

Connecticut Commission on  
Culture & Tourism

Historic Preservation Activities  
Grant Program

2007-2008

Historic Preservation and Museum Division  
59 South Prospect Street  
Hartford, CT 06106

(860) 566-3005

[www.cultureandtourism.org](http://www.cultureandtourism.org)

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**Connecticut Commission on Culture & Tourism**  
**HISTORIC PRESERVATION ACTIVITIES GRANTS**  
Fiscal Year 2007-8

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**PROGRAM  
HIGHLIGHTS**

**The Historic Preservation and Museum Division of the Connecticut Commission on Culture & Tourism (CCT)** is pleased to support historic preservation programs that recognize the importance of the state's heritage and its role in enhancing the quality of life for all citizens. The Historic Preservation Activities Grant program may be used by Connecticut non-profit organizations and municipalities. Grants may be used to support activities sponsored by non-profit organizations and municipalities for a wide range of historic preservation planning activities.

**Grants**

With state funds provided by the Community Investment Act, the Commission on Culture & Tourism awards Historic Preservation Activity grants of up to \$20,000 on a competitive basis. With the exception of Historic and Architectural Resource Survey projects, grant awards must be matched (50/50%) by non-state funds. Applicants that want the matching share provision reduced must describe why in the narrative section of the application.

Grants will be awarded on a year-round basis for activities that can be completed in a 12 month period. A proposed program or project budget may exceed the total matching grant; however, additional sources of non-state funding must be identified in the application

budget. HPAG grants will be available on an annual basis; however, non-profit organizations or municipalities may have only one active HPAG grant at a time.

The following are examples of initiatives, projects or programs that would qualify for funding. This is intended as guidance to assist in the development of an appropriate application.

- Historic and Architectural Resource Surveys – Detailed inventories of buildings located in the municipality including archival research, fieldwork, and photography;
- Computer indexing of surveyed historic properties;
- Archaeological Surveys at the reconnaissance or intensive level;
- Nominations to the State or National Registers of Historic Places;
- Pre-development studies such as feasibility studies, structural and engineering studies, or reuse studies for historic buildings;
- Architectural plans and specifications for historic municipally-owned properties;
- Outdoor Sculpture Condition Assessment Reports and Conservation Reports;
- Historic Structure reports;
- Historic Preservation Plans or Historic Preservation components of the municipal plan of conservation and development;
- Archaeological preserve reports;
- Public education publications and events;
- Website development on local historic preservation activities;
- Local historic district studies or reports;
- Heritage tourism materials.

**Eligible applicants** are limited to Connecticut municipalities or non-profit organizations that have had tax-exempt status under Section 501(c) (3) for least two years. Federal and state agencies are not eligible to apply.

**Ineligible activities** include: general operating expenses, acquisition of real estate, fundraising efforts; scholarships; lobbying activities; hospitality expenses; capital expenses; software acquisition; construction, restoration or rehabilitation, equipment purchase, travel, political contributions, interest payments, equipment or regranting. Costs incurred prior to the date of a grant award are ineligible.

If you have any questions regarding your eligibility for the HPAG program, contact Mary M. Donohue, Survey and Grants Director, Historic Preservation and Museum Division, CCT, at telephone (860) 566-3005 Ex. 323 for more information.



**Applications may be submitted after July 1, 2007 and will be considered for funding as long as state funds are available.**

**Faxed or Electronic Applications will not be accepted.**

**Copies may be requested from Mary M. Donohue at [mary.donohue@ct.gov](mailto:mary.donohue@ct.gov)**

## **APPLICATION REVIEW PROCESS**

### **HPAG**

The Commission is using a simplified application process for the Historic Preservation Activities Grant program. Applications will be reviewed and scored by the staff of the Historic Preservation and Museum Division and will be presented to the Historic Preservation Council for detailed review. Final award will be made by the full board of the CCT. The following criteria are the basis for the review of HPAG applications:

#### **1. QUALITY OF PROGRAM:**

- Ability of program to have a clear and positive impact on local historic preservation efforts

#### **2. PROGRAM IMPACT:**

Evidence that the proposed program will do one or more of the following:

- Encourage new awareness of historic preservation at the local level
- Expand the scope of current public education outreach
- Strengthen the municipality's administrative or regulatory capacity related to historic preservation
- Produce written or website materials for homeowners and/or town officials
- Inventory and survey historic, architectural, and archaeological resources
- Protect properties through nomination to the National Register of Historic Places

- Designate municipalities for participation in the federal Certified Local Government program or the Preserve America program in order to enhance their ability to apply for outside funding
- Produce high-quality pre-development documents such as historic structures reports, feasibility studies, or architectural plans

### 3. ABILITY TO CARRY OUT THE PROGRAM:

- Thoroughness and appropriateness of program budget
- Feasibility of the program's success, based on thorough planning reflected in narrative

*Connecticut Commission on Culture & Tourism*

## APPLICATION MATERIALS

### Application

Your application must include an application cover sheet, narrative, budget and attachments. **Please note that applications missing any of the listed materials will be considered incomplete and will not be reviewed.**

Program must be compatible with the Commission on Culture & Tourism's Strategic Plan and the Historic Preservation and Museum Division's State Historic Preservation Plan.

