

Special Category Grant Application

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
- j. DUNS number

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. Applicant Grant Experience and History*

3.1. Has the applicant received previous grant assistance within the past five years from any source?*

- Yes
- No

3.2. If yes, for each grant specify the year of the grant award, grant number, grant project name, the granting entity, the grant award amount, and its current status. Make sure to include any grants awarded by the Division or other State grants.

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

4. Proposed Project Team*

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		
--------------------	-----------------------	-----------	--	--

5. 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

B - Project Information

1. Project Type*

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

- **Development Projects**
Development activities geared at preservation of properties open to the public, including: restoration, rehabilitation, reconstruction, and site-specific planning required for these activities
Exception: Activities on religious properties are limited to building exterior envelope, excluding accessibility upgrades, and structural elements of the building.
- **Archaeological Research Projects**
Archaeological research projects including: research and field investigations tied to large area surveys or excavation, analysis and publication of findings.
- **Museum Exhibit Projects**
Museum exhibit projects for Florida history museums, including: research of exhibit content, exhibit design, fabrication, and installation.
- **Acquisition Projects**
Acquisition of a single historic property or archaeological site, or group of such, in which all the resources have the same owner. For archaeological sites, an exception to the single owner provision may be made if the archaeological site extends on land that is contiguous, but owned by different property owners.

2. Project Title and Location Information*

The title should reflect the name of the property, site, 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.)

2.1. Project Title*

2.2. Name of Property (if applicable)

2.3. Street Address (primary location where the proposed project will be carried out)*

2.4. City (location of the proposed project)*

2.5. Primary County (location of the proposed project)*

3. Additional Counties Served

Select any additional counties the project will serve.

<include options to select additional counties>

C – Historical Significance

1. Historical Designation

Indicate the type of historical designation currently held by the historic resource. For properties or sites that have been listed in the National Register or are contributing properties or sites within a National Register District, provide the date that the property, site or district was listed. Should you have questions regarding the National Register status of a property or site, contact the Division's National Register Staff at 1.800.847.7278 or 850.245.6300.

1.1. Type of Historical Designation*

- 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

1.2. Historical Designation details.

Provide the name of the property, site or district (as it is listed in the National Register) and the date of designation or listing.

Property Name

Date Designated

2. Historical Significance

2.1. Explain the historic significance of the property, site, or resource(s) that is the subject of the proposed project (Maximum characters 1500).*

2.2. For Historic Structures and Archaeological Sites, enter the Florida Master Site File (FMSF) Number (ex. 8ES1234). For Multiple site forms, just separate with a semicolon (;). If no FMSF form exists, applicants may be required to complete one as part of the requirements in a grant award agreement.

2.3. For Historic Property, Indicate Year of the Original Construction (enter Year only)

2.4. For Historic Property, Date(s) and Description of Major Alterations (Maximum characters 300)

2.5. Indicate Current Use of Historic Property and Proposed Use (Maximum characters 300)

2.6. For Archaeological Sites, provide the Cultural Affiliation of the Site and Dates of Use or Occupation (Maximum characters 300)

D. - Project Specifics

1. Scope of Work (Maximum characters 5000)*

In the space provided below, briefly describe the scope of work for the project for which funding is requested. List the work items that will be completed during the grant period using the funds requested and the required match.

2. Tentative Project Timeline (remember this is a 24 month grant period)*

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, 2019 and expire June 30, 2021. **Projects should be completed within 24 months.**

Work Item	Starting Date	Ending Date
-----------	---------------	-------------

3. Development Projects*

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

3.2. Provide measurable quantities for each work item listed in the Scope of Work (square footage, linear footage, unit counts, etc.):*

For example: square footage of floors to be refinished or walls to be repainted, linear footage of trim to be replaced, etc. If an element is not measureable in square feet, provide quantities (example: replace 15 door knobs):

3.3. 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, code-required upgrades, occupancy classification change (such as from residential to museum) and work that affects life safety (fire protection and egress).

- Yes
- No

3.4. If no professionals are projected to be hired, explain why. (Maximum characters 500)

4. Archaeological Research Projects*

4.1. What is the size of the archaeological site(s) to be investigated? Alternatively, what is the estimated quantity of artifacts projected to be analyzed? (Maximum characters 500)*

Please specify in # of acres or artifacts.

4.2. Will you be hiring or contracting with professional archaeological services?*

- Yes
- No

4.3. If no professionals are projected to be hired, explain why. (Maximum characters 500)

4.4 Statement of Objectives/Research Design (Maximum characters 500)*

Summarize the research objectives of the proposed project and describe the methods and procedures to be employed. Discuss projected research of historical documents, field study techniques and sampling designs, techniques of analysis to be employed, plans for report development and distribution, and curation plans for the archaeological specimens and records.

5. Museum Exhibit Projects*

5.1. Explain why this exhibit is important for raising awareness of Florida History. (Maximum characters 500)*

5.2. Indicate the type of exhibit proposed*

If the exhibit is designed to travel and you have already received commitments from participating institutions and venues, please upload them in the Support Materials section of this application.

- Permanent
- Traveling

5.3. Collections (Maximum characters 1500)*

Describe how artifacts will be used and what conservation measures will be implemented. If objects are to be loaned from other institutions, please upload letters of confirmation from the lending institutions in the Support Materials section of this application.

5.4. Statement of Objectives/Methods (Maximum characters 500)*

Describe how the exhibit will be produced and what methods will be used to achieve your project goals.

