



Connecticut Commission  
on Culture & Tourism

HISTORIC  
PRESERVATION  
AND MUSEUM  
DIVISION

*Basic Operational  
Support Grants for  
Historic Preservation  
Non-Profit Organizations*

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## **BASIC OPERATIONAL SUPPORT GRANTS FOR HISTORIC PRESERVATION NON-PROFIT ORGANIZATIONS**

The Basic Operational Support Grants for Historic Preservation Non-Profit Organizations (BOS) program is designed to advance the mission of local historic preservation organizations by supporting and promoting greater organizational stability, increasing historic preservation organization's management, planning, and fiscal capabilities and encouraging a broad range of educational and advocacy programs in historic preservation. The program also intends to give local historic preservation organizations the financial means to attract qualified staff and to allow governing boards to focus on financial support, governance, policy and mission.

### **PROGRAM HIGHLIGHTS**

Basic Operating Support Grants may be used for the support of local historic preservation non-profit organizations incorporated in Connecticut. For the purposes of this program, a local historic preservation organization is defined as a 501(c)(3) nonprofit organization dedicated to the comprehensive identification, evaluation, registration and protection of historic districts, sites, buildings, structures, objects, and landscapes that are significant in the history, architecture, archeology, engineering, or culture of not less than one or more than six adjacent municipalities.

Organizations must have maintained tax-exempt status under Section 501(c)(3) of the Internal Revenue code for at least two years, be governed by a board of directors that meets regularly to set policy, and have completed two full years worth of historic preservation programs.

Applicants are required to submit an organizational strategic plan that is consistent with CCT's agency-wide Strategic Plan and Connecticut's State Historic Preservation Plan, *Building Quality Communities* (available online at [www.cultureandtourism.org](http://www.cultureandtourism.org)); an audit for the most recently completed fiscal year; an Affirmative Action Plan; and a statement on compliance with federal Americans with Disabilities Act requirements.

Organizations must submit a proposed one-year work plan to be approved by CCT prior to the issuing of a grant contract by CCT. Proposed work program must provide a clear benefit to the public in the field of historic preservation.

Organizations will be required to execute a grant contract with the CCT.

Grant awards have to be matched with private, municipal or federal funds. Annual grant awards will be made up to a maximum of \$75,000. First year applicant organizations must match the state grant award on a 50/50 basis. For each subsequent year, the applicants matching share requirement increases. For example, first year 50/50; second year 55 (applicant)/45 (state); third year 60/40; etc., until it reaches 80% applicant and 20% state.

Staff salary expenses, in-kind services and direct facility costs (rent, utilities, office supplies) are eligible components of matching share.

Grant funds are paid to grantees quarterly by CCT on a reimbursement basis.

Applicable project work must be consistent with the Secretary of the Interior's Standards for Identification, Evaluation, Registration, and Protection as interpreted by CCT.

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## WHO MAY APPLY

**Eligible applicants** are strictly limited to Connecticut non-profit local historic preservation organizations that have maintained tax-exempt status under Section 501(c) (3) of the U. S. Internal Revenue Code for at least two consecutive years. For the purposes of this program, a local historic preservation organization is defined as a nonprofit organization dedicated to the comprehensive identification, preservation and protection of historic districts, sites, buildings, structures, objects, and landscapes that are significant in the history, architecture, archeology, engineering, or culture of not less than one or more than six adjacent municipalities. Proof of non-profit status is required. All applicants must provide their Federal Employer Identification Number issued by the U.S. Internal Revenue Service.

**Ineligible applicants** include: federal and state agencies, “friends” groups of federal or state agencies, municipalities, historical societies, historic house museum organizations, municipal historic district commissions, elementary and secondary schools, colleges and universities, individuals, service organizations or clubs, and for-profit entities.

