

Appendix A Sample Covenant

NOTE: Execution of a covenant is required for **Development/Construction** projects assisted with Hurricane Sandy Disaster Relief funds.

Fill in the blanks with the information requested.

LETTER OF AGREEMENT/COVENANT

This agreement is made the ____ day of _____, 20__ by _____ (hereinafter referred to as the "Subgrantee") and in favor of the State acting through the State Historic Preservation Office (hereinafter referred to as the "Grantee") for the purpose of (underline the correct term from the following list) **acquisition, protection, stabilization, preservation, rehabilitation, restoration, and/or reconstruction** of a certain property (hereinafter referred to as the "Property") known as (enter the property name as it is listed on the National Register of Historic Places) _____, located at (enter the street address, city, county, and state) _____ which is owned in fee simple by the Subgrantee and is listed on the National Register of Historic Places.

The Property is comprised essentially of grounds, collateral, appurtenances, and improvements and is known as (enter the property name) _____. The Property is more particularly described as follows **(insert legal description of the Property here):**

In consideration of the sum of (enter the HPF grant amount) \$_____ received in grant-in-aid assistance through the Grantee from the National Park Service, United States Department of the Interior, the Subgrantee hereby agrees to the following for a period of **five (5) years** (or enter other required term):

1. The Subgrantee agrees to assume the cost of the continued maintenance and repair of said Property so as to preserve the architectural, historical, or archaeological integrity of the same in order to protect and enhance those qualities that made the Property eligible for listing in the National Register of Historic Places.
2. The Subgrantee agrees that no visual or structural alterations will be made to the Property without prior written permission of the Grantee.
3. The Subgrantee agrees that the Grantee, its agent and designees shall have the right to inspect the Property at all reasonable times in order to ascertain whether or not the conditions of this agreement are being observed.
4. The (owner) _____ agrees to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000 (d)), the Americans with Disabilities Act, and with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794). These laws prohibit discrimination on the basis of race, religion, national origin, or disability. In implementing public access, reasonable accommodation to qualified disabled persons shall be made in consultation with the Virginia Department of Historic Resources.

To comply with the Americans with Disabilities Act, and with Section 504 of the Rehabilitation Act when interior public access is required at least 12 days per year and at other times by appointment, it is not required that a recipient make every part of the property accessible to and useable by disabled persons by means of physical alterations. That is, for public access period, videos, slide presentation, and/or other audio-visual material and devices should be used to depict otherwise inaccessible areas or features.

**Appendix A
Sample Covenant**

This agreement shall be enforceable in specific performance by a court of competent jurisdiction.

Signature of Grantee (SHPO)

Signature of Subgrantee

Date: _____

Date: _____

STATE OF VIRGINIA

CITY/COUNTY OF _____, to wit:

I, _____, a Notary Public of and for the City/County of _____, in the State aforesaid, whose Commission expires _____ do hereby certify that _____, _____ of _____, whose name is signed to the foregoing and hereto attached Letter of Agreement/Covenant dated _____, has this date acknowledged the same before me in my City/County aforesaid.

Given under my hand and seal this ____ day of _____, 20 ____.

Notary Public

STATE OF VIRGINIA

CITY/COUNTY OF _____, to wit:

I, _____, a Notary Public of and for the City/County of _____, in the State aforesaid, whose Commission expires _____ do hereby certify that _____, _____ of _____, whose name is signed to the foregoing and hereto attached Letter of Agreement/Covenant dated _____, has this date acknowledged the same before me in my City/County aforesaid.

Given under my hand and seal this ____ day of _____, 20 ____.

Notary Public

**Appendix B
State Reimbursement Form**

Request For Reimbursement

Project Name:	Name:
	Address:
	City & State

Coding Information:	FIPS:
	Federal Tax#

ITEM	APPROVED BUDGET	DOCUMENTED EXPENSE	REIMBURSEMENT APPROVED AMOUNT	REIMBURSEMENTS YEAR TO DATE	AVAILABLE BALANCE
				FEDERAL	FEDERAL
Contracts					
Total	\$ -	\$ -	\$ -		

% of Reimbursement:	Federal Share:	Total Approved for Payment:
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Subgrantee Authorizing Signature:	Title:	Date:
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NOTE: Approved Budget - Line items may not be changed without written approval from DHR. All Documentation (warrant registers, timesheets, invoices, contracts, RFP, bid tabulations, certified contracts, and payroll verification to show hourly rates, etc) must accompany the request each quarter.

