Abandoned African-American Cemeteries 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

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 organization received previous grant assistance within the past five years from any source?*
- o Yes
- o No

3.2. 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.	Grant Project Name	Granting Entity	Grant Amount	Open/Closed

3.3. 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

3.4. 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

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 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

5. **Applicant staffing and hours***
   Select the option that best describes your organization.

   - o 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

6. **Applicant Financial Resources (Maximum characters 5000)***

   Describe the organization's access to financial resources to cover any costs exceeding the grant request or to carry project costs between payments from the Division (should the project be funded).

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.

a. **Cemetery Research.** Projects for the purpose of conducting genealogical and historical research necessary to identify and contact the relatives and descendants of persons buried in abandoned African-American cemeteries. Cemetery Research projects do not fund archaeological fieldwork or comprehensive field surveys of geographic areas whose goal is to locate and identify abandoned cemeteries. Cemetery Research projects are only awarded to Research Institutions, colleges, universities, and nonprofit organizations.

b. **Cemetery Protection.** Projects for the purposes of repairing, restoring, and maintaining abandoned African-American cemeteries. This includes: planning to guide the long term preservation of the Cemetery, including existing conditions assessments, architectural or engineering drawings and construction documents, and management plans; the restoration of historic funerary resources and the in-kind replacement of resources that cannot be repaired; the removal of vegetation that negatively impacts the historic resources; erosion control and fill for the purposes of leveling sunken graves; installation of appropriate security features including lighting or fencing; installation of limited interpretive signage; and the marking of unmarked remains, all in a manner that is approved by the Division and consistent with the Secretary of the Interior's Standards for Historic Preservation. This does not include archaeological fieldwork, other than remote sensing techniques such as ground penetrating radar and magnetometry performed by a professional archaeologist to determine the boundaries of the cemetery or location of interments for planning purposes. Cemetery Protection projects are only awarded to local government entities and nonprofit organizations.

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. Upload in the Support Materials section of this application any available documentation regarding the location of the Cemetery, which may include Florida Master Site File forms, property records, surveys, and other historical or archival materials

    2.1. Project Title*

    _____

    2.2. Name of Cemetery (if known)

    _____

    2.3. Location Description (closest address or directions)

    _____

    2.4. Nearest City/Town/Area *

    _____

    2.5. County*

    _____

2.6. Parcel ID (from county property appraiser records*

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2.7 GPS Coordinates (if known)

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C. Cemetery Information

1. Property Ownership (for site-specific projects).

Enter name of the Property Owner of the parcel where the Cemetery is located (and choose the appropriate owner type). For projects that require physical access to the Cemetery, if the applicant is not the legal owner of the property, the applicant must secure Property Owner concurrence or have the right to maintain the cemetery pursuant to Section 704.08, Florida Statutes, which shall be documented by a court order, or a notification to the Department of Financial Services in accordance with 497.284, Florida Statutes (see II.B.7 of the program guidelines for additional information on owner concurrence requirements). The applicant shall upload in the Support Materials section of this application 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, or documentation of the right to maintain the cemetery, as applicable. 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 attached to the application.

1.1. Does your organization own the property?*
- o Yes
- o No

1.2. Property Owner (if not the applicant organization)

_____

1.3. Type of Ownership
- o Nonprofit Organization

- o Private Individual or Forprofit Entity

- o Governmental Agency

- o Unknown Owner/No Extant Owner

2. Is the Cemetery that is the subject of this grant licensed under Chapter 497, Florida Statutes? (Note that licensed cemeteries are not eligible for this program) *

- o Yes
- o No

3. Did the majority of burials within the cemetery occur at least 50 years ago? (Note that any cemetery where a majority of the burials are not at least 50 years old is not eligible for this program)*

- o Yes
- o No

4. Provide the date of the latest known burial. (Note that any cemetery with a burial less than ten years ago is not eligible for this program)*

_____

5. Physical Context of the Cemetery (Maximum characters 1500) *

5.1. Describe the physical context of the Cemetery. Some questions to consider include: What is the existing condition of the Cemetery? Is it in a rural or urban environment? Is it on private or publicly owned land?

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5.2. Provide the estimated total square footage or acreage of the Cemetery.*

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5.3. Provide the number of known burials?*

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5.4. Provide the date of the earliest known burial?*

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6. Local Protection*

Indicate the level(s) of local protection currently afforded the Cemetery or the property where it is located. Upload a copy of the relevant protection documents in the Support Materials section of this application, if applicable.

Local Protection Level(s)*

- ▪ ☐ Local Ordinance Design Review
- ▪ ☐ Preservation or Conservation Easement

- ☐ Protective/Restrictive Covenant
- ☐ Maintenance Agreement/Long Term Lease
- ☐ Other
- ☐ None

D – Historical and Cultural Significance

1. Historical Designation*

Indicate the type of historical designation currently held by the Cemetery or the property where the Cemetery is located, 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.

1.1. Type of Historical Designation*

- ☐ Individual National Register Listing(s)
- ☐ National Register District - Contributing Resources
- ☐ National Historic Landmark Designation
- ☐ Individual Local Designation
- ☐ Local Designated District - Contributing Resources
- ☐ No Historical Designation

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

1.3. Enter the Florida Master Site File (FMSF) Number (ex. 8ES1234). If no FMSF form exists, applicants may be required to complete one as part of the requirements in a grant award agreement.

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2. Historical and Cultural Significance

2.1. Describe the historical and cultural significance of the Cemetery. (Maximum characters 1500)*
Provide a brief summary of the history of the cemetery. Include available information on the Cemetery's burials, cultural context, distinctive features, association with historic eras or events, and any other relevant information on the Cemetery's historic and cultural significance.

2.2. Describe the Cemetery's relationship with the history of African Americans in Florida and its present value to the African-American community. (Maximum characters 1500)*

E - Project Specifics

1. Professional Services

All grantees are required to use the services of qualified professionals in order to carry out the scope of work of their projects.

1.1. Funding professional services (Select all that apply)*

☐ Professional services will be hired using grant funds or match (make sure to include those services in your scope of work and budget).

☐ Applicant will use the services of its existing professional staff (make sure to include them in the project team questions and attachments).

☐ Professional services will be hired outside of the grant (i.e with funds other than grant and match funds).

☐ No professional services will be used/utilized

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

2. 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.

3. 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 of the year funds are appropriated. **Projects should be completed within 12 months.**

Work Item	Starting Date	Ending Date

4. Cemetery Research Projects*

4.1. Describe the current state of research regarding the Cemetery, including any known relatives and descendants of persons buried there, and the goals of this phase of research. (Maximum characters 1000) *

4.2. Indicate how the research will be conducted and the methods by which it will be accomplished (Maximum characters 1000)*

4.3. Will this project produce any publicly available materials about the research? If so, explain how the project/product(s) will be distributed. (Maximum characters 500) *
(Products should be free of charge)

5. Cemetery Protection Projects *

5.1. Provide measurable quantities for each work item listed in the Scope of Work (e.g., number of headstones/funerary object to be restored, linear feet of security fencing, etc.):*
(Example: repair 15 grave markers):

6. Need for Project (Maximum characters 1500)*
Discuss the need for the proposed project or activity, including any existing or potential threats of

loss or damage to the Cemetery or to the genealogical and historical information associated with it. Documentation material, such as newspaper articles, deeds or cemetery registers, are to be uploaded in the Support Materials section of this application.

7. Care and Maintenance (Maximum characters 500)*

Describe any plans for the long-term care and maintenance of the Cemetery beyond the grant period.

F – Budget

1. **Project Budget***
   1.1. **Grant Funds***

   List the work items with their associated estimated expenses. 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 dos.myflorida.com/historical/grants). No match is required for this program, but voluntary match (cash or in-kind) available for the project may be indicated in the budget table.

   Round amounts to the nearest dollar. Rows must have a value or the row will not be saved.

#	Work Item	Grant Funds	Cash Match (voluntary)	In-Kind Match (voluntary)	Total
	Totals:	$0.00	$0.00	$0.00	$0.00

   Grant Funds Requested: _____
   Voluntary Match: _____
   Project Total Budget: _____

   1.2. **Additional Budget Information/Clarification (Maximum characters 500)**

   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. **If voluntary match is included in the budget, explain the source of the match and upload match documentation to Optional Materials in the Support Materials section of this application.**

2. Completed Project Activities.

Provide a summary of the project-related activities completed at the time of application submittal. Such activities may include previous Cemetery surveys, conditions assessments, architectural studies or plans, preservation planning activities or other 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

3. 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.

G – Impact

1. Accessibility (Maximum characters 1500)*

How publicly accessible is the cemetery or how accessible will the research be to the general public?

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[                                                                              ]
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2. Educational Benefits and Public Awareness (Maximum characters 1500)*

Explain the educational potential of the proposed project relating to issues of abandoned African-American cemeteries, preservation and protection of cemeteries, and/or Florida history.

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[                                                                              ]
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3. Community Support (Maximum characters 1500)*

Describe the community support for this project, including from volunteers, partner organizations, descendants, property owners, and other stakeholders.

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[                                                                              ]
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H –Support Materials

1. **Nonprofit Status (nonprofit organizations only)**

   Provide documentation of the applicant's active status as a Florida nonprofit 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

2. **Florida Substitute W-9 Form***

   Available at DFS website https://flvendor.myfloridacfo.com. Note that this is a state form, **NOT** your Federal W-9.

Choose file:	Upload file

3. **Letters of Support**

   Additional letters may be submitted directly to the Division but must be received one month prior to the public meeting where the applications will be reviewed and scored.

Choose file:	Upload file

4. **Photographs***

   Photographs are used to further inform panelists and should relate to the proposed project, depicting the associated property, site, resources, in its current state, and the context the Cemetery exists within. Historical images are also welcome.

Choose file:	Upload file

5. **Representative Image***

   Upload a single representative image of the Cemetery or project to be used in the application review meeting that conveys the theme or purpose of the proposed project.

Choose file:	Upload file

6. **Proposed Project Team Support Documents***

   Provide the curricula vitae/resumes of the proposed project team as listed in Section A.4 of the application.

Choose file:	Upload file

7. Documentation of Need*

Choose file:	Upload file

8. Local Protection

Provide copies of any documents that provide local protection to the Cemetery or property as identified in question C.6.

Choose file:	Upload file

9. Owner Concurrence Letter (if site access is required)

If the proposed Project required physical access to the Cemetery, the applicant shall provide a letter that documents that the applicant organization 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. In the absence of an Owner Concurrence Letter, the applicant shall provide documentation of the right to maintain the cemetery pursuant to Section 704.08, Florida Statutes, which shall be documented by a court order. In the event that an extant Property Owner of the cemetery parcel cannot be determined through official property records, the applicant shall document that (if the applicant is a county or municipality) the applicant has provided notice to DFS pursuant to 497.284, Florida Statutes, and that it intends to take action as necessary and appropriate to care for and maintain the cemetery, or if the applicant is not a county or the municipality, documentation that the county or municipality has empowered the applicant as their designee to care for and maintain the cemetery after providing notice as directed in 497.284, Florida Statutes. 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.

Choose file:	Upload file

10. Documentation of Location*

Provide available documentation regarding the location of the Cemetery, which may include Florida Master Site File forms, property records, surveys, county property appraiser property parcel records and other historical or archival materials.

Choose file:	Upload file

11. 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)*

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