



HISTORIC PRESERVATION FUND SUBGRANT APPLICATION

Project Period: February 2022 – July 2023

Application must be received by December 20, 2021

Before completing this application, please read the *Historic Preservation Fund (HPF) Subgrant Application Guidelines* and the *Certified Local Government Subgrant Criteria*. Application will be rejected if incomplete or lacks required signatures. Email the completed application and the community's historic preservation plan (if available) to jason.tish@wisconsinhistory.org.

CERTIFIED LOCAL GOVERNMENT: _____ Year Certified: _____

Project Title: _____

APPLICANT

Legal name of organization: _____

Federal Employer Identification Number (FEIN): _____

Address: _____

CONTACT

Name: _____

Phone: _____

Mailing Address: _____

Email: _____

MUNICIPALITY'S FINANCIAL OFFICER authorized to certify the funds will be available (see last page)

Name: _____

Title: _____

Phone: _____

Address (if different from applicant): _____

This program receives Federal financial assistance for identification and preservation of historic properties. Under Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, as amended, the U.S. Department of Interior prohibits discrimination on the basis of race, color, national origin, disability, or age in its federally-assisted programs. If you believe you have been discriminated against in any program, activity, or facility as described above, or if you desire further information, please write to: Office of Equal Opportunity, National Park Service, 1849 C Street NW, Washington, D.C. 20240

PROJECT TYPE Check the appropriate item or items.

Initial intensive survey of the community

National Register historic district nominations that result from the initial survey

Resurvey of community that was surveyed more than 25 years ago

National Register nominations for individual private properties

Public outreach/educational project

Design guidelines/preservation plan

Community has listed all the National Register properties identified in previous intensive survey

Host a Community Assistance Mentoring Program (CAMP) in your community for CLGs

PROJECT DESCRIPTION (attach additional pages if needed)



WISCONSIN
HISTORICAL
SOCIETY

HOW DOES THE PROJECT MEET LOCAL HISTORIC PRESERVATION GOALS?

Describe your community's adherence to its preservation plan and how the project relates to the plan. Or describe how the project meets local preservation goals or addresses a specific historic preservation need in the community.

LIST PREVIOUS CLG FUNDED PROJECTS AND HOW THE COMMUNITY BENEFITED –

Describe in detail previous historic preservation projects completed and how they benefited the community. How has the community and the historic preservation commission used these products? If this is your first CLG application, list other large-scale community projects and how they were implemented.

CLG PRESERVATION TRAINING –

Describe any recent CLG training including the Local History and Historic Preservation Conference, WAHPC Conference, CLG training webinars, commissioners who have completed HPC web training on the Society website, or any other preservation education.



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ATTACH BUDGET – Maximum award amount is \$50,000 with no local match required. Provide an estimate of project costs in **whole dollars**. The applicant is **reimbursed** upon product completion up to the award amount; if project costs exceed the award, the applicant will be expected to pay for additional costs. **Two** itemized estimates prepared by professional consultants must be submitted with this application. The estimates must include the number of researchers, printing costs, WHPD data entry, line items for overhead, travel, research, field work, and final product cost. **All professional consultants must be approved by the SHPO.**

TOTAL SUBGRANT APPLICATION AMOUNT: \$ _____

CERTIFICATION – I have read the *Historic Preservation Fund Subgrant Application Guidelines* and verify that all information on the application is true to the best of our ability. We the applicant agree to comply with Title IV of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to the Department of the Interior regulations issued pursuant to that title, to the end that, no person in the United States shall, on the ground of race, color, national origin, disability, or age be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for which financial assistance is received from the National Park Service and hereby give assurance that it will immediately take any measures to effectuate this agreement.

Signature of Financial Officer: _____

Date: _____

