



## CERTIFIED LOCAL GOVERNMENT GRANT APPLICATION

(Submit one (1) copy with all the required attachments)

|                                                                                                                                                                                    |                              |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| <b>CLG Applicant Information</b>                                                                                                                                                   |                              |                     |
| Municipality:                                                                                                                                                                      |                              |                     |
| Street Address:                                                                                                                                                                    |                              |                     |
| County:                                                                                                                                                                            | Zip:                         |                     |
| CLG Contact Name:                                                                                                                                                                  |                              |                     |
| CLG Contact Phone:                                                                                                                                                                 |                              |                     |
| CLG Contact Email:                                                                                                                                                                 |                              |                     |
| Federal Identification Number:                                                                                                                                                     |                              |                     |
| Legislative Districts of Site Location <a href="https://www.sos.alabama.gov/alabama-votes/elected-official-map">https://www.sos.alabama.gov/alabama-votes/elected-official-map</a> |                              |                     |
| AL Senate:                                                                                                                                                                         | AL House of Representatives: | U.S. Congressional: |
| <b>Application Prepared By (if different from above)</b>                                                                                                                           |                              |                     |
| Name:                                                                                                                                                                              | Title:                       |                     |
| Address:                                                                                                                                                                           |                              |                     |
| Phone Number:                                                                                                                                                                      |                              |                     |
| Email Address:                                                                                                                                                                     |                              |                     |
| <b>Grant Project Manager (if different from above)</b>                                                                                                                             |                              |                     |
| Name:                                                                                                                                                                              | Title:                       |                     |
| Address:                                                                                                                                                                           |                              |                     |
| County:                                                                                                                                                                            | Zip:                         |                     |
| <input type="checkbox"/> Check to acknowledge that the project manager and financial manager will be able to attend a grant administration workshop?                               |                              |                     |
| If different from grant project manager above, who will handle the financial management and documentation for the project?                                                         |                              |                     |



## Project Description

## Project Need

**Project Schedule****Other Project Funding & Support**

|                                                                                                          |    |
|----------------------------------------------------------------------------------------------------------|----|
| <b>Grant Amount Requested</b>                                                                            |    |
| <b>Total Project Cost</b> <i>(Total project cost equals grant amount requested, plus matching share)</i> | \$ |
| <b>Grant Amount Requested</b>                                                                            | \$ |
| <b>Matching Share</b>                                                                                    | \$ |
| <b>Project Budget</b>                                                                                    |    |

**Budget Justification**

| Category                    | Total |
|-----------------------------|-------|
| Consultants / Speakers      | \$    |
| Staff (donated labor)*      | \$    |
| Staff (paid labor)*         | \$    |
| Volunteers (donated labor)* | \$    |
| Travel                      | \$    |
| Publication/Printing Costs  | \$    |
| Photography                 | \$    |
| Supplies                    | \$    |
| Other                       | \$    |
| Other                       | \$    |
| Other                       | \$    |
| <b>Total Project Costs</b>  | \$    |

*\*requires budget justification*

**Source of matching share**

|                             |                             |
|-----------------------------|-----------------------------|
| <b>Donor:</b>               | <b>Donor:</b>               |
| <b>Source:</b>              | <b>Source:</b>              |
| <b>In-Kind:</b> <i>Cash</i> | <b>In-Kind:</b> <i>Cash</i> |
| <b>Amount:</b>              | <b>Amount:</b>              |

**Budget Justification****Additional Comments**

## Assurances

The Applicant hereby assures and certifies by placing his/her initials beside each item below that the Applicant will comply with all applicable regulations, policies, guidelines and requirements including OMB Circular 2 CFR 200, as they relate to the application, acceptance, and use of Federal funds for this Federally-assisted project. Also, the Applicant assures and certifies with respect to the grant that: (initial blank beside each number to signify willingness and ability to comply)