#### 1. Application Cover Sheet

Complete one application cover sheet for your program. The form must be signed and dated, with an original signature.

#### 2. Application Narrative

Answer questions 1-3 in narrative form in no more than ten (10) single-spaced typed pages (one side only). Margins should be no less than  $\frac{3}{4}$  inch on all four sides, with font size no smaller than 11 point. Your project budget is not included in the two-page total.

- A. Describe your organizations or municipalities current historic preservation activities.

- B. Describe the project for which you seek funding. Specify how requested funds will be used. Provide an estimated project timeline. All projects must be completed within a 12-month period.
- C. Describe the benefits of your proposed project.

### 3. Budget

Outline the budget for the proposed program. State Funds of any kind may not be used as matching share. Federal, municipal or private funds may be used as matching share. Matching share may be composed of both cash and in-kind services.

### 4. Attachments

**Historic Preservation Activities Grants are awarded on a reimbursement basis. Funded applicants are required to submit a Final Report and a Request for Reimbursement within 60 days of the completion of the project or no later than. Failure to submit a final report will void eligibility for future funding from CCT. Samples of any finished work with the Commission's acknowledgement statement and logo must be submitted. If possible, submit photographs.**

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## ASSEMBLY

Submit **two (2) photocopies, and one (1) original.**

Applications should be assembled in the following order:

- 1. Application Cover sheet – *signed at the bottom*
- 2. Application Narrative – *no more than 10 pages*

Required Attachments

- 3. Project Budget Form – *one page*
- 4. Authorizing Letter – *on letterhead, original signature*
- 5. State of Connecticut Employer Report of Compliance Staffing form
- 6. State of Connecticut Notification to Bidders form
- 7. Affirmative Action and Americans with Disabilities Compliance Form
- 8. Gift Affidavit Form

Faxed or electronic applications will not be accepted.

**Send applications to:**  
**Mary M. Donohue, Survey and Grants Director**  
**Historic Preservation and Museum Division**  
 Connecticut Commission on Culture and Tourism  
 59 South Prospect Street  
 Hartford, CT 06106

*Connecticut Commission on Culture & Tourism*

**CONNECTICUT COMMISSION ON CULTURE & TOURISM  
 HISTORIC PRESERVATION ACTIVITIES GRANTS:  
 APPLICATION COVER SHEET**

**APPLICANT  
 INFORMATION**

Federal Employer ID Number

Municipality

Name

Street Address

Mailing Address (if  
 different)

City/State/Zip

Daytime Telephone

Fax Number

Web Address

Application Contact Person  
 Address

Phone or Extension

Email

**PROJECT  
 INFORMATION**

**LEGISLATIVE**



Is this a new initiative?  Yes  No

Is this the expansion of a current project/program?  Yes  No

U.S. Representative

District Number

State Senator

District Number

State Representative

District Number

Use one sentence to describe your project/program in the space allotted here:

**Up to \$20,000**

Start Date:

End Date:

Signature of Authorized Official

Title

Date

\_\_\_\_\_

**ATTACHMENT 3**

**REQUIRED ATTACHMENTS**

Expense (Description)	HPAG Funds State	In-Kind	Federal or Private Funding	Municipal Cash Match	Expense Total
Personnel Salary: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Consultant Fees: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supplies: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Postage: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Printing: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Promotion: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Legal notices: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Overall Total(s)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**REQUIRED ATTACHMENTS**  
(continued)

**ATTACHMENT 4**  
**Signatory Authorizing Resolution**

I, \_\_\_\_\_, the duly qualified and acting Clerk of the  
\_\_\_\_\_ of \_\_\_\_\_, Connecticut, do hereby certify that  
(Town/city/organization)

the following resolution was adopted at a \_\_\_\_\_ meeting of the  
(regular/special)  
\_\_\_\_\_, held on \_\_\_\_\_, and is on file  
(town/city governing body) (date)  
and of record, and that said resolution has not been altered, amended or revoked and is in full  
force and effect.

RESOLVED:

That the \_\_\_\_\_ is authorized and  
(First Selectman, Mayor, City Manager, Town Manager, Executive Director)  
directed to file an application on forms prescribed by the Connecticut Commission on Culture  
and Tourism for financial assistance in accordance with the provisions of Public Act 03-06 of  
the Connecticut General Assembly, in an amount not to exceed \$ \_\_\_\_\_, and upon  
approval said request to enter into and execute a funding agreement with the state for such  
financial assistance to this municipality for \_\_\_\_\_.  
(grant project)

\_\_\_\_\_  
(Signature of clerk)

\_\_\_\_\_  
(date)

**ATTACHMENT 5**

**REQUIRED ATTACHMENTS**

To  
 \_\_\_\_\_  
 (continued)

**STATE OF CONNECTICUT  
 LABOR DEPARTMENT**

**EMPLOYER OF COMPLIANCE STAFF**

Department \_\_\_\_\_

Pending Investigation

Approved

Investigation Requested  
 Compliance Officer

Disapproved

Date \_\_\_\_\_

This form should reflect the number of permanent employees on your payroll on date of submission.

