



**ALABAMA HISTORICAL COMMISSION
HURRICANE MICHAEL RECOVERY
STEP 2 GRANT APPLICATION**

Federal Historic Preservation Fund CFDA No. 15.957 / U.S. Dept. of the Interior

1. Property Information		
Property Name:		
Property Street Address:		
City:	County:	Zip:
Federal Employer ID Number:		
DUNS Number:		
Check what type of entity is applying for the grant:		
<input type="checkbox"/> Municipal / County Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Commercial / Business
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Educational Institution	
Legislative Districts of Site Location https://www.sos.alabama.gov/alabama-votes/elected-official-map		
AL Senate:	AL House of Representatives:	U.S. Congressional:
2. Applicant Information		
Contact Person:		
Contact Person Address:		
City:	State:	Zip
Phone Number:	Cell Number:	
Email Address:		
Is the Applicant the legal owner of the property? <input type="checkbox"/>	If not, does the property owner consent to this Application? <input type="checkbox"/> (Applicant must complete Attachment B)	
Name of Legal Owner of the Property:		
3. Authorized Project Contact		
Authorized Project Contact (Manages day-to-day activities):		
Address:		
City:	State:	Zip:
Phone Number:	Cell Number:	
Email Address:		
4. Project Information		
Grant Amount Requested:		

5. Hurricane Michael Damage

The causal relationship between the damage and Hurricane Michael must be documented and submitted with Step 2 of the Application process. Discuss the damage sustained to the property by Hurricane Michael. Include information on immediate endangerment to the property, existing damage caused by Hurricane Michael, and/or potential future damage due to the same threats that caused damage from Hurricane Michael (e.g., flooding). A thorough explanation of the damage caused by Hurricane Michael must be demonstrated and included in Attachment D (e.g., before and after photos, property assessment records, information related to city, county, state, or federal damage assessments, etc.).

6. Scope of Work

In the space provided, describe the scope of work for the project for which funding is requested. Indicate how you intend to use the grant award requested, describing each of the major work items involved, emphasizing the project's primary objectives and intended results. A proposal for the preparation of a National Register nomination must be included in the Scope of Work and Budget if the property is not currently listed in the National Register.

7. Tentative Project Timeline

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. This is an estimated schedule; finalization will take place if your project is awarded a grant. Projects should be completed with 24 months.

8. Major Elements and Responsible Entities

Describe the **major elements** (e.g., roof work, window repair, etc.) of the project and indicate the type of entity (e.g., contractors, engineers, consultants, in-house personnel, volunteers, etc.) responsible for each element.

	Major Project Elements	Entity Type Responsible
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Additional Major Elements / Clarification: Use this space to provide additional detail or information about the major project elements as it relates to the scope of work described above. For example, where the relationship of major elements and responsible entities to the objectives of the proposed project may not be obvious, provide clarification regarding their importance to the successful completion of the project.

9. Project Budget

List work items necessary to carry out the proposed scope of work, the associated estimated expenses, and how they will be paid (i.e., from grant funds or voluntary match, or both). Only include expenses that are specifically related to the project. If an indirect cost rate is charged to the budget, a request to use the 10% de minimis indirect cost rate as defined in [2 CFR 200.414](#) or a copy of the applicant's federally-approved indirect cost rate agreement must be submitted as an attachment to the application.

Amount of Grant Funding Requested:	\$
Voluntary Match Amount*:	\$
Total Project Budget:	\$

Project Budget Table:

Work Item	Detailed Work Item Description	Grant Funds	Voluntary Match Value	Voluntary Match Type: Cash/In-Kind	Sub-Total
1	National Register Nomination (if the property is not listed)				
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL**					

* Match is not required for this grant program but must be documented if included in budget.

**Total should match Total Project Budget above.

Additional Budget Information / Clarification: If applicable, use this space to provide additional detail or information about the proposal budget as it relates to the scope of work described above. 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.

10. Financial Personnel / Information:	
Award of grant funds is made by contract between the grantee and the Alabama Historical Commission. All costs must be incurred during the period agreed to in a separate grant agreement; however, in no case will cost be allowed prior October 9, 2018, or later than December 31, 2023. Accountant/Bookkeeper: Name the contact person assigned to the grant project who will be able to provide photocopies of source financial documentation during the period of this grant project. This grant must be separately accounted for in the Applicant's financial records.	
Name:	Title:
Phone Number:	Cell Number:
Email Address:	

I. What method(s) will be used to ensure a fair and open selection process for procurement of goods, services, and contractors?