### PLEASE INITIAL EACH.

\_\_\_ 1. Legal Authority - Applicant possesses legal authority to apply for the grant; that a resolution, motion or similar action has been or will be duly adopted as an official act of the applicant's governing body, authorizing the submission of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

\_\_\_ 2. Civil Rights - Applicant will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and in accordance with Title VI of that Act, 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 receives Federal assistance and will immediately take any measures necessary to effectuate this agreement

\_\_\_ 3. Nondiscrimination - Applicant will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) as amended, prohibiting employment discrimination where (a) the primary purpose of the grant is to provide employment or (b) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity. It will comply with Section 504 of the Rehabilitation Act of 1973 as amended, Age Discrimination Act of 1975, and Drug Abuse Office and Treatment Act of 1972

\_\_\_ 4. Conflict of Interest - Applicant will establish safeguards to prohibit employees from using their positions for purposes that are or give the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.

\_\_\_ 5. Access to Records - Applicant will give the grantor agency or the Comptroller General (through any authorized representative) the access to and the right to examine all records, books, papers, or documents related to the grant.

\_\_\_ 6. Programmatic and Financial Compliance - Applicant will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements and other administrative requirements approved in accordance with appropriate Office of Management and Budget Circular. (For units of governments): It will maintain adequate financial management systems which will be (a) in accordance with the standards specified in OMB Circular A-102, Attachment G, "Standards for Grantee Financial Management Systems", and (b) auditory in accordance with the General Accounting Office's Standards for Audit of Governmental Organizations, Programs, Activities, and Functions.

\_\_\_ 7. Audit - Applicant will have an organization-wide, independent audit performed for each year in which more than \$750,000 in federal funds are expended as required under 2 CFR 200, subpart F. This audit will be performed by using the required financial and compliance audits in accordance with Single Audit Act of 1984 and will be submitted to the Federal Audit Clearinghouse following the end of the contract period.

\_\_\_ 8. Flood Insurance - Applicant will comply with the flood insurance purchases requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.



**13. CERTIFICATION:**

I certify that I have read the accompanying Instruction Sheet and Assurances and accept all terms and conditions set forth therein. I also certify that all information contained in this application is correct, that the matching share will be provided as indicated, and that the project will be undertaken in conformance with the Secretary of the Interior's Standards for Archaeology and Historic Preservation and all applicable state and federal guidelines and regulations.

**SIGNATURES:**

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Chairman, Historic Preservation Commission

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Date

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CLG Contact

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Date

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Mayor, City of Huntsville

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Date



## ALABAMA HISTORICAL COMMISSION CERTIFIED LOCAL GOVERNMENT GRANT APPLICATION CHECKLIST

- ☐ Application form is complete
- ☐ Attached one copy of the resolution, with original signature, authorizing the submission of the application and attesting to matching funds availability.
- ☐ All required signatures have been obtained, and *all assurances have been initialed by both the CLG representative and the property owner, if different.*
- ☐ One set of the application and all supporting documentation are included.
- ☐ If match is provided by someone other than applicant, a signed letter of commitment from the third party must be attached that provides the same information as required in the Grant Application Form.
- ☐ Documentation that shows project personnel will meet Professional Qualifications (See Additional Instructions.) Attach resumes. For consultants, attach Letter of Commitment and/or Proposal.
- ☐ Certificate of Compliance with the Beason-Hammon Act
- ☐ E-verify Memorandum of Understanding.
- ☐ Disclosure Statement (Not required for municipalities; however, if the applicant is a non-governmental entity carrying out the responsibilities of the CLG, this form must be included.)
- ☐ Letters of support endorsement from affected constituencies.

**Submit Application and Attachments to:**  
**Alabama Historical Commission**  
**Attn: Paige Thomas**  
**468 S. Perry Street**  
**Montgomery, AL 36130-0900**  
**334-230-2643**  
**or**  
**Paige.Thomas@ahc.alabama.gov**