# **Special Category Grant Application**

# A - Organization Information

### <Display applicant information read only>

- a. Applicant Name (org or individual)
- b. FEID
- c. Phone number (with extension if applicable)
- d. Principal Address
- e. Mailing Address
- f. Website
- g. Org Type (e.g. nonprofit, school board, etc.)
- h. Org Category (e.g. public library, SOE, etc.)
- i. County
- j. UEI number

### 1. Designated Project Contact\*

The project contact is the applicant organization's primary contact for the application review process. In addition to being available to answer questions from Division staff regarding the proposed project and application, the project contact is usually the individual who will be administering the project, if it is funded.

<Select from Organization Contacts> First & Last Name Phone Number + Extension Email Address

#### 2. Authorized Official\*

Provide the name and contact information for the person authorized to sign contracts on behalf of the organization. This is often an Executive Director, President, board member, city manager, county administrator, etc.

<Select from Organization Contacts> First & Last Name Phone Number + Extension Email Address

#### 3. Applicant Grant Experience and History\*

- 3.1. Has the applicant received previous grant assistance within the past five years from any source?\*
  - o Yes
  - o No

3.2. If yes, for the most recent grants (up to 20), specify the year of the grant award, grant number, grant project name, the granting entity, the grant award amount, and its current status. Make sure to include any grants awarded by the Division or other State grants.

Year	Grant No.	Grant Project Name	Granting Entity	Grant Amount	Open/Closed

- 3.3. Has the applicant organization applied for additional grant assistance from other State or Federal funding sources, including from other divisions of the Department of State, for the same Scope of Work activities within the same fiscal year?\*
  - o Yes
  - o No
- 3.4. If yes, for each application specify the grant project name, the granting entity, the grant program, the grant request amount, date of application, and its current status.

Grant Project Name	Granting Entity	Grant Program	Grant Request Amount	Date of Application	<b>Current Status</b>

## 4. Proposed Project Team\*

Please list those persons who will be directly involved with the administration of the grant should this application be successful. This should include the Project Contact listed and all other individuals who will have a role in the execution of the grant project. Please list below the individuals' names, roles for the project or titles within the applicant organization, and contact information. The curricula vitae/resumes of the proposed project team are to be uploaded in the Support Materials section of this application.

Key Project Role Person or Title	Email	Phone Number and Extension
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## 5. Applicant staffing and hours\*

Select the option that best describes your organization.

- o Organization is open at least 40 hours per week and has at least one paid staff member in a management position
- o Organization has some paid staff but they are not full-time
- o Organization is open part-time and has volunteer staff

# **B** - Project Information

## 1. Project Type\*

Select the project type for which grant funds are requested. If you are unsure of which type to select, please refer to the definition beneath each project type. If the incorrect project type is selected for the proposed scope of work, the application will be declared ineligible.

#### Development Projects

Development activities with the mission of Preservation, Restoration, Rehabilitation or Reconstruction of historic properties regularly open to the public, and site-specific planning required for these activities such as structural or condition assessment reports. Activities for historic cemeteries shall be limited to work on stabilizing, cleaning and repairing historic gravemarkers and other funerary items, repairing historic fences or structures within the cemetery, and installing minimal security lighting. Activities on religious properties are limited to building exterior envelope and structural elements of the building, excluding accessibility upgrades.

### o Archaeological Research Projects

Archaeological research projects including: research and field investigations tied to large area surveys or excavation, analysis and publication of findings.

### Museum Exhibit Projects

Museum exhibit projects for Florida history museums, including: research of exhibit content, exhibit design, fabrication and installation. Exhibits must be permanently affixed to the building. Organizations must be a governmental or non-profit Florida history museum established permanently in Florida, promoting and encouraging knowledge and appreciation of Florida history through the collection, presentation, exhibition, and interpretation of artifacts and other historical items related to Florida. The mission of the museum must relate directly to the history of Florida.

#### o Acquisition Projects

Acquisition of a single historic property or archaeological site, or group of such, in which all the resources have the same owner. For archaeological sites, an exception to the single owner provision may be made if the archaeological site extends on land that is contiguous, but owned by different property owners.

