

2018-2019 Small Matching Grant Application

Application to be submitted via online system in Spring 2017

A - Organization Information

<Display applicant information read only>

- a. Applicant Name (org or individual)
- b. FEID
- c. Phone number (with extension if applicable)
- d. Principal Address
- e. Mailing Address
- f. Website
- g. Org Type (e.g. nonprofit, school board, etc.)
- h. Org Category (e.g. public library, SOE, etc.)
- i. County

1. Designated Project Contact*

The project contact is the Applicant Organization's primary contact for the application review process. In addition to being available to answer questions from Division staff regarding the proposed project and application, the Project Contact is usually the individual who will be administering the project, if it is funded.

<Select from Organization Contacts>

First & Last Name

Phone Number + Extension

Email Address

2. Authorized Official*

Provide the name and contact information for the person authorized to sign contracts on behalf of the organization. This is often an Executive Director, President, board member, city manager, county administrator, etc.

<Select from Organization Contacts>

First & Last Name

Phone Number + Extension

Email Address

3. Project Representation*

Please provide the information requested regarding state legislative and congressional representation for the project location. Use the link provided for assistance in finding your legislative information.

House of Representatives District Number(s)

State House of Representatives District Number and Name of Representative for Project Location ([find your legislators on flsenate.gov](http://www.flsenate.gov)).

Representative Name

Senator District Number(s)

State Senate District Number and State Senator for the Project Location ([find your legislators on flsenate.gov](http://flsenate.gov))

Senator Name

Congressional District Number(s)

Congressional District Number of U.S. Congressional Representative for the Project Location ([find your legislators on flsenate.gov](http://flsenate.gov))

Congressperson Name

4. Applicant Grant Experience and History*

Has the applicant received previous grant assistance within the past five years?

- Yes
- No

If yes, please specify the year of the grant award, grant number, grant project name, the granting entity, the grant award amount, and its current status.

Year	Grant No.	Grant Project Name	Granting Entity	Grant Amount	Open/Closed

5. Persons Involved*

Please list those persons who will be directly involved with the administration of the grant should this application be successful. This should include the Project Contact listed and all other individuals who will have a role in the execution of the grant project. Please list below the individuals' names, roles or titles within the Applicant Organization (if applicable), and percentage of work time dedicated to grant administration.

Key Project Person	Project Role or Title	% of Time	Email	Phone
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6. If any of the Persons Involved above have had previous grant administrative responsibilities or grant experience, please describe it in the space below.

7. Applicant staffing and hours*

Select the option that best describes your organization.

- Organization is open at least 40 hours per week and has at least one paid staff member in a management position
- Organization has some paid staff but they are not full-time
- Organization is open part-time and has volunteer staff

SAMPLE

B - Project Information

1. Project Type*

Select the project category for which grant funds are requested. If you are unsure of which category to select, please refer to the definition beneath each project category.

- ***Development Project***
Development activities for historic properties including: restoration, rehabilitation, preservation, reconstruction, and site-specific planning for these activities: condition assessments; and recordation of historic and archaeological properties threatened with damage or destruction. Exception: structural integrity work on religious properties is allowable.
- ***Community Education Project***
Projects aimed at increasing public understanding and awareness of the importance of historical and archaeological resources and their preservation, either in general or in particular for specific sites, properties, and collections.
- ***Survey and Planning Project***
Projects which identify and evaluate cultural resources and contribute to processes and programs to protect those resources.
Preparation of long-term historic preservation and management plans for historic and archaeological resources.
- ***Acquisition Project***
Acquisition of a single Historic Property or archaeological site, or group of such, in which all resources have the same owner.
- ***Main Street Project***
A one-time start-up grant to newly designated Florida Main Street communities pursuant to [Chapter 1A-36, Florida Administrative Code](#) and a one-time restart grant for Main Streets that have been inactive for more than twenty years and have new board members to rejoin the Main Street Program.
- ***Historical Marker Project***
Projects which assist with the acquisition of state markers for which texts (monolingual and bilingual) have been approved by the State Historical Marker Council.
- ***National Register Nomination***
Preparation of National Register nomination proposals for individual historic properties or archaeological sites, historic or archaeological districts, or thematic or multiple resource groups.

2. Certified Local Governments (CLG)*

Only governmental entities that are Certified Local Governments (CLG) in good standing are eligible to receive **Federal** funds for the Survey and Planning and National Register project categories. CLGs may also apply for state funds for projects in other categories. No more than two (2) applications, one for federal funding and one for state funding, may be submitted under a single application deadline.

