DECD

State of Connecticut
Department of Economic and
Community Development

STATE HISTORIC PRESERVATION OFFICE

BASIC OPERATIONAL SUPPORT GRANTS FOR HISTORIC PRESERVATION NON-PROFIT ORGANIZATIONS

ONE CONSTITUTION PLAZA, SECOND FLOOR
HARTFORD, CONNECTICUT 06103

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

The Basic Operational Support Grants for Historic Preservation Non-Profit Organizations (BOS) program is designed to advance the mission of local historic preservational organizations by supporting and promoting greater organizational stability, increasing historic preservation organization's management, planning, and fiscal capabilites 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. Examples of eligible organizations include the Hartford Preservation Alliance, the New Haven Preservation Trust and New London Landmarks.

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 Connecticut's State Historic Preservation Plan, *Investment in Connecticut: State Historic Preservation Plan, 2011-2015* (available online at 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 SHPO prior to the issuing of a grant contract by SHPO. 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 SHPO

Grant awards have to be matched with private, municipal or federal funds. Annual grant awards will be made up to a maximim of $75,000. For the 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, utilitites, office supplies) are eligible components of matching share.

Grant funds are paid to grantees quarterly by the SHPO 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 the SHPO.

WHO MAY APPLY

Eligible applicants are strictly limited to Connecticut non-profit local historic preservation organizations tht 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 Indentification 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, for-profit entities, archives and research libraries, and archaeological research institutions.

GRANT COSTS

Eligible costs include:

- staff salaries and wages (administrative, programmatic, and technical) including fringe benefits
- In-kind services (must receive SHPO review and prior approval)
- postage, shipping
- professional development
- professional services such as legal, accounting, or audit
- printing/publication (must contain the DECD funding acknowledgement and logo)
- public education activities
- rent
- software
- supplies
- telephone
- utilities
- volunteer time (limited to 20% of the total project cost)
- website development

Ineligible costs include:

- acquisition of real estate,
- archeological salvage,
- archival research not connected to historic preservation, "pure" history,
- capital expenses,
- construction, restoration or rehabilitation,
- costs incurred prior to the date of a grant award and the execution of the state contract,
- court actions,
- curation,
- equipment purchase,
- fines or penalties,
- fundraising efforts,
- general operating expenses,
- hospitality expenses including alcoholic beverages and food, meals, or entertainment,
- indirect costs,
- interest payments,
- interpretative expenses,
- lobbying activities,
- nonconformance with applicable Secretary of the Interior's Standards,
- projects already underway,
- political contributions,
- regranting,
- scholarships,

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 or $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).

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 SHPO reserves the right to request additional information if necessary.

APPLICATION MATERIALS

1. **Application Cover Sheet**

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

   A. A narrative general description of the work plan for the year with a list of anticipated products and/or programs;
   B. Detailed timeline
   C. 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.

APPLICANTION MATRIALS 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

APPLICATION SUBMISSION

Send completed applications with all support materials to:

Mary M. Donohue, Survey and Grants Director
State Historic Preservation Office
Department of Economic and Community Development
1 Constitution Plaza, Second Floor
Hartford, CT 06103

For more information:

www.cultureandtourism.org
860.256.2755
mary.donohue@ct.gov

SELECTION PROCESS

Applications will be reviewed by the staff of the State Historic Preservation Office and will be presented to the Historic Preservation Council. Final award will be made by the Advisory Committee on Culture and Tourism of DECD. The following criteria are the basis for the review of BOS applications:

1. **Quality of Program**:

- Ability of program to have a clear and positive impact on local historic preservation efforts

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 the public
- 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
- Produce high-quality pre-development documents such as historic structures reports, feasibility studies, or architectural plans

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

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

GRANT AWARD, STATE CONTRACT AND REQUEST FOR REIMBURSEMENT

- A grant award letter and contract will be sent to the grantee following award by the staff of the State Historic Preservation Office.
- Grant contracts must be signed and returned within 30 Days. SHPO will not disburse funds without receipt of signed original contracts.
- Grant recipients are required to use funds for the purpose indicated on the contract and must seek and receive SHPO written approval for any changes or modifications to the contract.
- Grantees are required to credit the "Connecticut Department of Economic and Community Development, State Historic Preservation Office" in all print, audio, video and internet materials, and all publicity materials.
- Grantees are allowed to request payment of the grant on a quarterly basis following the execution of a grant contract with DECD. 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 the SHPO.