Hurricane Michael Rehabilitation Grant Grant Application Step 2 Checklist

I. Application

One original Step 2 Application with original signatures

Checklist

2. Required Attachments

Attachment A – Applicant Certification

Attachment B – Owner Concurrence Letter (if applicable)

Attachment C – NEPA Checklist

Attachment D – Hurricane Michael Damage Documentation

Attachment E – Statement of Overlap

Attachment F – Rehabilitation Plans / Drawings

Attachment G – Other Attachments

Checklist

Attachment A – Applicant Certification. This form is required of ALL Applicants.

This certification must be signed by the owner of the property or duly authorized representative of the Applicant.

I certify that the information contained in this Application is true and correct to the best of my knowledge, and that I am the owner of the property or the duly authorized representative of the Applicant. I certify that the damage this project will address was a direct effect of Hurricane Michael.

I certify that I will abide by regulations of the U. S. Department of the Interior which prohibits unlawful discrimination in federally assisted programs on the basis of race, color, handicap, and/or national origin. I will inform any person who believes he or she has been discriminated against in any program, activity, or facility operated by a recipient of federal assistance that they should write to: Director, Office of Equal Opportunity, U.S. Department of the Interior, P. O. Box 37127, Washington, DC 20240.

Debarment Certification: The prospective lower tier participant (Applicant) certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal. Persons signing this Certification should refer to [Appendix A of Subpart D of 43 CFR Part 12](#) for complete instructions.

I certify that federal preservation tax benefits will not be used for any portion this work. Furthermore, no federal, state, or private insurance has paid for work covered by this application.

I certify that the owner or duly authorized representative has the adequate financial resources for performance, the necessary experience, organization, technical qualifications, and facilities; or a firm commitment, arrangement, or ability to obtain such; be able to comply with the proposed or required completion schedule for the project; has a satisfactory record of integrity, sound judgment, and satisfactory performance, especially with prior performance upon grants and contracts; and has an adequate accounting system and auditing procedures to provide effective accountability and control of property, funds, and assets sufficient to meet audit requirements.

These Certifications shall be treated as a material representation of fact upon which reliance will be placed if the Alabama Historical Commission determines to award the grant. I understand that grant monies can only be reimbursed for project expenditures made during the grant period and that a separate Grant Agreement will be required as executed by the Alabama Historical Commission and the Applicant Organization.

I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.

****Original signature of Property Owner or Authorized Project Contact required****

Signature:	Date:
Print Name:	
Title of Authorized Representative:	

Attachment B: Owner Concurrence Letter (if applicable)

Each Applicant shall 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 including any applicable covenant/easement and that the owner is in concurrence with this Application for grant funding.

Attachment C: National Environmental Policy Act (NEPA) Compliance Checklist

Please answer the following questions to assist AHC staff with ensuring that requirements for compliance with NEPA are met. Answering Yes or More Data Needed to a question will not automatically remove your project from consideration, but additional documentation may be required if your project is selected for a grant. If all questions have not been answered, your project will be removed from consideration.

A. Resource Effects to Consider

Consider the context, duration, and intensity of effects on resources.

Are any measurable impacts possible on the following physical, natural, or cultural resources?

1. Geological resources – soil, streambeds, etc.	
2. Air Quality	
3. Soundscapes	
4. Water quality or quantity	
5. Streamflow characteristics	
6. Marine or estuarine resources	
7. Floodplains or wetlands	
8. Land use, including occupancy, income, type of use	
9. Rare or unusual vegetation, old growth timber, riparian	
10. Species of special concern (plant/animal/state or Federal listed or proposed for listing) or habitat	
11. Unique ecosystems, biosphere reserves, World Heritage	
12. Unique or important wildlife or wildlife habitat	
13. Unique or important fish or fish habitat	
14. Introduction/promotion of non-native species	
15. Recreation resources, including supply, demand, visitation, activities, etc.	
16. Socioeconomics, including employment, occupation, income changes, tax base, etc.	
17. Minority and low-income populations, ethnography, size, migration patterns, etc.	
18. Energy resources	
19. Other agency, or tribal, land use plans	
20. Resource, including energy, conservation potential	