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## GRANT COSTS

**Eligible costs** include:

- staff salaries and wages (administrative, programmatic, and technical) including fringe benefits
- In-kind services (must receive CCT review and prior approval)
- postage, shipping
- professional services such as legal, accounting, or audit
- printing/publication (must contain the CCT funding acknowledgement and logo)
- public education activities
- registration costs for grantee staff attending the annual Governor’s Conference on Culture and Tourism and other pre-approved training and professional development programs.
- rent
- software
- supplies
- telephone
- utilities
- volunteer time (limited to 20% of the total project cost)
- website development

**Ineligible costs** include:

- acquisition of real estate or mortgage payments
- archeological salvage
- archival research not connected to historic preservation, “pure history”
- capital expenses
- construction, restoration, or rehabilitation
- costs incurred prior to the date of the grant award and the execution of the state contract
- curation
- equipment purchase
- fines or penalties
- fundraising efforts or events
- hospitality expenses including alcoholic beverages and food, meals, entertainment
- indirect costs
- interpretative expenses
- survey or research on federally-owned or state-owned properties
- interest payments
- lobbying activities
- nonconformance with applicable Secretary of the Interior’s Standards
- projects already underway
- political contributions
- regranting
- scholarships
- travel

**MATCHING SHARE REQUIREMENTS**

Matching funds cannot be state funds; private, municipal or federal funds may be used. Annual grant awards will be made up to a maximum of \$75,000.00. First year applicant organizations must match the state grant award on a 50/50 basis. For each subsequent year, the applicants required matching share increases as shown below:

First year	State 50%	Applicant 50% of total project cost
Second year	State 45%	Applicant 55%
Third year	State 40%	Applicant 60%
Fourth year	State 35%	Applicant 65%
Fifth year	State 30%	Applicant 70%
Sixth year	State 25%	Applicant 75%
Seventh year	State 20%	Applicant 80%
All subsequent years	State 20%	Applicant 80%

For example, a first year BOS grant request of \$75,000 in state funds must be matched on a 50/50 basis (\$75,000) for a total project cost of \$150,000. A second year BOS grant request with a total project cost of \$150,000 must be matched on a 45/55 basis (\$67,500 in state funds and \$82,500 in applicant funds).

Examples:

1. A first year BOS grant request of \$75,000 must be matched on a 50/50 basis (\$75,000) for a total project cost of \$150,000.
2. A second year BOS grant request with a total project cost of \$150,000 must be matched on a 45/55 basis (\$67,500 in state funds and \$82,500 in applicant funds)
3. For a second year BOS grant request of \$75,000 in state funds, the applicant must match the state funds with \$91,667 for a total project cost of \$166,667. This is because of the second year requirement of a 45/55 matching ratio.

**APPLICATION INFORMATION**

Applications will be accepted on a rolling basis and will be considered for funding as long as state funds are available. The original application and one copy shall be submitted. Faxed or electronic applications will not be accepted. The application must include all materials shown below. Applications missing any of the listed materials will be considered incomplete and will not be reviewed. The CCT reserves the right to request additional information if necessary.

**APPLICATION MATERIALS**

**1. Application Cover Sheet**

**2. Detailed Annual Work Plan** (*four-page maximum*)

- A. Attach a narrative general description of the work plan for the year with a list of anticipated products and/or programs;
- B. Provide a detailed timeline;
- C. Attach a narrative of desired effects/outcomes of project for both the organization and the general public. Describe the organization's impact (i.e., preservation planning, protection of buildings, number of surveyed buildings, nominations to the National Register of Historic Places, public education activities or other issues deemed relevant by the applicant) on a local, regional or statewide basis. Describe what broad-based community support the organization has.

**3. Budget**

- A. Itemized program budget that includes eligible grant costs.
- B. A signed statement committing matching funds if awarded a state grant.
- C. A statement identifying the sources of the matching share and the amounts.

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**APPLICATION  
MATERIALS  
(CONT'D)**

**4. Organizational Readiness and Attachments**

- A. Attach a copy of the organization's Strategic Plan.
- B. Attach an audit report for the most recently completed year.
- C. Attach a copy of the organization's Affirmative Action Plan.
- D. Attach a copy of the Affirmative Action and ADA form.
- E. IRS Tax Exempt Letter (Determination Letter) for non-profit organizations
- F. W-9 Form
- G. Attach copies of other required state forms as found with the Application Cover Sheet.

