

African-American Cultural and Historical 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*
- k. Fiscal Year End Date (month/day)*

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 Department 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. Applicant Grant Experience and History*

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

- Yes
- No

3.2. If yes, for each grant 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 Department or other State grants.

Year	Grant No.	Grant Project Name	Granting Entity	Grant Amount	Open/Closed
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3.3. 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

3.4. 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

4. 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
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5. 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

3. Significance

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

3.2. For Historic Property/ies, enter the Florida Master Site File (FMSF) Number (ex. 8ES1234). For Multiple site forms, just 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.

3.3. Indicate Year of the Original Construction (enter Year only)*

3.4. For Historic Property, Provide Date(s) and Description of Major Alterations (Maximum characters 300)

3.5. Indicate Current Use of Property and Proposed Use (Maximum characters 300)*

C. - Project Specifics

1. 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.

African-American Cultural and Historical Grants fund Fixed Capital Outlay projects at facilities in Florida that highlight the contributions, culture, or history of African-Americans. Priority shall be given to projects that:

- Encourage the design or construction of a new facility or the renovation of an existing facility in an area with great cultural significance in which no facility exists;
- Enhance the beauty or aesthetic value of facilities named for significant African-Americans; or
- Restore facilities on the National Register of Historic Places

2. Tentative Project Timeline (remember this is a 24 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 24 months.**

Work Item	Starting Date	Ending Date

3. Provide the estimated total square footage of the structure (the house or building, for example): *

4. Provide measurable quantities for each work item listed in the Scope of Work (square footage, linear footage, unit counts, etc.):*

For example: square footage of floors to be refinished or walls to be repainted, linear footage of trim to be replaced, etc. If an element is not measurable in square feet, provide quantities (example: replace 15 door knobs):

5. Will you be hiring or contracting with professional architectural or engineering services to assist with the project work?*

NOTE: Professional architectural and engineering services are REQUIRED if the Scope of Work includes structural work, code-required upgrades, occupancy classification change (such as from residential to museum) and work that affects life safety (fire protection and egress).

- Yes
- No

6. If no professionals are projected to be hired, explain why. (Maximum characters 500)

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

- Yes
- No

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

8. Demonstrated Need (Maximum characters 1500)*

Discuss the demonstrated need for the proposed project or activity, as it relates to the contributions, culture, or history of African-Americans, including any immediate threats to the property/ies, historic resources, or materials that are the subject of the proposed project. Documentation material, such as newspaper articles, are to be uploaded in the Support Materials section of this application.

D. – Budget and Match

1. Project Budget and Match*

1.1 Grant Funds and Match*

List your work items and 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.

AACH grants require a cash match of 50% of funds requested above \$500,000. For example: if the request amount is \$1,000,000, the match amount is \$250,000. This would be 50% of the \$500,000 that is above the first \$500,000 for a total project budget of \$1,250,000. There is no match requirement for grant funding requests up to \$500,000.

Round amounts to the nearest dollar. Rows must have a value in Grant Funds or Cash Match. If both 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 50% of the funds requested above \$500,000. ALL matching funds must be cash-on-hand.

#	Work Item	Grant Funds	Cash Match	Total
	Totals:	\$0.00	\$0.00	\$0.00

Grant Funds Requested: _____

Cash Match Amount: _____

Total Project Budget: _____

1.2. 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.

2. 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 or planning activities. Should they have already been completed, your printed architectural project schematics or construction documents and design schematics must be uploaded in the Support Materials section of this application. You cannot be reimbursed for any work that is completed before the grant period begins.

Activity Description	Date Completed	Cost/Value

3. 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.

E – Ownership Information

1. Property Ownership.*

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

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.
- State or Local Governmental Agency
- Federal Governmental Agency

1.4. Is the property within a Qualified Census Tract?* (available at <https://www.huduser.gov/portal/datasets/qct.html>)

- Yes
- No

F –Protection and Impact

1. Local Protection*

Indicate the level(s) of local protection currently afforded the project property or site and upload a copy of the local protection documents in the Support Materials section of this application.

1.1. Local Protection Level(s)*

- Local Ordinance Design Review
- Preservation or Conservation Easement
- Protective/Restrictive Covenant

- Maintenance Agreement/Long Term Lease
- Other
- None

2. Annual Visitation*

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

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

3. Economic Impact*

3.1 Negative Economic Impact of COVID-19/Exacerbation of Pre-Existing Disparities and Anticipated Economic Impact of Project (Maximum characters 3000)*

Explain the negative economic impact of COVID-19 on your organization, the exacerbation of pre-existing disparities and/or any delays it caused the project. Explain the direct economic impact this project will have on addressing the negative economic impact of COVID-19 and/or the pre-existing disparities for your organization and the surrounding community. Include any information regarding number of jobs it will provide, if known.

3.2. Was this a planned expansion or upgrade that was delayed due to the pandemic?*

- Yes
- No

4. Educational and Public Impact

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

Explain how the proposed project will educate the public on issues related to the contributions, culture, or history of African-Americans in Florida.

4.2. Building Stronger Communities/Addressing Educational Disparities/Promoting Healthy Childhood Environments (Maximum characters 3000)*

Explain how the proposed project will build stronger communities through investments in neighborhoods, address educational disparities and/or promote healthy childhood environments.

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G –Support Materials

1. Non-Profit Status*

Choose file:	Upload file
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2. Substitute W-9 Form (available at DFS website <https://flvendor.myfloridacfo.com>)*

Choose file:	Upload file
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3. Documentation of Confirmed Match*

Consult the program Guidelines for suitable documentation evidencing match (<http://dos.myflorida.com/XXXX>)

Choose file:	Upload file
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4. Letters of Support*

Choose file:	Upload file
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5. Photographs*

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

Choose file:	Upload file
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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
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7. Proposed Project Team Supporting Documentation*

Provide curricula vitae/resumes of the proposed project team as listed in Section A.4 of the application.

Choose file:	Upload file
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8. Architectural Drawings/Design Documents (if available)

If completed, the Applicant Organization shall provide architectural project schematics, construction documents, or conditions reports.

Choose file:	Upload file
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9. Arts and Cultural Mission and Programming (if applicable)

Provide materials such as a season program, box office statement, educational programs that document percentage of arts and cultural programming of facility (If project is for a NEW space without previous programming, provide programming examples)

Choose file:	Upload file
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10. Demonstrated Need*

Provide documentation materials, such as newspaper articles, that demonstrate need for the proposed project or activity, as it relates to the contributions, culture, or history of African-Americans, including any immediate threats to the property/ies, historic resources, or materials that are the subject of the proposed project.

Choose file:	Upload file
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11. Owner Concurrence Letter*

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 conduct the proposed project on the owner's property and that the owner is in concurrence with this application for grant funding. 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, the owner must be a Non-profit Organization or agency of government.

Choose file:	Upload file
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12. Local Protection (if applicable)

Provide copies of any documents that provide local protection of the project site as identified in question F.1.1.

Choose file:	Upload file
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13. Federal Assurances for Construction Programs Form*

Provide a completed copy of the Federal SF424D Assurances for Construction Programs form, which can be obtained at the Grants.Gov website <https://www.grants.gov/forms/sf-424-family.html>.

Choose file:	Upload file
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14. Optional Materials

Applicants may attach materials not specifically requested that support the application. Examples may include copies of National Register nominations, conditions assessments, newspaper articles or other documents that reflect the significance of the resource, highlight its historic characteristics, its public use, COVID impact documentation and so on.

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
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Description (optional)

Additional details about the support materials that may be helpful to staff or panelists.

H –Review and Submit

1. Review and Submit*

- I hereby certify that I am authorized to submit this application on behalf of **[Organization Name]** 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)*