Check here if a minority vendor was used: _____

I certify that the product meets the specification of the scope of work set by the Department of Historic Resources.

Program Staff	Date:
Signature:	

We certify that the administrative documentation is adequate to certify payment for the scope of work set by DHR.

Grants Administrator	Date:
Administrative Supervisor:	
	Date:

APPLICATION COVER FORM

APPLICANT INFORMATION:

Applicant is:

- Property Owner
 Private Not-For-Profit

- Local Government
 State Agency

Applicant Organization:

Street Address:

Locality/County:

State: Zip Code:

Email Address:

Website:

Federal Employee ID Number:

Mailing address if different from above:

AUTHORIZATION

Name of Authorized Official:

Title:

Signature:

Date:

PROJECT INFORMATION:

1. Property/Project Information:

- a. Property Name (current & historic if different):
- b. Project Name:
- c. Project Location (street, municipality, county, zip code):

2. Total Project Cost: \$ _____ Grant Request: \$ _____

3. Identify the type of project (may choose more than one):

Construction:

- | | |
|---|--|
| <input type="checkbox"/> Preservation | <input type="checkbox"/> Archaeological Stabilization |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Landscape Preservation, Restoration,
Rehabilitation, Stabilization |
| <input type="checkbox"/> Rehabilitation | |
| <input type="checkbox"/> Stabilization | |

Pre-Development:

- | | |
|---|---|
| <input type="checkbox"/> HABS/HAER Recordation | <input type="checkbox"/> Engineering Study |
| <input type="checkbox"/> Historic Structures Report | <input type="checkbox"/> Landscape Study |
| <input type="checkbox"/> Conditions Assessment | <input type="checkbox"/> Archaeological Survey |
| <input type="checkbox"/> Plans and Specifications | <input type="checkbox"/> National Register Nomination |
| <input type="checkbox"/> Architectural Survey | |

4. Project Summary (no more than 150 words)

5. Does the applicant agree to comply with all provisions of applicable local, state and federal laws and approvals and executive orders including the Uniform Fire Prevention and Building Code, The American with Disabilities Act, the State Labor law, Worker's Compensation law and State Historic Preservation Law?

yes no

6. Will the proposed work involve any ground disturbance?

yes no

If yes, describe the nature and extent of ground disturbance resulting from the proposed project work.

If yes, has an archaeological study been done to evaluate any impacts the project may have on archaeological resources in the Area of Potential Effect (APE)¹?

yes no

If no study has been done on the APE does applicant understand that one may be required, the costs of which are an eligible grant expense and can be included in the budget?

yes no

7. Project Budget: (submit as separate document)

- a. For Development/Construction projects provide a detailed Project Schedule listing all hurricane related conditions, proposed treatments/repairs, expected completion time frames and associated costs in priority order.

¹ For each project, the *Area of potential effects (APE)* is the geographic area or areas within which an undertaking may directly or indirectly cause alterations in the character or use of historic properties, if any such properties exist. The APE varies with project types, and can be direct (physical) or indirect (visual, audible). The APE is limited to the individual building when a proposed project is limited to activities in the interior. If exterior features, such as roofs, are considered, the APE will include the surrounding area within which the exterior features will be visible. If ground disturbance is proposed, the extent of the proposed ground disturbance will be considered part of the APE.

- b. For Pre-development/Planning projects provide a detailed project budget outlining the anticipated deliverables.
- c. Provide information on how project costs were determined such as copies of cost estimates prepared by qualified consultants or contractors.

8. Project Financing:

Does applicant have full funding for the project available at time of application and restricted for this purpose?

yes no

Identify the source of project financing:

If no, what percent of project costs does applicant currently have funding in hand for?