#### 2. Project Title and Location Information\*

The title should reflect the name of the property, site, area, museum or exhibit, and the goals of the proposed project. The title should be consistent with previous applications/awards. (For example, Smith House Rehabilitation, South Mill Archaeological Excavation, etc.)

2.1. Project Title\*
2.2. Name of Property (if applicable)
2.3. Street Address (primary location where the proposed project will be carried out)
2.4. City (location of the proposed project)\*

2.5. Primary County (location of the proposed project)*
C – Historical Significance
1. Historical Designation Indicate the type of historical designation currently held by the historic resource(s) that are the subject of the project, if any. For properties or sites that have been listed in the National Register or are contributing properties or sites within a National Register District, provide the date that the property, site or district was listed. Should you have questions regarding the National Register status of a property or site, contact the Division's National Register Staff at 1.800.847.7278 or 850.245.6300.
1.1. Type of Historical Designation*
<ul> <li>Individual National Register Listing(s)</li> </ul>
<ul> <li>National Register District - Contributing Resources</li> </ul>
National Historic Landmark Designation     Individual Local Designation
Local Designated District - Contributing Resources
No Historical Designation
<b>1.2. Historical Designation details.</b> Provide the name of the property, site or district (as it is listed in the National Register) and the date of designation or listing.
Property Name Date Designated
2.1. Explain the historic significance of the property, site or resource(s) that is the subject of the proposed project (Maximum characters 1500).*  2.2. For Historic Structures and Archaeological Sites, enter the Florida Master Site File (FMSF) Number (ex. 8ES1234). For Multiple site forms, just separate with a semicolon (;). If no FMSF form exists, applicants may be required to complete one as part of the
requirements in a grant award agreement.

	2.3. For Historic Property, Ind	licate Year of the O	riginal Construction	(enter Year only)
	2.4. For Historic Property, Da characters 300)	te(s) and Description	n of Major Alteration	ns (Maximum
	2.5. Indicate Current Use of Hi	istoric Property and	Proposed Use (Maxi	mum characters
	2.6. For Archaeological Sites, jor Occupation (Maximum char	_	l Affiliation of the Si	te and Dates of Use
D Project	Specifics  1. Scope of Work (Maximum continuous provided below, brief is requested. List the work items	efly describe the scop	1 0	•
	requested and the required match	_		
	2. Tentative Project Timeline (Please specify the start and end of for which funding assistance is relement, and the planned sequent the year funds are appropriated.	month and year below equested, the anticipa ce of these activities.	r; indicate all major ele ted time required to co Grants, if awarded, w	ements of the project omplete each vill begin July 1 of
	Work Item	Starting Date	Ending Date	

3.1. Preexampl	rovide the estimated total square footage of the structure (the le): *	house or building
footage For exactrim to b	covide measurable quantities for each work item listed in the e, linear footage, unit counts, etc.):*  Imple: square footage of floors to be refinished or walls to be replaced, etc. If an element is not measurable in square feet, ple: replace 15 door knobs):	oainted, linear foota
services NOTE: includes resident	ill you be hiring or contracting with professional architecturs to assist with the restoration work?*  Professional architectural and engineering services are REQUIF structural work, code-required upgrades, occupancy classificatial to museum) and work that affects life safety (fire protection Yes  No	RED if the Scope of ion change (such as
3.4 If n	o professionals are projected to be hired, or are not included dget, explain why. (Maximum characters 500)	l in your scope of v
naeologi	ical Research Projects*	
4 4	hat is the size of the archaeological site(s) to be investigated? mated quantity of artifacts projected to be analyzed? (Maxidal)	• /

Γ	
4.4. Sta	tement of Objectives/Research Design (Maximum characters 1000)*
procedur techniqu	ize the research objectives of the proposed project and describe the methods and res to be employed. Discuss projected research of historical documents, field study es and sampling designs, techniques of analysis to be employed, plans for report ment and distribution and curation plans for the archaeological specimens and record
um Evh	nibit Projects*
	non Frojecis.
5.1. Exp	plain why this exhibit is important for raising awareness of Florida History. um characters 1000)*
5.1. Exp	plain why this exhibit is important for raising awareness of Florida History.
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5.1. Exp (Maxim	plain why this exhibit is important for raising awareness of Florida History.  um characters 1000)*

4.2. Will you be hiring or contracting with professional archaeological services?\*

project goals.

