Small Matching 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. Certified Local Governments (CLG)*

Only governmental entities that are Certified Local Governments (CLG) in good standing are eligible to receive **Federal** funds for the Survey, Planning, and National Register Nomination project categories. CLGs may also submit a second application of a *different* project type for state funds with match waived. No more than two (2) applications with a request for a match waiver may be submitted under a single application deadline. If your CLG organization has multiple distinct budgetary units, each unit may submit an application pursuant to program guidelines; however, only two applications (as described here) may be submitted using the CLG designation and request a match waiver.

Are you submitting this application using the CLG designation as described above? What is a CLG?

- Yes
- No

3.1. If yes, is this an application for federal or state funding?

- Federal (Survey, Planning, and National Register Nomination project types only)
- State (Wayfinding projects only)

3.2. If yes, provide the following:

Congressional District Number(s)

Congressional District Number of U.S. Congressional Representative for the Project Location (find your legislators on flsenate.gov)

_____

4. Florida-based Main Street Programs*

Are you an Active Florida-based Main Street program? Contact the state Main Street Office at FloridaMainStreet@dos.myflorida.com or 850.245.6345 with questions about your organization's status.

- Yes
- No

5. Applicant Grant Experience and History*

5.1. Has the applicant organization received previous grant assistance within the past five years from any source?*

- Yes
- No

5.2. 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

5.3. Has the applicant 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?*

- Yes
- No

5.4. 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	Current Status

6. **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 Person	Project Role or Title	Email	Phone Number and Extension

7. **Applicant staffing and hours***

Select the option that best describes your organization.

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

8. **Are any of the applicant's activities, from the date of application through the end of the grant period, including non-grant funded activities, of such a nature that the applicant would be in violation of Chapter 847, Florida Statutes, if a minor, as defined in Section 847.001, F.S., were to be present.**

- Yes
- No (required for eligibility)

9. **Do all applicant's activities comply with all state and federal laws.**

- Yes (required for eligibility)
- No

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. Projects involving Development activities must apply for Special Category grant funding.

- **Survey Project**
- Survey projects to identify, document, and evaluate historic and archaeological resources in Florida.
    a) Historic resource surveys shall be conducted for the purpose of identifying, documenting, and defining historic districts or zones, or updating previous surveys;
    b) Archaeological survey projects are limited to Phase I surveys designed to locate, identify, and assess the significance of previously unrecorded archaeological sites or to better define the outer boundaries of recorded sites. Archaeological research projects beyond the scope outlined here may be eligible for funding under the Division's Special Category grant program. Ground disturbance of terrestrial archaeological resources is limited to systematic testing strategies to locate and define the boundaries of the site(s). Investigation of underwater archaeological resources is limited to remote sensing (requiring side scan sonar, sub-bottom profiler and magnetometer) and visual inspection, with no ground disturbance allowed;

        1. Terrestrial field methodology shall be limited to remote sensing, and shovel test pit excavation, and projects should be designed to minimize ground disturbance;
        2. Underwater field methodology shall be limited to non-invasive techniques. Underwater archaeological surveys shall be conducted in accordance with the "Florida Division of Historical Resources Performance Standards for Submerged Remote Sensing Surveys" (Form HR6E06304-02), incorporated in Rule 1A-46.001, F.A.C. Surveys may be followed by visual site documentation, but ground disturbance of any kind will not be authorized.

- **Planning Project**
  Planning projects necessary to guide the long-term preservation of historic resources or a historic district, including preparation of historic structure reports, condition assessments, ~~architectural~~ as-built and schematic drawings ~~and construction documents~~, predictive modeling, preparation of preservation or management plans, the digitization of municipal and county land records (such as deeds and permitting records) and the preparation of design or preservation guidelines. Planning activities on historic Religious Properties shall be limited to building exterior envelope and structural elements of the building, excluding accessibility upgrades.

- **National Register Nominations Project**
  Projects that prepare a nomination to the National Register of Historic Places for an individual Historic Property or a nomination for a historic or archaeological district or a thematic or multiple resource group nomination. The resource(s) or proposed district must have been determined eligible for the National Register of Historic Places by the

Division prior to applying for the grant. Preparation of National Historic Landmark designation nominations shall not be allowable for Small Matching grant funding.