Provide information on financing plan on how funds will be raised to cover project costs:

9. Describe project team who will administer grant assisted project and include relevant experience for each person.
10. Provide a brief explanation of successfully completed Pre-development/Planning projects and/or Development/Construction grant funded projects undertaken by the applicant:
11. Has the applicant received a grant from DHR in the past?
yes no
- List any previous grants received from DHR (include grant type, date awarded, and award amount)

DISASTER RELIEF ASSISTANCE GRANT APPLICATION CHECKLIST

Required items:

- Application Cover Sheet
- Project Summary & Narrative
- Project Budget Attachment B and Financing Plan
- Certified Resolution (or draft Resolution with expected completion date)*
- Ownership Documentation
- Historic Designation Information
- Photographs

* A signed Authorizing Resolution required requesting grant funding must be submitted with the application. A sample document can be found in Appendix D. If the authorizing board will not meet before the application deadline provide the date when the certified resolution will be approved.

Appendix C

Project Cover Form and Project Specific Applications

VIRGINIA DEPARTMENT OF HISTORIC RESOURCES HURRICANE SANDY DISASTER RELIEF ASSISTANCE DEVELOPMENT/CONSTRUCTION PROJECTS APPLICATIONS

These grants provide federal funds to Historic Property owners and interested localities to assist in repairing storm damage which occurred during Hurricane Sandy in late October 2012. Carefully review Section II – Application Guidance and Instructions before filling out the Application.

- Provide a minimum of six (6) photographs of the Historic Property saved to a CD. The photographs must be labeled, and should include:
 - Exterior views of each elevation taken recently (required)
 - Views of storm-damaged areas taken (required)
 - Views of storm-damaged areas taken shortly after the storm (preferred, if available)
 - Views of storm-damaged areas showing condition before the storm took place (preferred, if available)

- Other Application Attachments:
 - Map(s) marked with location of the Historic Property. Include an aerial image with the property location clearly marked.
 - In order to assist DHR with the review of applications and the potential for a project to cause an adverse effect, please attach a map indicating the precise location of the project and its APE. See page 4, question 9 for more guidance. ¹
 - Documentation that damage resulted from the storm
 - Any assessments, condition reports, or engineering studies that may have been carried out
 - If project repairs are complete, evidence of compliance with contractual requirements and copies of contracts.

¹ Applicants can utilize DHR's free public map website, available here: <https://vcris.dhr.virginia.gov/vcris/MapView> other websites such as Google maps.

Appendix C
Project Cover Form and Project Specific Applications
PROPERTY INFORMATION

Property Name(s): _____

Address: _____

DHR ID#: _____

Ownership Information:

Does the applicant own the property?

__ yes __ no

If no, identify owner's name, address and contact information and applicant's relationship to the property & owner

If other parties have an interest in the property, does the applicant have notarized statements from each party which permit the applicant to submit this application and complete the project?

__ yes __ no __ n/a

National Register Status of the Property:

- Property is listed individually on the National Register of Historic Places
- Property is contributing to a National Register-listed Historic District

Name of Historic District: _____

- Property is not listed either individually or as part of an historic district, but the NPS and/or DHR has determined that the property is eligible for listing, and the Owner(s) agree(s) to pursue/allow listing the Historic Property on the National Register.
- Property is not listed and has not been previously determined eligible. If the Applicant is requesting DHR evaluate the National Register-eligibility of the property, then they must provide a Preliminary Information Form (PIF) to assist DHR in making a determination. The National Park Service's Keeper of the National Register is the final arbiter of eligibility determinations. If determined eligible and this Application is approved, then Owner(s) agree(s) to pursue/allow listing the Historic Property on the National Register. DHR strongly encourages applicants to complete the evaluation process prior to submitting their application.

Appendix C

Project Cover Form and Project Specific Applications

DESCRIPTION OF PROPERTY AND ITS USE

1. Briefly describe the historic significance of Historic Property; refer to the National Register nomination, determination of eligibility, and/or other historic research/documentation.
2. Describe the Historic Property's general exterior and interior physical condition, its site/setting, details of its significant features/finishes/materials.
3. Describe its current use, and any expected change in use once the rehabilitation is completed.
4. Describe the nature and extent of any ground disturbance that may take/has taken place as a result of the project.