Are you a CLG and do you wish to be eligible for federal funds? [What is a CLG?](#)

- Yes
- No

3. Project Title and Location Information*

The title should reflect the name of the property, area, museum, or exhibit, and the goals of the proposed project. The title should be consistent with previous applications/awards. (For example, Smith House Rehabilitation, South Mill Archaeological Excavation, etc.)

Project Title*

Name of Property (if applicable)

Street Address

City

Primary County*

3. Additional Counties Served

Select any additional counties the project will serve.

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alachua | <input type="checkbox"/> Hardee | <input type="checkbox"/> Okeechobee |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Hendry | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Hernando | <input type="checkbox"/> Osceola |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Highlands | <input type="checkbox"/> Palm Beach |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Pasco |
| <input type="checkbox"/> Broward | <input type="checkbox"/> Holmes | <input type="checkbox"/> Pinellas |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Indian River | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Jackson | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Sarasota |
| <input type="checkbox"/> Collier | <input type="checkbox"/> Lake | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Lee | <input type="checkbox"/> St Johns |
| <input type="checkbox"/> DeSoto | <input type="checkbox"/> Leon | <input type="checkbox"/> St Lucie |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> Levy | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Duval | <input type="checkbox"/> Liberty | <input type="checkbox"/> Suwannee |
| <input type="checkbox"/> Escambia | <input type="checkbox"/> Madison | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Manatee | <input type="checkbox"/> Union |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Marion | <input type="checkbox"/> Volusia |
| <input type="checkbox"/> Gadsden | <input type="checkbox"/> Martin | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Miami Dade | <input type="checkbox"/> Walton |
| <input type="checkbox"/> Glades | <input type="checkbox"/> Monroe | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Gulf | <input type="checkbox"/> Nassau | |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Okaloosa | |

C – Description and Project Specifics

1. Scope of Work*

In the space provided below, **briefly describe** the scope of work for the project for which funding is requested. Indicate what work will be completed during the grant period using the funds requested and the required match. **Please include a short description of the major work items involved and the end product.**

2. Tentative Project Timeline*

Please specify the start and end month and year below; indicate all major elements of the project for which funding assistance is requested, the anticipated time required to complete each element, and the planned sequence of these activities. Grants, if awarded, will begin July 1, 2018 and expire June 30, 2019. **Projects should be completed within 12 months.**

Project Activity	Starting Date	Ending Date	Delete
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3. Development Projects*

Provide the estimated total square footage of the structure (the house or building, for example):

Provide measurable details for elements listed in the Scope of Work:

For example: square feet of floor replacement, repainting walls, shingling roof. If an element is not measurable in square feet, provide quantities (example: replace 15 door knobs):

Will you be hiring or contracting with professional architectural or engineering services to assist with the restoration work?

NOTE: Professional architectural and engineering services are REQUIRED if the Scope of Work includes structural work, occupancy classification change (such as from residential to museum) and work that affects life safety (fire protection and egress).

- Yes
- No

3. Acquisition Projects*

Full Purchase Price of Historic Property (executed option or purchase agreement)

First Appraisal

Second Appraisal (if property is valued over \$500,000)

Appraised Value of the building

Appraised Value of the footprint of the archaeological site

3. Survey and Planning Projects*

For Surveys, indicate the types of historical resources to be surveyed.

Provide the title and publication date of any previous surveys in the survey project area:

Survey title	Survey date	Delete
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Newly Recorded Sites

Provide an estimate of the number of Florida Master Site Forms that will be produced by the survey for newly recorded sites and updates of previously recorded sites.

Florida Master Site File Updates

(Note: Surveys that record or update site file forms for more than 10 historic properties or archaeological sites must produce paper Florida Master Site Forms and also submit the site file data using the electronic forms provided by the Florida Master Site File.)

Enter the acreage of the area to be surveyed

3. National Register Nomination Projects*

For National Register nominations, indicate the number of anticipated individual nominations and/or district nominations.

Individual Nominations

District Nominations

Will a Multiple Property Cover nomination be produced?

- Yes
- No

3. Historical Markers Projects*

Has the Historical Marker Council approved the text for the Historical Marker?

- Yes
- No

Provide the approved text for the Historical Marker.

3. Community Education Projects*

Explain how the project/product(s) will be marketed and/or distributed.

How many minutes/pages is the product(s)?

For example: "3 page brochures, 30 minute videos, 1 website, etc."

How many copies of the product(s) will be produced?

If the printed/media materials are proposed for distribution, will there be a per item charge?

