




Natural & Cultural Heritage Conservation Grant Program 2024 Grant Application

Application Deadline: March 7, 2024, by 5 p.m.

Application Instructions:

- In order to submit your application, all questions must be completed unless they are indicated as optional.
- Your progress will be saved automatically as you work. Use the link in the email to return to your application.
- Submit your completed application using Adobe Sign by **March 7th at 5pm**. The application portal will close at this time. Late or incomplete applications will not be accepted, so please do not wait until the last minute.
- Contact the Heritage Coordinator at heritage-coordinator@douglascountyks.org or 785.330.2878 if you experience any technical difficulties or need assistance with the application. If you do not have reliable access to internet, the Heritage Coordinator will work with you to accommodate your needs.
- All grant materials stand on their own. There will no longer be grant presentations for any grant category.
- Some questions may have additional information available in the form of tooltips. For text questions, click within the text area to view this information. For other questions, click the  symbol, if present.

Jump to Section:

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2. [Scope of Project](#)
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1. APPLICANT AND PROJECT INFORMATION

Project Title: _____

Organization Name: _____

Project Director's Name: _____

Title: _____

Project Director's Email: _____

Project Director's Phone: _____

Authorized Official: _____

Title: _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Additional information is needed for projects that are site-based:

Physical Project Address:

Address: _____

City: _____ State: _____ Zip: _____

Name of City or Township where project will take place:

Is the property where the project will take place owned by someone other than the project director listed? If so, provide the property owner's information.

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Please choose the best description of the site:

- Public Access – Members of the public can regularly access the site without much limitation (does not need to be 24/7 access)
- Limited Public Access – The public may have opportunities to visit the site, but this is limited to special occasions, invitations, or a few select days a year.
- Private – The site is private and not publicly accessible.

For organizations with a board of directors or other oversight group, provide a list of members.

If any, list additional Partner Organizations that will be involved with this project.

Open Space Grant Specific Questions

- a) Government Issued Unique Entity ID (formerly DUNS number): _____
- b) Does your organization have the sufficient capacity and ability to maintain compliance with federal laws and regulations and have adequate finance policies, procedures and internal controls in place to administer a federal grant award? Please explain.

2. SCOPE OF PROJECT

Which heritage areas does your project work to conserve? Please check all that may apply.

- Cultural Heritage
- Natural Heritage
- Historic Preservation
- Open Space – *Applicants to the Open Space category must have discussed their intent to apply to this category with the Heritage Coordinator during their initial meeting. Please contact the Heritage Coordinator if further guidance is needed.*

Do any of the following themes apply to your project?

The Heritage Conservation Council has identified the following themes as priority areas for funding in 2024. Please review the Grant Guidelines for more information about each theme. Please check all that may apply.

- Inclusive and Creative Storytelling of Heritage
- Conservation and Restoration of Native Ecosystems
- Enhancement of Agricultural Heritage
- Accessibility and Visibility of Important Natural and Cultural Sites
- Strategic Preservation of Historic Resources

Open Space Grants Only

- Permanent Conservation of Sensitive and Important Ecosystems
- Public Access to Open Spaces
- Stewardship and Restoration of Native Ecosystems
- Education and Community Engagement with Open Space Topics

Will this project impact an archaeological site or cause a ground disturbance at a historic site? If so, have you consulted with the State Archaeologist and impacted Tribal Historic Preservation Offices?

Please complete the following section if your project involves a historic resource.

i) If applicable, please check all that apply. The structure is:

- Listed on the National Register of Historic Places
- Listed on the State Register of Historic Kansas Places
- Contributing to a Historic District Name of District: _____
- Not listed on a Historic Register

ii) If the historic resource is not currently listed on either the National or State Register of Historic Places, please select the best description of the property below:

- Kansas SHPO Has determined that the structure is "eligible for listing." (provide written statement from SHPO)
- SHPO has determined the structure is ineligible for listing. If so, please explain why the building is ineligible:

- The eligibility of the property is not yet known. Applicant **will** seek a determination from SHPO if the structure is eligible for listing.
- The eligibility of the property is not yet known. Applicant **will not** seek a determination from SHPO if the structure is eligible for listing.

iii) The Heritage Conservation Council encourages the use of tax credits when a project is eligible for that benefit. Please indicate what tax credit program, if any, the project is eligible to receive:

- Historic Rehabilitation Tax Credits – State of Kansas
- Historic Rehabilitation Federal Tax Credits
- No tax credits will be used for this project

iv) Date of construction, (if known/applicable):

v) Name of original architect and/or builder, (if known/applicable):

vi) Explain the historical/architectural significance of the historic resource.



vii) Describe the current condition of the structure or site.