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**APPLICATION  
SUBMISSION**

Send completed applications with all support materials to:

Mary M. Donohue, Survey and Grants Director  
Historic Preservation and Museum Director  
Commission on Culture & Tourism  
One Constitution Plaza, Second Floor  
Hartford, CT 06103

For more information:

[www.cultureandtourism.org](http://www.cultureandtourism.org)  
860.256-2755  
[mary.donohue@ct.gov](mailto:mary.donohue@ct.gov)

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**SELECTION  
PROCESS**

Applications will be reviewed by the staff of the Historic Preservation and Museum Division and will be presented to the Historic Preservation Council. Final award will be made by the full Commission of the CCT. The following criteria are the basis for the review of HPAG applications:

**1. Quality of Program**

- Ability of program to have a clear and positive impact on local historic preservation efforts
- Professionalism of staff
- Quality of completed and proposed programming and services for the general public
- Community involvement
- Planning, development, completion and evaluation of programming and services
- Managerial capacity and fiscal responsibility
- ADA compliance
- Compliance with all other state laws and regulations

**2. Program Impact**

Evidence that the proposed program will do one or more of the following:

- Encourage new awareness of historic preservation at the local level
- Expand the scope of current public education outreach
- Produce written or website materials for property owners and/or town officials
- Inventory and survey historic, architectural, and archaeological resources
- Protect properties through nomination to the National Register of Historic Places or State Register of Historic Places.

**3. Ability to Carry Out the Program**

- Thoroughness and appropriateness of program budget
- Feasibility of the program's success, based on thorough planning reflected in narrative

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**GRANT AWARD,  
STATE CONTRACT  
AND REQUEST FOR  
REIMBURSEMENT**

- A grant award letter and contract will be sent to the grantee following award by the board of the Commission on Culture & Tourism
- Grant contracts must be signed and returned within 30 days. CCT will not disburse funds without receipt of signed original contracts.
- Grant recipients are required to use funds for the purposes indicated on the contract and must seek and receive CCT written approval for any changes or modifications to the contract.
- Grantees are required to credit the “Connecticut Commission on Culture & Tourism” in all print, audio, video and internet materials, and all publicity materials. A publicity kit will be provided.
- Grantees are allowed to request payment of the grant on a quarterly basis following the execution of a grant contract with CCT. BOS grant payments are done as a reimbursement to the grantee. Grantees are required to submit a Request for Reimbursement for each quarter with fiscal documentation.
- Funded organizations are required to submit a Final Report within 30 days of the completion of the program. Forms and instructions will be provided. Failure to submit a final report will void eligibility for future funding from CCT.

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**GRANT  
CANCELLATIONS**

CCT has the right to withhold, reduce or cancel grants if a municipality:

- Owes final reports from previously received CCT grants which are overdue
- Fails to comply with the terms of the grant contract
- Demonstrates inadequate financial management or oversight
- Does not properly credit CCT support
- Experiences significant changes in programs or services, or cancels or suspends a funded project

**BASIC OPERATIONAL SUPPORT GRANTS  
FOR HISTORIC PRESERVATION NON-PROFIT ORGANIZATIONS APPLICATION**

Please send completed application to: Mary M. Donohue, Historic Preservations Grants Director,  
Connecticut Commission on Culture & Tourism, Basic Operational Support Grant, One Constitution Plaza,  
2nd Floor, Hartford, CT 06103

**APPLICANT INFORMATION**

Federal Employer ID # \_\_\_\_\_  
Organization Official Name \_\_\_\_\_  
Street Address or Location \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Website address \_\_\_\_\_  
Executive Director \_\_\_\_\_ Phone or Extension \_\_\_\_\_  
E-mail \_\_\_\_\_  
Application Contact Person \_\_\_\_\_ Phone or Extension \_\_\_\_\_  
E-mail \_\_\_\_\_

**LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK OR WWW.VOTESMART.ORG)**

U.S. Representative's Name \_\_\_\_\_ District # \_\_\_\_\_  
State Senator's Name \_\_\_\_\_ District # \_\_\_\_\_  
State Representative's Name \_\_\_\_\_ District # \_\_\_\_\_

