



**CERTIFIED LOCAL GOVERNMENT GRANT APPLICATION
Federal Fiscal Year 2012**

I. CLG Community Name: _____ **County** _____
Project Administrator: **CLG** **Designated Third Party**

CLG Chief Administrative Official:

Community's CLG Program Contact:

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email Address: _____

Email Address: _____

Signature _____

Signature _____

Date: _____

Date: _____

Commission/Design Review Board Chair:

Project Coordinator:
(if different from the CLG program contact)

Name: _____

Name: _____

Organization: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email Address: _____

Email Address: _____

Signature _____

Signature _____

Date: _____

Date: _____

II. LOCAL GOVERNMENT INFORMATION

A. Representation:

<u>Political District</u>	<u>Number</u>	<u>Name</u>
Ohio Senate District	_____	_____
Ohio House District	_____	_____
	_____	_____
Congressional District(s)	_____	_____
	_____	_____

B. Local Authorization: [Check as appropriate.]

- _____ Applicant community requires council approval to apply for and accept federal funds. Enclosed is evidence of such approval.
- _____ Applicant community requires council approval only to accept federal funds. Enclosed is a letter to this effect, stating that the ordinance will be submitted if application successful. [Passage of ordinance is required prior to execution of grant agreement.]
- _____ Applicant community does not require local ordinance to apply for or accept federal funds.

C. Designated Third Party Administrator: [Circle as appropriate.]

Yes / No Applicant community requests the following third party to administer the CLG project and recognizes its continued responsibility during the administration of the grant project to review draft products and monitor schedule adherence and progress.

Authorized Representative:

Name: _____ Telephone: _____

Title: _____ Fax: _____

Organization: _____ Email Address: _____

Address: _____

D. Financial Management

1. Financial Administrator

Identify the person responsible for financial administration of this grant.

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Federal Tax Identification Number: _____ DUNS Number: _____

2. Audit Requirement

Check statement appropriate to the community's federal funding position and type of audit materials submitted with application.

_____ Community receives more than \$500,000 in federal funds per fiscal year, is subject to single audit reporting requirements, and files the required SF-SAC form and audit report. One copy of most recent audit report and SF-SAC are enclosed.
Audit Report Year: _____

_____ Community does not meet the \$500,000 federal funds threshold for the federal single audit requirement. Enclosed is a certification to this effect from the community auditor and one copy of the most recent audit report.
Audit Report Year: _____

_____ The application requests that a designated third party administer the grant. The organization has enclosed its most recent audit report or a *compilation statement*, which is an independent examination of the organization's financial statements.
Audit Report Year: _____ or Date of Compilation Statement: _____

3. Financial Management Certification

The Financial Administrator certifies for the project that he/she will provide or have access to appropriate technical and financial management assistance to meet or maintain the following standards:

- Adequate financial resources for performance, the necessary experience, organization, technical qualifications, and facilities; or a firm commitment, arrangement, or ability to obtain such;
- Adequate accounting system and auditing procedures to provide effective accountability and control of property, funds, and assets sufficient to meet the needs and audit requirements of the project;
- Comply with federal procurement standards;
- Comply with the debarment requirements;

- Comply with the civil rights, equal employment opportunity, and labor law requirements of Federal grants; and
- Be otherwise qualified and eligible to receive a grant award under applicable laws and regulations.

Signature of Person Responsible for Financial Administration

Name

Date

III. PROJECT SUMMARY

A. Financial Summary:

CLG Funds Requested:

\$

Matching Share:

\$ _____

Total Project Cost:

\$ _____

B. Project Type:

Identify the project type and associated Secretary of the Interior's Standards with which the project must comply:

____ Survey / Standards for Identification and Evaluation

____ Registration / Standards for Evaluation and Registration

____ Planning / Standards for Historic Preservation Planning

____ Acquisition

____ Pre-Development / Standards for Rehabilitation or Historic Properties

____ Development / Standards for Rehabilitation

____ Education/Other / Standards for Rehabilitation, as applicable

C. Project Abstract:

Summarize briefly the purpose and results/products expected from the proposed project.