6. Acquisition Projects*

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

6.2. State the Appraised Value of the building/structure or the Appraised Value of the footprint of the archaeological site*

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

E. – Budget and Match

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

Applicants with projects located in counties or communities that have been designated as a rural community in accordance with Section 288.0656 and 288.06561, Florida Statutes, may request a may request a reduction of match to 25% of the requested amount. (State agencies, state colleges, and state universities are not eligible for a REDI match reduction, regardless of project location.)

1.1. Are you requesting a reduction? [Is my project in a REDI Community?](#)

- Yes
- No

1.2. Are you a state agency, state college, or state university?

- Yes
- No

2. Project Budget and Match*

2.1 Grant Funds and Match*

List your work items and associated estimated expenses and how they will be paid (from match, the grant, or both). Only include expenses that are specifically related to the project. Refer to the program Guidelines for examples of non-allowable expenses (available at Flheritage.com/grants). Expenses may include an actual amount to be paid or the value of an in-kind contribution.

Special Category grants require a 100% (i.e., 1:1) match unless exempted as per the program Guidelines. Organizations applying for projects located within REDI Communities are eligible for the match reduction (to 25% of the grant amount request); exception: applicants that are agencies of state, state colleges and state universities are not eligible for the REDI match reduction.

Round amounts to the nearest dollar. Rows must have a value in Grant Funds, 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 Funds” column. The total amount of the “Cash Match” column must equal or exceed 25% of the total combined match (cash and in-kind).

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

Grant Funds Requested: _____

Total Match Amount: _____

Total Project Budget: _____

2.2. 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 budget and the objectives of the proposed project may not be obvious, provide clarification regarding the necessity for or contribution of those work items to the successful completion of the project.

3. 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 in the Support Materials section of this application. You cannot be reimbursed for any work that is completed before the grant period begins.

Activity Description	Date Completed	Cost/Value	Delete

4. Operating Forecast (Maximum characters 500)*

Describe source(s) of funding for necessary maintenance, program support, and/or additional expenses warranted to sustain the proposed project after the grant period.

F – Property Information

1. 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. This letter shall be uploaded in the Support Materials section of this application.

1.1. Does your organization own the property?*

- Yes
- No

1.2. Property Owner*

1.3. 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 Research 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

2. Threats or Endangerment (Maximum characters 1500)*

Discuss the immediate endangerment to the historic property, including existing or potential threats of loss or damage to the property, site, or information, as consequence of issues such as inaction, deterioration, mass movement, impending demolition, or encroaching development Documentation material, such as newspaper articles or public notices, are to be uploaded in the Support Materials section of this application.

G –Protection and Impact

1. 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 Support Materials section of this application.

1.1. Local Protection Level(s)*

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

2. Annual Visitation*

2.1. What is the estimated or anticipated Annual Visitation for the project property or site?*

2.2. What is the basis of these estimates? (Maximum characters 200)*

3. Anticipated Economic Impact (Maximum characters 1500)*

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

4. Benefit to Minorities and the Disabled (Maximum characters 1500)*

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.)

5. Educational Benefits and Public Awareness (Maximum characters 1500)*

Explain how the proposed project will educate the public on issues related to historic preservation, Florida history, and/or heritage preservation.

H –Support Materials

1. Non-Profit Status*

Choose file:	Upload file
--------------	-------------

2. Substitute W-9 Form (available at DFS website <https://flvendor.myfloridacfo.com>)*

Choose file:	Upload file
--------------	-------------

3. Documentation of Confirmed Match*

Consult the program Guidelines for suitable documentation evidencing match (FLheritage.com/grants/)

Choose file:	Upload file
--------------	-------------

4. Letters of Support*

Choose file:	Upload file
--------------	-------------

5. Photographs*

Choose file:	Upload file
--------------	-------------

6. Representative Image*

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
--------------	-------------

7. Architectural Drawings (for Development Projects only, if available)

Choose file:	Upload file
--------------	-------------

8. Appraisal(s) and Purchase Documents (for Acquisition Projects only)*

If your appraisal values the property at more than \$500,000, submit a second appraisal with the first, together with all required purchase documents, as one file.

Choose file:	Upload file
--------------	-------------

9. Archaeological Supporting Documents (for Archaeological Research Projects only)*

Curricula vitae for principal investigator and other key personnel.

Choose file:	Upload file
--------------	-------------

10. Exhibit Supporting Documents (for Museum Exhibit Projects only)*

Include curriculum vitae for all key project research and exhibit development personnel, if known. If objects are to be loaned from other institutions/individuals or the exhibit is designed to travel, include letters of confirmation/commitment.

Choose file:	Upload file
--------------	-------------

11. Documentation of Threat or Endangerment*

Choose file:	Upload file
--------------	-------------

12. Local Protection*

Provide copies any documents that provide local protection of the project site as identified in question G.1.1.

Choose file:	Upload file
--------------	-------------

13. 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 site-specific Archaeological Research projects being undertaken by an eligible applicant, the owner must be a Non-profit Organization or agency of government.

Choose file:	Upload file
--------------	-------------

14. Optional Materials

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
--------------	-------------

Description (optional)

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

I –Review and Submit

1. Review and Submit*

I hereby certify that I am authorized to submit this application on behalf of _____ and that all information indicated is true and accurate. I acknowledge that my electronic signature below shall have the same legal effect as my written signature. I am aware that making false statement or representation to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

1.1 Signature (enter first and last name)*