**PROJECT SUMMARY**

Use one sentence to describe your work plan in the space allotted here:

**GRANT AWARD REQUEST**

\$ \_\_\_\_\_

**SIGNATURE**

Signature of Authorized Official \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

**BUDGET FORM**

Expense (Description)	BOS Fund State	In-Kind	Federal Funding	Private Funding	Expense Total
Personal Salary	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Consulting Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Printing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Promotion	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Legal notices	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Overall Total(s)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**SAMPLE SIGNATORY AUTHORIZING RESOLUTION**

**COMPLETE AND SUBMIT A COPY OF THE FORM BELOW**

I, \_\_\_\_\_, the duly qualified and acting Clerk of the \_\_\_\_\_ of \_\_\_\_\_, Connecticut, do hereby certify that the following resolution was adopted at a \_\_\_\_\_ meeting of the \_\_\_\_\_, held on \_\_\_\_\_, (regular/special) (governing body) (date)

and is on file and of record, and that said resolution has not been altered, amended or revoked and is in full force and effect.

**RESOLVED**

That \_\_\_\_\_ is authorized and directed to file an (Name and Title) application on forms prescribed by the Connecticut Commission on Culture and Tourism for financial assistance in accordance with the provisions of \_\_\_\_\_ of the Connecticut General Assembly, in an amount not to exceed \$ \_\_\_\_\_, and upon approval said request to enter into and execute a funding agreement with the state for such financial assistance to this non-profit organization for \_\_\_\_\_ (grant project)

\_\_\_\_\_  
(Signature of clerk)

\_\_\_\_\_  
(date)

**STATE OF CONNECTICUT  
EMPLOYER OF COMPLIANCE STAFF  
LABOR DEPARTMENT**

Department \_\_\_\_\_  Approved  Pending Investigation  
Compliance Officer \_\_\_\_\_  Disapproved  Investigation Requested  
Date \_\_\_\_\_

This form should reflect the number of permanent employees on your payroll on date of submission.

Name of Contracting Firm \_\_\_\_\_  
Type of Report \_\_\_\_\_  Prime Contractor  Subcontractor

**EMPLOYEE INFORMATION**

Does your firm have a collective bargaining agreement or other contract or understanding with a labor organization or employment agency for the recruitment of labor?  Yes\*  No\*

\* If yes, list the name and address of the agency or organization.

Name \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_

\* If no, indicate the usual methods of recruitment.

- Connecticut State Employment Service  Private Employment Agency  Newspaper Advertisement  
 Walk-In  Other (specify) \_\_\_\_\_

**SIGNATURE**

The signer certifies that its practices and policies, including but not limited to matters concerning personnel, training, apprenticeship, membership, grievance and representation, and upgrading, do not discriminate on grounds of race, color, religious creed, age, sex, or national origin, or ancestry of any individual, and that the signer agrees it will affirmatively cooperate in the implementation of the policy and provisions of Executive order Number Three, and consent and agreement is made that recruitment, employment and the terms and conditions of employment under the contract shall be in accordance with the purpose and provisions of Executive Order Number Three.

Is firm in minority ownership? (51% of assets in control of minorities)  Yes  No

**I certify that the above is correct to the best of my knowledge.**

Employer \_\_\_\_\_  
Business Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_

**AFFIRMATIVE ACTION AND AMERICANS WITH DISABILITIES COMPLIANCE FORM**

The Commission has adopted a policy stating that no application for state funds through the Connecticut Commission on Culture & Tourism by any organization shall be complete nor will funds be voted without the submission of affirmative action and ADA information approved by the applicant/organization's governing body. Your organization should not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities and should not discriminate on the basis of disability in its hiring or employment practices as provided by Title II of the Americans with Disabilities Act of 1990.

**AFFIRMATIVE ACTION STATEMENT**

I. Name of Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

II. Please list the date (or dates) when your organization's Board of Directors approved an Affirmative Action Plan or Statement of Policy and an American's for Disabilities Act (ADA) Compliance or plan. Statements of Compliance may be requested as needed by the Commission on Culture & Tourism, the State Attorney General's Office or the State Commission on Human Rights and Opportunities Office.

