

**National Maritime Heritage Grant Program
2014 Grants for Maritime Heritage Education and Preservation Projects
Deadline for Submission:
All application materials to be submitted electronically via www.grants.gov**

APPLICATION FORM

Part 1. General Project Data

1. Project Title. Provide a brief title (10 words or less) that clearly identifies your project

2. Project Summary. In the space provided, summarize in a few sentences the objectives and activities of your project. Please limit your summary to 200 words. A more detailed description will be completed under Part 2, Project Description.

3. Applicant Information. Provide the organization name and contact information.

Organization Name:

Mailing Address:

City: State: Zip:

Website URL (if applicable):

A. The applicant is: a unit of state or local government **or** a private nonprofit organization

B. DUNS number (applications without a DUNS number will not be considered):

4. Amount Requested

\$

5. Estimated Grant Period. Enter the estimated beginning and ending dates for your project. The grant period can be **up to two years** and should begin as soon as possible after the grant is awarded and the grant agreement issued and signed. Project costs to be reimbursed with grant funds may not be incurred before the starting date or after the completion date of the approved grant period. **Work for preservation projects may not commence prior to compliance with Section 106 (See Application Guidelines and Grant Manual page 11).**

Estimated beginning date:

Estimated ending date:

6. U.S. Congressional District

District:

Name of Representative:

7. Project Classification. Please refer to the National Maritime Heritage Program Application Guidelines and Grants Manual for guidance in completing this section.

A. Is your proposal for: an Education Project **or** a Preservation Project?

B. Does your project involve a federally owned or managed historic maritime resource?
 Yes No

C. Please indicate one Education **or** Preservation Project Category under which you wish to classify your project (see “What is Funded” on the National Maritime Heritage Program website).

Education Project Categories

- Maritime Heritage Collections
- Maritime Heritage Area Programs
- Maritime Field Programs
- Maritime History Programs

- Preservation of Maritime Skills
- Facilities Improvements
- Maritime Resource Replicas

Preservation Project Categories

- Preservation
- Rehabilitation
- Reconstruction
- Restoration

8. Preservation Project Data. Complete this section **only** if your proposal is for a Preservation project (excluding reconstructions) involving a historic maritime property, including archeological sites. **Please note: early consultation with your State**

Historic Preservation Office (SHPO) is especially important for preservation projects.

A. Provide the name and address of the property and its current owner, if different from the application organization.

Property Name:

Current Legal Owner:

Mailing Address

City:

State:

Zip:

Phone:

Fax:

E-mail:

Website URL (if applicable):

B. Has the property been recognized for its historical significance by any of the following designations? Please contact your SHPO if you need assistance.

- | | | |
|--|------------------------------|-----------------------------|
| National Historic Landmark | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| National Register of Historic Places listing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| National Register determination of eligibility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State Designation Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Local Designation Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Historic American Building Survey | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Historic American Engineering Record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (specify): | | |

Please briefly describe the significance of the property in the space below.

9. Project Director. Enter the name, title, and contact information of the person responsible for the project. Include address and phone number if different from the applicant organization. Copies of his/her resume must also be included (see part 5, Supporting Documents).

Name:

Title:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

10. Fiscal Manager. Enter the name, title, and contact information of the person responsible for the fiscal management of the grant, if different from the Project Director.

Name:

Title:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Part 2. The Project Description

Please provide concise (try to limit your responses to 800-1000 words for each question) but informative narrative responses to the following statements. Your answers must be included on this section of the application form.

1. Describe the objectives of your project, the work to be performed, who will perform the work, and the products or results of the project. Please include resumes for all key project personnel as supporting documentation in Section 5. **For preservation projects only, include whether the property is threatened, and if so, how. Please document the property with photos showing the appearance and condition of the property (see Application Guidelines and Grants Manual for photographic guidelines, under Grants Program Requirements and Conditions, Predevelopment Requirements).**

Sample (2014 Application)

2. Identify the important aspect(s) of maritime history, technology, or culture that is addressed in your project and describe how it is significant to the maritime heritage of the United States.

Sample (2014 Application)

3. Describe how your project will reach a broad audience **and** how it will enhance public awareness and appreciation for the maritime heritage of the United States.

Sample (2014 Application)

Part 3. The Budget

This budget format is provided for your convenience. Each cost item should clearly show how the total charge for that item was determined. If more space is needed, please follow the budget format on a separate sheet of paper. Please see the Application Guidelines and Grant Manual for assistance with this section. All cost items should be explained in the narrative of the application and in the Budget Justification section below (section 13.F.).