**5.** 

	Will you be hiring or contracting with professional museum exhibit/historian ices?*
	<ul><li>Yes</li><li>No</li></ul>
	If no professionals are projected to be hired, or are not included in your scope of budget, explain why. (Maximum characters 500)
uisiti	on Projects*
	on Projects*  Full Purchase Price of Historic Property (executed option or purchase agreement)
6.1. 6.2.	
6.1. 6.2. footp	Full Purchase Price of Historic Property (executed option or purchase agreement)  State the Appraised Value of the building/structure or the Appraised Value of t
6.1. 6.2. footp 6.3.	Full Purchase Price of Historic Property (executed option or purchase agreement)  State the Appraised Value of the building/structure or the Appraised Value of torint of the archaeological site*  Second Appraisal (if property is valued over \$500,000)  proposed project entail a partnership with any other local entity?*
6.1. 6.2. footp 6.3.	Full Purchase Price of Historic Property (executed option or purchase agreement)  State the Appraised Value of the building/structure or the Appraised Value of torint of the archaeological site*  Second Appraisal (if property is valued over \$500,000)

#### 8. Demonstrated Need (Maximum characters 1500)\*

Discuss the need for the proposed project or activity, as it relates to the preservation of the history of Florida and/or its historical and archaeological resources, including any immediate threats to the historical property/ies, historic resources or materials, archaeological sites or historical information that is the subject of the proposed project. This may also refer to the need to update the out-dated information and/or design of a museum exhibit. Documentation material, such as newspaper articles, are to be uploaded in the Support Materials section of this application.

### E. – Budget and Match

# 1. Rural Economic Development Initiative (REDI) Reduction of Match Requirements\*

Applicants with projects located in counties or communities that have been designated as a rural community in accordance with Section 288.0656 and 288.06561, Florida Statutes, may request a may request a reduction of match to 25% of the requested amount. (State agencies, state colleges, and state universities are not eligible for a REDI match reduction, regardless of project location.)

- **1.1.** Are you requesting a reduction? Is my project in a REDI Community?
  - o Yes
  - o No
- 1.2. Are you a state agency, state college or state university?
  - o Yes
  - o No

#### 2. Project Budget and Match\*

#### 2.1 Grant Funds and Match\*

List your work items and associated estimated expenses and how they will be paid (from match, the grant or both). Only include expenses that are specifically related to the project If professional services are to be paid with grant funds, include those costs as a separate item in the budget refer to the program Guidelines for examples of non-allowable expenses (available at FLheritage.com/grants). Expenses may include an actual amount to be paid or the value of an in-kind contribution.

Special Category grants require a 100% (i.e., 1:1) match unless exempted as per the program Guidelines. Organizations applying for projects located within REDI Communities are eligible for the match reduction (to 25% of the grant amount request); exception: applicants that are agencies of state, state colleges and state universities are not eligible for the REDI match reduction.

Round amounts to the nearest dollar. Rows must have a value in Grant Funds, Cash Match or In-Kind Match. If all three columns are 0 or blank, the row will not be saved.

The amount of grant funds requested in this application will be the total in the "Grant Funds" column. The total amount of the "Cash Match" column must equal or exceed 25% of the total combined match (cash and in-kind).

#	Work Item	Grant Funds	Cash Match	In-Kind Match	Total
					_
	Totals:	\$0.00	\$0.00	\$0.00	\$0.00

To	ant Funds Requested: tal Match Amount: tal Project Budget:				
2.2	. Additional Budget Informati	ion/Clarification			
exa ma	e this space to provide additional mple, where the relationship be you not be obvious, provide clarifients to the successful completion	tween items in the lication regarding th	budget and the obj	jectives of the prop	osed project

## 3. Completed Project Activities.

Provide a summary of the project-related activities completed at the time of application submittal. Such activities may include architectural studies or plans, preservation planning activities, archaeological research accomplished such as research design or previous excavation or site assessment work or museum exhibit research and design. Should they have already been completed, your printed architectural project schematics or construction documents or your museum exhibit research and design schematics must be uploaded in the Support Materials section of this application. You cannot be reimbursed for any work that is completed before the grant period begins.