- Yes
- No
- Not Applicable

If yes, why are you charging?

If yes, provide the estimated charge.

Is the local school system actively involved in your project?

- Yes
- No
- Not Applicable

If yes, describe their participation to date and anticipated further participation in this project.

D – Budget and Match

1. Rural Economic Development Initiative (REDI) Waiver of Match Requirements*

Applicants located in counties or communities that have been designated as a rural community in accordance with Section 28 0056 and 28 06561, Florida Statutes, may request a waiver of matching requirements. (Waivers are not available for Historical Marker Projects.)

Are you requesting a waiver? [Am I in a REDI Community?](#)

- Yes
- No

2. Project Budget*

List your estimated expenses and how they will be paid (from match, the grant, or both). Only include expenses that are specifically related to the project. Expenses may include an actual amount to be paid or the value of an in-kind contribution. Round amounts to the nearest dollar. Rows must have a value in State, or Cash Match, or In-Kind Match. If all three columns are 0 or blank, the row will not be saved.

The amount of grant funds requested in this application will be the total in the “Grant” column.

#	Description	Grant Funds	Cash Match	In-Kind Match	Total
	Totals:	\$0.00	\$0.00	\$0.00	\$0.00

Amount of Grant Funding Requested: _____

Match Amount: _____

Additional Budget Information/Clarification

Use this space to provide additional detail or information about the proposal budget as needed. For example, where the relationship between items in the Project Budget and the objectives of the project may not be obvious, please provide clarification regarding the necessity for or contribution of those work items to the successful completion of the project.

3. Match Summary*

Matching funds may include: cash funds, the value of in-kind services or volunteer labor directly involved in project work, and the value of donated materials. The total should match the total reported in your proposal budget and should be greater than or equal to the match required. 25% of the match must be cash.

Organizations applying for Certified Local Government (CLG) funding, Main Street Start-up grants or Statewide Special Projects and projects located within REDI Communities are not required to provide a match.

Non-allowable match contributions include:

- Expenditures made prior to grant award agreement start date, except as allowed in Small Matching Grants [Guidelines](#).
- Anticipated proceeds from fundraising activities.
- Grant funding from other sources applied for but not yet awarded.
- Cash pledges without donor signature (Anonymous pledges are not acceptable match contributions).
- Other grant funds from the Department of State.

Match Type	Amount	% of confirmed match
Cash		
In-Kind Services and Labor		
Volunteer Services and Labor		
Donated Materials		
Total		

E – Activities and Property Information

1. Completed Project Activities.

Provide a summary of the project-related activities completed at the time of application submittal. Such activities may include architectural studies or plans, preservation planning activities, archaeological research accomplished such as research design or previous excavation or site assessment work, or museum exhibit research and design. Should they have already been completed, your printed architectural project schematics or construction documents or your museum exhibit research and design schematics must be uploaded with this application's supporting materials. You cannot be reimbursed for any work that is completed before the grant period begins.

Activity Description	Date Completed	Cost/Value	Delete

2. Property Ownership.

Enter name of the Property Owner and choose the appropriate owner type. If Applicant is not the owner of the property, the Applicant must secure Property Owner concurrence. The Applicant shall provide a letter from the Property Owner that documents that the Applicant has the permission of the Property Owner of record to conduct the proposed project on the owner's property and that the Property Owner is in concurrence with this application for grant funding.

Does your organization own the property?*

- Yes
- No

Property Owner*

Type of Ownership*

- Non-profit Organization
- Private Individual or For-Profit Entity
Note: Properties owned by private individuals or for-profit entities are not eligible for grant funding with the exception of acquisition projects and site-specific archaeological projects being undertaken by an eligible Applicant Organization. For acquisition projects in which the current owner is a private individual or a for-profit entity, the owner must provide a signed commitment to donate or sell the property to the applicant. Donation or sale must occur during the grant period.
- Governmental Agency

3. Threats to the Property

Provide a brief explanation of immediate endangerment to the historic property, meaning existing or potential threats of loss or damage to the property, site, or information, as consequence of issues such as inaction, impending demolition, deterioration or encroaching development Documentation of such threats should be uploaded on the Attachments page. Examples of documentation to be included are newspaper articles or public notices discussing proposed demolition of the historic site or proposed

development directly impacting the site.