Dates: Affirmative Action \_\_\_\_\_ ADA: \_\_\_\_\_

III. Annual statistical report of employees and board as of last year of fiscal activity.

**TOTAL MALE**

Employees	White	Black	Hispanic	American Indian	Asian or Pacific Islander	General <i>If none of the others apply</i>	Disabled
Full Time							
Part Time							
Contracted							
TOTAL							
Board of Directors							

Indicate Year \_\_\_\_\_

**TOTAL FEMALE**

Employees	White	Black	Hispanic	American Indian	Asian or Pacific Islander	General <i>If none of the others apply</i>	Disabled
Full Time							
Part Time							
Contracted							
TOTAL							
Board of Directors							

Indicate year: \_\_\_\_\_

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**AFFIRMATIVE ACTION & AMERICANS WITH DISABILITIES COMPLIANCE FORM (CON'TD)**

IV. Please list new employees hired during the past 12 months. Title Minority, Disabled or Non-Minority (specify)  
Date of Employment V. Please list new appointments that have been made to the Board during the past 12 months:  
Position Minority, Disabled or Non-Minority (specify) Date of Appointment

V. COMPLIANCE AGREEMENT The applicant/organization agrees to comply with all governmental regulations concerning Affirmative Action compliance and Title II of the Americans with Disabilities Act of 1990. The Connecticut Commission on Culture & Tourism is available to assist any organization with information on compliance and requirements as mandated by Congress.

Authorized Organization Official Title \_\_\_\_\_

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

**CONNECTICUT COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES REPORTING STATE  
OF CONNECTICUT EMPLOYER REPORT OF COMPLIANCE STAFFING**

**SUBMIT COPIES OF THE FOLLOWING COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES FORMS WHICH HAVE BEEN COMPLETED, SIGNED AND DATED BY THE APPLICANT'S AUTHORIZED SIGNATORY.**

Date \_\_\_\_\_

This form should reflect the number of permanent employees on your payroll on date of submission.

Department \_\_\_\_\_  Approved  Pending Investigation

Compliance Officer \_\_\_\_\_  Disapproved  Investigation Requested

Name of Contracting Firm Type of Report \_\_\_\_\_  Prime Contractor  Subcontractor

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**EMPLOYEE INFORMATION**

Total Employed: White \_\_\_\_\_ African American \_\_\_\_\_ Spanish Surname \_\_\_\_\_ Other (specify) \_\_\_\_\_

Does your firm have a collective bargaining agreement or other contract or understanding with a labor organization or employment agency for the recruitment of labor?  Yes  No

If yes, list the name and address of the agency or organization: \_\_\_\_\_

Address (No. and Street, City, State) \_\_\_\_\_

If no, indicate the usual methods of recruitment:

Connecticut State Employment Service  Private Employment Agency  Newspaper Advertisement

Walk-In  Other (specify) \_\_\_\_\_

The signer certifies that its practices and policies, including but not limited to matters concerning personnel, training, apprenticeship, membership, grievance and representation, and upgrading, do not discriminate on grounds of race, color, religious creed, age, sex, or national origin, or ancestry of any individual, and that the signer agrees it will affirmatively cooperate in the implementation of the policy and provisions of Executive Order Number Three, and consent and agreement is made that recruitment, employment and the terms and conditions of employment under the contract shall be in accordance with the purpose and provisions of Executive Order Number Three.

Is firm in minority ownership? (51% of assets in control of minorities)  Yes  No

I certify that the above is correct to the best of my knowledge.

Employer Business Name \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_

Signature Title \_\_\_\_\_



**Connecticut Commission  
on Culture & Tourism**

**Connecticut Commission on Culture & Tourism**  
One Constitution Plaza  
2nd Floor  
Hartford, CT 06103  
Telephone: 860-256-2800

[www.cultureandtourism.org/history](http://www.cultureandtourism.org/history)