

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**HISTORIC PRESERVATION FUND GRANT PROGRAM CFDA 15-904**  
**NATIONAL REGISTER AND SURVEY GRANT APPLICATION (PAGE 1 OF 4)**

FOR OFFICE USE ONLY	
PROJECT ID NUMBER	DATE RECEIVED
CERTIFIED LOCAL GOVERNMENT IN GOOD STANDING? <input type="checkbox"/> NO <input type="checkbox"/> YES	

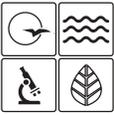
**QUESTIONS 1-4: GENERAL INFORMATION**

1. NAME OF APPLICANT REQUESTING GRANT FUNDS		RECEIVING OFFICIAL	
ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL	
DUNS NUMBER			
2. APPLICATION PREPARER			
IF SAME AS THE APPLICANT, CHECK HERE AND SKIP TO QUESTION #3 <input type="checkbox"/>			
APPLICATION PREPARER ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL	
3. CONTACT PERSON FOR APPLICANT			
CONTACT PERSON ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL	
4. STATE SENATOR (ADD ADDITIONAL SHEETS IF REQUIRED):		DISTRICT	
STATE REPRESENTATIVE (ADD ADDITIONAL SHEETS IF REQUIRED):		DISTRICT	
U.S. REPRESENTATIVE (ADD ADDITIONAL SHEETS IF REQUIRED):		DISTRICT	

**QUESTIONS 5-6: APPLICANT'S BACKGROUND [UP TO 15 POINTS]**

5. HAS THE APPLICANT ADMINISTERED A MISSOURI HERITAGE PROPERTIES PROGRAM (MHPP) OR HISTORIC PRESERVATION FUND (HPF) GRANT IN THE PAST?	<input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, DID ANY OF THE GRANT PROJECTS REQUIRE AN EXTENSION TO BE COMPLETED?	<input type="checkbox"/> NO <input type="checkbox"/> YES
WERE MAJOR REVISIONS TO THE SCOPE OF WORK REQUESTED AFTER RECEIVING GRANT FUNDS?	<input type="checkbox"/> NO <input type="checkbox"/> YES
HAS THE APPLICANT HAD TO WITHDRAW A PREVIOUS MHPP OR HPF GRANT PROJECT AND DE-OBLIGATE FUNDING?	<input type="checkbox"/> NO <input type="checkbox"/> YES
DOES THE APPLICANT HAVE ANY ACTIVE MHPP OR HPF GRANTS STILL PENDING? (IF YES, HOW MANY AND WHAT YEAR WERE THE PROJECTS AWARDED? IF THE PROJECT IS ACTIVE, HOW CLOSE IS IT TO COMPLETION?)	<input type="checkbox"/> NO <input type="checkbox"/> YES

6. PLEASE INDICATE IF THE APPLICANT HAS PREVIOUS EXPERIENCE CONDUCTING SURVEY AND/OR PREPARING NATIONAL REGISTER OF HISTORIC PLACES NOMINATIONS.



**QUESTION 7-12: PROJECT SUMMARY AND DESCRIPTION [UP TO 50 POINTS]**

7. PROJECT TYPE (CHECK ONE):

ARCHITECTURAL SURVEY                       NON-ARCHAEOLOGICAL NATIONAL REGISTER OF HISTORIC PLACES NOMINATION

ARCHAEOLOGICAL SURVEY                       ARCHAEOLOGICAL NATIONAL REGISTER OF HISTORIC PLACES NOMINATION

IF THIS IS AN ARCHITECTURAL SURVEY PROJECT, PLEASE INDICATE THE LEVEL OF DETAIL:                       RECONNAISSANCE LEVEL                       INTENSIVE LEVEL

8. BUILDING, SITE, STRUCTURE, OBJECT, OR DISTRICT NAME

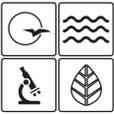
9. APPROXIMATELY HOW MANY RESOURCES WILL BE SURVEYED OR LISTED (PLEASE INCLUDE THE NUMBER OF OUTBUILDINGS IN YOUR COUNTY)?