- **Wayfinding**
  Projects to plan, design, and place wayfinding signage, and/or to print directional maps and rack cards that identify and direct the public to historic sites and districts. Only active Florida Main Streets and Certified Local Governments in good standing are eligible to apply for Wayfinding projects.

- **Temporary/traveling Exhibit**
  Projects to aid Florida history museums in the creation of temporary or traveling exhibits focused on the history of Florida, including research of exhibit content, exhibit design, fabrication and set-up. Temporary/traveling exhibits must be free standing and cannot be permanently affixed to a building or property. Creation of printed, digital, video, or virtual products for exhibits must be incidental to the overall project and may not be the entire scope of work. For temporary/traveling exhibit projects, Applicant 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 presentation of historical information related to Florida. The mission of the museum must relate directly to the history of Florida.

- **Historical Marker Project**
  Projects which assist with the acquisition of state markers for which texts (monolingual or bilingual) have been approved by the State Historical Marker Council prior to applying for the grant. The historic marker shall not be purchased until the grant is awarded and the Grant Award Agreement is executed.

2. Project Title and Location Information*
The title should reflect the name of the property, site, area and/or the goals of the proposed project. The title should be consistent with previous applications/awards. (For example, Pensacola Maritime Heritage Trail, Archaeological Survey of Deering Estate, 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)*

_____

3. Physical Context of Resource (Maximum characters 500) *

Describe the physical context of the resource(s). Some questions to consider include: Is the property secluded? Or in an urban environment? What sort of resources are nearby? Where is the property in relation to historic districts or Main Street program areas?

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*

- ☐ Individual National Register Listing(s)
- ☐ National Register District - Contributing Resources
- ☐ National Historic Landmark Designation
- ☐ Individual Local Designation
- ☐ Local Designated District - Contributing Resources
- ☐ No Historical Designation

1.2 Historical Designation details.

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. Historical Significance

2.1. Explain the historic significance for the property, site, information or resource(s) that is the subject of the proposed project (Maximum characters 1500)*

2.2. For projects associated with Historic Structures and Archaeological Sites, enter the Florida Master Site File (FMSF) Number (ex. 8ES1234). For multiple site forms, 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, Indicate Year of the Original Construction (enter Year only)

_____

2.4. For Archaeological Sites, provide the Cultural Affiliation of the Site and Dates of Use or Occupation (Maximum characters 300)

D - Project Specifics

1. **Professional Services**
   All grantees are required to use the services of qualified professionals in order to carry out the scope of work of their projects (exception Historical Marker projects).

   1.1. Funding professional services (select all that apply)*

   ☐ Professional services will be hired using grant funds or match (make sure to include those services in your scope of work and budget).

   ☐ Applicant will use the services of its existing professional staff (make sure to include them in the project team questions and attachments).

   ☐ Professional services will be hired outside of the grant (i.e with funds other than grant and match funds).

   ☐ No professional services will be used/utilized.

   1.2 If no professionals are to be utilized, explain why. (Maximum characters 500)*

2. Scope of Work (Maximum characters 5000)*

In the space provided below, briefly describe the scope of work for the project for which funding is requested. List the work items that will be completed during the grant period using the funds requested and the required match.

3. Tentative Project Timeline (remember this is a 12 month grant period)*

Please specify the start and end month and year below; indicate all major elements of the project for which funding assistance is requested, the anticipated time required to complete each element, and the planned sequence of these activities. Grants, if awarded, will begin July 1 of the year funds are appropriated. **Projects should be completed within 12 months.**

Work Item	Starting Date	Ending Date

4. Survey Projects*

4.1. Indicate the types of historical resources to be surveyed (Maximum characters 1000.).*

4.2. Newly Recorded Sites*

Provide an estimate of the number of Florida Master Site Forms that will be produced by the survey for newly recorded sites.

_____

4.3. Florida Master Site File Updates*

(Note: Surveys that record or update site file forms for more than 10 historic properties or archaeological sites must produce paper Florida Master Site Forms and also submit the site file data using the electronic forms provided by the Florida Master Site File.)

