# **Small Matching 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. UEI 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. 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, Planning, and National Register Nomination project categories. CLGs may also apply for state funds for projects in **other** categories (Heritage Education and Historical Marker projects). 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 in good standing? What is a CLG?

- Yes
- o No

3.1.	If ves.	is thi	s an ar	plication	for federa	l or state	funding?
	, _~,	_~	~	P		_ 0_ 00000	

- o Federal (Survey, Planning, and National Register Nomination project types only)
- State (Heritage Education and Historical Marker project types only)

### 3.2. If yes, provide the following:

### **Congressional District Number(s)**

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

4. Florida Main Street Programs\*

Are you an Active Florida Main Street community designated as such pursuant to Chapter 1A-36, Florida Administrative Code?

- o Yes
- o No
- 5. Applicant Grant Experience and History\*
  - 5.1. Has the applicant organization received previous grant assistance within the past five years from any source?\*
    - o Yes
    - o No
  - 5.2. If yes, for the most recent grants (up to 20), 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.	<b>Grant Project Name</b>	Granting Entity	Grant Amount	Open/Closed

- 5.3. Has the applicant applied for additional grant assistance from other State or Federal funding sources, including from other divisions of the Department of State, for the same Scope of Work activities within the same fiscal year?\*
  - o Yes
  - o No
- 5.4. If yes, for each application specify the grant project name, the granting entity, the grant program, the grant request amount, date of application, and its current status.

Grant Project Name	Granting Entity	Grant Program	Grant Request Amount	Date of Application	Current Status

### 6. 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 for the project or titles within the applicant organization, and contact information. The curricula vitae/resumes of the proposed project team are to be uploaded in the Support Materials section of this application.

Key Project Person	Project Role or Title	Email	Phone Number and Extension

### 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
- o Organization has some paid staff but they are not full-time
- o 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. If the incorrect project type is selected for the proposed scope of work, the application will be declared ineligible. Projects involving Development activities must apply for Special Category grant funding.

### Survey Project

Projects which identify, document and evaluate historic or archaeological resources individually or within historic or archaeological districts or areas being investigated for the potential of becoming historic districts or zones, or updating previous surveys.

### Planning Project

Planning projects necessary to guide the long term preservation of historic resources or a historic district, including preparation of historic structure reports, condition assessments, architectural drawings and construction documents, predictive modeling, preparation of preservation or management plans, and design or preservation guidelines. Planning activities on historic Religious Properties shall be limited to building exterior envelope and structural elements of the building, excluding accessibility upgrades.

### National Register Nominations Project

Projects that prepare a nomination to the National Register of Historic Places for an individual Historic Property or a nomination for a historic or archaeological district or a thematic or multiple resource group nomination. The resource(s) or proposed district must have been determined eligible for the National Register of Historic Places by the

Division prior to applying for the grant. Preparation of National Historic Landmark designation nominations shall not be allowable for Small Matching grant funding.

### o Heritage Education Project

Projects aimed at increasing public understanding and awareness of the history of Florida and the importance of its historical and archaeological resources and their preservation, either in general or for specific sites, properties or collections. This may include proposals such as walking tours brochures, education material for school children, interpretive signage, videos illustrating historic preservation principles, small educational exhibits, preservation of historical records through digitization and educational apps related to the history of Florida and/or its historical and archaeological resources. Exhibits must not be permanently affixed to the building.

### o Historical Marker Project

Projects which assist with the acquisition of state markers for which texts (monolingual or bilingual) have been approved by the State Historical Marker Council prior to applying for the grant.

# 2. Project Title and Location Information\*

The title should reflect the name of the property, site, area and/or the goals of the proposed project. The title should be consistent with previous applications/awards. (For example, Pensacola Maritime Heritage Trail, Archaeological Survey of Deering Estate, 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)*

# C – Historical Significance

### 1. Historical Designation\*

Indicate the type of historical designation currently held by the historic resource(s) that are the subject of the project, if any. 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.

# ${\bf 1.1.}\ \ {\bf Type\ of\ Historical\ Designation^*}$

Individual National Register Listing(s)

_	_	strict - Contributing Resources	
• No	Historical Design	nation	
		nils.  7, site or district (as it is listed in the National).	ional Register) a
Prop	erty Name	Date Designated	
orical Significa	anca		
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is the subject	of the proposed p	project (Maximum characters 1500)*	
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In the space requested.	f Work (Maximum chara e provided below, briefly d List the work items that wi uired match.	escribe the scope of wo		
Please spec which fund planned sec	re Project Timeline (remerify the start and end monthing assistance is requested quence of these activities. On the control of	n and year below; indica , the anticipated time re Grants, if awarded, will	ate all major elements equired to complete each begin July 1 of the year	ch element, and the
F	Work Item	Starting Date	Ending Date	
3.2.	Newly Recorded Sites* vide an estimate of the num			
	vey for newly recorded site		site Forms that will be	produced by the
(No arch	Florida Master Site File te: Surveys that record or unaeological sites must produce using the electronic forms	update site file forms fo uce paper Florida Mast	er Site Forms and also	c properties or submit the site file
3.4.	Enter the acreage of the	area to be surveyed.*		
invo ana	For archaeological survestigated? Alternatively, allyzed? (Maximum characters or specify in # of acres or	what is the estimated of cters 500)*		