10. WHAT IS THE ACREAGE OF THE SURVEY OR NOMINATION AREA (PLEASE ATTACH A MAP ILLUSTRATING THE PROJECT AREA)?

11. DESCRIPTION/SCOPE OF WORK FOR THE PROJECT: PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT. IF THE PROPOSED PROJECT IS A NATIONAL REGISTER NOMINATION, PLEASE PROVIDE A LIST OF ADDRESSES, A BRIEF DESCRIPTION OF THE PROPERTY, AN EXPLANATION OF WHY IT IS SIGNIFICANT, AND PROVIDE THE ESTIMATED PERIOD OF SIGNIFICANCE. IF IT IS A SURVEY, PLEASE PROVIDE A BRIEF HISTORY AND DESCRIPTION OF THE SURVEY AREA AND INDICATE THE TYPES OF RESOURCES TO BE SURVEYED (E.G. RESIDENTIAL, COMMERCIAL, MIXED RESIDENTIAL AND COMMERCIAL, RURAL, ETC.). FOR ALL PROJECT TYPES, PLEASE BE SURE TO INCLUDE PHOTOGRAPHS OF THE RESOURCES IN THE PROJECT AREA (THIS CAN BE A SAMPLING IF IT THERE ARE A LOT OF RESOURCES). PLEASE MAKE SURE TO KEY ALL PHOTOS TO A MAP OF THE PROJECT. ADDITIONAL SUPPLEMENTARY INFORMATION IS WELCOME IF IT HELPS TO EXPLAIN THE PROJECT.

**NOTE: RESPONSE SECTION ON THIS QUESTION NEEDS TO FILL A WHOLE PAGE**

*(This section is intentionally left blank for the applicant to provide a detailed description of the project.)*



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12. HAS THE PROPERTY BEEN PREVIOUSLY SURVEYED, DETERMINED ELIGIBLE, OR SUBMITTED AS AN ELIGIBILITY ASSESSMENT?  
IF YES, PLEASE PROVIDE A COPY.  NO  YES

**QUESTION 13-16: PROJECT PLANNING AND IMPLEMENTATION [UP TO 10 POINTS]**

13. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN THE STATEWIDE COMPREHENSIVE HISTORIC PRESERVATION PLAN AND/OR A LOCAL OR REGIONAL MASTER PLAN?  
IF THERE IS A LOCAL OR REGIONAL PLAN, PLEASE PROVIDE A COPY OR LINK TO THE PLAN AND CITE THE RELEVANT SECTION.

14. DID THE APPLICANT SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS?

<input type="checkbox"/> YES (IF YES, DESCRIBE HOW AND PROVIDE THE DOCUMENTATION OUTLINED IN THE SUPPORTING DOCUMENTATION CHECKLIST. FOR NATIONAL REGISTER PROJECTS, PLEASE INDICATE HOW PROPERTY OWNERS WERE CONSULTED)	<input type="checkbox"/> NO (IF NO, INDICATE IF THE PUBLIC WILL BE GIVEN AN OPPORTUNITY TO COMMENT AND HOW)
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15. PLEASE DESCRIBE ANY ONGOING EFFORTS TO PRESERVE THE RESOURCE(S) (INCLUDING ANY SPECIAL FUNDING SOURCES, COMMUNITY SUPPORT GROUPS, ETC.)

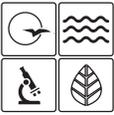
16. ARE THERE CURRENTLY ANY THREATS TO THE SURVEY OR NOMINATION PROJECT AREA (E.G. LACK OF MAINTENANCE OR EXTENSIVE NEW DEVELOPMENT)? IF SO, PLEASE DESCRIBE.

**QUESTIONS 17-19: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 10 POINTS]**

17. FOR EACH COST CATEGORY, FILL OUT THE BUDGET TABLE (BELOW) WITH THE GRANT AMOUNT REQUESTED AND THE MATCHING AMOUNT PROVIDED BY THE APPLICANT AND/OR DONOR.  
(USE WHOLE DOLLAR AMOUNTS ONLY. THE GRANT AWARD GENERALLY WILL NOT EXCEED \$25,000, AND THE MINIMUM MATCH PERCENTAGE IS 40%).

