

2016 Historical Promotion Grants Program (HPG) Application Form Clark County, Wash.

Clark County has established the Historical Promotion Grants Program (HPG) to promote historical preservation and historical programs and education.

Application Deadline: Sept. 25, 2015

Project/Program title: _____ Organization: _____

Mailing address: _____ Zip: _____

Contact person: _____ Title: _____ Phone: (____) _____

Exec. dir.: _____ Email: _____

Organization website: _____

Amount requested: \$ _____ Total project cost: \$ _____

Do you need more than one year of funding for this project/program? Yes No

Project/program timeframe: From: _____ To: _____

Signature of authorized representative (*required*):

Date:

APPLICANTS MUST ALSO SUBMIT THE FOLLOWING:

* Supplemental forms, including:

- (1) Organizational description with board of directors' information attached
- (2) HGP project/program budget or synopsis of organization's current budget
- (3) Budget narrative.

* If applicant is a nonprofit, copy of applicant's 501(c)(#) IRS letter of determination.

* An overview no more than one page in length of the proposed project or program and how it will increase awareness and education and better preserve, exhibit and/or interpret local history. Focus on specific objectives, benefits, funding resources, partnerships, publicity/marketing plan and success evaluation criteria as they align with the purpose, educational value, professional value, ADA compliance and/or other management issues addressed by this project or program.

NOTE: In completing your application, please note that the legislative purpose of this program is to "promote historical preservation or historical programs, which may include preservation of historical documents."

Send or deliver **SIX** (6) copies of completed application materials by the deadline to:

Jacqui Kamp, Planner III
Clark County Community Planning
P.O. Box 9810, 1300 Franklin St.
Vancouver, WA 98666-9810

(360) 397-2280

jacqui.kamp@clark.wa.gov

Historical Promotion Grants Program Supplement Forms:

ORGANIZATIONAL DESCRIPTION

Abbreviated mission statement:

Concise history of organization:

Organizational data: Number on the organization's Board of Directors*: _____

**Attach list of Board of Directors, terms of office, affiliations and contact information*

Full-time Staff: _____ Part-time Staff: _____ Unpaid volunteers: _____ Vol. hours: _____

Primary demographics served:

Primary geographical area served:

Brief overview of current historical preservation/promotion activities:

Type of service(s) provided:

Top 3 Organizational revenue sources from prior fiscal year and percent of total orgl. revenues:

Source 1. _____ Percent of Total Revenue: _____

Source 2. _____ Percent of Total Revenue: _____

Source 3. _____ Percent of Total Revenue: _____

Top 3 Organizational expenditure categories from prior fiscal year and percent of total orgl. expenses:

Source 1. _____ Percent of Total Revenue: _____

Source 2. _____ Percent of Total Revenue: _____

Source 3. _____ Percent of Total Revenue: _____

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BUDGET*

**Alternatively: Attach a copy of applicant organization's budget for the current fiscal year*

Name of project/program: _____

Primary external funding partners for ***THIS*** project/program (excluding Clark County):

Partner: _____ Contact: _____ Phone: (____) _____
 Partner: _____ Contact: _____ Phone: (____) _____
 Partner: _____ Contact: _____ Phone: (____) _____

The following cost information pertains ***ONLY*** to the project/program referenced above.

HPG Funded	Applicant Funded	External Partner Funded	Total Cost
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Staff costs (aggregate):

Salaries/Wages				
Benefits				
Consultant fees				
Training				
Travel				
Total Staff				

Materials, supplies, equipment costs (itemize):

Total MSE				

Services (itemize):

Total Services				

Other (itemize):

Total Other				

Construction costs (aggregate):

Construction materials				
Construction labor				
Property acquisition				
Permits/fees/taxes				
Other construction costs				
Total construction				

GRAND TOTALS
Percentages

HPG funded	Applicant funded	Ext. partner funded	Total costs
%	%	%	100%

Budget Narrative:

Success evaluation criteria – How will you quantify and measure the success of this project/program?

Describe staff costs:

Describe materials, supplies, equipment costs:

Describe services costs:

Describe other costs:

Describe construction costs:

Describe cost-saving alternatives you have considered:

If you intend to seek multiple years of HPG funding, please explain scope* of the project/program:

**Note: If first year grant is approved, subsequent year grants will require a new application each year.*