PROJECT INFORMATION:

1. Describe the nature and extent of the damage that occurred as a result of Hurricane Sandy. Please be as specific as possible, discussing the current condition of each damaged area and the work proposed to repair the damage. Describe any work accomplished to date to assess the damage or make repairs. How severe was the storm damage? Did the property remain occupied or in use? Has unrepaired storm damage led to further deterioration/damage of the property?
2. Provide narrative description of the type of work/planning proposed for grant funding and how this work will address/correct the damage in accordance with the Secretary of the Interior's Standards for the Treatment of Historic Properties?
3. Describe how the project will be managed. Will an architect or engineer be hired to oversee the project work and prepare project documents? Discuss any financing plan or budget that has been developed for the project.
4. After completing the work for which these funds are being requested, will the Historic Property be in need of any further repairs before it can be returned to its function? If so, briefly describe the further work that would be needed.
5. What is the timetable for completion of project work? What factors were considered in developing the project schedule?
6. Has the applicant undertaken any project planning to advance the project such as surveys, existing conditions studies, engineering studies etc.? If yes describe and provide with the application.
7. Has the project work already been completed? No Yes
If yes, then attach copies of the documentation indicating how the work was contracted.
8. Has the applicant hired a Historical Architect, Archaeologist or other qualified professionals who meet the Secretary of the Interior's Professional Qualifications Standards as published in the Code of Federal Regulations, 36 CFR Part 61?
__ yes __ no
If yes, please provide names:

If no, do you agree to do so?
__ yes __ no
9. For each project, the *Area of potential effects (APE)* is the geographic area or areas within which an undertaking may directly or indirectly cause alterations in the character or use of historic properties. The APE varies with project types, and can be direct (physical) or indirect (visual, audible). The APE is limited to the individual building when a proposed project is limited to activities in the interior. If exterior features, such as roofs, are considered, the APE will include the surrounding area within which the exterior features will be visible. If ground disturbance is proposed, the extent of the proposed ground disturbance will be considered part of the APE. Describe the nature of any potential effects.

Appendix C

Project Cover Form and Project Specific Applications

ESTIMATE OF COSTS, OTHER FUNDING SOURCES, AND GRANT REQUEST

1. Estimate the cost of the repairs and explain how this estimate was determined (Be sure to include non- construction costs such as reports, professional fees, construction oversight, required permit fees, etc. Attach any written estimates from contractors).
2. List any funds received or expected from other sources (federal, state or local agencies, non-profit organizations) or from an insurance settlement. Subtract these other funds from the total estimate of costs to calculate the grant request.
3. Indicate amount of grant request and provide detailed budget: \$___

PHOTO DOCUMENTATION

1. Attach a full set of color photographs of the property pre- and post-Hurricane Sandy (a printed set for each printed application and a set includes on the CD for CD copy of application). Photos should be clear, color photos, labeled and keyed to the narrative, and if available site plans or elevations of the property to illustrate the extent, severity and location of damage proposed for treatment under the grant request.

For buildings or structures-please include photographs of each elevation of the building and detailed photographs of damaged areas.

For landscapes or archaeological sites-please include photographs of the entire property and detailed photographs of damaged areas.

CERTIFICATION

The Applicant certifies that they have read the Hurricane Sandy Disaster Relief Assistance Grant for Historic Properties Grant Program guidelines for Virginia, and acknowledges the terms and conditions described therein. When a grant is awarded, a Grant Agreement must be executed by all who have a legal ownership interest in the Historic Property which will bind them to these terms. By signing below the Applicant, who is certifying that they are, or have the right to represent, the legal Owner(s) of the Historic Property certifies the following with respect to this application for federal assistance:

- **Programmatic and Financial Compliance** – Applicant is willing to comply with all requirements imposed by the US Department of the Interior, National Park Service, the federal grantor agency, concerning all applicable regulations, policies, guidelines and requirements for this federally-assisted project as outlined guidelines for this Program.
- **Coordination with DHR** – Applicant is willing to cooperate fully with DHR to ensure that all requirements described in the guidelines for this Program are carried out.
- **Contracting Procedures** – Applicant is willing to comply with approved methods of contractor selection as outlined in guidelines for this Program, and to allow for broad participation by all who are qualified to perform the services required for successful project completion.
- **Acknowledgment of Project Support** – Applicant is willing to acknowledge the federal assistance in all of their publicity about the project and to also post a sign (to be provided by DHR) which acknowledges this support at the project site throughout the project period.
- **Standards for Project Work** – Applicant is willing to undertake rehabilitation work in conformance with the Secretary of the Interior's [Standards and Guidelines for the Treatment of Historic Properties](#) and all associated federal guidelines and regulations.
- **Preservation Covenant** – Applicant is willing to execute a Covenant to ensure maintenance of the Historic Property in conformance with preservation standards, in accordance with the terms described in the guidelines for this Program.
- **Insurance** – Applicant is willing to maintain property insurance on the Historic Property well as flood insurance, if required, during the term of the Covenant.
- **Audit** – Applicant is willing to provide DHR with access to and the right to examine all records, books, papers, or documents related to the grant, if requested.

Appendix C
Project Cover Form and Project Specific Applications

The Applicant(s), who is/are the legal Owner(s), or if the Owner is an agency or organization, who is the organization's legal representative, hereby certifies that all information contained in the application is correct and that they are agreeing to be bound by the Program requirements if they are awarded grant funding.

Signature _____ **Date** _____

Typed/Printed Name and Title _____

Signature _____ **Date** _____

Typed/Printed Name and Title _____

Appendix C
Project Cover Form and Project Specific Applications

VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
HURRICANE SANDY DISASTER RELIEF ASSISTANCE
APPLICATION FOR ARCHITECTURAL SURVEY

APPLICANT INFORMATION

Applicant: _____

Address: _____

Phone Number: _____ Email Address: _____

If the Applicant is an agency or organization, name and title of legally authorized representative:

Phone Number: _____ Email Address: _____

Project manager (if different from Applicant):

Name: _____

Phone Number: _____ Email Address: _____

Appendix C
Project Cover Form and Project Specific Applications

Survey Location

County or City of Survey: _____

Number of National Register Listed Properties Including Historic Districts: _____

Previously Identified Resources within Survey Area: _____

Appendix C
Project Cover Form and Project Specific Applications

Description of Project (Please use additional pages as necessary for each section)

1. Describe Survey Area:

2. Describe Survey Methodology:

3. Describe Damage Assessment Methodology:

4. Describe Level of Survey and Anticipated Outcomes as they related to disaster planning.

5. It is DHR's expectation that newly identified properties and updates to existing resources will be recorded accorded to DHR Standards, including entering information into V-CRIS, DHR's on-line, digital database. Please describe anticipated methodology for completing survey data entry and producing survey materials.

6. Describe any anticipated challenges:

Appendix C

Project Cover Form and Project Specific Applications

Qualifications of Personnel

1. Name and Vitae summary of Project Manager:

2. Experience of Project Manager with similar projects:

3. List Additional Staff and Qualifications:

Appendix C

Project Cover Form and Project Specific Applications

Budget

Present itemized budget for project including all costs for salaries, lodging, per diem, overhead, mileage, equipment, etc. Include final cost figure as amount of grant request.

Appendix C
Project Cover Form and Project Specific Applications

Certification

Name of Project; _____

The applicant, as organization's legal representative, hereby certifies that all information contained in the application is correct and that they are agreeing to be bound by the Program requirements if they are awarded grant funding.

Signature Date: _____

Typed/ Printed name and Title

Signature Date: _____

Typed/ Printed name and Title

(Add additional Signature lines as needed)

Appendix C
Project Cover Form and Project Specific Applications

VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
HURRICANE SANDY DISASTER RELIEF ASSISTANCE
APPLICATION FOR ARCHAEOLOGICAL SITE SURVEY

APPLICANT INFORMATION

Applicant: _____

Address: _____

Phone Number: _____ Email Address: _____

If the Applicant is an agency or organization, name and title of legally authorized representative:

Phone Number: _____ Email Address: _____

Project manager (if different from Applicant):

Name: _____

Phone Number: _____ Email Address: _____

Appendix C
Project Cover Form and Project Specific Applications

Survey Location

County or City of Survey: _____

Presence of National Register or eligible sites (list each site number): _____

Known Resources within Project Area (list site numbers): _____

General Environment Expected: _____

Appendix C

Project Cover Form and Project Specific Applications

Description of Project (Please use additional pages as necessary for each section)

1. Describe Project Area:

2. Describe Survey Methodology:

3. Describe Damage Assessment Methodology:

4. Will artifacts be collected? How is collection determined?

5. Identification of an unrecorded site or survey of an existing site must be recorded in DHR's digital database. When will V-CRIS updates and submission of new site records be implemented? Do you have V-CRIS assess?