Activity Description	Date Completed	Cost/Value	Delete

## 4. Operating Forecast (Maximum characters 500)\*

Describe source(s) of funding for necessary maintenance, program support and/or additional expenses warranted to sustain the proposed project after the grant period.

# **F – Property Information**

### 1. Property Ownership.\*

Enter name of the Property Owner and choose the appropriate owner type. If applicant is not the owner of the property, the applicant must secure Property Owner concurrence. The applicant shall provide a letter from the Property Owner that documents that the applicant has the permission of the Property Owner of record to conduct the proposed project on the owner's property and that the Property Owner is in concurrence with this application for grant funding. This letter shall be uploaded in the Support Materials section of this application. If the property for which grant funding is requested is leased by the Applicant Organization, the lease agreement must be dated, signed and submitted at the time of the application submission, with the required Owner Concurrence Letter attachment to the application.

1.1.	Does you	r organization	own the	property?*
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- o Yes
- o No

1.2.	<b>Property</b>	Owner*
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### 1.3. Type of Ownership\*

- o Non-profit Organization
- O Private Individual or For-Profit Entity Note: Properties owned by private individuals or for-profit entities are not eligible for grant funding with the exception of Acquisition projects and site-specific Archaeological Research projects being undertaken by an eligible applicant organization. For Acquisition projects in which the current owner is a private individual or a for-profit entity, the owner must provide a signed commitment to donate or sell the property to the applicant. Donation or sale must occur during the grant period.
- Governmental Agency

#### 2. Religious Affiliation

### 2.1 Is the Property Owner a religious institution or affiliated with a religious institution?

- o Yes
- o No
- Not Applicable

# **G** –Protection and Impact

#### 1. Local Protection\*

Indicate the level(s) of local protection currently afforded the project historic property or site and upload a copy of the local protection documents in the Support Materials section of this application.

	Local Ordinance Design Review
	Preservation or Conservation Easement
•	Protective/Restrictive Covenant
•	Maintenance Agreement/Long Term Lease
•	Other
	None
ual Visitat	ion*
2.1. Wha site?*	t is the estimated or anticipated Annual Visitation for the project property
site?*	t is the estimated or anticipated Annual Visitation for the project property  t is the basis of these estimates? (Maximum characters 200)*
site?*	
site?*	
2.2. Wha	t is the basis of these estimates? (Maximum characters 200)*
2.2. Wha	

# 4. Benefit to Underrepresented Communities (Maximum characters 1500)\*

Describe any direct benefit the project will have on underrepresented communities, such as minority groups and/or people with disabilities. Include any alterations to the site that will make the site more

	d Public Awareness (Maximum characters 1500)* roject will educate the public on issues related to historic ge preservation.	preservation,
4 <b>3</b> 6 4 4 <b>3</b>		
upport Materials		
1. Non-Profit Status*		
	ne applicant's active status as a Florida non-profit corpora	
_	partment of State, which can be obtained at: http://www.	sunbiz.org by sear
the corporate name.		
Choose file:	Upload file	
2. Florida Substitute W-9	Form)*	
Available at DFS website h	tps://flvendor.myfloridacfo.com. Note that this is a state	form, NOT your I
W-9.	<u>ttps://flvendor.myfloridacfo.com</u> . Note that this is a state	form, NOT your I
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W-9. Choose file:  3. Documentation of Confectors Guide Choose file:  4. Letters of Support*	Upload file  irmed Match* ines for suitable documentation evidencing match (FLhe  Upload file	ritage.com/grants/
W-9. Choose file:  3. Documentation of Confectors Consult the program Guide Choose file:  4. Letters of Support* Additional letters may be supported to the confector of Support Choose file:	Upload file  irmed Match* ines for suitable documentation evidencing match (FLhe Upload file  bmitted directly to the Division but must be received one	ritage.com/grants/
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W-9. Choose file:  3. Documentation of Confectors Guide Choose file:  4. Letters of Support* Additional letters may be supplic meeting where the approximation of Confectors Guide Choose file:  5. Photographs*	Upload file  frmed Match* ines for suitable documentation evidencing match (FLhe Upload file  ubmitted directly to the Division but must be received one oplications will be reviewed and scored.  Upload file	ritage.com/grants/ e month prior to th
W-9. Choose file:  3. Documentation of Confectors Guide Choose file:  4. Letters of Support* Additional letters may be supported to meeting where the appropriate Choose file:  5. Photographs* Photographs are used to fur	Upload file  firmed Match* ines for suitable documentation evidencing match (FLhe  Upload file  Ubmitted directly to the Division but must be received one oplications will be reviewed and scored.	ritage.com/grants/ e month prior to th