GRANT CANCELLATIONS

The SHPO has the right to withhold, reduce or cancel grants if a non-profit organization:

- Owes final reports from previously received SHPO grants which are overdue
- Fails to comply with the terms of the grant contract
- Demonstrates inadequate financial management or oversight
- Does not properly credit SHPO 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

Please send completed application to: Mary M. Donohue, Historic Preservations Grant Director, State Historic Preservation Office, Department of Economic and Community Development, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

APPLICANT INFORMATION

Federal Employer ID Number _____

Organization Official Name _____

Street Address of Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax Number _____

Web 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 project/program in the space allotted here:

GRANT REQUEST

$ _____

SIGNATURE

Signature of Authorized Official _____

Title _____ Date _____

BUDGET FORM

Expense (Description)	BOS Grant Fund	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
(Town/city/organization)

the following resolution was adopted at a _____ meeting of the
(regular/special)

_____, held on _____, and is on file and of record,
(Governing body) *(date)*

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

RESOLVED

That the _____ is authorized and
(Name and Title)

directed to file an application on forms prescribed by the Department for Economic and Community Development 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 municipality

for _____.
(grant project)

_____ _____
(Signature of clerk or secretary) *(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 this 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 practice 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 & AMERICANS WITH DISABILITIES COMPLIANCE FORM

The SHPO has adopted a policy stating that no application for state funds through the State Historic Preservation Office, Department of Economic and Community Development 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 _____

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 Department of Economic and Community Development, 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 *If none of the others apply*	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 *If none of the others apply*	Disabled
Full Time							
Part Time							
Contracted							
TOTAL							
Board of Directors							

Indicate Year _____

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 Department of Economic and Community Development is available to assist any organization with information on compliance and requirements as mandated by Congress.

Authorized Organization Official Title _____

Name of Organization _____ Date _____

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

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 this 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)_____

The signer certifies that its practice 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 _____

DECD

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Community Development

ADA POLICY STATEMENT

The Department of Economic and Community Development is committed to the mandates of the Americans with Disabilities Act (ADA) of 1990, which makes it unlawful to discriminate against a qualified person with a disability in all aspects of the employment process and in the provision of services and benefits. The ADA enables society to benefit from the skills and talents of individuals with disabilities. It provides protection to people with disabilities, similar to those provided by Title VII of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, sex, national origin, age, and religious creed.

This policy statement will be given annually to all Department employees and will be posted throughout the agency. I also expect each supplier, union, consultant, developer or other state agency with which we do business to comply with the Americans with Disabilities Act. Mitch Drabik, Human Resources Director and AA Designee, has been assigned as the Department's ADA-504 Coordinator. Phone number is (860) 270-8022.

Questions, concerns, complaints or request for additional information regarding the ADA may be forwarded to him.

This Department is committed to providing reasonable accommodations to qualified persons with disabilities, to ensure their full and fair participation in all aspects of its programs and services, including employment opportunities.

THIS STATEMENT IS AVAILABLE IN LARGE PRINT OR ON AUDIO TAPE FROM THE ADA-504 COORDINATOR BY CALLING (860) 270-8022.

11-21-07
DATE

Joan McDonald
Commissioner

Revised 10/22/2007 to include reference to "religious creed"

505 Hudson Street, Hartford, Connecticut 06106-7106
An Affirmative Action / Equal Opportunity Employer
An Equal Opportunity Lender

DECD Ethics Statement

The mission of the Department of Economic and Community Development (DECD) is to provide leadership and service to enhance the state's economy and to expand opportunities for individuals, business and community prosperity, promote equity and improve the quality of life for Connecticut citizens. As Department of Economic and Community Development employees, we share responsibility to administer millions of tax dollars, we work with confidential information that is extremely sensitive and we have financial relationships with the private and public sectors. Given this responsibility, it is important to reiterate a strong code of ethics for all department employees.