6. List any special equipment needed or conditions expected:

Appendix C
Project Cover Form and Project Specific Applications

Qualifications of Personnel

1. Name and Vitae summary of Project Manager:

2. Experience of Project Manager with similar projects:

3. List Additional Staff and Qualifications:

Appendix C

Project Cover Form and Project Specific Applications

Budget

Present itemized budget for project including all costs for salaries, lodging, per diem, overhead, mileage, equipment, etc. Include final cost figure as amount of grant request

Appendix D: Sample Authorizing Resolution

A signed resolution in the appropriate form provided below must be passed at an official meeting of the governing body of the applicant, after the call for applications has been announced, and a copy attached to this application. The resolution must be typed on the applicant's stationery and should hold the official seal. The name of the applicant must be stated as it is recorded in the incorporation documents. Use the appropriate phrase in brackets, depending on whether the applicant is a not-for-profit corporation or municipality.

If the authorizing board will not meet before the application deadline please provide a draft resolution and the date when the certified resolution will be approved.

ACCEPTABLE SAMPLE TRANSMITTAL I, (name), [the duly elected and qualified secretary OR the duly qualified and acting Clerk] of the [(Organization Name) of (place), Virginia, corporation subject to the Not-for-Profit Corporation Law of Virginia and qualified for tax exempt status under the federal internal revenue code OR (Locality), Virginia], do hereby certify that the following resolution was adopted at a [regular OR special] meeting of the (governing body) held on (date) , and is [incorporated in the original minutes of said meeting OR on file and of record], and that said resolution has not been altered, amended or revoked and is in full force and effect.

ACCEPTABLE SAMPLE AUTHORIZING RESOLUTION

RESOLVED: That (name), as (title) of [(organization name) OR (locality)], is hereby authorized and directed to file an application for funds from the Virginia Historic Preservation Office in accordance with the provisions of Public law 113-2 Hurricane Sandy Disaster Relief Assistance Grant Program for Historic Properties, in an amount not to exceed \$(grant request), and upon approval of said request to enter into and execute a project agreement with the Virginia Historic Preservation Office for such financial assistance to this [(organization name) OR (locality)] for (grant project description) and, if appropriate, a conservation easement/preservation covenant to the deed of the assisted property. y)

[(Signature of Secretary (Signature of Clerk)] Seal of Organization Seal of Municipality]

**Appendix E
Federal Attachments**

Hurricane Sandy Disaster Relief Funding Grant Program

VIRGINIA DEPARTMENT OF HISTORIC RESOURCES

*** PROJECT TIME SCHEDULE ***

Project Name: _____

Total Budget: _____

Federal Fiscal Year _____

Fill in appropriate months.

Phase and Task				
Quarterly Expenditure	\$	\$	\$	\$

**Appendix E
Federal Attachments**

PROJECT BUDGET SAMPLE

Category	Description	Grant Funds	Applicant Match
Contracts (Consultant fees may not exceed 120% of a GS-15, Step 10, salary or \$90/hour)	Service: Contract Amount: Service: Contract Amount:		
Other	Goods/Service: Amount: Goods/Service: Amount:		
Other	Goods/Service: Amount: Goods/Service: Amount:		
Totals			

Attach documentation (resumes, vitae, certifications) for all staff that will be associated with this project. Please replicate this form, as needed to provide complete budget information for the proposed grant project.

Budget Preparation Guidelines

Personnel

For local government staff participating in the grant project, list position by title or function. Show the amount of salary or wages for position and the period of time covered and include fringe benefit costs. **NOTE:** employment activities (i.e., employment, solicitation, hiring, wage and salary rates, etc.) must be in conformance with State and Federal guidelines.