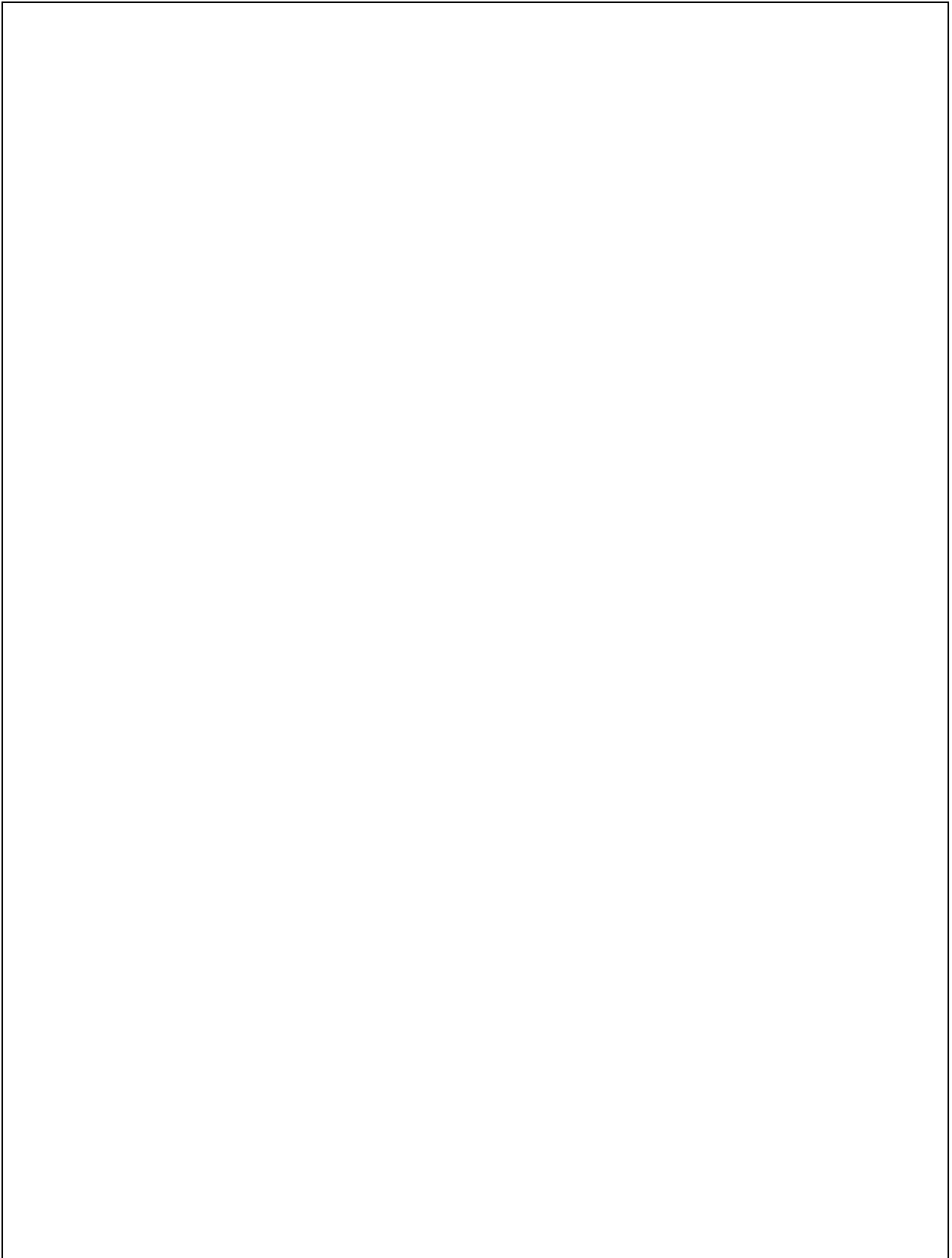
At the end of this application, please include attachments of any supporting materials such as photos, plans, drawings, illustrations, building condition reports, required building inspections, and copies of regulatory approvals, if applicable, that are related to the proposed project. Include SHPO approval letter, if applicable.

3. PROJECT DESCRIPTION AND IMPACT

For this section, please limit responses to **500 words or less**. If you use the Draft Application to draft your answers, please paste your final answers here.

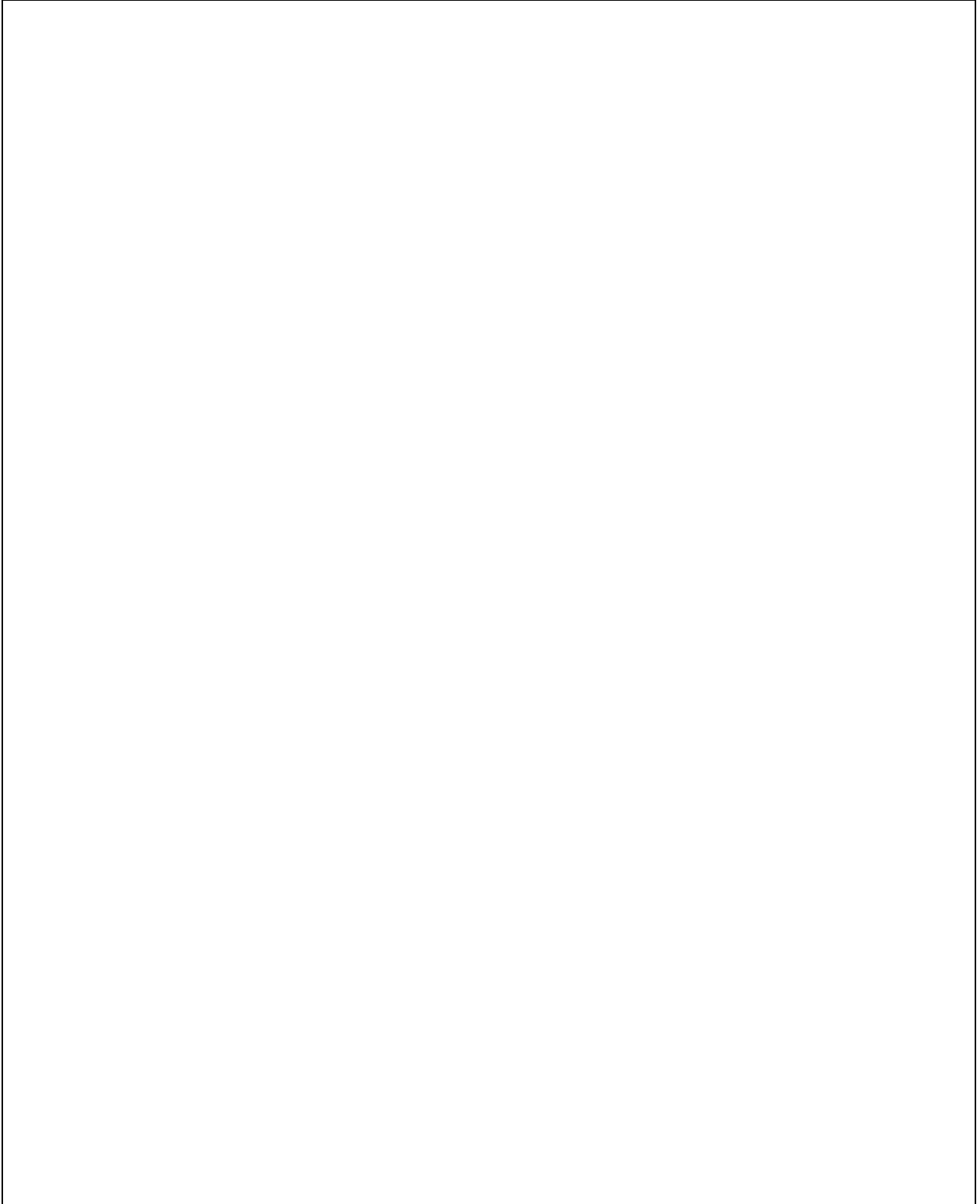
- 1) **Project Summary – Describe your project’s narrative, which may include objectives, goals, deliverables or purpose.**