Small Matching Grant Application (DHR001), Effective 07/2022 Chapter 1A-39.001. *Florida Administrative Code* 

Indicate the level(s) of local protection currently afforded the project historic property or supload a copy of the local protection documents in the Support Materials section of this application.  Local Protection Level(s)*  Local Ordinance Design Review  Preservation or Conservation Easement  Protective/Restrictive Covenant  Maintenance Agreement/Long Term Lease  Other  None	0	you be hiring or contracting with professional historic preservation and/or gical services? * Yes No
Indicate the level(s) of local protection currently afforded the project historic property or supload a copy of the local protection documents in the Support Materials section of this application.  Local Protection Level(s)*  Local Ordinance Design Review  Preservation or Conservation Easement  Protective/Restrictive Covenant  Maintenance Agreement/Long Term Lease  Other  None		
<ul> <li>Preservation or Conservation Easement</li> <li>Protective/Restrictive Covenant</li> <li>Maintenance Agreement/Long Term Lease</li> <li>Other</li> </ul>		
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ming Projects.		
4.1. How will the product(s) be made available to others in the community? (Maxim	ning Proje	notak

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C	o No
	o professionals are projected to be hired, or professional services are not includ scope of work and budget, explain why. (Maximum characters 500)
Indicate	al Protection* the level(s) of local protection currently afforded the project historic property or site copy of the local protection documents in the Support Materials section of this on.
Local P	rotection Level(s)*
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. [	Preservation or Conservation Easement
	Protective/Restrictive Covenant
_ [	Maintenance Agreement/Long Term Lease
	Other
	7
	None
ional Reg	sister Nomination Projects*
Registra	s the Division of Historical Resources, Bureau of Historic Preservation, Survey a tion Section determined the resource(s) or proposed district to be eligible for th I Register of Historic Places?*
	e of review and determination of eligibility by the Division of Historical Resources, of Historic Preservation, Survey and Registration Section must be provided in the
Dureau (	Materials section of this application. Should you have questions regarding the Nation
	status of a property or site, contact the Division's National Register Staff at
Support Register	
Support Register	7.7278 or 850.245.6300

o No

	you be hiring or contracting with professional architectural historian/historic on services?*
	Yes No
	professionals are projected to be hired, or professional services are not includ ope of work and budget, explain why. (Maximum characters 500)
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o No

itage	Education Projects*	
	How many minutes/pages is the product(s)?* example: "3 page brochures, 30 minute videos, 1 website, etc."	
7.2.	How many copies of the product(s) will be produced?*	
	Explain how the project/product(s) will be distributed. (Maximum charducts should be distributed free of charge.)	cacters 50
7.4.	Will you be hiring or contracting with professional educational/historia	n service
	o Yes o No	
	If no professionals are projected to be hired, or professional services arour scope of work and budget, explain why. (Maximum characters 500)	e not inc
s th	proposed project entail a partnership with any other local entity?*	
	• Yes	

9.	
Demons	strated Need (Maximum characters 1500)*
Discuss Florida a historica is the su	the need for the proposed project or activity, as it relates to the preservation of the history of and/or its historical and archaeological resources, including any immediate threats to the all property/ies, historic resources or materials, archaeological sites or historical information that bject of the proposed project. Documentation material, such as newspaper articles, are to be d in the Support Materials section of this application.

### **E** – **Budget** and **Match**

### 1. Rural Economic Development Initiative (REDI) Waiver 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 waiver of matching requirements. (Waivers are not available for Historical Marker Project types. State agencies, state colleges, and state universities are not eligible for a REDI match waiver, regardless of project location.)

- 1.1 Are you requesting a waiver? <u>Is my project in a REDI Community?</u>
  - o Yes
  - o No
- 1.2. Are you a state agency, state college, or state university?
  - o Yes
  - o No

### 2. Project Budget and Match\*

#### 2.1. Grant Funds and Match\*

List 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. If professional services are to be paid with grant funds, include those costs as a separate item in the budget 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.

Small Matching grants require a 100% (i.e., 1:1) match unless exempted by the program Guidelines. Applicant Organizations that are Florida Certified Local Government (CLG) or Florida Main Street communities are not required to provide a match. Applicant Organizations applying for projects located in REDI areas are not required to provide a match (exception: Historical Marker Projects and applicants

that are agencies of state, state colleges and state universities are not eligible for the REDI match waiver).

