



Connecticut Commission
on Culture & Tourism

HISTORIC
PRESERVATION
AND MUSEUM
DIVISION

*Historic Preservation
Enhancement Grants
for Certified Local
Governments*

TABLE OF CONTENTS

Program Highlights	3
Eligible/Ineligible Applicants	3
Eligible Projects	4
Ineligible activities and costs	4
Application Information	5
Application Requirements	5
Application Assembly	5
Selection Process	6
Grant Award, State Contract and Reimbursement	6
Grant Cancellations	7
Application Cover Sheet	9
Attachment 1: Signatory Authorizing Resolution	10
Attachment 2: State of Connecticut Employer Report of Compliance Staffing Form	11
Attachment 3: Affirmative Action and Americans with Disabilities Compliance Form	12
Attachment 4: Federal Assurances	14
Attachment 5: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions	15

HISTORIC PRESERVATION ENHANCEMENT GRANTS CERTIFIED LOCAL GOVERNMENT PROGRAM HISTORIC PRESERVATION FUND – NATIONAL PARK SERVICE

PROGRAM HIGHLIGHTS

The Historic Preservation Enhancement Grants (HPEG) may be used by municipalities that are approved by the National Park Service (NPS), U.S. Department of the Interior as Certified Local Governments (CLG). Grants may be used to support activities sponsored by municipal historic district commissions that enhance the historic district commissions administrative capabilities, strengthen local preservation programs and produce public education materials and activities.

Certified Local Government Program

Local governments strengthen their local historic preservation efforts by achieving Certified Local Government status from the National Park Service. The CLG program creates a local, state and federal partnership that promotes historic preservation at the grassroots level. The CLG program seeks to develop and maintain local historic preservation programs that will influence the zoning and permitting decisions critical to preserving historic properties and to ensure the broadest possible participation of local governments in the national historic preservation program while maintaining the preservation standards established by the U.S. Secretary of the Interior. For more information on the federal CLG program, visit www.ct.nps.gov/hps/clg. In Connecticut, CLG certification applications are filed with Mary Dunne, Local Government Grants Coordinator, Historic Preservation and Museum Division of the Commission on Culture & Tourism.

The Commission will award grants of up to **\$2,800**. **Grant awards do not have to be matched.** A proposed program or project budget may exceed the grant request; however, additional sources of funding must be identified in the application budget. HPEG grants will be available on an annual basis thus allowing certified local governments and historic district commissions to develop multi-year work plans. Municipalities, however, may have only one HPEG grant at a time.

WHO MAY APPLY

Eligible applicants are strictly limited to municipalities that have been formally designated as Certified Local Governments (CLG) by the National Park Service of the U.S. Department of the Interior. Municipalities that are interested in the Certified Local Government program should contact Mary Dunne, Local Government Grants Coordinator of the Commission on Culture & Tourism, at telephone 860-256-2756 or mary.dunne@ct.gov.

Connecticut Certified Local Governments: Bridgeport, Brookfield, Canton, Chaplin, Colchester, Colebrook, East Hartford, Fairfield, Glastonbury, Groton, Guilford, Hamden, Harwinton, Hebron, Killingly, Ledyard, New Fairfield, New Haven, New London, New Milford, Norwich, Old Lyme, Orange, Roxbury, Salisbury, Simsbury, Southbury, Suffield, Tolland, Vernon, Waterford, Westport, Windham (pending), Windsor, Woodbury and Woodstock.

WHAT WE FUND

The following are examples of initiatives, projects or programs that would qualify for funding. This is intended as guidance to assist in the development of an appropriate application.

- A historic district commission could produce a brochure that describes the history of the designated district or property, its architectural significance, a map and photographs as well as the contact information for the historic district commission. Adequate copies should be produced to allow each property owner to receive one as well as town offices and the general public;
- A historic district commission could work with the municipality to put the Certificate of Appropriateness application and completion instructions on the town website making it easier for property owners to access the materials;
- A municipality could hire a historian, architectural historian or archaeologist to prepare a study report for a new historic district or historic property proposed for designation;
- Municipalities could prepare an updated inventory of all locally-designated properties including new photographs, a complete list of addresses, current condition and current property owners;
- A municipality could prepare a pre-selection application for an individual property or a historic district eligible for listing on the National Register of Historic Places or have an archaeological site researched for designation as an archaeological preserve;
- A municipality could partner with another town group to produce an exhibit, website virtual tour, brochure or poster that would highlight historic preservation. Collaborating organizations could include historical societies, art museums, park conservancies, arts groups, municipal historians, chambers of commerce or historic preservation trusts. Activities could highlight Historic Preservation Month (May), Connecticut Freedom Trail Month (September) or Archaeology Awareness Month (October);
- A historic district commission and a historical society or local museum could collaborate on a lecture series for property owners on historic preservation topics such as rehabilitating historic homes, wood windows, paint issues or the design of appropriate new additions; or
- A municipality could sponsor a historic preservation awards program that would award property owners with awards during May, Historic Preservation Month. An award ceremony could take place in the Mayor or First Selectmen's Office.