Name of Contracting Firm \_\_\_\_\_

Type of Report

Prime Contractor

Subcontractor

**EMPLOYEE INFORMATION**

Does your firm have a collective bargaining agreement or other contract or understanding with a labor organization or employment agency for the recruitment of labor?  Yes  No

If yes, list the name and address of the agency or organization.

\_\_\_\_\_  
 \_\_\_\_\_  
 City, State Name

Address (No. and Street,

If no, indicate the usual methods of recruitment.

Connecticut State Employment Service

Private Employment Agency

Newspaper Advertisement

Walk-In

Other (specify)

The signer certifies that its practices and policies, including but not limited to matters concerning personnel, training, apprenticeship, membership, grievance and representation, and upgrading, do not discriminate on grounds of race, color, religious creed, age, sex, or national origin, or ancestry of any individual, and that the signer agrees it will affirmatively cooperate in the implementation of the policy and provisions of Executive order Number Three, and consent and agreement is made that recruitment, employment and the terms and conditions of employment under the contract shall be in accordance with the purpose and provisions of Executive Order Number Three.



Is firm in minority ownership? (51% of assets in control of minorities)  Yes  
 No

I certify that the above is correct to the best of my knowledge.

\_\_\_\_\_  
\_\_\_\_\_  
Date                      Employer                      Business Name

By \_\_\_\_\_  
\_\_\_\_\_  
Signature                      Title

## ATTACHMENT 6

**REQUIRED  
ATTACHMENTS**  
(continued)

### NOTIFICATION TO BIDDERS FORM

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes; and, when the awarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-114a-1 et seq. of the Regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4-114a of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans .... (2) Hispanic Americans .... (3) Women .... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians ....” The above definitions apply to the contract compliance requirements by virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s qualifications under the contract compliance requirements:

- (a) the bidder’s success in implementing an affirmative action plan;
- (b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- (c) the bidder’s promise to develop and implement a successful affirmative action plan;
- (d) the bidder’s submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- (e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-114a-3(10) of the Contract Compliance Regulations.

\*INSTRUCTION: Bidder must sign acknowledgement below, detach along dotted line and return acknowledgement to Awarding Agency along with bid proposal.

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidders" form.

---

Signature

Title

On behalf of

---

**ATTACHMENT 7**

**AFFIRMATIVE ACTION & AMERICANS WITH DISABILITIES COMPLIANCE FORM**

**REQUIRED ATTACHMENTS**  
(continued)

The Commission has adopted a policy stating that no application for state funds through the Connecticut Commission on Culture & Tourism by any organization shall be complete nor will funds be voted without the submission of affirmative action and ADA information approved by the applicant/organization's governing body.

Your organization should not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities and should not discriminate on the basis of disability in its hiring or employment practices as provided by Title II of the Americans with Disabilities Act of 1990.

**AFFIRMATIVE ACTION STATEMENT**

I. Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

II. Please list the date (or dates) when your organization's Board of Directors approved an Affirmative Action Plan or Statement of Policy and an American's for Disabilities Act (ADA) Compliance or plan. Statements of Compliance may be requested as needed by the Commission on Culture & Tourism, the State Attorney General's Office or the State Commission on Human Rights and Opportunities Office.

Dates: Affirmative Action \_\_\_\_\_ ADA: \_\_\_\_\_

III. Annual statistical report of employees and board as of last year of fiscal activity.

Indicate year: \_\_\_\_\_

TOTAL MALE							
EMPLOYEES	White	Black	Hispanic	American Indian	Asian or Pacific Islander	General*	Disabled
-time Employees							
-time Employees							
tracted Employees							
TOTAL EMPLOYEES							
rd of Directors							



TOTAL FEMALE							
EMPLOYEES	White	Black	Hispanic	American Indian	Asian or Pacific Islander	General*	Disabled
Full-time Employees							
Part-time Employees							
Contracted Employees							
TOTAL EMPLOYEES							
Board of Directors							

\* if none of the above apply

**ATTACHMENT 8**

**REQUIRED ATTACHMENTS**  
(continued)

**Grant Application Gift Affidavit**

I, \_\_\_\_\_, hereby swear that during the two-year period preceding the submission of this grant application that neither myself nor any principals or key personnel of the submitting grantee nor any agent of the submitting grantee gave a gift, as defined in Conn. Gen. Stat. Section 1-79(e), including a life event gift as defined in Conn. Gen. Stat. Section 1-79(e)(12), to (1) any public official(s) or state employee(s) who has participated in the preparation of or has requested funding for this grant application or (2) to any state employee(s) who has supervisory or appointing authority over the state agency administering this grant, except the gifts listed below:

Name of Benefactor Value	Name of Recipient Date of Gift	Gift Description
-----------------------------	-----------------------------------	------------------

Further, neither I nor any principals or key personnel of the submitting grantee know of any action to circumvent this gift affidavit.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Title

\_\_\_\_\_

Name of Grantee

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Commissioner of the Superior Court  
Notary Public