



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**HISTORIC PRESERVATION FUND GRANT PROGRAM CFDA 15-904  
 PRE-CONSTRUCTION GRANT APPLICATION (PAGE 1 OF 6)**

FOR OFFICE USE ONLY	
PROJECT ID NUMBER	DATE RECEIVED
CERTIFIED LOCAL GOVERNMENT IN GOOD STANDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  YES  NO

Would you like to receive information and assistance regarding the agency's veteran services?  YES  NO  
 For information visit <http://mostateparks.com/CitizensMilitaryService>, or send an email to [moparks@dnr.mo.gov](mailto:moparks@dnr.mo.gov) or call 800-344-6946.

**QUESTIONS 1-4: GENERAL INFORMATION**

1. NAME OF APPLICANT REQUESTING GRANT FUNDS			RECEIVING OFFICIAL	
ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL		
UNIQUE ENTITY IDENTIFIER (UEI) NUMBER				
2. APPLICATION PREPARER				
IF SAME AS THE APPLICANT, CHECK HERE AND SKIP TO QUESTION #3 <input type="checkbox"/>				
APPLICATION PREPARER ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL		
3. CONTACT PERSON FOR APPLICANT				
CONTACT PERSON ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL		
4. STATE SENATOR (ADD ADDITIONAL SHEETS IF REQUIRED):			DISTRICT	
STATE REPRESENTATIVE (ADD ADDITIONAL SHEETS IF REQUIRED):			DISTRICT	
U.S. REPRESENTATIVE (ADD ADDITIONAL SHEETS IF REQUIRED):			DISTRICT	

**QUESTIONS 5-6: APPLICANT'S BACKGROUND [UP TO 15 POINTS]**

5. HAS THE APPLICANT ADMINISTERED A MISSOURI HERITAGE PROPERTIES PROGRAM (MHPP) OR HISTORIC PRESERVATION FUND (HPF) GRANT IN THE PAST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DID ANY OF THE GRANT PROJECTS REQUIRE AN EXTENSION TO BE COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WERE MAJOR REVISIONS TO THE SCOPE OF WORK REQUESTED AFTER RECEIVING GRANT FUNDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE APPLICANT HAD TO WITHDRAW A PREVIOUS MHPP OR HPF GRANT PROJECT AND DE-OBLIGATE FUNDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE APPLICANT HAVE ANY ACTIVE MHPP OR HPF GRANTS STILL PENDING? (IF YES, HOW MANY AND WHAT YEAR WERE THE PROJECTS AWARDED? IF THE PROJECT IS ACTIVE, HOW CLOSE IS IT TO COMPLETION?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. PLEASE INDICATE IF THE APPLICANT HAS PREVIOUS EXPERIENCE COMPLETING A HISTORIC BUILDING REHABILITATION.	



**QUESTIONS 7-11: PROPERTY INFORMATION [UP TO 10 POINTS]**

7. PROPERTY NAME

8. HISTORIC STATUS OF THE PROPERTY (CHECK ALL THAT APPLY)  
 INDIVIDUALLY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES  
 CONTRIBUTING TO A NATIONAL REGISTER OF HISTORIC PLACES LISTED DISTRICT  
 NATIONAL HISTORIC LANDMARK (INDIVIDUALLY OR CONTRIBUTING TO A HISTORIC DISTRICT)

9. LEGAL DESCRIPTION

HAS A COPY OF THE OFFICIAL LEGAL DESCRIPTION BEEN ATTACHED TO THE APPLICATION?  YES  NO

HAS DOCUMENTATION OF OWNERSHIP BEEN PROVIDED (E.G. DEED TO THE PROPERTY)?  YES  NO

ARE THERE ANY ENCUMBRANCES (E.G. LIENS) ON THE PROPERTY? (IF YES, PLEASE INCLUDE IN THE APPLICATION)  YES  NO

10. HAS THE PROPERTY BEEN A RECIPIENT OF FINANCIAL ASSISTANCE FROM THE STATE HISTORIC PRESERVATION OFFICE IN THE PAST 10 YEARS?  YES  NO

IF YES, WHAT YEAR(S)	GRANT NUMBER(S)	HOW MUCH?

11. DOES THE PROPERTY HAVE A HISTORIC MAINTENANCE AND TREATMENT PLAN, FEASIBILITY STUDY, MASTER PLAN, OR OTHER SIMILAR DOCUMENT THAT IS LESS THAN 10 YEARS OLD? IF YES, PLEASE PROVIDE A COPY OF THE DOCUMENT.  YES  NO

IF YES, DID THE STATE HISTORIC PRESERVATION OFFICE REVIEW AND APPROVE THE DOCUMENT?  YES  NO

**QUESTION 12-16: PROJECT SUMMARY AND DESCRIPTION [UP TO 30 POINTS]**

12. PROJECT TYPE (CHECK ONE):  MASTER PLAN  FEASIBILITY STUDY  OTHER: \_\_\_\_\_

13. EXISTING CONDITION OF THE PROPERTY: PLEASE PROVIDE A DETAILED DESCRIPTION OF THE CURRENT CONDITION OF THE PROPERTY. INCLUDE PHOTOGRAPHS OF THE INTERIOR AND EXTERIOR OF THE BUILDING, AS WELL AS DETAILS OF THE AREAS THAT NEED REHABILITATION THAT ARE KEYED TO A FLOORPLAN OF THE BUILDING.