Program must be compatible with the Commission on Culture & Tourism's Strategic Plan and the Historic Preservation and Museum Division's State Historic Preservation Plan, *Building Quality Communities* (available at www.cultureandtourism.org).

Ineligible activities and costs include:

- Capital expenses
- Equipment purchase
- Fundraising
- Hospitality expenses
- Lobbying activities
- Mandated expenses such as legal notices.
- Municipal employee staff time outside of project administration
- Regranting
- Restoration or rehabilitation
- Scholarships
- Software acquisition
- Travel

**APPLICATION
INFORMATION**

For first priority consideration for funding, applications must be received by June 13, 2008. Applications submitted after June 13, 2008 will only be considered for funding if federal funds are still available.

All Certified Local Governments are strongly encouraged to apply

The original application and one copy shall be submitted. Faxed or electronic applications will not be accepted. The application must include the cover sheet, narrative, budget, timeline and required state forms. Applications missing any of the listed materials will be considered incomplete and will not be reviewed. Please submit applications to:

Mary Dunne, Local Government Grants Coordinator
Historic Preservation and Museum Division
Commission on Culture & Tourism
1 Constitution Plaza, Second Floor
Hartford, CT 06103

**APPLICATION
MATERIALS**

Applications must include one original copy (with original signatures) and one photocopy.

1. Application Cover Sheet

Complete one application cover sheet for your program. The form must be signed and dated, with an original signature.

2. Application Narrative

Answer questions A-C in narrative form in no more than two (2) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all four sides, with font size no smaller than 11 point. Your project budget is not included in the two-page total.

- A. Describe your historic district commission's current activities.
- B. Describe the project for which you seek funding. Specify how requested funds will be used. Provide an estimated project timeline. All projects must be completed within a 12-month period.
- C. Describe the benefits of your program to the historic district commission and municipality.

3. Budget Narrative

Outline the budget for the proposed program in narrative form in no more than one (1) page. Municipal employee staff time, except for project administration, is not eligible.

4. Attachments

State forms shown below

**ASSEMBLY
CHECKLIST**

Applications should be assembled in the following order:

- Application Cover sheet – *signed at the bottom*
- Application Narrative – *no more than 2 pages*
- Project Budget Narrative - *one page*

Required Attachments

- 1. Signatory Authorizing Resolution – one letterhead, original signature
- 2. State of Connecticut Employer Report of Compliance Staffing Form
- 3. Affirmative Action and Americans with Disabilities Compliance Form
- 4. Federal Assurances
- 5. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

SUBMISSION

FOR FIRST PRIORITY FUNDING CONSIDERATION, APPLICATIONS MUST BE RECEIVED AT THE COMMISSION BY 4:30 PM ON FRIDAY, JUNE 13, 2008

Faxed or electronic applications will not be accepted.

Send applications to:

Mary Dunne, Local Government Grants Coordinator
Connecticut Commission on Culture & Tourism
One Constitution Plaza
Second Floor
Hartford, CT 06103

**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 for review. Final award will be made by the full Commission of CCT. The following criteria are the basis for the review of HPEG applications:

1. QUALITY OF PROGRAM:

- All CLG grants must result in a completed, tangible product and/or measurable result;
- All must be carried out in accordance with the applicable Secretary of the Interior's Standards for Archeology and Historic Preservation;
- Program must have a positive impact on local historic preservation.

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;
- Strengthen the historic district commission's administrative or regulatory capacity;
- Produce written or website materials for homeowners and/or town officials;
- Generate fresh ideas for programming that brings historic preservation to new audiences;
- Allow the historic district commission to develop multi-year work programs.

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.

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

Historic Preservation Enhancement Grants are awarded on a reimbursement basis.

- A grant award letter and contract will be sent to the grantee following award by the full Commission 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 prior 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.
- HPEG grants are funded on a reimbursement basis. In order to receive a reimbursement check from CCT, grantees are required to submit payment and expense documents. Grantees will receive further information from the HPEG coordinator.

**GRANT AWARD,
STATE CONTRACT
AND REQUEST FOR
REIMBURSEMENT
(CONT'D)**

- Funded municipalities are required to submit a Final Report within 60 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.

