

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

2018 HISTORIC PRESERVATION FUND (HPF)
PASS-THROUGH GRANT APPLICATION FORM
(postmark/email deadline March 30, 2018)

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 must 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.