2) **What are the roles and responsibilities of people or organizations involved in the project?**



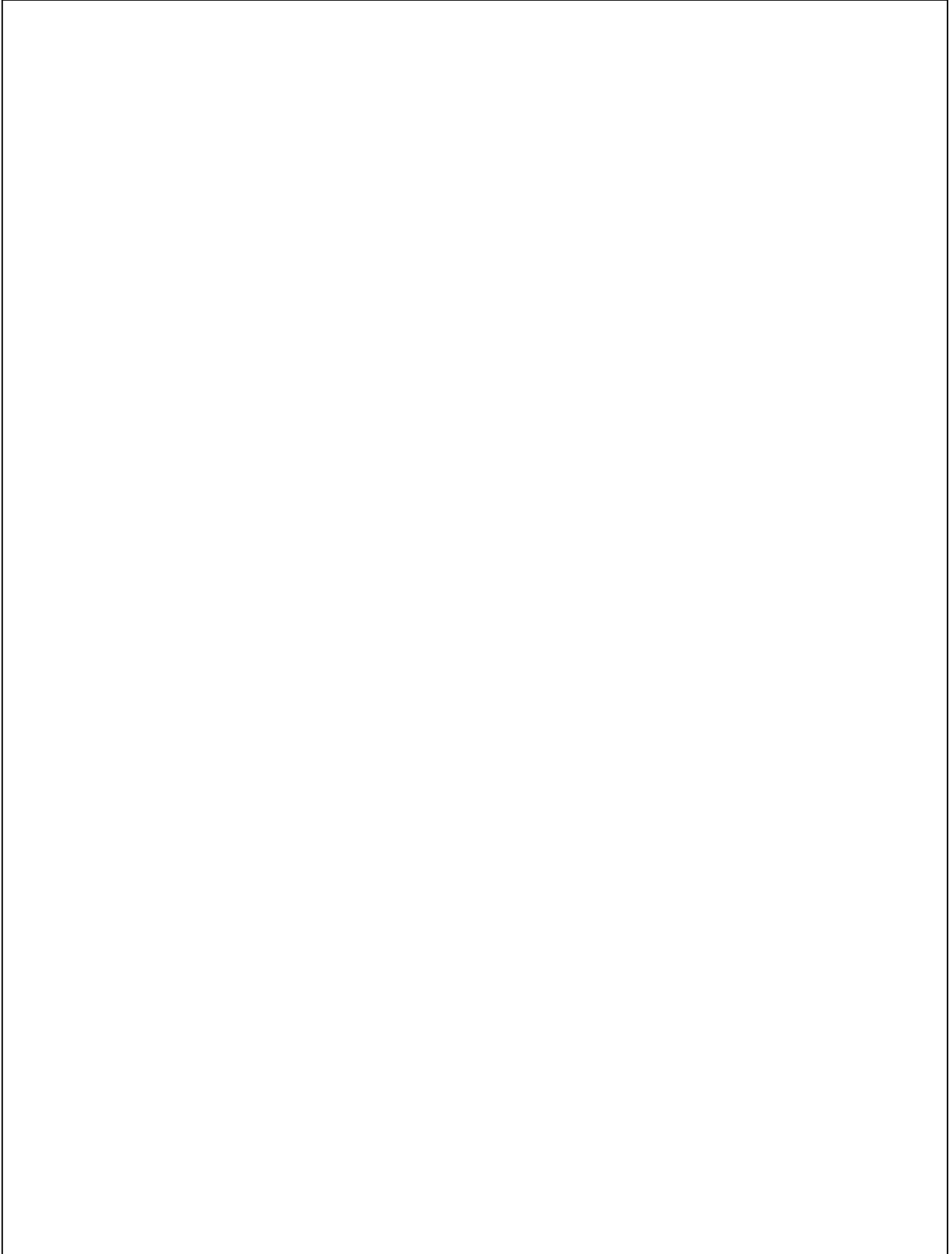
3) **Describe the significance and impact that this project will have on the conservation of natural and/or cultural heritage in Douglas County.**

*For Open Space Applicants, describe the significance and impact that this project will have on the conservation of **Open Space** in Douglas County.*