Round amounts to the nearest dollar. Rows must have a value in Grant Funds, 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:	
Project Total Budget:	<del></del> -

# 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 or historical or archaeological research accomplished. 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 (for site-specific projects).

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. If the property for which grant funding is requested is leased by the Applicant Organization, the lease agreement must be dated, signed and submitted at the time of the application submission, with the required Owner Concurrence Letter attachment to the application.

1.	1.	Does vour	organization	own the	property's	<b>)</b> *
		2005 3001	or Samuelandin	O III CIIC	property.	•

- o Yes
- o No
- Not Applicable

1	.2.	<b>Property</b>	Owner
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### 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 site-specific archaeological projects that entail fieldwork being undertaken by an eligible applicant organization.
- Governmental Agency

### 2. Religious Affiliation

### 2.1 Is the Property Owner a religious institution or affiliated with a religious institution?

- o Yes
- o No
- Not Applicable

# **G** –**Impact**

### 1. Annual Visitation\*

	site?* For education products, please list the estimated annual distribution, downloads or web hits.
	1.2. What is the basis of these estimates? (Maximum characters 200)*
	1.4 1.5
Explain	cipated Economic Impact (Maximum characters 1500)*  In the direct economic impact this project will have on the surrounding community. Include any action regarding number of jobs it will provide, if known.
Describ groups	efit to Underrepresented Communities (Maximum characters 1500)* be any direct benefit the project will have on underrepresented communities, such as minority and/or people with disabilities. If project includes media content, describe accessibility methods and (e.g. voice over, closed captioning, etc.)
Explain	cational Benefits and Public Awareness (Maximum characters 1500)*  how the proposed project will educate the public on issues related to historic preservation,
Explain	,

# **H** –**Support Materials**

### 1. Non-Profit Status\*

Provide documentation of the applicant's active status as a Florida non-profit corporation with the Division of Corporations, Florida Department of State, which can be obtained at: http://www.sunbiz.org by searching the corporate name.

Choose file:	Upload file	
<b>2. Florida Substitute W-9 Form*</b> Available at DFS website <a href="https://flver.w-9">https://flver.w-9</a> .	ndor.myfloridacfo	o.com. Note that this is a state form, NOT your Federal
Choose file:	Upload file	
<b>3. Documentation of Confirmed Ma</b> Consult the program Guidelines for su		ation evidencing match (FLheritage.com/grants/)
Choose file:	Upload file	
public meeting where the applications	will be reviewed	ision but must be received one month prior to the l and scored.
Choose file:	Upload file	
<del>-</del> -		nould relate to the proposed project, depicting the current state. Historical images are also welcome.
Choose file:	Upload file	
	the proposed proj	r project to be used in the application review meeting ect. For projects directed at historic properties or sites, g or site.
Choose file:	Upload file	
7. Proposed Project Team Support Provide the curricula vitae/resumes of		oject team as listed in Section A.6 of the application.
Choose file:	Upload file	
8. Florida Historical Marker Counc	eil Support Docu	ments (for Historical Marker Projects only)*
Choose file:	Upload file	
only)*	nination of eligib	ments (for National Register Nomination Projects ility by the Division of Historical Resources, Bureau
		on.
Choose file:	Upload file	
10. Documentation of Demonstrated	l Need*	
Choose file:	Upload file	
11. Local Protection (for Survey, Plane) Provide copies of any documents that	_	onal Register Nominations Projects only otection of the project site)*

12. Owner Concurrence Letter (for site-specific projects only)\*
Provide a letter that documents that the applicant has the permission of the owner of record (if the Property

Upload file

Choose file:

Owner is not the applicant) to conduct the proposed project on the owner's property, that the owner is in concurrence with this application for grant funding, and documentation that the owner is a non-profit organization or agency of government. If the property for which grant funding is requested is leased by the Applicant Organization, the lease agreement must be dated, signed and submitted at the time of the application submission, with the required Owner Concurrence Letter. Note that, for other than site-specific archaeological projects that entail fieldwork being undertaken by an eligible applicant, the owner must be a Non-profit Organization or agency of government.

	ose file:		oad file	
	Optional Materials plicants may attach may	terials not specifica	ılly requested by	the Division that support the application.
	Title			
	<b>File</b> To add a support n Upload File button		and optional des	scription. Then select a file and click the
	Choose file:		Upload file	
I –Review	Additional details a	about the support n	naterials that may	y be helpful to staff or panelists.
1. F	Review and Submit*			
and shal repi	that all information in Il have the same legal e	dicated is true and effect as my written artment of State con	accurate. I ackno a signature. I am astitutes a third de	ation on behalf of owledge that my electronic signature below aware that making false statement or egree felony as provided for in s. 817.155, 775.084.
1.1	Signature (enter	first and last nam	e)*	