



Carson City Planning Division

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planning@carson.org
www.carson.org/planning

MEMORANDUM

Historic Resource Commission Meeting of October 10, 2013

TO: Historic Resource Commission **Item F-4**
FROM: Susan Dorr Pansky, Planning Manager
DATE: October 3, 2013
SUBJECT: HRC-13-131 – 2013 Historic Preservation Fund Grant Update and 2014 Grant Funding Projects

RECOMMENDED MOTION: “I move to recommend that staff submit a 2014 Historic Preservation Fund Grant application for the ‘INSERT PROJECT NAME HERE’ project on behalf of Carson City, a Certified Local Government.”

The 2013 Historic Preservation Fund (HPF) Grant for the Kings Canyon Cultural Resources Inventory in the amount of \$10,000 has been executed and work is scheduled to begin in October 2013.

The applications for the 2014 HPF Grant were distributed via email by the Nevada State Historic Preservation Office on October 1, 2013 and a copy of the blank application is attached for reference. The deadline for submittal of this application to be considered for 2014 funding is Friday, December 6, 2013.

Staff would like to request direction from the Historic Resources Commission (HRC) on selection of a project for the 2014 HPF Grant funding cycle to ensure adequate time to prepare the application prior to the December 6, 2013 deadline. At the September 12, 2013 HRC meeting, the HRC members present suggested the following projects as options for 2014 funding:

1. Anderson and Perini Ranches Historic Cultural Resources Inventory
2. Kings Canyon Cultural Resources Inventory including parcels not included in the 2013 scope of work due to lack of funding, and also including the Toll Gate and Quill Ranch House foundations and immediate surroundings
3. Kings Canyon Road National Register of Historic Places Designation

If you have questions regarding this item, please contact Susan Dorr Pansky at 283-7076 or spansky@carson.org.

This application will be evaluated for the proposal's benefit to the State

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
APPLICATION COVER

For SHPO use only
Received: _____
Postmarked: _____
Delivered By: _____
Initials: _____

Page 1 of 3 (Note: Do not edit this form, use only the space provided.)

Is Applicant: Representing owner(s)? a CLG? **Does Applicant have:** County/City Affiliation? Church affiliation?

Applicant Organization: _____ EIN: _____

Mailing Address: _____ Dept/Agency: _____

City: _____ County: _____ ZIP: _____

Authorized Signatory: _____ Title: _____

Dept/Agency: _____ Daytime Phone: _____

Project Contact: _____ Title: _____

Mailing Address (If different from above) _____

Daytime Phone: _____ Fax: _____

Email: _____ Application Approval Entities: _____

Project Title: _____

Program Area (Mark all that apply):

- | | | |
|--|--|--|
| 1a. <input type="checkbox"/> Development | 1b. <input type="checkbox"/> Pre-Development | 2. <input type="checkbox"/> National Register Nomination |
| 3. <input type="checkbox"/> Documentation (HABS/HAER/HALS) | 4. <input type="checkbox"/> Inventory | 5. <input type="checkbox"/> Planning |
| 6. <input type="checkbox"/> Public Education | 7. <input type="checkbox"/> Survey | |

Project Description (brief): _____

Proposed Start Date: _____ Proposed End Date: _____

Budget Summary: A. Requested Federal Share: \$ _____ B. Non-Federal Share: \$ _____ B.1 Cash \$ _____ B.2 In-Kind \$ _____ C. Grand Total: \$ _____	Applicant's authorized signature: _____ Name (please print): _____ Title: _____ Date: _____
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NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
APPLICATION COVER

Page 2 of 3 (Note: This unaltered form must be submitted with the application.)

1. Has the **Applicant** and **Property Owner** read the Secretary of the Interior's "Standards and Guidelines for the Treatment of Historic Properties" as it relates to preservation, rehabilitation, restoration, and reconstruction work? (See Appendix) Yes No
2. Is the project located in an urban area with a population of 25,000 or more? Yes No
3. Is Applicant willing to hire minority personnel/owned businesses to perform project? Yes No
4. Is Applicant a member of a minority group? Yes, please specify: _____ No
5. Is Applicant willing to hire a business certified as a Minority Business Enterprise? Yes No
6. Will Applicant proceed with the project if federal funding is not received? Yes No
7. Is the project accessible by the disabled? (*via alternate printing (Braille), ramps, etc.) Yes No
8. Is this project an emergency? Yes No
 - a. If 'Yes' to Item 8), please explain the severity of the emergency: _____