VI. PROJECT BUDGET

Expenditure Categories

Personnel – In-kind

Administrator’s Staff Salaries

Rate/Hr. # Hrs.

[List each position.]

			CLG	Matching	Total
			Grant Share	Share	
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
Fringe Benefits	_____ %		\$ _____	\$ _____	\$ _____
	Subtotal		\$ _____	\$ _____	\$ _____

Personnel --Cash

Consultant/Contractor Fees:

[List type of consultant/contractor to be paid & amount budgeted for each.]

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
	Subtotal	\$ _____	\$ _____

Personnel --Volunteers:

[For allowable hourly rates for volunteer labor, see CLG Grant Application Instructions.]

_____	_____	_____	\$ 0	\$ _____	\$ _____
_____	_____	_____	\$ 0	\$ _____	\$ _____
_____	_____	_____	\$ 0	\$ _____	\$ _____
	Subtotal		\$ 0	\$ _____	\$ _____

Materials/Supplies/Other:

Printing

Photocopy

Supplies [itemize major items]

Photography

Travel

Postage

Other: _____

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

Non-Construction Budget Subtotal

\$ _____ \$ _____ \$ _____

Construction Budget Subtotal

\$ _____ \$ _____ \$ _____

[For development projects-see following page]

Provide estimate for each appropriate construction Expenditure Category

TOTAL PROJECT COSTS:

\$ _____ \$ _____ \$ _____

Construction Budget Format

<u>Expenditure Categories</u>	<u>CLG Grant Share</u>	<u>Matching Share</u>	<u>Total</u>
Pre-Construction Expenses:			
Bid Process	\$ _____	\$ _____	\$ _____
Project Sign	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Pre-Construction Subtotal	\$ _____	\$ _____	\$ _____
Construction Expenses:			
General Conditions	\$ _____	\$ _____	\$ _____
Site Work	\$ _____	\$ _____	\$ _____
Concrete	\$ _____	\$ _____	\$ _____
Masonry	\$ _____	\$ _____	\$ _____
Metals	\$ _____	\$ _____	\$ _____
Wood & Plastics	\$ _____	\$ _____	\$ _____
Thermal/Moisture	\$ _____	\$ _____	\$ _____
Doors & Windows	\$ _____	\$ _____	\$ _____
Specialties	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Furnishing	\$ _____	\$ _____	\$ _____
Special Construction	\$ _____	\$ _____	\$ _____
Conveying Systems	\$ _____	\$ _____	\$ _____
Mechanical/Electrical	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Construction Subtotal	\$ _____	\$ _____	\$ _____

VII. MATCHING SHARE: [Itemize each source of match.]

Donor identifies who or what is providing the matching funds [e.g., City, Foundation]

Source means origin of donation, such as general operating funds, grants, contributions

Kind describes specific type of donation, such as cash, volunteer labor, or donated materials

Amount is dollar value of the matching contribution

Status is whether the match is firm [known] or pending [applying for funding/awaiting decision].

Donor: _____ Donor: _____

Source: _____ Source: _____

Kind: _____ Kind: _____

Amount _____ Amount _____

Status _____ Status _____

Donor: _____ Donor: _____

Source: _____ Source: _____

Kind: _____ Kind: _____

Amount _____ Amount _____

Status _____ Status _____

TOTAL MATCHING SHARE: \$ _____

[Be sure this amount agrees with the total matching share in Section VI and the matching share stated in Section III.]

PROJECT INCOME: Circle appropriate answer:

Yes / No Income is anticipated from the project during the project period.
If yes, provide explanation. See CLG Grant Application Instructions for guidance on how to address project income.

