

## CERTIFIED LOCAL GOVERNMENT FY17 GRANT APPLICATION

### I. APPLICANT

#### A. County

County Name

#### B. Address

Planning Department Address

City

State

Zip code

#### C. Contact Person for Grant

Staff person assigned to commission

#### D. Telephone Number for Contact Person

#### E. Email Address for Contact Person

#### F. Grant Amount Requested

\$ 19,165 (Total CLG funds dividedly 3 ways equally)

#### H. Total Project Cost

\$ Total hard and soft costs

### II. PROJECT SUMMARY *(Use only the space provided – description section follows)*

CLG applying for 2017 funds to do the following projects:

- Survey – \$10,000
- Training – \$4,000
- Nomination – \$5,165

These projects are needed because.... They fulfill points X and Y in the County and State Plans. Bimonthly progress will be given to the SHPD, and the CLG will provide a final project report.

A. Survey & Inventory

- |   |
|---|
| <input type="checkbox"/> Reconnaissance Level<br><input type="checkbox"/> Intensive Level |
|---|

B. National Register Nominations

C. Preservation Planning

D. Educational and Interpretive Programs

E. Special Projects

**IV. PROJECT DESCRIPTION** *(Use only the space provided)*

***Organize your description in the following order (see instructions for more info):***

- a. Introduction (includes local government goals & objectives)***
- b. Project Description***
- c. Statement of Need***
- d. Project Objectives***

Detailed description of each project.

## **IV. PROJECT DESCRIPTION** *(Continued)*

[Empty project description box]

## V. SCHEDULE FOR PROJECT COMPLETION

List each proposed grant activity separately estimating the start and completion dates. Final projects must be turned in by August 30, 2018. A start date and completion date are not sufficient for the Schedule of Project Completion.

<b>WORK TO BE ACCOMPLISHED</b>	<b>Estimated Starting Date</b>	<b>Estimated Completion Date</b>
Give timeline for each project, can be filled out on separate sheets if necessary		
Survey		
Develop Survey scope	March 2017	April 2017
Write Survey App	April 2017	
Community Outreach	July 2017	August 2017
Survey Fieldwork	August 2017	September 2017
Develop Survey Report	October 2017	March 2018
Report Survey Findings to Community	April 2018	May 2018
Training - NAPC Forum 2018		
Choose Attendees	February 2018	March 2018
Book Travel		April 2018
Attend Conference		July 2018
Report on Training	July 2018	August 2018
Nomination		

**VI. PROJECT BUDGET – Fill out 1 for each project**

**ELEMENT/OBJECT**

<b>Salaries</b> <i>(Include each position- volunteer or staff – and attach hourly wage justification if needed)</i>	<b>Federal Dollars</b> <i>(CLG grant requested)</i>	<b>Hard Match</b> <i>(Local government cash match)</i>	<b>Soft Match</b> <i>(Donated goods and services)</i>	<b>Total</b>

<b>Indirect %</b> <i>(*Include justification for indirect %)</i>				
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<b>Total Element/Object:</b>				
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**GOODS & SERVICES**

<b>Contract Services</b>	<b>Federal Dollars</b> <i>(CLG grant requested)</i>	<b>Hard Match</b> <i>(Local government cash match)</i>	<b>Soft Match</b> <i>(Donated goods and services)</i>	<b>Total</b>

<b>Materials/Supplies/Equipment</b>				

<b>Travel</b>				

<b>Other</b>				

<b>Total Goods &amp; Services:</b>				
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	<b>Federal Dollars</b>	<b>Hard Match</b>	<b>Soft Match</b>	<b>Total Project Cost</b>
<b>Total Funding Request</b>				

*\*The local government share must equal at least 40% of the total project cost. The 40% can be made up of a combination of hard and soft match.*

**U.S. DEPARTMENT OF THE INTERIOR  
ASSURANCE OF COMPLIANCE  
(Title VI, Civil Rights Act of 1964)**

\_\_\_\_\_  
Name of Application-Recipient (hereinafter called "Applicant-Recipient")

**HEREBY AGREES THAT IT** will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Department of the Interior Regulation (43 CFR 17) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color or national origin be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the Applicant-Recipient receives financial assistance from Hawaii State Historic Preservation Division and

Hereby Gives Assurance That It will immediately take any measures to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant-Recipient by the Hawaii State historic Preservation Division. This assurance obligates the Applicant-Recipient, 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 involving the provisions of similar services or benefits. If any personal property is so provided, this assurance obligates the Applicant-Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Applicant-Recipient for the period during which the Federal financial assistance is extended to it by Hawaii State Historic Preservation Division.

THIS ASSURANCE is given in condition 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-Recipient by the bureau or office, including installment payments after such date on account of arrangements for Federal financial assistance which were approved before such date. The Applicant-Recipient 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 reserve the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant-Recipient, its successors, transferees and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant-Recipient.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Applicant-Recipient

By \_\_\_\_\_  
County Mayor

\_\_\_\_\_  
Applicant-Recipient's Mailing Address