TO DETERMINE PERCENT OF MATCHING FUNDS: A. ADD THE NON-FEDERAL/LOCAL CASH AND NON-FEDERAL/LOCAL IN-KIND AMOUNTS FOR THE TOTAL MATCHING FUNDS. B. DIVIDE THE TOTAL MATCHING FUNDS BY THE TOTAL PROJECT COST. THIS WILL GIVE YOU THE PERCENTAGE OF MATCHING FUNDS. C. INDICATE MATCHING FUNDS PERCENTAGE HERE: _____	MATCHING FUNDS POINT VALUES	
	% MATCH	POINTS
	60% AND UP 50%-59% 40%-49%	10 6 3

COST CATEGORY	FEDERAL (GRANT REQUEST)	NON-FEDERAL/ LOCAL CASH	NON-FEDERAL/ LOCAL INKIND	TOTAL
CONTRACTOR	\$	\$	\$	\$
PERSONNEL	\$	\$	\$	\$
SUPPLIES	\$	\$	\$	\$
EQUIPMENT	\$	\$	\$	\$
TRAVEL/LODGING	\$	\$	\$	\$
OTHER (PLEASE SPECIFY)	\$	\$	\$	\$
OTHER (PLEASE SPECIFY)	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



18. PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH COST CATEGORY

19. PROVIDE THE SOURCE OF MATCH. PROVIDE A COPY OF THE APPLICANT'S RESOLUTION OR LETTER AUTHORIZING IT TO MAKE APPLICATION FOR THE GRANT AND THE NAME AND LETTER OF INTENT (INCLUDING AMOUNT) OF ALL OTHER DONORS PROVIDING MATCH.

DONORS	CONTRIBUTION

**QUESTION 20: PRE-APPLICATION [5 POINTS]**

20. DID THE APPLICANT ADDRESS ALL COMMENTS BY THE STATE HISTORIC PRESERVATION OFFICE NOTED IN THE PRE-APPLICATION?     NO [0 POINTS]                       YES [5 POINTS]

**DISCRETIONARY BOARD MEMBER CRITERIA [UP TO 10 POINTS]**

AT LEAST FOUR MEMBERS OF THE STAFF WILL REVIEW AND SCORE THE HPF GRANT APPLICATIONS. THE SCORING TEAM MAY AWARD THE PROJECT ADDITIONAL POINTS BASED UPON THEIR SUBJECTIVE EVALUATION OF THE APPLICATION, NOTABLY THE DETAILS PROVIDED IN THE "PROJECT SUMMARY AND DESCRIPTION" AND "PROJECT PLANNING AND IMPLEMENTATION" SECTIONS.

**SUPPORTING DOCUMENTATION CHECKLIST**

USE THE BELOW CHECKLIST TO ENSURE THE PROJECT APPLICATION IS COMPLETE (FOR MORE INFORMATION SPECIFIC TO EACH ITEM, REFER TO THE APPLICATION INSTRUCTIONS)

<input type="checkbox"/> MAP OF THE SURVEY OR NOMINATION AREA CLEARLY DEFINING THE BOUNDARIES OF THE SURVEY OR NOMINATION	<input type="checkbox"/> RESOLUTION OR APPLICANT'S LETTER OF SUPPORT
<input type="checkbox"/> PHOTOGRAPHS OF THE PROPERTIES TO BE LISTED OR SURVEYED.	<input type="checkbox"/> RESOLUTION OR LETTER OF SUPPORT FROM THE HISTORIC PRESERVATION COMMISSION WITH PRIMARY JURISDICTION WHERE APPLICABLE
<input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT
<input type="checkbox"/> COPY OF LOCAL OR REGIONAL PLAN REFERENCED IN QUESTION 12.	<input type="checkbox"/> COPY OF PREVIOUS DETERMINATION OF ELIGIBILITY FROM #11, IF APPLICABLE

**CERTIFICATION OF RESPONSIBLE PERSON**

A RESPONSIBLE OFFICIAL FROM THE APPLICANT'S ORGANIZATION MUST SIGN AND DATE THE APPLICATION. APPLICATIONS WITHOUT SIGNATURE WILL NOT BE SCORED.

"I hereby certify that the information contained in this application packet is true and correct to the best of my knowledge. I understand that the application will be rated solely on the information provided on the application and in the enclosed supporting documentation. The submission of incorrect information and the lack of required documentation can result in this application being withdrawn from consideration for funding."

SIGNATURE	TITLE	
PRINTED NAME		DATE

**MAIL COMPLETED APPLICATION**

MAIL TWO COPIES OF COMPLETED APPLICATION TO:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI STATE PARKS  
ATTN: PRESERVATION PLANNER & GRANTS MANAGER  
PO BOX 176  
JEFFERSON CITY, MO 65102-0176