Samples of any finished work with the Commission's acknowledgement statement and logo must be submitted. If possible, submit photographs.

**GRANT
CANCELLATIONS**

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

- Has past due final reports from a previously received CCT grant
- 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

APPLICATION COVER SHEET

APPLICANT INFORMATION

Federal Employer ID Number _____

Municipality Name _____

Street Address or location _____

Mailing Address (if different) _____

City/State/Zip _____

Daytime Telephone _____ Fax Number _____

Web Address _____

Chief Elected Official _____

Phone or Extension _____ E-mail _____

Application Contact Person _____

Historic District Commission

Phone or Extension _____ E-mail _____

PROJECT INFORMATION

Is this a new initiative? Yes No

Is this the expansion of a current project/program? Yes No

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

\$ _____ (Up to \$2,800)

Start Date: _____ End Date (*No later than 9/30/09*): _____

SIGNATURE

Signature of Authorized Official _____

Title _____ Date _____

FOR OFFICE USE ONLY:

App# _____

SAMPLE SIGNATORY AUTHORIZING RESOLUTION

I, _____, the duly qualified and acting Clerk of the
_____ of _____, Connecticut, do hereby certify that
(Town/city)
the following resolution was adopted at a _____ meeting of the
(regular/special)
_____, held on _____, and is on file and of record,
(town/city 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
(First Selectman, Mayor, City Manager, Town Manager, Executive Director)
directed to file an application on forms prescribed by the Connecticut Commission on Culture and Tourism for
financial assistance in accordance with the provisions of C.G.S. Sec. 10-392 and C.G.S. Sec. 10-411 of the Connecticut
General Assembly, in an amount not to exceed \$ _____, and upon approval said request to enter
into and execute a Grant Contract and Preservation Restriction with the state for such financial assistance to this
municipality or 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

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.

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: _____

AFFIRMATIVE ACTION & AMERICANS WITH DISABILITIES COMPLIANCE FORM - CONT'D

***IF NONE OF THE PREVIOUS PAGE APPLIES**

IV. Please list new employees hired during the past 12 months on a separate sheet in the following format:

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 on a separate sheet in the following format:

Position _____
Minority, Disabled or Non-Minority (specify) Date of Appointment _____

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 _____

FEDERAL ASSURANCES

In consideration of and for the purpose of obtaining a grant from the U.S. Department of the Interior through the Connecticut Commission on Culture and Tourism, _____ (hereinafter called “Applicant Recipient”) hereby agrees that it will comply with the following:

1. Grants shall be administered in conformance with all applicable federal and state laws, regulations, policies, requirements, and guidances, including OMB Circular A-102; policies and procedures of the Historic Preservation Fund grant-in-aid program; and civil rights, equal employment opportunity, and labor law requirements of federal grants;
2. Procurement actions shall be conducted in a manner that provides for maximum open and free competition in compliance with program requirements, including OMB Circular A-102;
3. Adequate financial resources shall be available to provide the necessary experience, qualified staff, and facilities to complete the proposed project, or a firm commitment or arrangement to obtain such shall be made;
4. All costs charged to the grant project shall be in payment of an approved budget item in accordance with the cost principles of Federal Management Circular 74-4;
5. An adequate financial management system (and audit procedures when deemed applicable) shall be maintained which provides efficient and effective accountability and control of all property, funds, and assets;
6. Matching share shall not consist of funds from the federal government under another assistance agreement unless authorized;
7. The proposed or required completion schedule for the project shall be met.

The Applicant-Recipient recognizes and agrees that such federal assistance shall be extended in reliance on the representatives and agreements made in this assurance, and that the United States shall reserve the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant-Recipient, its successors, transferees, and assignees, and the person or persons whose signature(s) appear below are authorized to sign this assurance on behalf of the Applicant-Recipient.

Municipality Name _____ Date _____

Authorized Signature _____

Name _____ Title _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549. Debarment and Suspension, 43 CFR Part 12, Section 12.510, Participants' responsibilities. The regulations were published Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations are included in the proposal package. For further assistance in obtaining a copy of the regulations, contact the U.S. Department of the Interior, Acquisition and Assistance Division. Office of Acquisition and Property Management, 18th and C. Streets, N.W., Washington, D.C. 20240.

- (1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.

- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature of Authorized Representative _____

Name _____

Title _____ Date _____



**Connecticut Commission
on Culture & Tourism**

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2nd Floor
Hartford, CT 06103
Telephone: 860-256-2800

www.cultureandtourism.org/history