14. IF GRANT FUNDING WERE AWARDED, WHAT IS THE PURPOSE OF THE DOCUMENT?



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15. DESCRIPTION/SCOPE OF WORK FOR THE PROJECT: IF PRE-CONSTRUCTION, PLEASE INDICATE WHAT TYPE OF DOCUMENT (E.G. FEASIBILITY STUDY OR MASTER PLAN), IF THIS IS AN UPDATE OR NEW DOCUMENT AND HOW IT WILL BE USED BY THE OWNER.

**NOTE: RESPONSE SECTION ON THIS QUESTION SHOULD FILL A WHOLE PAGE**

16. WHICH OF THE SECRETARY OF THE INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES WILL THE SCOPE OF WORK MEET? <https://www.nps.gov/tps/standards/treatment-guidelines-2017.pdf>

PRESERVATION  REHABILITATION  RESTORATION



**QUESTION 17-20: PROJECT PLANNING AND IMPLEMENTATION [UP TO 10 POINTS]**

17. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN THE STATEWIDE COMPREHENSIVE HISTORIC PRESERVATION PLAN AND/OR A LOCAL OR REGIONAL MASTER PLAN? IF THERE IS A LOCAL OR REGIONAL PLAN, PLEASE PROVIDE A COPY OR LINK TO THE RELEVANT SECTION.

18. DID THE APPLICANT SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS?

<input type="checkbox"/> YES (IF YES, DESCRIBE HOW AND PROVIDE THE DOCUMENTATION OUTLINED IN THE SUPPORTING DOCUMENTATION CHECKLIST.)	<input type="checkbox"/> NO (IF NO, INDICATE IF THE PUBLIC WILL BE GIVEN AN OPPORTUNITY TO COMMENT AND HOW)
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19. PLEASE DESCRIBE ANY ONGOING EFFORTS TO PRESERVE THE BUILDING (INCLUDING ANY SPECIAL FUNDING SOURCES, COMMUNITY SUPPORT GROUPS, ETC.)

20. IS THE PROPERTY ENDANGERED? PLEASE LIST ANY FAILURES OR NON-COMPLIANCE WITH FEDERAL OR STATE REQUIREMENTS AND ATTACH SUPPORTING DOCUMENTATION SUCH AS CODE ENFORCEMENTS, REPORTS, OR VIOLATIONS.

**QUESTIONS 21-23: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 10 POINTS]**

21. FOR EACH COST CATEGORY, FILL OUT THE BUDGET TABLE (BELOW) WITH THE GRANT AMOUNT REQUESTED AND THE MATCHING AMOUNT PROVIDED BY THE APPLICANT AND/OR DONOR. (Use whole dollar amounts only. The grant award generally will not exceed \$50,000, and the minimum match percentage is 40%).

TO DETERMINE PERCENT OF MATCHING FUNDS: A. ADD THE NON-FEDERAL/LOCAL CASH AND NON-FEDERAL/LOCAL IN-KIND AMOUNTS FOR THE TOTAL MATCHING FUNDS. B. DIVIDE THE TOTAL MATCHING FUNDS BY THE TOTAL PROJECT COST. THIS WILL GIVE YOU THE PERCENTAGE OF MATCHING FUNDS. C. INDICATE MATCHING FUNDS PERCENTAGE HERE: _____	MATCHING FUNDS POINT VALUES	
	% MATCH	POINTS
	60% AND UP 50%-59% 40%-49%	10 6 3

COST CATEGORY	FEDERAL (GRANT REQUEST)	NON-FEDERAL/ LOCAL CASH	NON-FEDERAL/ LOCAL INKIND	TOTAL
CONTRACTOR	\$	\$	\$	\$
PERSONNEL	\$	\$	\$	\$
SUPPLIES	\$	\$	\$	\$
EQUIPMENT	\$	\$	\$	\$
TRAVEL/LODGING	\$	\$	\$	\$
OTHER (PLEASE SPECIFY)	\$	\$	\$	\$
OTHER (PLEASE SPECIFY)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

22. PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH COST CATEGORY



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23. PROVIDE THE SOURCE OF MATCH. PROVIDE A COPY OF THE APPLICANT'S RESOLUTION OR LETTER AUTHORIZING IT TO MAKE APPLICATION FOR THE GRANT AND THE NAME AND LETTER OF INTENT (INCLUDING AMOUNT) OF ALL OTHER DONORS PROVIDING MATCH.

DONORS	CONTRIBUTION

**QUESTION 24: [5 POINTS]**

PROVIDE A DETAILED NARRATIVE OF THE TIMELINE FOR THE PROJECT. PLEASE PLAN ON A PROJECT THAT IS ACHIEVABLE WITHIN A EIGHTEEN-MONTH PERIOD. THE NARRATIVE SHOULD INCLUDE PLANS FOR PROCUREMENT, PUBLIC MEETINGS, PROJECT ACTIVITIES, AND REIMBURSEMENT.

