



Connecticut Commission
on Culture & Tourism

HISTORIC
PRESERVATION
AND MUSEUM
DIVISION

*Survey & Planning
Grant Program*



Connecticut Commission on Culture & Tourism

**Arts
Tourism
Film
History**

One Constitution Plaza
Second Floor
Hartford, Connecticut
06103

860.256.2800
860.256.2811 (f)

Dear Culture & Tourism Constituent;

The Connecticut Commission on Culture & Tourism (CCT) thanks you for your interest in CCT's historic preservation grants. Historic preservation helps to build quality communities. It supports sustainable growth by revitalizing existing neighborhoods and generates jobs, affordable housing, private reinvestment and tax revenue.

The Survey & Planning grants fund a wide range of planning projects that help to identify, evaluate, register, preserve and protect historic resources. Municipalities and non-profit organizations are encouraged to contact CCT historic preservation grants staff to discuss potential projects.

Program guidelines and the application form are available at <http://www.cultureandtourism.org>. If you have any questions, please call Mary M. Donohue, Survey and Grants Director at 860.256.2755.

Sincerely,

Karen Senich, Executive Director
State Historic Preservation Officer

CONNECTICUT
www.cultureandtourism.org

An Affirmative Action
Equal Opportunity Employer

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SURVEY & PLANNING GRANTS

PROGRAM HIGHLIGHTS

The Survey & Planning Grants may be used by Connecticut non-profit organizations and municipalities for a wide range of historic preservation planning activities.

With state funds provided by the Community Investment Act, the Commission on Culture & Tourism awards Survey & Planning grants of up to \$20,000 on a competitive basis. With the exception of historic, architectural, and archaeological resource survey projects, grant awards must be matched (50/50%) by non-state funds. Applicants that want the matching share provision reduced must describe why in the narrative section of the application.

Grants will be awarded on a year-round basis for activities that can be completed in a 12 month period. A proposed program or project budget may exceed the total matching grant; however, additional sources of non-state funding must be identified in the application budget. S&P grants will be available on an annual basis; however, non-profit organizations or municipalities may have only one active S&P grant at a time.

WHO MAY APPLY

Eligible applicants:

- Connecticut municipalities
- non-profit organizations that have had tax-exempt status under Section 501(c)(3) for least two years. Proof of non-profit status is required. All applicants shall provide their Federal Employer Identification Number provided by the Internal Revenue Service.
- “Friends” groups or other non-profit organizations applying for grant funds to survey archaeological resources on state land. Applicants must submit a letter from the state agency authorizing the application.

Ineligible applicants:

- Federal agencies
- State agencies
- “Friends” groups of federal or state agencies except for projects involving archaeological survey projects on state land.
- For-profit businesses or organizations
- Individuals
- Service organizations or clubs

No agency or organization may act as a fiscal agent simply to receive or disburse S&P grant funds.

WHAT WE FUND

Eligible Projects:

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.

- Historic and Architectural Resource Surveys that create detailed inventories of buildings located in the municipality including archival research, fieldwork, and photography;
- Computer indexing of surveyed historic properties;
- Archaeological Surveys at the reconnaissance or intensive level;
- Nominations to the State or National Registers of Historic Places;
- Pre-development studies such as feasibility studies, structural and engineering studies, or reuse studies for historic buildings;
- Architectural plans and specifications for municipally-owned historic properties or historic buildings owned by Connecticut non-profit organizations;

**WHAT WE FUND
(CONT'D)**

- Outdoor Sculpture Condition Assessment Reports and Conservation Reports;
- Historic Structure Reports;
- Historic Preservation Plans or Historic Preservation components of the municipal plan of conservation and development;
- Archaeological preserve reports;
- Public education publications and events;
- Website development on local historic preservation activities;
- Local historic district studies or reports;
- Heritage tourism materials.

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:

- 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,
- curation,
- equipment purchase,
- fines or penalties,
- fundraising efforts,
- general operating expenses,
- hospitality expenses including alcoholic beverages and food, meals, or 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,
- regranteeing,
- scholarships,
- software acquisition,
- travel

If you have any questions regarding your eligibility for the S&P grant program, contact Mary M. Donohue, Survey and Grants Director, Historic Preservation and Museum Division, CCT, at telephone (860) 256-2755 or Mary.donohue@ct.gov for more information.

**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 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 M. Donohue, Survey and Grants Director
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 with an original signature and dated.

2. Application Narrative

Answer questions 1-3 in narrative form in no more than three (3) 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 three-page total.

- A. Describe your organizations or municipalities current historic preservation 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 proposed project.

3. Budget

Outline the budget for the proposed program. State funds of any kind may not be used as matching share. Federal, municipal or private funds may be used as matching share. Matching share may be composed of both cash and in-kind services.

4. Attachments

- IRS Tax Exempt Letter (Determination Letter) for non-profit organizations
- Affirmative Action Statement
- W-9 form
- For archaeological surveys on state owned land, non-profit applicants must submit a letter from the state agency authorizing the application.

**ASSEMBLY
CHECKLIST**

Applications should be assembled in the following order:

- Application Cover sheet – signed at the bottom
- Application Narrative – no more than 2 pages

Required Attachments

- Project Budget Form – one page
- Authorizing Letter – on letterhead, original signature
- State of Connecticut Employer Report of Compliance Staffing form
- State of Connecticut Notification to Bidders form
- Affirmative Action and Americans with Disabilities Compliance Form
- Gift Affidavit Form

**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 S&P 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 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
- Designate municipalities for participation in the federal Certified Local Government program or the Preserve America program in order to enhance their ability to apply for outside funding
- 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 budget
- 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 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.
- S&P grants are funded on a reimbursement basis. In order to receive a reimbursement check from the CCT, grantees are required to submit payment and expense documents. Grantees will receive further information from the S&P coordinator.
- Funded organizations 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.

**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

APPLICATION COVER SHEET

APPLICANT INFORMATION

Federal Employer ID Number _____

Applicant Organization Official Name _____

- or -

Municipality Name _____

Street Address _____

Mailing Address (if different) _____

City/State/Zip _____

Daytime Telephone _____ Fax Number _____

Web Address _____

Application Contact Person _____

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 \$20,000) Start Date: _____ End Date: _____

SIGNATURE

Signature of Authorized Official _____

Title _____ Date _____

FOR OFFICE USE ONLY:

App# _____

BUDGET FORM

Expense (Description)	S&P 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

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,
(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 Public Act 03-06 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)

(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: _____

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 _____



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