_____

4.4. Enter the acreage of the area to be surveyed.*

_____

4.5 Describe the boundaries of the survey and provide a justification for the estimated number of sites to be surveyed (Maximum characters 1000.) *

4.6. For archaeological survey projects, describe how the proposed site(s) were identified for survey, and the methodologies that will be used to survey them. Include any artifact accession plans. A full Research Design that meets the Preservation Standards must be uploaded to the support materials section of this application. Archaeological survey projects are limited to Phase I surveys designed to locate, identify, and assess the significance of previously unrecorded archaeological sites or to better define the outer boundaries of recorded sites. Refer to the Small Matching program guidelines for restrictions on field methodology techniques. (Maximum characters 1000)*

4.7. For archaeological survey projects, are human remains known or expected to be present on sites or areas to be investigated? Please describe. (Maximum characters 500) Note: Disturbance of any areas known to contain human remains is non-allowable pursuant to program guidelines.

- Yes
- No

4.8. For archaeological survey projects, if the proposed project involves underwater activities/diving, specify how the proposed activity would meet the occupational safety and health standards for commercial diving operations (29 CFR Part 1910, Subpart T) or specify how the proposed activity would meet the Scientific Diving Exemption (29 CFR Part 1910, Subpart T App B, https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910SubpartTAppB). Upload relevant documentation material in the Support Materials section of this application. (Maximum characters 500)

4.9. 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 Protection Level(s)*

- ☐ Local Ordinance Design Review
- ☐ Preservation or Conservation Easement
- ☐ Protective/Restrictive Covenant
- ☐ Maintenance Agreement/Long Term Lease
- ☐ Other
- ☐ None

5. Planning Projects*

5.1. How will the product(s) be made available to others in the community? (Maximum characters 500)*

5.2. 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 Protection Level(s)*

- ☐ Local Ordinance Design Review

- ☐ Preservation or Conservation Easement
- ☐ Protective/Restrictive Covenant
- ☐ Maintenance Agreement/Long Term Lease
- ☐ Other
- ☐ None

6. National Register Nomination Projects*

6.1. Has the Division of Historical Resources, Bureau of Historic Preservation, Survey and Registration Section determined the resource(s) or proposed district to be eligible for the National Register of Historic Places?*

Evidence of review and determination of eligibility by the Division of Historical Resources, Bureau of Historic Preservation, Survey and Registration Section *must* be provided in the Support Materials section of this application. (e.g determination letter). This determination shall be no older than two years prior to the date of application submission. 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

- ○ Yes
- ○ No

6.2. ~~Will~~If a Multiple Property Cover nomination be produced~~?*~~, describe the theme or topics to be discussed, the geographic area covered, the time period, and an example property that could be submitted under the proposed Multiple Property Cover Nomination. (Maximum characters 1000)*

- ~~○ Yes~~
- ~~○ No~~

6.3.

6.3. Discuss whether the proposed project entails individual or district nominations (Maximum characters ~~500~~1000)*

Briefly state the type of property to be nominated, provide a short description of the property, and why it is being nominated.

6.4. 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 Protection Level(s)*

- ☐ Local Ordinance Design Review
- ☐ Preservation or Conservation Easement
- ☐ Protective/Restrictive Covenant
- ☐ Maintenance Agreement/Long Term Lease
- ☐ Other
- ☐ None

7. Historical Markers Projects*

7.1. Has the Historical Marker Council approved the text for the Historical Marker?*
Evidence of review and approval by the Historical Marker Council must be provided in the Support Materials section of this application.

- ○ Yes
- ○ No

7.2. Provide the approved text for the Historical Marker.*

8.10. Wayfinding Projects*

8.1. How many wayfinding signs will be installed? If the project includes printed directional maps and/or rack cards, how many will be produced?*

_____

8.2. Identify the type of property owner where signs will be located?*

- ☐ Public
- ☐ Private

- ☐ Both
- ☐ None. Printed Material only.

8.3. Explain the property ownership of wayfinding signage locations. If the applicant is not the property owner, include owner concurrence letters in the attachments section. (Maximum characters 500)*

8.4 Describe the current state of wayfinding signage/materials in the affected area. How will this project benefit wayfinding in your community? (Maximum characters 500)*

9. Does the proposed project entail a partnership with any other local entity?*

- ○ Yes
- ○ No

9.1. If yes, describe their participation to date and anticipated further participation in this project.

10. Temporary/traveling Exhibit Projects

10.1 Is your organization's museum established permanently in Florida to promote and encourage knowledge and appreciation for Florida history through the collection, presentation, exhibition, and interpretation of artifacts and other historical items related to Florida?*

- ○ Yes
- ○ No

10.2. Describe the topics of the proposed Traveling/temporary Exhibit and how they relate to Florida history. (Maximum characters 500)*

10.3 Describe the quantity of material to be produced (e.g number of panels or display units) and their expected size. (Maximum characters 500)*

10.4 Describe how the temporary/traveling exhibit will be displayed and provide context for where it will be displayed. (Maximum characters 500)*

10.5 What is the anticipated life expectancy of the temporary/traveling exhibit? *

10.6. Will you be hiring or contracting with professional museum exhibit/historian services?*

- ○ Yes
- ○ No

10.7 If no professionals are projected to be hired, or are not included in your scope of work and budget, explain why. (Maximum characters 500)*

10. Need for Project (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. 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) Waiver 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 waiver of matching requirements. (Waivers are not available for Historical Marker Project types. State agencies, state colleges~~,~~ and state universities are not eligible for a REDI match waiver, regardless of project location.)

1.1 Are you requesting a waiver? Is my project in a REDI Community?

- Yes
- No

1.2. Are you a state agency, state college~~,~~ or state university?

- Yes
- No

2. Project Budget and Match*

2.1. Grant Funds and Match*

List the work items with their 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 or match funds, include those costs as a **separate** item in the budget. Refer to the program Guidelines for examples of non-allowable expenses (available atdos.myflorida.com/historical/grants). Expenses may include an actual amount to be paid or the value of an in-kind contribution.

Small Matching grants require a 100% (i.e., 1:1) match unless exempted by the program guidelines. Applicant Organizations that are Florida Certified Local Government (CLG~~),~~) or active Florida-based, Accredited Main Street ~~communities,~~Programs in good standing and projects for National Register of Historic Places Nominations are not required to provide a match. Applicant Organizations applying for projects located in REDI areas are not required to provide a match (exception: Historical Marker

Projects and applicants that are agencies of state, state colleges and state universities are not eligible for the REDI match waiver).

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

Grant Funds Requested: _____
Total Match Amount: _____
Project Total Budget: _____

2.2. Additional Budget Information/Clarification

Use this space to provide additional detail or information about the proposal budget as needed. For example, where the relationship between items in the budget and the objectives of the proposed project may not be obvious, provide clarification regarding the necessity for or contribution of those work items to the successful completion of the 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 or historical or archaeological research accomplished. 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 (for site-specific projects).
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 your organization own the property?*

- Yes
- No
- Not Applicable

1.2. Property Owner

_____

1.3. Type of Ownership

- Non-profit Organization
- 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 site-specific archaeological projects that entail fieldwork being undertaken by an eligible applicant organization.
- Governmental Agency

2. Religious Affiliation

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

- Yes
- No
- Not Applicable

G –Impact

1. Annual Visitation*

1.1. What is the estimated or anticipated Annual Visitation for the project property or site?*

For education products, please list the estimated annual distribution, downloads or web hits.

_____

1.2. What is the basis of these estimates? (Maximum characters 200)*

2. Anticipated Economic Impact (Maximum characters 1500)*

Explain the direct economic impact this project will have on the surrounding community. Include any information regarding number of jobs it will provide, if known.

3. 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. If project includes media content, describe accessibility methods to be used (e.g. voice over, closed captioning, etc.)

4. Educational Benefits and Public Awareness (Maximum characters 1500)*

Explain how the proposed project will educate the public on issues related to historic preservation, Florida history and/or heritage preservation.

H –Support Materials

1. Non-Profit Status*
Provide documentation of the applicant's active status as a Florida non-profit corporation with the Division of Corporations, Florida Department of State, which can be obtained at: http://www.sunbiz.org by searching the corporate name.

Choose file:	Upload file

2. Florida Substitute W-9 Form*
Available at DFS website https://flvendor.myfloridacfo.com. Note that this is a state form, NOT your Federal W-9.

Choose file:	Upload file

3. Documentation of Confirmed Match*
Consult the program Guidelines for suitable documentation evidencing match (FLheritage.com/grants/)

Choose file:	Upload file

4. Letters of Support
Additional letters may be submitted directly to the Division but must be received one month prior to the public meeting where the applications will be reviewed and scored.

Choose file:	Upload file

5. Photographs*
Photographs are used to further inform Panelists and should relate to the proposed project, depicting the associated property, site, resources, or collection in its current state. Historical images are also welcome.

Choose file:	Upload file

6. Representative Image*
Upload a single representative image of the property or project to be used in the application review meeting 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.

Choose file:	Upload file

7. Proposed Project Team Support Documents*
Provide the curricula vitae/resumes of the proposed project team as listed in Section A.6 of the application.

Choose file:	Upload file

8. Florida Historical Marker Council Support Documents (for Historical Marker Projects only)*

Choose file:	Upload file

9. National Register Eligibility Determination Documents (for National Register Nomination Projects only)*
Submit evidence of review and determination of eligibility by the Division of Historical Resources, Bureau of Historic Preservation, Survey and Registration Section. This determination shall be no older than two years prior to the date of application submission. Survey and Registration can be contacted at NationalRegister@dos.myflorida.com or 850.245.6333. Please allow approximately two weeks for processing your request for a review to be completed.

Choose file:	Upload file

10. Research Design that meets the Preservation Standards (Archaeological Survey Projects only)
The Applicant Organization shall submit an archaeological research design that meets the Preservation Standards and shall address the objectives, research questions, methods, expected results, and procedures to deal with unexpected discoveries in accordance with Rule 1A-46, F.A.C. Research designs must include map(s) showing specific project location(s), information about known archaeological sites in or near the project area, proposed methodology, specific research question(s), anticipated results, and resumes of key project personnel that have the required experience and training to successfully complete the proposed work.

Choose file:	Upload file

11. Scientific Diving Safety Documentation (for Archaeological Surveys that include underwater research only)
If the proposed project involves underwater activities/diving provide documentation demonstrating how the proposed activity would meet the occupational safety and health standards for commercial diving operations (29 CFR Part 1910, Subpart T) or how the proposed activity would meet the Scientific Diving Exemption (29 CFR Part 1910, Subpart T App B, https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910SubpartTAppB).

Choose file:	Upload file

12. Temporary/traveling Exhibit Supporting documentation (Temporary/Traveling Exhibit Documentation Projects only)~~Need for Project*~~
~~An Applicant Organization should use this attachment to explain and document 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.~~

Provide planning or design documents, if available, any relevant examples, and documentation regarding exhibit installation locations.

Choose file:	Upload file

13. Need for Project*
An Applicant Organization should use this attachment to explain and document 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.

Choose file:	Upload file

14. Local Protection (for Survey, Planning and National Register Nominations Projects only

Provide copies of any documents that provide local protection of the project site)* as indicated in Section D of this application

Choose file:	Upload file

~~14~~15. Owner Concurrence Letter (for projects that require access to/work on a site only)*
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 access/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 site-specific archaeological projects that entail fieldwork being undertaken by an eligible applicant, the owner must be a Non-profit Organization or agency of government.

Choose file:	Upload file

~~15~~16. Optional Materials
Applicants may attach materials not specifically requested by the Division that support the application.

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

Description (optional)
Additional details about the support materials that may be helpful to staff or panelists.

_____

I –Review and Submit

1. Review and Submit*

☐ I hereby certify that I am authorized to submit this application on behalf of _____ and that all information indicated is true and accurate. I acknowledge that my electronic signature below shall have the same legal effect as my written signature. I am aware that making false statement or representation to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S., punishable as provided for by ss. 775.082, 775.083, and 775.084.

1.1 Signature (enter first and last name)*

_____