Example: (1) Project Coordinator	
\$9.50 x 4 hrs. x 52 weeks	\$1,976
Fringe Benefits (16%)	316

Other - List any other direct, allowable costs necessary to complete the project.

Example:	Copying (4,000 pages x 10 cents/page)	\$400
	Advertisements for consultant (2 @ \$250)	\$500

**Appendix E
Federal Attachments**

SOURCES OF MATCHING SHARE

	DONOR	SOURCE	AMOUNT
Cash*			
In-kind Services**			
Volunteer Time			
Grand Total			

* General funds not previously appropriated for in-kind services.

** Funds appropriated for salaries, fringe benefits, supplies, etc.

Certification:

I certify that the matching share identified above is available, is a necessary and reasonable contribution to achieving the scope of work proposed and documentation of the expenses will be provided to support the reimbursement request.

Signature: _____ Title: _____ Date: _____

ASSURANCES - CONSTRUCTION PROGRAMS

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Department of Historic Resources. Further, certain Federal assistance awarding agencies may require applicants to certify additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
11. Will comply, or has already complied, with the requirements of Titles 11 and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (Identification and Protection of Historic Properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TITLE

APPLICANT ORGANIZATION

DATE SUBMITTED

U.S. Department of the Interior
CIVIL RIGHTS ASSURANCE

As the authorized representative of the applicant, I certify that the applicant agrees that, as a condition to receiving any Federal financial assistance from the Department of the Interior, it will comply with all Federal laws relating to nondiscrimination. These laws include but are not limited to: (a) Title VI of Civil Rights Act of 1964 (42 U.S. C. 2000d-1), which prohibits discrimination on the basis of race, color, or national origin; (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S. C. 794), which prohibits discrimination on the basis of handicap; (c) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.), which prohibits discrimination on the basis of age; (d) the Americans with Disabilities Act of 1990 (P.L. 101-336), which prohibits discrimination on the basis of disability; and applicable regulatory requirements to the end that no person in the United States shall, on the grounds of race, color, national origin, handicap, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by the applicant. THE APPLICANT HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE shall apply to all aspects of the applicant's operations including those parts that have not received or benefitted from Federal financial assistance.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applicants for Federal financial assistance which were approved before such date.

The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, assignees, and subrecipients and the person whose signature appears below who is authorized to sign this assurance on behalf of the Applicant.

Signature of Authorized Certifying Official

Title _____

Applicant/Organization _____

Date Submitted _____

Applicant/Organization Mailing Address _____

**U.S. Department of the Interior
Certifications Regarding Debarment, Suspension and
Other Responsibility Matters, Drug-Free Workplace
Requirements and Lobbying**

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions - **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.** See below for language to be used or use this form for certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements Alternate 1. (Grantees Other Than Individuals) and Alternate **II.** (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

CHECK ___ IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

CHECK__IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective lower tier participant certifies, 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 any 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.

DI-2010
Juno1995
(This form replaces DI-1953,
DI-1954,
DI-1955, DI-1956 and DI-1963)

PART C: Certification Regarding Drug-Free Workplace Requirements

CHECK__IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL,
Alternate 1. (Grantees Other Than Individuals)

- A. The grantee certifies that it will or continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

has designated a central point for the receipt of such notices. Notice shall include the identification numbers(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check ___ if there are workplaces on file that are not identified here.

PART D: Certification Regarding Drug-Free Workplace Requirements

CHECK ___ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL.

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

**PART E: Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements**

CHECK ___ IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT; SUBCONTRACT, OR SUBGRANT UNDER THE GRANTOR COOPERATIVE AGREEMENT.

CHECK ___ IF CERTIFICATION IS FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$1 0,000 and not more than \$1 00,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED NAME AND TITLE

DATE

DI-2010
June 1995
(This form replaces DI-1953, DI-
1954,
DI-1955, DI-1956 and DI-1963)

Equal Opportunity/Affirmative Action Statement

On behalf of _____, I hereby certify that

(Name of Entity/Organization)

the Equal Employment Opportunity/Affirmative Action information provided to this locality has been posted in an area visible to the public.

Signature and Title of Name of Entity/Organization

Date