Upload a single representative image of the property or project to be used in the application review meeting Special Category Grant Application (Form DHR002), Effective xx/xxxx Chapter 1A-39.001. *Florida Administrative Code* 

that conveys the theme or purpose of the proposed project. For projects directed at historic properties or sites, this should be a recent image of the front of the building or site.

## 7. Proposed Project Team Supporting Documentation\*

Provide curricula vitae/resumes of the proposed project team as listed in Section A.4 of the application.

Choose file:	Upload file
	- P

### 8. Architectural Drawings/Design Documents (for Development Projects only, if available)

If completed, the Applicant Organization shall provide architectural project schematics, construction documents, or conditions reports.

## 9. Appraisal(s) and Purchase Documents (for Acquisition Projects only)\*

If your appraisal values the property at more than \$500,000, submit a second appraisal with the first, together with all required purchase documents, as one file.

Choose file:	Upload file
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## 10. Archaeological Supporting Documents (for Archaeological Research Projects only)\*

Provide previous archaeological site reports or surveys of the proposed project property; reports of previous analyses of the material to be researched; and the curricula vitae for principal investigator and other key personnel, if known. If principal investigator has not yet been selected, submit a list of tasks or projected responsibilities.

Choose file:	Upload file
choose file.	Opioud IIIC

### 11. Exhibit Supporting Documents (for Museum Exhibit Projects only)\*

Include curricula vitae for all key project research and exhibit development personnel, if known. Provide planning or design documents, if available. If objects are to be loaned from other institutions/individuals or the exhibit is designed to travel, include letters of confirmation/commitment.

Choose file:	Upload file

#### 12. Documentation of Demonstrated Need\*

Choose file: Upload file
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#### 13. Local Protection\*

Provide copies of any documents that provide local protection of the project site as identified in question G.1.1.

#### 14. Owner Concurrence Letter\*

Provide a letter that documents that the applicant has the permission of the owner of record (if the Property Owner is not the applicant) to conduct the proposed project on the owner's property, that the owner is in concurrence with this application for grant funding, and documentation that the owner is a non-profit organization or agency of government. If the property for which grant funding is requested is leased by the Applicant Organization, the lease agreement must be dated, signed and submitted at the time of the application submission, with the required Owner Concurrence Letter. Note that, for other than Acquisition or site-specific Archaeological Research projects being undertaken by an eligible applicant, the owner must be a Non-profit Organization or agency of government.

Appl Exan articl	Optional Materials icants may attach materials not specifically requested by the Division that support the application uples may include copies of National Register nominations, conditions assessments, newspaper es or other documents that reflect the historical significance of the resource, highlight its historic cteristics, its public use and so on.
	Title
	File To add a support material enter a title and optional description. Then select a file and click the Upload File button.
	Choose file: Upload file
I –Review an	Description (optional) Additional details about the support materials that may be helpful to staff or panelists.  d Submit
1. Rev	riew and Submit*
and th shall h repres F.S., p	nereby certify that I am authorized to submit this application on behalf ofat all information indicated is true and accurate. I acknowledge that my electronic signature belowave the same legal effect as my written signature. I am aware that making false statement or entation to the Department of State constitutes a third degree felony as provided for in s. 817.155 punishable as provided for by ss. 775.082, 775.083, and 775.084.
1.1	Signature (enter first and last name)*

Upload file

Choose file: