

**North Carolina State Historic Preservation Office**  
**Department of Natural and Cultural Resources**  
**Office of Archives and History**  
<http://www.hpo.ncdcr.gov/>

**2017 HISTORIC PRESERVATION FUND (HPF)**  
**PASS-THROUGH GRANT APPLICATION FORM**  
*(postmark deadline February 28, 2017)*

**PROJECT INFORMATION** (Please type or print)

Name of project: \_\_\_\_\_

Project Type:

- Archaeological Investigation
- Architectural survey
- National Register (NR) nomination
- Survey publication manuscript
- Architectural/engineering study. Name of NR property: \_\_\_\_\_
- Restoration/rehabilitation. Name of NR property: \_\_\_\_\_
- Educational Program
- Other (specify): \_\_\_\_\_

**CLG GRANT - APPLICANT INFORMATION (CLG, or CLG commission)**

Name of CLG governing board or CLG commission: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal ID # \_\_\_\_\_

Only CLGs or CLG commissions may apply for CLG grants. If the CLG is applying at the request of a nonprofit or educational institution, provide the following information:

Name of nonprofit or educational institution: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*\*\*Please attach the CLG commission's review comments or letter of support for this application.*

**LOCAL PROJECT COORDINATOR**

Person who will be the local project coordinator (in most cases this will be the CLG staff):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Local government or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMMITMENT OF LOCAL MATCHING FUNDS**

Name of donor: \_\_\_\_\_

Source of funds (e.g., general fund, private donations, foundation funds, etc): \_\_\_\_\_

Amount of cash: \_\_\_\_\_ Other: \_\_\_\_\_ Date Available: \_\_\_\_\_

*Attach list if more than one donor.*

**EQUAL OPPORTUNITY STATEMENT**

*\*\* Please attach a completed "Equal Opportunity Statement" signed by the applicant (see page 4)*

**ABSTRACT OF PROPOSED PROJECT**

On a separate sheet, briefly describe what will be accomplished with the grant and matching funds and briefly describe how the project meets the goals of North Carolina's historic preservation plan for 2013-2022 (see goals, attached). *Please limit the abstract to three double-spaced typewritten pages.*

**BUDGET: AN ESTIMATE OF PROJECT COSTS**

Submit an itemized budget for work to be accomplished with grant and matching funds during the estimated project period of \_\_\_\_\_ months beginning \_\_\_\_\_ and ending \_\_\_\_\_. Matching funds should be forty percent of total project costs.

| Budget Item: | Estimated Cost: |
|--------------|-----------------|
| _____        | \$ _____        |
| _____        | _____           |
| _____        | _____           |
| _____        | _____           |
| _____        | _____           |

TOTAL ESTIMATED PROJECT COST \$ \_\_\_\_\_

GRANT REQUEST \$ \_\_\_\_\_ LOCAL MATCHING FUNDS \$ \_\_\_\_\_

Budget Notes:

Cash funds must be available for payment of direct costs, such as consultant/contractor fees, duplicating, and newspaper notices (for National Register historic districts with more than 50 owners). Be sure that grant funds are matched with sufficient local nonfederal cash match to meet this requirement.

**APPLICATION REMINDERS**

- ✓ Contact Historic Preservation Office (HPO) staff for assistance in developing the project description and estimating the budget. A site visit may be needed. HPO staff contact information is listed in the Instructions.
- ✓ Applications for architectural surveys must include the estimated number of acres or square miles and properties to be surveyed.
- ✓ Properties and districts proposed for nomination to the National Register must be on the HPO Study List and/or deemed potentially eligible by HPO staff.
- ✓ National Register historic district applications must include a map of the district and its estimated number of properties.
- ✓ National Register historic district nomination proposals must demonstrate local support.
- ✓ Archaeological survey project abstracts must be accompanied by a map (USGS Quad) showing the area(s) to be covered and an estimate of the acreage to be covered.
- ✓ Applications for predevelopment or development projects should include photos of the structure.

\*\*\*\*\*

**\*\* Historic Preservation Office or Office of State Archaeology staff member contacted regarding this application:**

\_\_\_\_\_  
Name of HPO/OSA Staff Contacted DATE

CLG Applicant or Other Applicant:

\_\_\_\_\_  
SIGNATURE of local government official DATE  
or officer of the Applicant

\_\_\_\_\_  
PRINTED NAME TITLE

If the applicant above is a local government or local historic preservation commission applying at the request of a non-profit organization or educational institution, an official of the nonprofit organization or educational institution must sign below:

\_\_\_\_\_  
SIGNATURE of official of nonprofit or educational institution DATE  
submitting application through a local government or historic  
preservation commission

\_\_\_\_\_  
PRINTED NAME TITLE

**STATE HISTORIC PRESERVATION OFFICE  
OFFICE OF ARCHIVES AND HISTORY  
NORTH CAROLINA DEPARTMENT OF NATURAL AND CULTURAL RESOURCES**

Addendum to Grant Application

**EQUAL OPPORTUNITY STATEMENT**

THE NORTH CAROLINA STATE HISTORIC PRESERVATION OFFICE RECEIVES FEDERAL FUNDS FROM THE NATIONAL PARK SERVICE. REGULATIONS OF THE U.S. DEPARTMENT OF THE INTERIOR STRICTLY PROHIBIT UNLAWFUL DISCRIMINATION IN FEDERALLY ASSISTED DEPARTMENTAL PROGRAMS ON THE BASIS RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), AGE, DISABILITY, SEXUAL ORIENTATION, OR GENETIC INFORMATION IN ITS FEDERALLY ASSISTED PROGRAMS. ANY PERSON WHO BELIEVES HE OR SHE HAS BEEN DISCRIMINATED AGAINST IN ANY PROGRAM, ACTIVITY, OR FACILITY OPERATED BY A RECIPIENT OF FEDERAL ASSISTANCE SHOULD CONTACT THE EQUAL OPPORTUNITY PROGRAM OFFICE, U.S. DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE, 1201 I STREET, N.W., 5TH FLOOR, ORG CODE 2652, WASHINGTON, D.C. 20005; VISIT [HTTPS://WWW.DOI.GOV/PMB/EEO](https://www.doi.gov/pmb/eo) OR PHONE (202) 354-1852.

**CLG Applicant or Other Applicant:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Name of local government, local historic preservation commission,  
nonprofit, or educational institution

**Project:** \_\_\_\_\_

**\*\*If the applicant is a local government or local historic preservation commission applying at the request of a non-profit organization or educational institution, an official of the nonprofit organization or educational institution must sign below:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Name of nonprofit or educational institution

***Note:*** Acknowledgement of the Equal Opportunity Statement above shall accompany each application for federal funding. Receipt of this signed and dated statement will fulfill this requirement. The applicant must sign the statement; and, if the applicant is a local government or local historic preservation commission applying at the request of a nonprofit or educational institution, the nonprofit or educational institution must also sign the statement.