B. Mandatory Criteria: If implemented, would the proposal result in any of the following actions?*

1. Have material adverse effects on public health and safety?
2. Have adverse effects on historic or cultural resources; park, recreation, or refuge lands; wilderness areas; wild or scenic rivers; national natural landmarks; sole or principal drinking water aquifers; prime farmlands; wetlands; floodplains; or ecologically significant or critical areas, including those listed on the National Register or National Natural Landmarks?
3. Have highly controversial environmental effects?
4. Have highly uncertain and potentially negative environmental effects or involve unique or unknown environmental risks?
5. Establish a precedent for future action or represent a decision in principle about future actions with potentially significant environmental effects?
6. Be directly related to other actions with individually insignificant, but cumulatively significant, environmental effects?
7. Have adverse effects on properties listed or eligible for the listing on the National Register of Historic Places?

8. Have adverse effects on species listed or proposed to be listed on the List of Endangered or Threatened Species, or have adverse effects on designated Critical Habitat for these species?
9. Violate a federal law, or a state, local, or tribal law or requirement imposed for the protection of the environment?
10. Have a disproportionate, significant adverse effect on low-income or minority populations (EO 12898)?
11. Limit access to and ceremonial use of Indian sacred sites by Indian religious practitioners or adversely affect the physical integrity of such sacred sites (EO 13007)?
12. Contribute to the introduction, continued existence, or spread of federally listed noxious weeds (Federal Noxious Weed Control Act). Contribute to the introduction, continued existence, or spread of non-native invasive species or actions that may promote the introduction, growth, or expansion of the range of nonnative invasive species (EO 13112)?

*EO = Executive Order

Attachment D: Hurricane Michael Damage Documentation

Causal relationship of damage caused by Hurricane Michael must be demonstrated in all projects and included as an attachment (e.g., before and after photos, aerial photographs; Google street view; property assessment records; information related to city, county, state, or federal damage assessments; and written and certified statements from property owners if no other documentation exists).

Attachment E: Statement of Overlap Information Sheet

All Applicants must provide a statement to identify whether or not any overlap exists between the proposed project and any other active or anticipated project(s) in terms of activities, costs, or time commitment of key personnel, including any application that was submitted for funding consideration to any other potential funding source (Federal or non-Federal).

The statement and the description of overlap or duplication should be provided with this attachment to the application.

- If no overlap or duplication exists, a sample statement to satisfy this requirement might be: “[Insert Applicant Name] affirms that no overlap or duplication exists between the proposed project in this application and any other active or anticipated project in terms of activities, costs, or time commitment of key personnel, including any application that was submitted for funding consideration to any other potential funding source (Federal or non-Federal).”
- If any overlap or duplication does exist, Applicants must provide a description and documentation (e.g., insurance claim, FEMA funding notification, etc.) of the overlap, including when the overlapping or duplicative proposal(s) were submitted, to whom (entity and program), and when funding decisions are expected to be announced.
- If at any time a proposal is awarded funds that would be overlapping or duplicative of the funding requested, the Applicant must immediately notify the AHC. Any overlap or duplication of funding between the proposed project and other active or anticipated projects may impact selection and/or funding amount.

Attachment F: Rehabilitation Plans/Drawings

1. Site plan showing the proposed work to the site.
2. Floor plan(s), elevations, and other drawings as necessary showing proposed work to the building.

Attachment G: Other Attachments as Applicable

1. [Certificate of Compliance with the Alabama Beason-Hammon Act](#) – all Applicants
2. [E-Verify Memorandum of Understanding](#) – if applicable
3. [State of Alabama Disclosure Statement](#) (Required by Act 2001-955) – all Applicants.
4. IRS Tax Exemption Letter – if applicable
5. [Completed W-9 form](#) – all Applicants

Mail or Hand Deliver Application and All Required Attachments to:

**Alabama Historical Commission
Hurricane Michael Grant Program
Attn: Paige Thomas
P. O. Box 300900
Montgomery, Alabama 36130-0900**

or

Physical Address:

**Alabama Historical Commission
Hurricane Michael Grant Program
Attn: Paige Thomas
468 South Perry Street
Montgomery, Alabama 36104**