified as a Minority Business Enterprise?
☐ Yes ☐ No
4. Is Applicant a member of a minority group?
☐ Yes, please specify: _____ ☐ No
5. Will the project be compliant with current ADA regulations?
☐ Yes ☐ No
6. Will Applicant proceed with the project if federal funding is not received?
☐ Yes ☐ No
7. Is this project an emergency*?
☐ Yes ☐ No

****Emergency is defined as resource listed in the National Register of Historic Places that is in imminent danger of being lost, demolished, permanently damaged, or on the verge of structural failure.***

- a. If ‘Yes’ to Item 7), please explain the **severity** of the emergency and include **photographs** of all sides of the resource in question, and any additional photos needed to illustrate the emergency:



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8. How much time will Applicant need to complete the project? _____
9. Is the applicant aware that if funded, project meetings with the SHPO will be required before a funding agreement is drawn up?
☐ Yes ☐ No
10. 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
11. Will a portion or the entire project be contracted out?
☐ Yes ☐ No
If 'Yes', please indicate the procurement method(s) to be used for the project:

☐ Small purchase procedures	☐ Competitive sealed bids
☐ Competitive negotiation	☐ Noncompetitive negotiation
12. Does the Applicant acknowledge that any grant award will be subject to acquiring qualified professionals who meet NPS professional qualification standards and State review before project work begins?
☐ Yes ☐ No
13. Please describe *in detail* your previous experience(s) with managing grants **(if applicable)** :

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14. Please list and describe your past HPF subgrant history (if applicable):

15. Does the Applicant have a consultant for the project?

☐ Yes ☐ No

If 'Yes', please list contact information for each and include **resume/vitae** with this application.

Name: _____ Title: _____

Phone: _____ Email: _____

Company/Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

(Note: If more than 1, please use 'Continuation Sheet' and check box ☐.)

If 'Yes' to Item 12), please explain consultant/project personnel selection process noting the historic resources they have dealt with: _____

If 'Yes' to Item 12), please list projects, noting historic buildings: _____

16. Are any of the workers who assist the contractor in performance of his/her duties employees of the



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State of Nevada?

☐ Yes ☐ No

17. Are any of the workers who assist the contractor in performance of his/her duties members of any historic preservation boards or commissions?

☐ Yes ☐ No

18. Is the consultant/project personnel familiar with the Secretary of the Interior's Standards for the Treatment of Historic Buildings? (e.g., Rehabilitation, Preservation, Restoration, and Reconstruction)?

☐ Yes ☐ No

19. Does the consultant/project personnel meet the Secretary of the Interior's 'Professional Qualification Standards' in one of the following: Architecture, Architectural History, History, or archaeology?
(Circle all that apply)

☐ Yes ☐ No

20. Please include a list of the final products to be completed with the subgrant (i.e., surveys, reports, architectural plans, videos, brochures, etc.,): _____

21. Does the subgrant agree to submit to the SHPO a minimum of one physical and two digital final copies of the product produced as a result of research or any other work funded in whole or in part by the HPF grant?

☐ Yes ☐ No



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Applicant Organization – _____
(Must match name of registered UEI #)

Applicant's EIN: _____ Applicant's UEI _____

UEI Expiration Date: _____ Applicant's Vendor # _____

Mailing Address: _____ Dept/Agency: _____

City: _____ County: _____ ZIP: _____

Authorized Signatory: _____ Title: _____

Dept/Agency: _____ Daytime Phone: _____

Project Contact: _____ Title: _____

Mailing Address (*If different from above*) _____

Daytime Phone: _____ Fax: _____

Email: _____ Application Approval Entities: _____

Proposed Start Date: _____ Proposed End Date: _____

In addition to filling out pages 1 thru 6 of this subgrant application cover pages, please include the following items:

- a. Affidavit for Matching Funds Form;
- b. Civil Rights Assurance Form;
- c. Budget Form (or equivalent); and
- d. Program Area (PA) Form(s) (as it applies to your proposed project(s)).



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☐ **I HAVE READ THE 2025 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 2025** 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: _____