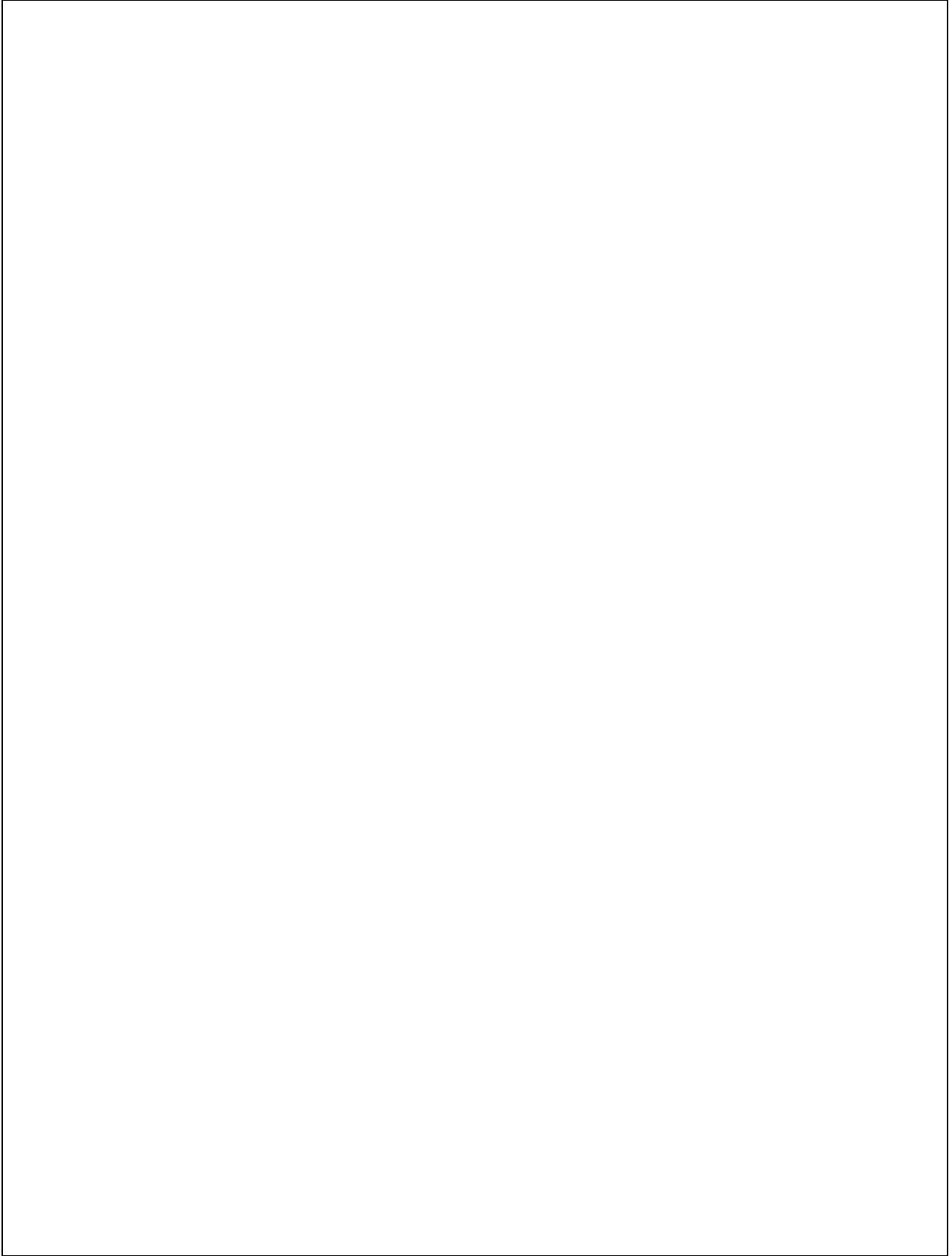


- 4) **Who is your intended audience and how will you share about your project? Will the project incorporate knowledge sharing, educational, or interpretive opportunities?**

5) **Does the project elevate marginalized narratives, communities or histories?**

