



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

**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		
UNIQUE ENTITY IDENTIFIER (UEI) 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"/> YES	<input type="checkbox"/> NO
IF YES, DID ANY OF THE GRANT PROJECTS REQUIRE AN EXTENSION TO BE COMPLETED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WERE MAJOR REVISIONS TO THE SCOPE OF WORK REQUESTED AFTER RECEIVING GRANT FUNDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE APPLICANT HAD TO WITHDRAW A PREVIOUS MHPP OR HPF GRANT PROJECT AND DE-OBLIGATE FUNDING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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"/> YES	<input type="checkbox"/> NO

6. PLEASE DESCRIBE ANY EXPERIENCE THE APPLICANT HAS IN ADMINISTERING A PLANNING OR TRAINING GRANT SIMILAR TO THIS ONE.



**QUESTION 7-10: PROJECT SUMMARY AND DESCRIPTION [UP TO 40 POINTS]**

7. PROJECT TYPE (CHECK ONE):

PLANNING  OTHER \_\_\_\_\_

OUTREACH \_\_\_\_\_

8. PROJECT TITLE

9. DESCRIPTION/SCOPE OF WORK FOR THE PROJECT: PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT. IF THE PROPOSED PROJECT IS EDUCATION OR OUTREACH, PLEASE DESCRIBE THE PURPOSE OF THE TRAINING, HOW MANY PEOPLE ARE ESTIMATED TO ATTEND, AND HOW IT WILL HELP THE APPLICANT AND/OR OTHERS INTERESTED IN HISTORIC PRESERVATION. IF IT IS PLANNING, PLEASE INDICATE WHAT TYPE OF PLANNING DOCUMENT WILL RESULT FROM THE PROJECT (E.G. PRESERVATION PLAN, DESIGN GUIDELINES, ETC.), IF THIS IS AN UPDATE OR NEW DOCUMENT, AND HOW IT WILL IMPACT THE COMMUNITY. PLEASE SPECIFY WHO WILL MEET THE SECRETARY OF THE INTERIORS QUALIFICATIONS AS DESCRIBED IN 36 CFR PART 61.

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



**HISTORIC PRESERVATION FUND GRANT PROGRAM CFDA 15-904  
PLANNING AND OUTREACH GRANT APPLICATION (PAGE 3 OF 5)**

10. WILL A PUBLISHED DOCUMENT RESULT FROM THIS PROJECT? IF YES, PLEASE INDICATE HOW MANY COPIES WILL BE PRINTED AND IF IT WILL BE MADE AVAILABLE ELECTRONICALLY AND WHERE:

YES  NO

**QUESTION 11-14: PROJECT PLANNING AND IMPLEMENTATION [UP TO 10 POINTS]**

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

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

YES (IF YES, DESCRIBE HOW AND PROVIDE THE DOCUMENTATION OUTLINED IN THE SUPPORTING DOCUMENTATION CHECKLIST.)

NO (IF NO, INDICATE IF THE PUBLIC WILL BE GIVEN AN OPPORTUNITY TO COMMENT AND HOW)

13. IS THIS PART OF A LARGER PROJECT OR ONGOING EDUCATION/OUTREACH PROGRAM (E.G. LECTURE SERIES OR ANNUAL CONFERENCE)?  
IF SO, PLEASE EXPLAIN ANY SPECIAL FUNDING SOURCES (E.G. REGISTRATION FEES OR OTHER GRANTS) AND ANY STATE OR LOCAL SUPPORT GROUPS INVOLVED IN ITS PRODUCTION.

14. ARE THERE CURRENTLY ANY THREATS OR CHALLENGES THAT THIS PROJECT WILL ADDRESS (E.G. TRAINING TO ASSIST COMMISSIONERS IN MAKING DEFENSIBLE DECISIONS)?  
IF SO, PLEASE DESCRIBE.

**QUESTIONS 15-17: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 10 POINTS]**

15. 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 \$50,000, 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	10
50%-59%	6
40%-49%	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)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$



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

17. 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 ENTITIES PROVIDING MATCH.

ENTITIES	CONTRIBUTION

**QUESTION 18: [5 POINTS]**

PROVIDE A DETAILED NARRATIVE OF THE TIMELINE FOR THE PROJECT. PLEASE PLAN ON A PROJECT THAT IS ACHIEVABLE WITHIN A EIGHTEEN-MONTH PERIOD. THE NARRATIVE SHOULD INCLUDE PLANS FOR PROCUREMENT, PUBLIC MEETINGS, PROJECT ACTIVITIES, AND REIMBURSEMENT.

**QUESTION 19: DELIVERABLE TIMELINE/MONTH [5 POINTS]**

MONTH 1	MONTH 7	MONTH 13
MONTH 2	MONTH 8	MONTH 14
MONTH 3	MONTH 9	MONTH 15
MONTH 4	MONTH 10	MONTH 16
MONTH 5	MONTH 11	MONTH 17
MONTH 6	MONTH 12	MONTH 18



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

20. DID THE APPLICANT ADDRESS ALL COMMENTS BY THE STATE HISTORIC PRESERVATION OFFICE NOTED IN THE PRE-APPLICATION?  YES [5 POINTS]  NO [0 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"/> EXAMPLE OF THE TYPE OF OUTREACH PROJECT (E.G. BROCHURE FROM PREVIOUS CONFERENCE OR FLIER FROM PREVIOUS WORKSHOP)	<input type="checkbox"/> RESOLUTION OR APPLICANT'S LETTER OF SUPPORT
<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT	<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"/> COPY OF LOCAL OR REGIONAL PLAN REFERENCED IN QUESTION 11.
<input type="checkbox"/> E-VERIFY	

**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

**COMPLETED APPLICATION**

The Department of Natural Resources is now using an online [Funding Opportunities Portal](#) to receive and manage grants. This system allows project sponsors applying for funding to submit their applications, track the status of the award, and to submit invoices and reports electronically. Project sponsors need to request access to the system so they may submit the grant application in the portal.

To request access to the system:

- Go to the Department's [Funding Opportunity Portal](https://modnr.force.com/CommunityCustomLoginPage) - <https://modnr.force.com/CommunityCustomLoginPage>.
- Under New User, click the "Click Here" link to request an account.
- Complete and submit the **Funding Opportunity Portal Access Request** form.
- Check Historic Preservation-at the bottom of the form, in the section used to indicate the program(s) in which you are interested in apply for financial assistance. You may select other options in addition to Historic Preservation.

This form may take 24-48 hours to process, so portal access should be set up early in the application process. Once processed, project sponsors will receive an email with log on credentials.

If project sponsors are unable to access the [Funding Opportunity Portal](#), they can submit **two copies** of the completed application to the address below:

**Missouri Department of Natural Resources  
Missouri State Historic Preservation Office  
Attn: Grants Manager  
PO Box 176  
Jefferson City, MO 65102-0176**

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like to receive information and assistance regarding the agency's veteran services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		For information visit <a href="http://mostateparks.com/CitizensMilitaryService">http://mostateparks.com/CitizensMilitaryService</a> , or send an email to <a href="mailto:moparks@dnr.mo.gov">moparks@dnr.mo.gov</a> or call 800-344-6946.	