4. Property or Site Significance

For Historic Structures and Archaeological Sites, enter the Florida Master Site File (FMSF) Number (ex. 8ES1234)

For Historic Property, Year of the Original Construction

For Historic Property, Date(s) and Description of Major Alterations

Original Use of Historic Property*

Current Use of Historic Property*

Proposed Use of Historic Property*

For Archaeological Sites, provide the Cultural Affiliation of the Site and Dates of Use or Occupation

Please explain the historic significance for the property/site*

F – Historical Designation, Protection, and Visitation

1. Historical Designation*

Indicate the type of historical designation currently held by the historic property or site.

- Individual National Register Listing(s)
- National Register District - Contributing Resources
- Determined Eligible by the National Park Service or Potentially Eligible by the Division
- Individual Local Designation
- Local Designated District - Contributing Resources
- None of the Above

Historical Designation details.

Please provide the name of the property, site or district (as it is listed in the National Register or in the Local Designation), designating entity, and the date of designation or listing.

Name	Designating Entity	Date	Delete

2. Local Protection*

Indicate the level(s) of local protection currently afforded the project historic property or site and upload a copy of the local protection documents in the Attachments page.

- Local Ordinance Design Review
- Preservation or Conservation Easement
- Protective/Restrictive Covenant
- Maintenance Agreement
- Other
- None

Please explain the local protection currently afforded the project historic property or site.

3. Annual Visitation*

What is the estimated or anticipated Annual Visitation for the project property or site?
For education products, please list the estimated annual distribution, downloads, or web hits.

What is the basis of these estimates?

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G – Economic Impact and Maintenance Costs

1. Direct Economic Impact*

Provide a brief explanation of the direct economic impact this project will have on the surrounding community. Include any information regarding number of jobs it will provide, if known.

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2. Cost of Maintenance*

Provide a description of how your maintenance expenses will change after the project is completed.

Description	Source of Funding	Current annual cost	Annual cost upon project completion	Annual cost 1 year after project completion	Delete

3. Benefit to Minorities and the Disabled*

Briefly describe any direct benefit the Project will have on minority groups and/or the disabled. Include any alterations to the site that will make the site more accessible to the public. If project includes media content, describe accessibility methods to be used (e.g. voice over, closed captioning, etc.)

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4. Educational Benefits*

Provide a brief description of the educational benefits of this Project. Explain how the project will enhance public awareness of historic preservation, Florida history, or heritage to the local community and the state at large..

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5. Public Awareness*

Please describe project-related marketing and promotional activities that will increase project visibility, further the objective of improving public awareness of the project's significance and promote the importance of preserving the property (if applicable) and other historic properties in your community.

SAMPLE

H – Attachments and Support Materials

Non-Profit Status

Choose file:	Upload file
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Documentation of Confirmed Match*

Choose file:	Upload file
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Letters of Support*

Choose file:	Upload file
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Photos*

Choose file:	Upload file
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Presentation Photo*

Upload a single representative image of the property or project that will be used in the application review meeting. For historic properties, this should be an image of the front of the building.

Choose file:	Upload file
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Architectural Drawings*

Choose file:	Upload file
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Master Site File Form*

For assistance in meeting this requirement, contact the Florida Master Site File at 850.245.6440, or visit the Florida Master Site File website at: <http://dos.myflorida.com/historical/preservation/master-site-file>

Choose file:	Upload file
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Documentation of Threat

Choose file:	Upload file
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Appraisal(s) by a Certified Real Estate Appraiser*

Choose file:	Upload file
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Copy of Title Search*

Choose file:	Upload file
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Copy of Executed Option or Purchase Agreement*

Choose file:	Upload file
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Certified Land Survey*

Choose file:	Upload file
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Copy of Archaeological Survey

If available, previous archaeological site reports or surveys of the property that are the subject of the proposed archaeological excavation project should be submitted.

Choose file:	Upload file
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Verification by Florida Historical Marker Council*

Choose file:	Upload file
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Local Protection*

Provide copies any documents that provide local protection of the project site as identified in question F2.

Choose file:	Upload file
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Owner Concurrence Letter*

Provide a letter that documents that the applicant has the permission of the owner of record (if the Property Owner is not the applicant) to conduct the proposed project on the owner’s property and that the owner is in concurrence with this application for grant funding. Note that, for other than Acquisition or archaeological excavation projects, the owner must be a Non-profit Organization or agency of government.

Choose file:	Upload file
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Support Materials (Optional)

Applicants may attach materials not specifically requested by the Division that support the application.

Title

File

To add a support material enter a title and optional description. Then select a file and click the Upload File button.

Choose file:	Upload file
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Description (optional)

Additional details about the support materials that may be helpful to staff or panelists.