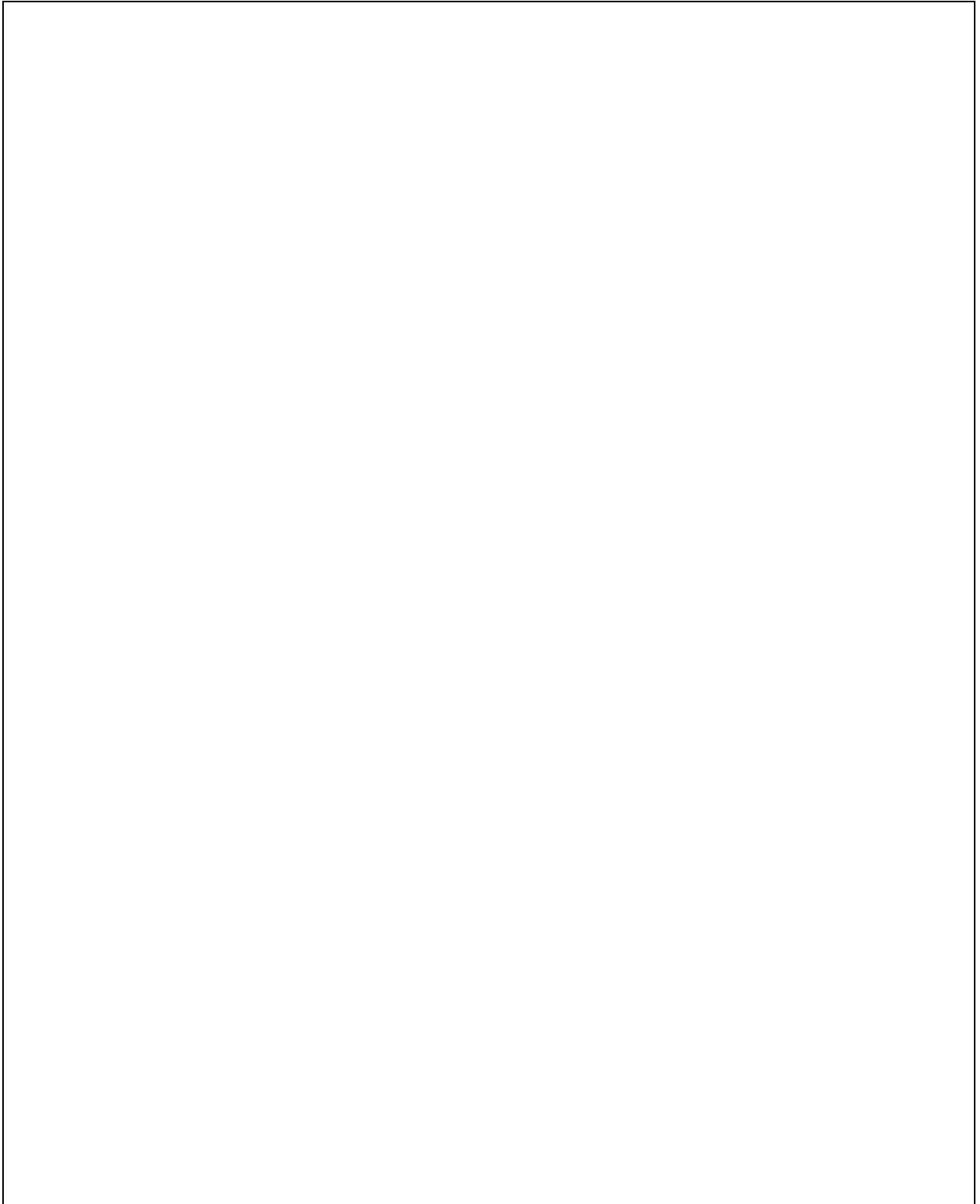


6) **Is there a level of urgency around completing this project?**



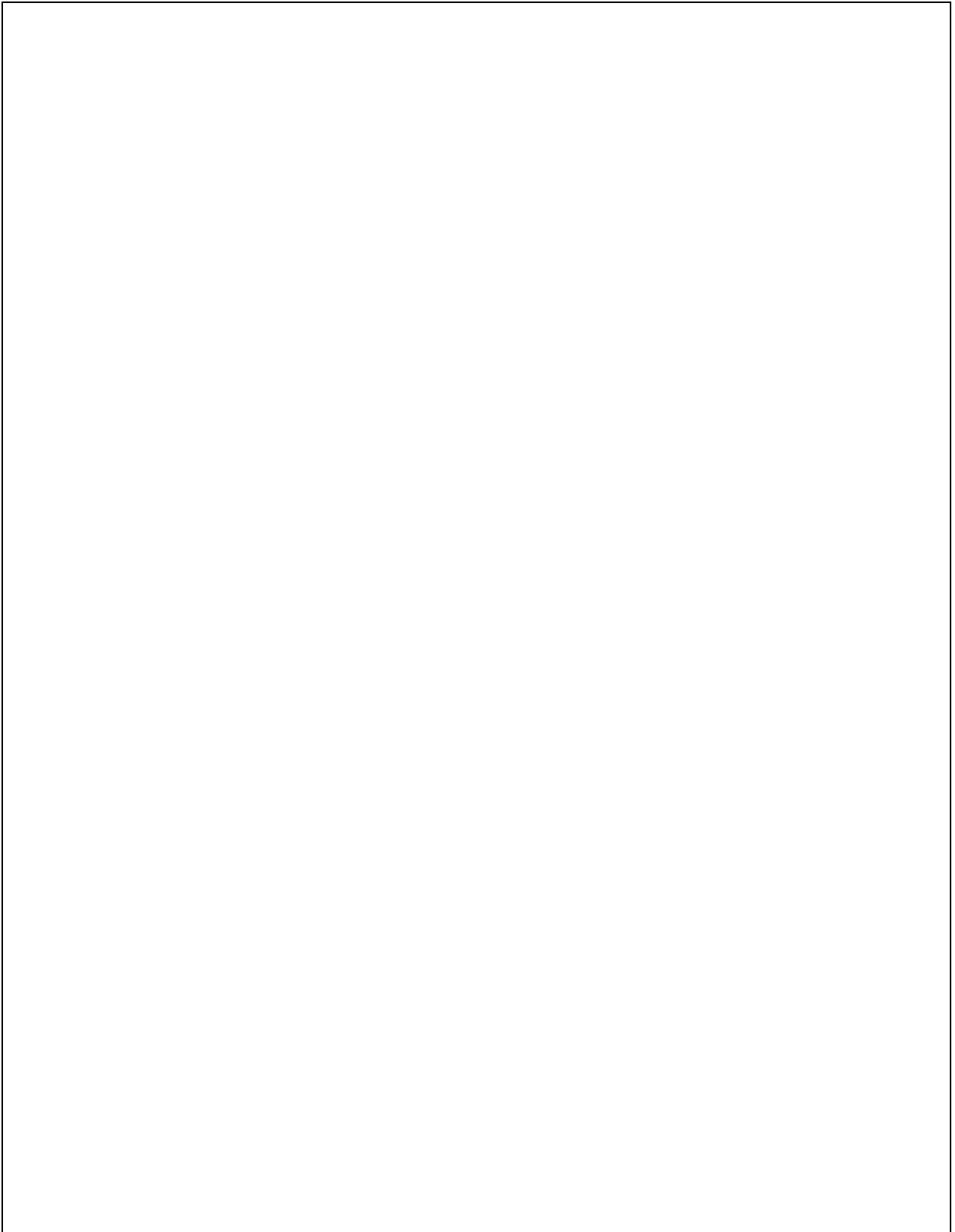
7) **What is the anticipated timeline for the project?** (All grant projects must be complete within two years of start date)

Timelines may also be submitted as an attachment to this application using the template provided on the Heritage Conservation Council website.



8) **Is there a plan for archiving or sustaining the project's outcomes?**

9) **Is there other relevant background information or supportive information that you would like to include about your project?**

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4. PROJECT BUDGET

a) Please check the box that corresponds to the amount of funding that you are applying for:

Major Grant (\$40,000-\$75,000)

Target Grant (\$5,001-\$39,999)

Seed Grant (up to \$5,000)

b) Grant amount requested for this project:

c) Matching/in-kind funds:

d) Total project budget:

Continue to the next page for Budget Matrix.

Grant Project Budget Matrix

Instructions:

Fill out the below matrix with all revenues and expenses for your entire project. The Matrix will automate the subtotals, totals and percentages. List all sources of funds for the project in the grant request, cash, and in-kind columns. Describe these funds in your Budget Narrative. In the matrix, group expenses into the broad categories provided and explain these expenses in detail in your Budget Narrative. In the Budget Narrative, explain how these cost estimates were determined.

Describe other funding resources you intend to use to complete this project. This may include other grants, loans, or in-kind contributions.

Project Budget	Grant Request	In-Kind *	Cash Match †
Personnel Expense			
Consultants/ Professional Fees			
Materials/Supplies			
Travel			
Communications/Signage			
Printing			
Equipment			
Indirect Costs			
Other			
Total			
% of Project			

All cells must be completed. For cells that do not apply, enter 0 (zero).

* In-Kind: the value of non-cash contributions (goods & services) provided by the grant recipient or by third parties directly related to the grant activity. For example, this may include donated use of a facility space, use of equipment, donated staff time, or volunteer time. If calculating the value of volunteer time, please use the estimated value of volunteer time for the state of Kansas: **\$28.50 per volunteer, per hour** (<https://independentsector.org/wp-content/uploads/2023/04/VOVT-Report-2023.pdf>). Volunteers using professional skills may use professional rates.

