



CERTIFIED LOCAL GOVERNMENTS (CLG) APPLICATION

SECTION I: IDENTIFICATION

CLG (City): _____ FEI Number: _____

CLG Contact: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Population Based on Most Current Census: _____ Census Year: _____

US Congressional District: _____

State House District: _____ State Senate District: _____

Was the public involved in the development of this application? Yes _____ No _____

In what way?

CLG (City) Representative: To the best of my knowledge, all information included in this application is true and accurate. I am duly authorized to sign this document on behalf of the City, and the City will comply with the attached assurances if the requested assistance is provided.

Authorized CLG Representative Signature Date

Printed Name Title

Local Preservation Commission Chairman: I hereby certify that the local historic preservation commission established by city ordinance has participated in the development of this application and considers the activities described herein to be important to the continued development of our local preservation program.

Chairman, Local Preservation Commission, Signature Date

Printed Name Title

E. Educational Programs

1. Does the CLG plan to present workshop(s) or other educational events?

Yes _____ No _____

_____ Workshop Type? _____

_____ Workshop Type? _____

_____ Event Description? _____

2. Who will conduct the work? _____ Consultant _____ In-house Staff

F. Training, Memberships, Supplies, and Other

1. CLG plans to send staff or commission members for training. _____

Pre-approved training opportunities include PastForward, NAPC Forum, National Preservation Institute trainings, and NPS/CLG-sponsored trainings. All other trainings must receive prior approval from SHPO staff via email.

2. CLG plans to pay for updates of memberships as approved by the SHPO. _____

Pre-approved memberships include National Alliance of Preservation Commissions, National Trust for Historic Preservation, and Preservation Oklahoma, Inc. All other memberships must receive prior approval from SHPO staff via email.

3. CLG plans to pay for supplies as needed by the HP staff. _____

4. CLG plans to complete a different type of project, described below. _____

SECTION III: PROJECT BUDGET

Total CLG Funds Requested	\$ _____	60%
Total Nonfederal Match	\$ _____	40%
Total Project Cost	\$ _____	100%

REMINDER: In most cases, a 60/40 match is required. This means the federal share will be 60% of the total project costs and the nonfederal matching share will be 40% of the total project costs. An easy way to calculate the required 40% is to take the allocated amount, multiply by 40 and divide by 60 (\$4,500 x 40 / 60 = \$3,000; Total project cost is \$7,500).

All three budget sections must be completed: Budget Summary, Itemized Budget, and Matching Share Disclosure Form. Failure to complete any of the three sections will be considered an incomplete application.

BUDGET SUMMARY			
CATEGORY	FEDERAL FUNDING	NONFEDERAL MATCH	TOTAL
Personnel			
Consultant			
Printing			
Postage			
Supplies			
Travel/Training			
Other *			
*			
*			
Total			

* Specify what is being included in the “Other” category or additional categories:

Note: If you are applying an indirect cost rate, please contact the SHPO for more details.



ITEMIZED BUDGET

Provide a detailed cost breakdown of each category in the budget summary. All personnel involved must be listed with name, staff position, and hourly rate of pay.



MATCHING SHARE DISCLOSURE FORM

Provide a complete disclosure of the matching share on the form below; there are multiple sections, but only one may be necessary. If personnel costs are included as matching share, include staff position and hourly rate of pay for each person.

Donor = agency or organization providing the matching share

Source = where the match was obtained; may be "same as donor"

Kind = what type of match is being used - cash or donated services

Amount = dollar value of the contribution

Examples: Donor: City of SHPO
Source: Personnel
Kind: In-kind
Amount: \$3,500
Staff Position: Admin. Asst.
Hourly Rate: \$12.50/hr.

Donor: City of SHPO
Source: General Fund
Kind: Cash
Amount: \$2,000
Staff Position: N/A
Hourly Rate: N/A

Donor: _____
Source: _____
Kind: _____
Amount: _____
Staff Position: _____
Hourly Rate: _____

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Donor: _____
Source: _____
Kind: _____
Amount: _____
Staff Position: _____
Hourly Rate: _____



PROJECT SCHEDULE

List by project; see examples. It is not necessary to include dates of purchases of supplies or renewals of memberships. Project schedule dates may be adjusted in consultation with the applicant in the final contract to accommodate for staff review times.

Preferred Contract Start Date: _____

(Examples: July 1, ending June 30; September 1, ending August 31; September 30, ending September 29)

Examples:

Survey - begin August 2023, send draft to SHPO by February of 2024, send second draft to SHPO by March 2024, send final to SHPO by May 2024

Kids Activity Book - begin October 2023, send first draft to SHPO by January 2024, send final draft to SHPO by March 2024, publish with SHPO approval in May 2024

Workshop - coordinate date with presenter November 2023, provide SHPO with topic and dates and reserve space in December 2023, present workshop in late summer 2024