The "Code of Ethics for Public Officials" is set forth in Connecticut General Statutes, Chapter 10, Part 1, Sections 1-79 through 1-89 as may be amended from time to time. These sections prescribe proper conduct for state employees and officials in the discharge of their employment. This ethics statement, in accordance with Conn. Gen. Stat. sec. 1-83(b)(2), is to draw your attention to the Code of Ethics statutes and to clearly define the policies of the department concerning outside employment or business involvement, the solicitation or acceptance of gifts and gratuities and the proper handling of confidential and sensitive information.

In order that we may all avoid possible violations of the Code of Ethics, it is necessary for the department to be aware of any situations in which there is a real, potential, or apparent conflict of interest involving its employees.

No employee shall accept employment with any consultant, contractor, appraiser, or any other organization or individual nor shall any DECD employee have, directly or indirectly, a financial interest in any business, firm, or enterprise doing business with this agency that would cause, or create the appearance of, a conflict with or influence the performance of the employee's duties with DECD. Any situations that an employee believes may represent a potential conflict of interest shall be immediately reported to their Executive Director in writing. Within the Office of the Commissioner any potential conflict of interest shall be immediately reported to the appropriate unit manager. This notification will provide an opportunity for a further review by departmental officials of the degree of potential conflict of interest, if any, and permit appropriate actions, if necessary.

Outside employment is generally barred if the private non-state employer can benefit from the state employee's official actions. For example, such outside employment would be barred if the individual in his or her state capacity has regulatory or contractual authority over the private entity, a non-profit or another governmental entity. An agency employee is not prohibited, however, from using his or her expertise for private gain, as long as no provision of the Code of Ethics is violated in the process.

No employee of the Department of Economic and Community Development shall allow any private obligation of employment or enterprise to take precedence over his/her responsibility to the department.

If there is deemed to be a violation of the Code of Ethics, the employee may be required to give up either his or her outside employment or state position or take other appropriate steps in order to resolve the Code of Ethics violation.

No employee of the Connecticut Department of Economic and Community Development (DECD) shall directly or indirectly solicit or accept any gift or gratuity from any person or organization with whom the Department has, has had, or may expect to have, a business relationship which could cause, or create the appearance of, a conflict with or influence the performance of the employee's duties with DECD. Any gift or gratuity that a person or organization attempts to give an employee of DECD shall be immediately returned. If such gift or gratuity is received by other than personal delivery from the subject person or organization, it shall be taken to Human Resources along with the name and address of the person or firm who gave the item. Human Resources along with the recipient of the gift or gratuity will arrange for the donation of the item to a local charity (e.g., Foodshare, local soup kitchens, etc.). Human Resources will then send a letter to the gift giver advising them of this donation. A copy of the letter will be kept on file with the Internal Audit Section.

No employee of the Department of Economic and Community Development shall use or distribute state information or confidential information obtained from a client of the agency. No employee of DECD shall use state equipment or materials for other than state business purposes. Much of the information used by the agency is confidential. Employees may not use any information available from computer printouts, computer terminals, records, verbal communications with clients or co-workers or from any other source except in the appropriate administration of our programs. Any misuse of information may result in disciplinary action.

The foregoing policies apply to all employees of the Department of Economic and Community Development, and it shall be the responsibility of each employee to be familiar with them and to comply with them. To that end, each employee will be given a copy of the policy and will be asked to sign a form indicating its receipt and review. Employees who do not comply with the above policies or who are found to have violated the Code of Ethics for Public Officials, C.G.S. Sections 1-79 to 1-89, as may be amended, may be subject to disciplinary action up to and including dismissal from state service.

This is an excellent department with a dedicated and competent staff and these measures simply reiterate what is the norm for responsible and professional conduct. It is important for us to maintain the highest professional standards in the discharge of our duties.

If you have any questions or would like to read the full text of the Ethics Code, please visit the State Ethics Commission website at www.ethics.state.ct.us.

D E C D

State of Connecticut
Department of Economic and
Community Development

Connecticut Department of Economic and Community Development
One Constitution Plaza
2nd Floor
Hartford, CT 06103
Telephone: 860-256-2800

www.cultureandtourism.org/history