† Cash Match: includes other cash contributions including other grant awards, internal funding support, and donations.

Budget Narrative

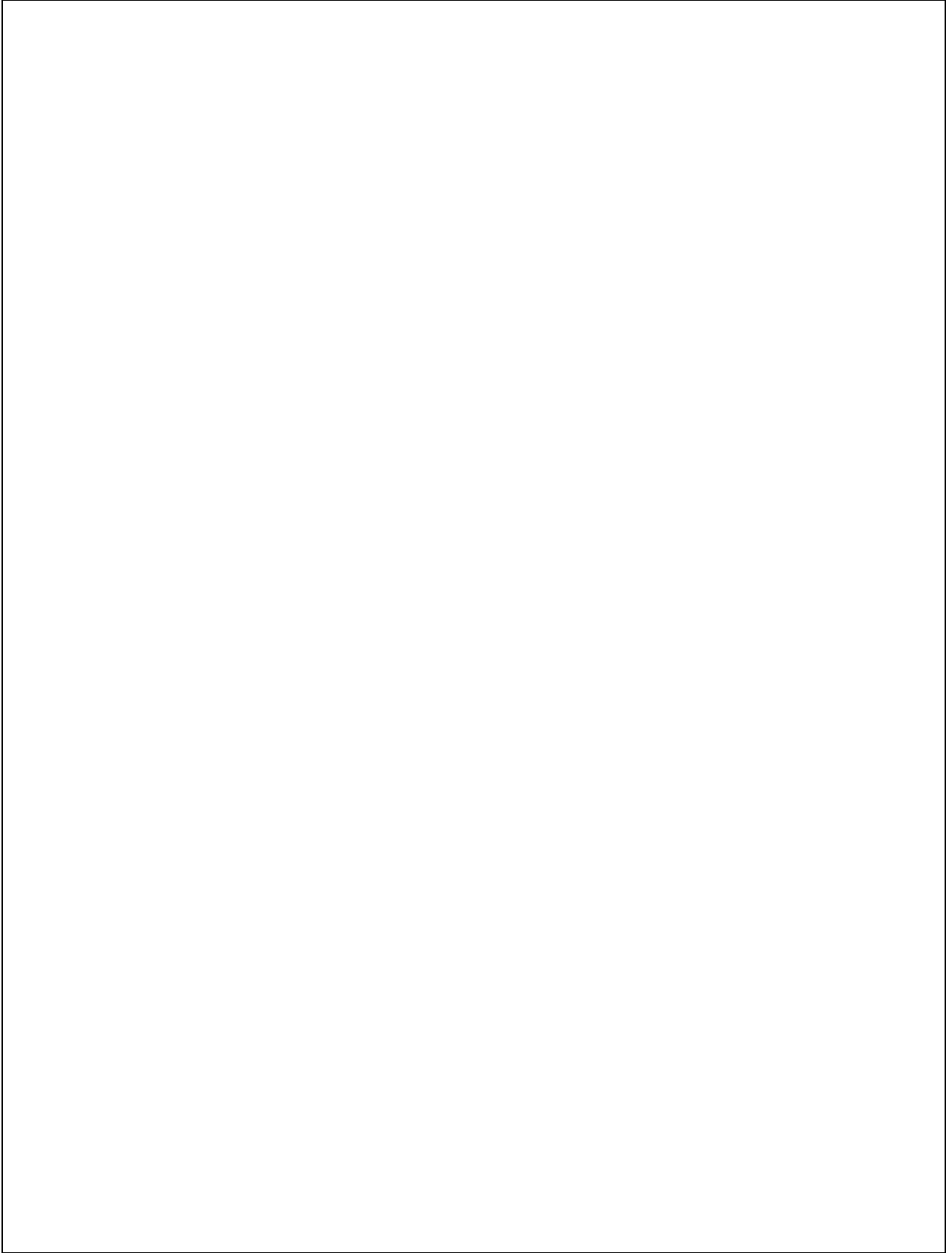
List major project expenses and describe how you determined each item in the above budget. Indicate if the expense is being requested by the grant, or if the expense will be funded by either in-kind support or cash match. If you use the Draft Application to draft your answers, please paste your final answers here.