*(This area is intentionally left blank for the applicant to provide a detailed narrative of the project timeline.)*

**QUESTION 25: DELIVERABLE TIMELINE/MONTH [5 POINTS]**

1.	7.	13.
2.	8.	14.
3.	9.	15.
4.	10.	16.
5.	11.	17.
6.	12.	18.



**QUESTION 26: PRE-APPLICATION [5 POINTS]**

26. DID THE APPLICANT ADDRESS ALL COMMENTS BY THE STATE HISTORIC PRESERVATION OFFICE NOTED IN THE PRE-APPLICATION?  YES [5 POINTS]  NO [0 POINTS]

**DISCRETIONARY BOARD MEMBER CRITERIA [UP TO 10 POINTS]**

AT LEAST FOUR MEMBERS OF THE STAFF WILL REVIEW AND SCORE THE HPF GRANT APPLICATIONS. THE SCORING TEAM MAY AWARD THE PROJECT ADDITIONAL POINTS BASED UPON THEIR SUBJECTIVE EVALUATION OF THE APPLICATION, NOTABLY THE DETAILS PROVIDED IN THE "PROJECT SUMMARY AND DESCRIPTION" AND "PROJECT PLANNING AND IMPLEMENTATION" SECTIONS.

**SUPPORTING DOCUMENTATION CHECKLIST**

USE THE BELOW CHECKLIST TO ENSURE THE PROJECT APPLICATION IS COMPLETE (FOR MORE INFORMATION SPECIFIC TO EACH ITEM, REFER TO THE APPLICATION INSTRUCTIONS)

<input type="checkbox"/> OFFICIAL LEGAL DESCRIPTION & DOCUMENTATION OF OWNERSHIP (E.G. DEED)	<input type="checkbox"/> HISTORIC MAINTENANCE AND TREATMENT PLAN, FEASIBILITY STUDY, MASTER PLAN OR SIMILAR DOCUMENT
<input type="checkbox"/> COPY OF ANY ENCUMBRANCES ON THE PROPERTY (E.G. LIENS)	<input type="checkbox"/> RESOLUTION OR APPLICANT'S LETTER OF SUPPORT
<input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT
<input type="checkbox"/> PHOTOGRAPHS OF THE BUILDING (INTERIOR AND EXTERIOR) KEYED TO A FLOOR PLAN	<input type="checkbox"/> AERIAL PHOTO OF THE BUILDING
<input type="checkbox"/> DRAWINGS OR SPECIFICATIONS (IF APPLICABLE)	<input type="checkbox"/> DOCUMENTATION THAT THE BUILDING IS ENDANGERED IF THAT IS THE CASE
<input type="checkbox"/> COPY OF LOCAL OR REGIONAL PLAN REFERENCED IN QUESTION 17.	<input type="checkbox"/> RESOLUTION OR LETTER OF SUPPORT FROM HISTORIC PRESERVATION COMMISSION WITH PRIMARY JURISDICTION WHERE APPLICABLE
<input type="checkbox"/> E-VERIFY	

**CERTIFICATION OF RESPONSIBLE PERSON**

A RESPONSIBLE OFFICIAL FROM THE APPLICANT'S ORGANIZATION MUST SIGN AND DATE THE APPLICATION. APPLICATIONS WITHOUT SIGNATURE WILL NOT BE SCORED.

"I hereby certify that the information contained in this application packet is true and correct to the best of my knowledge. I understand that the application will be rated solely on the information provided on the application and in the enclosed supporting documentation. The submission of incorrect information and the lack of required documentation can result in this application being withdrawn from consideration for funding."

SIGNATURE	TITLE
PRINTED NAME	DATE

**COMPLETED APPLICATION**

The Department of Natural Resources is now using an online [Funding Opportunities Portal](#) to receive and manage grants. This system allows project sponsors applying for funding to submit their applications, track the status of the award, and to submit invoices and reports electronically. Project sponsors need to request access to the system so they may submit the grant application in the portal.

To request access to the system:

- Go to the Department's [Funding Opportunity Portal](https://modnr.force.com/CommunityCustomLoginPage) - <https://modnr.force.com/CommunityCustomLoginPage>.
- Under New User, click the "Click Here" link to request an account.
- Complete and submit the **Funding Opportunity Portal Access Request** form.
- Check Historic Preservation-at the bottom of the form, in the section used to indicate the program(s) in which you are interested in apply for financial assistance. You may select other options in addition to Historic Preservation.

This form may take 24-48 hours to process, so portal access should be set up early in the application process. Once processed, project sponsors will receive an email with log on credentials.

If project sponsors are unable to access the [Funding Opportunity Portal](#), they can submit **two copies** of the completed application to the address below:

**Missouri Department of Natural Resources  
Missouri State Historic Preservation Office  
Attn: Grants Manager  
PO Box 176  
Jefferson City, MO 65102-0176**