1. Personnel. Provide the names and titles of key project personnel.

Name/Title of Position	Wage or Salary	NPS Grant Funds	Match / Cost Sharing	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$

2. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.

Rate	Salary or Wage Base	NPS Grant Funds	Match / Cost Sharing	Total
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

3. Consultant Fees. This should include payments for professional and technical consultants participating in the project. Consultants must be competitively selected. The rate the maximum daily rate of compensation in the Federal Civil Service equal to 120% of a GS-15, step 10 salary. See <https://www.opm.gov/policy-data-oversight/pay-leave/pay-systems/general-schedule/> for salary tables.

Name and type of Consultants	# of Days	Daily Rate of Compensation	NPS Grant Funds	Match / Cost Sharing	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Subtotal			\$	\$	\$

4. Travel and Per Diem. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	NPS Grant Funds	Match / Cost Sharing	Total
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Subtotal					\$	\$	\$

5. Consumable Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$500 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Equipment category (Budget Table 7, below).

Item	# of items	Cost	NPS Grant Funds	Match / Cost Sharing	Total
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Subtotal			\$	\$	\$

6. Building Repair Materials. List all construction materials, such as lumber, bricks, shingles, etc., for preservation grant.

Item	Cost	NPS Grant Funds	Match / Cost Sharing	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

7. Equipment. List all equipment items in excess of \$500 per unit. Items worth less than \$500 or that have a useful life of less than 2 years must be listed in the Supplies and Materials Budget Table 5, above.

Item	Cost	NPS Grant Funds	Match / Cost Sharing	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

8. Other (specify, such as dry dock fees).

Item	Cost	Federal Grant Funds	Match / Cost Share	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

9. Indirect Costs. If indirect costs will be charged to the grant, complete the table below using your current approved indirect cost rate and the direct costs it will be applied to. A copy of your most recent Federally approved indirect cost rate must be attached, if indirect costs will be requested. Only indirect costs up to 15% of the grant may be charged to the grant. *

* The Direct Costs from items 1 -- 6 to which the indirect cost rate applies	Current Approved Indirect Cost Rate Percentage (%)	Indirect Cost Rate Amount
\$	%	\$

*NOTE: Indirect costs may be applied only to eligible direct costs in accordance with your Federally approved rate. Most indirect cost rates exclude contracts or pass-through funds above a certain amount. Please check your rate and apply it accordingly.

Budget Summary

Category	NPS Grant Funds	Match / Cost Sharing	Total
1. Personnel	\$	\$	\$
2. Fringe Benefits	\$	\$	\$
3. Consultant Fees	\$	\$	\$
4. Travel and Per Diem	\$	\$	\$
5. Supplies and Materials	\$	\$	\$
6. Building Repair Materials	\$	\$	\$
7. Equipment	\$	\$	\$
8. Other			
9. Indirect Costs	\$	\$	\$
TOTAL PROJECT COSTS	\$	\$	\$

Sample (2014 Application)

Budget Justification.

Provide a brief justification of all cost items listed in the budget. Explain why these cost items are necessary to accomplish the grant objectives and results listed in your project description above.

Sample (2014 Application)

Part 5. Supporting Documents

The following supporting documents must be included, where applicable, with your completed application form. Please indicate those documents which you have included:

1. Certificate of 501(c) (3) status (private nonprofit organizations only)
 Yes No
2. Resume(s) of consultant(s) being considered for the project
 Yes No
(Note: Professional services must be competitively selected)
3. Resume(s) of Project Director and key project personnel.
 Yes No
(limit each resume to 1 or 2 pages)
4. Predevelopment documentation for preservation projects. See Grants Program Requirements and Conditions section of *Grants Manual and Application Guidelines*.
 Yes No
5. Archeological research design (if applicable)
 Yes No
6. Conservation plan for recovered archeological artifacts (if applicable)
 Yes No
7. If you propose work on a federally owned or managed property, a letter of consent from the appropriate federal agency
 Yes No

Part 6. Submitting Instructions (Please refer to the Application Guidelines and Grants Manual for more details.)

A completed application package will include the following.

1. Completed Maritime Heritage Grant application form.
2. Supporting Documents, as referenced in Part 5 of this form.
3. Completed form SF-424
4. Authorizing Official. Submission of the complete application package at www.grants.gov constitutes the electronic signature of the applicant organization and its authorized representative.