- a) Personnel Expense

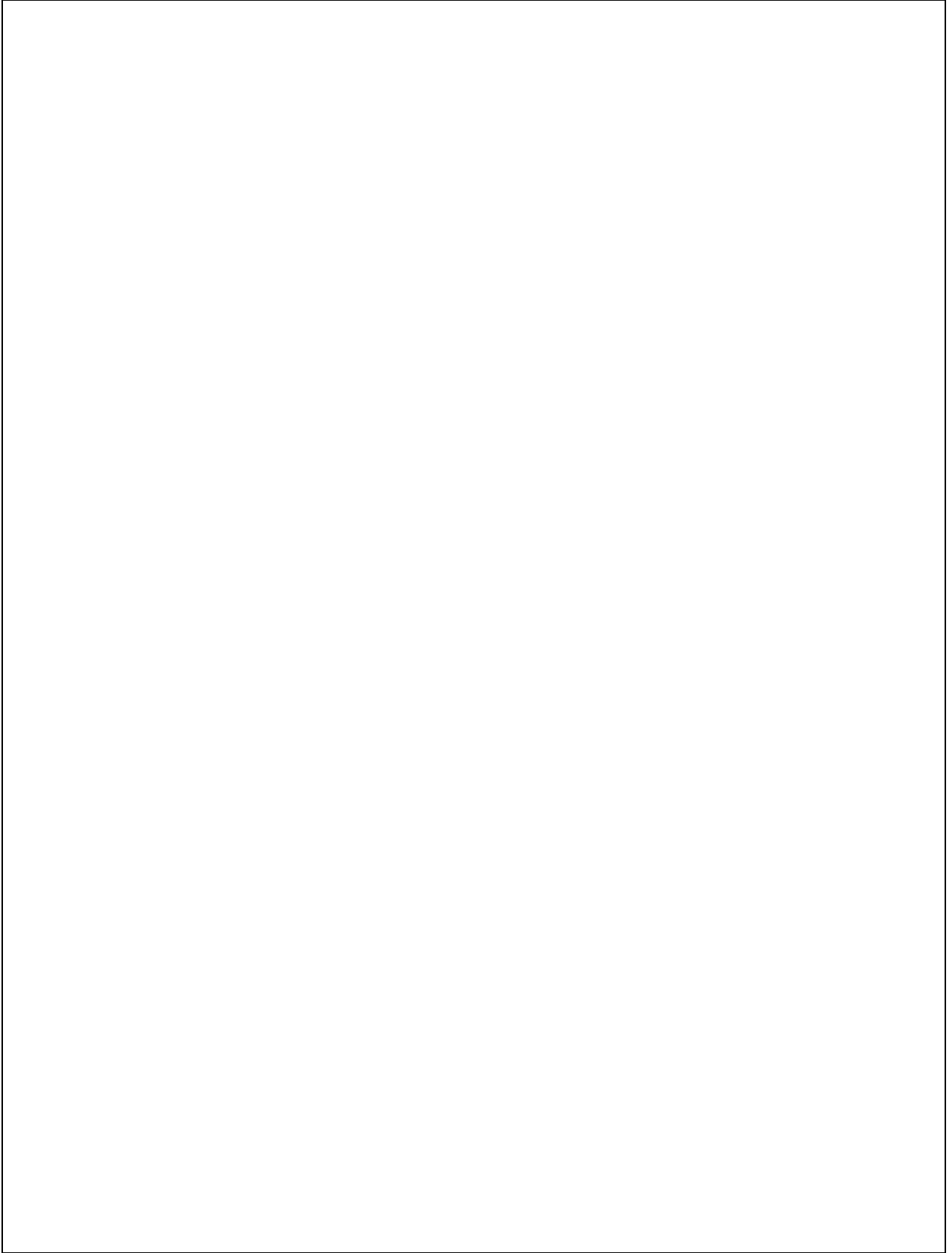
b) Consultants/Professional Fees

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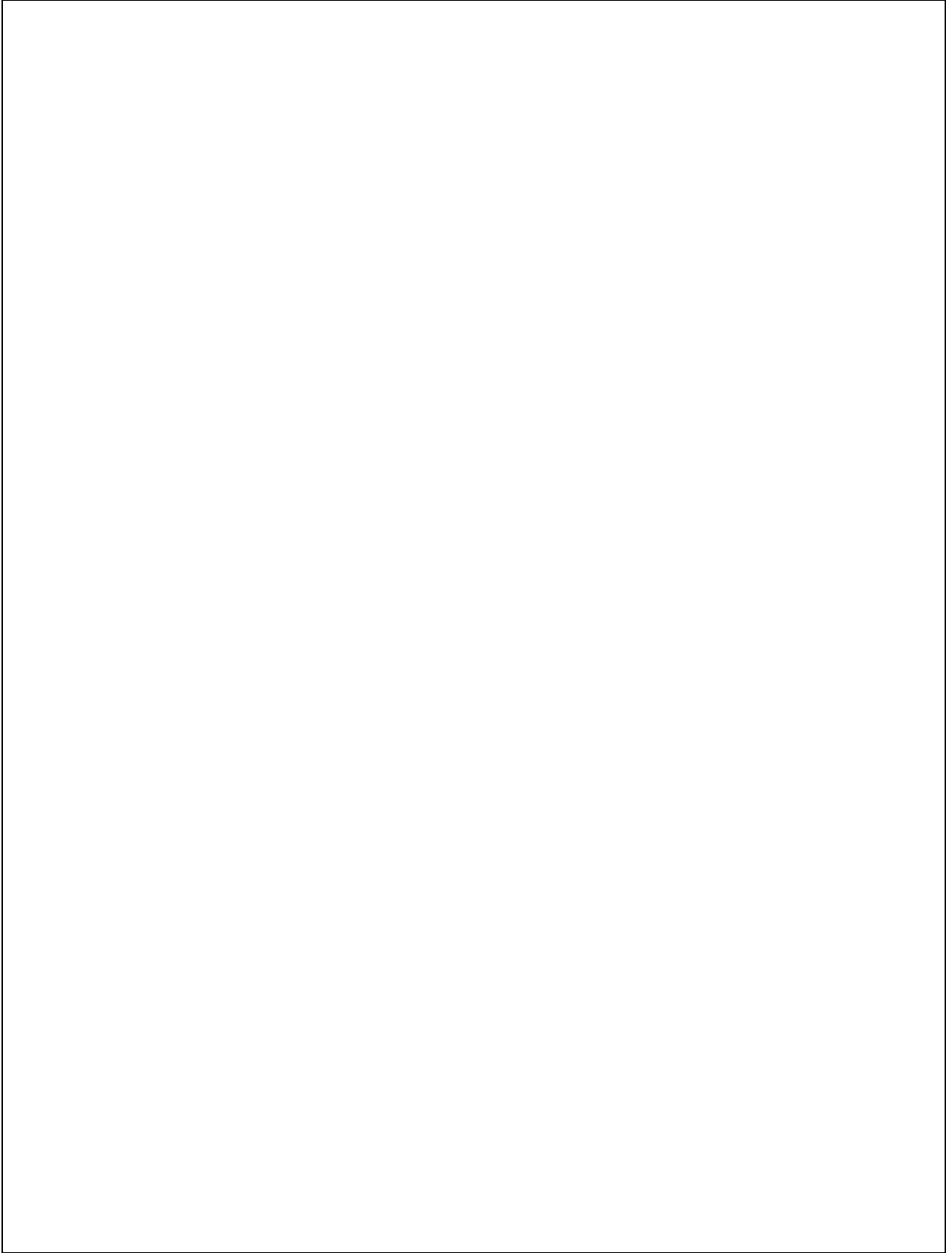
c) Materials/Supplies