CLG APPLICATION COMPLETENESS CHECKLIST

Only complete applications will be submitted to the Grants Selection Committee for review. To be complete, the application must include ALL items in A. below:

A. Administrative Requirements

- ◆ Signatures
 - Section I.** --CLG's Chief Administrative Official, CLG Program Contact, Commission or Design Review Board Chairperson, Project Coordinator (if different from the CLG program contact)
 - Section II. C** -- Designated Third Party Administrator representative (if applicable)
 - Section II .D** – Grant Financial Administrator
- ◆ Original and seven [a total of 8] copies of the completed application form
- ◆ Application received by OHPO by 5 p.m. on March 1st
- ◆ Copy of local ordinance granting community authority to apply for and accept federal grant funding, if required by local ordinance or regulations. If local ordinance is only needed to accept federal funds, provide a statement to this effect. Even if a third party is administering the grant, the CLG applicant community must obtain the ordinance to apply for and/or accept the grant, as required, as the CLG remains the applicant.
- ◆ If third party is to administer grant, signature of authorized representative of administering organization required.
- ◆ One copy of most recent appropriate audit report, SF-SAC, non-threshold letter, or compilation statement of project administrator [See Section II]

B. Project specific requirements, dependent on program area of the proposed project

Survey:

- ◆ Identification of type of survey [reconnaissance or intensive]
- ◆ Number of historic properties in the survey area
- ◆ Map delineating the area to be surveyed
- ◆ Estimated acreage of survey area
- ◆ Statement of the number of inventory forms to be prepared [new and updated]

Registration:

- ◆ Type of nomination [individual, district, thematic, or multiple resource]
- ◆ Type of registration [National Register of Historic Places or local designation]
- ◆ Estimated number of properties if nominating a district
- ◆ State whether property has been identified in a survey, if so provide name and date
- ◆ Copy of the OHPO response letter to the required CLG registration questionnaire if a National Register nomination project
- ◆ Copy of local criteria if project is for a local designation
- ◆ State whether the property is locally listed

Planning:

- ◆ Explanation of how the community will be involved with and participate in product development
- ◆ Objective of the project
- ◆ Anticipated benefits of the project
- ◆ State whether this is new or an update to an existing planning document
- ◆ Description of format and number of copies of final product
- ◆ Planned distribution plan of product

Pre-Development:

- ◆ Identification of property by historic name and address
- ◆ Owner's name and address
- ◆ State whether open to the public
- ◆ Describe current and intended use
- ◆ Provide National Register listing date or OHPO eligibility determination date
- ◆ State whether property locally designated
- ◆ Identify how project contributes effectively to long term preservation
- ◆ State how the Americans with Disabilities Act standards have or will be met
- ◆ Provide 2 sets of 4 x 6 labeled photos and 1 CD of photos
- ◆ State whether the property is locally listed

Development:

- ◆ Identification of property by historic name and address
- ◆ Current owner's name and address
- ◆ Provide National Register listing date
- ◆ State whether property locally designated
- ◆ State whether open to the public or will be
- ◆ Describe current and intended use
- ◆ State whether property has ever received a state or federal tax credit
- ◆ Identify how project contributes effectively to long term preservation
- ◆ State how the Americans with Disabilities Act standards have or will be met
- ◆ Provide 2 sets of 4 x 6 labeled [glossy prints] photos and 1 CD of photos
- ◆ Provide a contractor's estimate
- ◆ Include a signed Acquisition or Development Certification Form [request form from OHPO Grants Manager prior to submission date]
- ◆ Include flood plain assurance certification or proof of flood insurance

Acquisition:

- ◆ Identification of property by historic name and address
- ◆ Current owner's name and address
- ◆ Provide National Register listing date
- ◆ State whether property locally designated
- ◆ State whether open to the public or will be
- ◆ Describe current and intended use
- ◆ Statement of current market value and basis for estimating this value
- ◆ Explanation of the nature of threat to property
- ◆ Identify how project contributes effectively to long term preservation
- ◆ State how the Americans with Disabilities Act standards have or will be met

Acquisition (continued):

- ◆ Provide 2 sets of 4 x 6 labeled [glossy prints] photos and 1 CD of photos
- ◆ Include a signed Acquisition or Development Certification Form
- ◆ Include flood plain assurance certification or proof of flood insurance

Education & Other:

- ◆ Identify targeted audience for project
- ◆ Explain how widest possible audience addressed
- ◆ Describe product or outcome's lasting value
- ◆ Describe alternatives considered
- ◆ Enumerate why the proposed approach is appropriate and cost effective
- ◆ Identify product of project [number, distribution plan, public involvement process]
- ◆ Identify benefits of project