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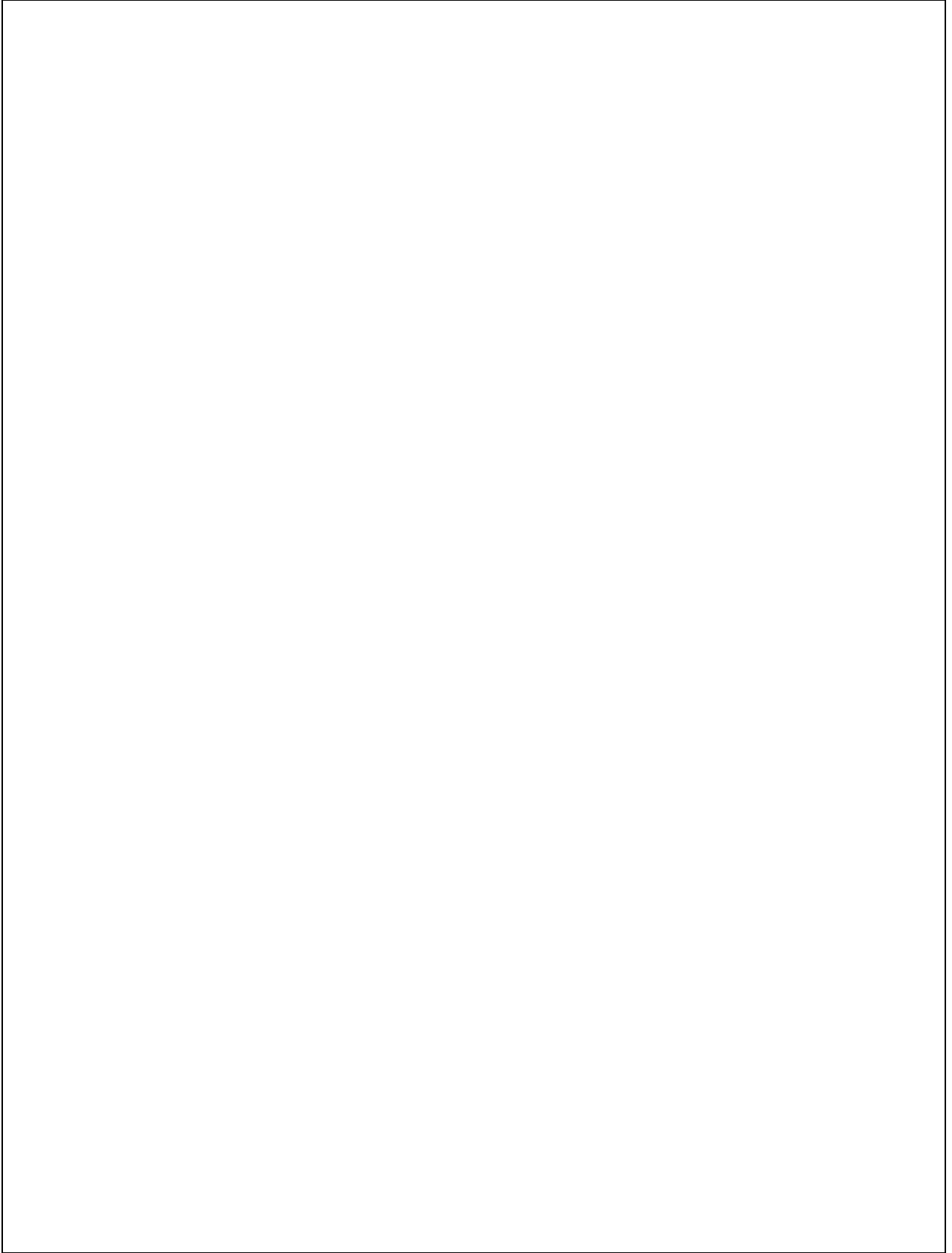
d) Travel



e) Communications/Signage



f) Printing



g) Equipment

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h) Other

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5. ATTACHMENTS

The following documents will be **required** along with the submission of the application for certain circumstances:

- **For Applicants that are nonprofit organizations:** Most recent Form 990 filing, or a financial statement.
- **For projects involving places/historic resources that are listed on the National or Kansas Register of Historic Places:** Written approval of the proposed work by the Kansas State Historic Preservation Office (SHPO)
- **For projects that involve structures:** Include attachments of any supporting materials such as photos, plans, drawings, illustrations, building condition reports, required building inspections, and copies of regulatory approvals, if applicable, that are related to the proposed project.

The following attachments are not required but are suggested to support your project narrative and document project support and feasibility:

- Photos and maps that provide additional context for your project.
- Professional estimates for goods or services requested by the grant.
- Letters of support from partnering organizations, or other individuals, neighbors, or entities that can speak to the need, urgency, and support of the project.
- If not included in the narrative above, a timeline of major project tasks or milestones. *A timeline template is available with other grant documents on the Heritage Conservation Council website.*

Upload Attachments Here

Attachment Specifications: Attachments may be up to 5 MB each in size.
Allowed formats include: PDF, Word, Excel, PowerPoint, images, text, rich text, HTML

6. SIGNATURES

IMPORTANT! *After the application is signed, no additional modifications can be made.*

Please make sure all information is correct before signature. If an Authorized Official is specified, the application will be forwarded to that email address for signature after the Project Director signs the application.

If the application needs to be reviewed before signature, **forward the email** containing the link to this page to the person(s) who need to review.

a) Project Director Printed Name: _____

Signature: _____ Date: _____

b) Authorized Official Printed Name: _____

Signature: _____ Date: _____

2024 N C Application Final

Interim Agreement Report

2024-01-29

Created:	2024-01-09 (Central Standard Time)
By:	Bryce Cooper (bcooper@douglascountyks.org)
Status:	Library Document
Transaction ID:	CBJCHBCAABAAhWVNt8PIAhwgMJyEophMxylSAoYJMvw8

Agreement History

Agreement history is the list of the events that have impacted the status of the agreement prior to the final signature. A final audit report will be generated when the agreement is complete.

"2024 N C Application Final" History

 Document created by Bryce Cooper (bcooper@douglascountyks.org)

2024-01-09 - 10:12:15 AM CST