9. How much time will Applicant need to complete the project? _____
10. Please include a list of the final products to be completed with the subgrant (i.e., surveys, reports, architectural plans, videos, brochures, etc.,): _____
11. Does the subgrantee agree to submit to the SHPO a minimum of three (3) final copies of the publication produced as a result of research or any other work funded in whole or in part by the HPF grant? Yes No
12. Does the Applicant acknowledge that any grant award will be subject to acquiring qualified professionals who meet NPS professional qualification standards and State review before project work begins? Yes No
13. Does the Applicant have a consultant for the project? Yes No
 - b. If 'Yes', please list contact information for each and include **resume/vitae** with this application.
Name: _____ Title: _____
Phone: _____ Email: _____
Company/Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
(Note: If more than 1, please use 'Continuation Sheet' and check box .)
 - c. If 'Yes' to Item 13), please explain consultant/project personnel selection process noting the historic resources they have dealt with: _____

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
APPLICATION COVER

Page 3 of 3 (Note: This unaltered form must be submitted with the application.)

If 'Yes' to Item 13), please list projects, noting historic buildings: _____

- d. Is the consultant/project personnel familiar with the Secretary of the Interior's Standards for the Treatment of Historic Buildings? (e.g., Rehabilitation, Preservation, Restoration, and Reconstruction)? Yes No
- e. Does the consultant/project personnel meet the Secretary of the Interior's 'Professional Qualification Standards' in one of the following: Architecture, Architectural History, History, or Archaeology? (Circle all that apply) Yes No
14. Will a portion or the entire project be contracted out? Yes No
If 'Yes', please indicate the procurement method(s) to be used for the project:
 Small purchase procedures Competitive sealed bids
 Competitive negotiation Noncompetitive negotiation
15. Is the applicant aware that if funded, a 'kick-off' project meeting will be required with the SHPO before a funding agreement is drawn up? Yes No
16. Does the Applicant acknowledge that any project supported by HPF or Matching Share must meet the Secretary of Interior's Standards for the Treatment of Historic Properties?" Yes No
17. Does the Applicant acknowledge that any architectural project supported by HPF or Matching Share must meet the SHPO's Architectural Standards and Guidelines? Yes No
18. In addition to filling out pages 1 thru 3 of this subgrantee application cover pages, please include the following items:
a. Program Area (PA) Form (as it applies to your proposed project(s));
b. Budget Form (or equivalent);
c. Affidavit for Matching Funds Form;
d. Certifications Regarding Debarment, Suspension, and Other Responsibility Matters Form; and
e. Civil Rights Assurance Form.

I HAVE READ AND COMPLETED THIS **HPF SUBGRANTEE APPLICATION FOR FY 2014** AND CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

1a. Development or 1b. Pre-Development Proposal Only (Page 1 of 2)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

1. Development or Pre-Development:

- Development/Construction – Rehabilitation/Restoration Work
- Pre-Development/Construction – Rehabilitation/Preservation Plan and/or Implementation
- Pre-Development/Pre-Construction – Feasibility Report, Study, or Technical Assistance
- Other: _____

2. Property Data:

- a. Historic Property Name: _____ Date of Construction: _____
Property Street Address: _____
Property Legal Description: _____
National Register of Historic Places (NR) Status: Listed; date of listing: _____
 Pending/In-progress Not listed/Interested in listing Not listed/Not interested in listing
(If lengthy, please use 'Continuation Sheet' and check box)

- b. Please indicate the legal owner(s) of the property and/or areas listed in a)
(Indicate selection with an "X"):
- Federal owner; please specify agency: _____
 - State; please specify agency: _____
 - County; please specify department/division: _____
 - City; please specify department/division: _____
 - Private multi-owners (see '2c')
 - Private single owner (see '2c')

- c. Please indicate the legal owner(s) of the property and/or areas listed under 'private multi- and single owners.'
- Name: _____ Title: _____
Phone: _____ Email: _____
Company/Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
(If more than one, use 'Continuation Sheet' and check box)

- d. Is the property insured: Yes; please enclose copy of the policy; No; please explain: _____

3. If the proposed project is a feasibility study or other property-specific report, please answer the following questions:

- a. Is the Applicant aware that the property must be listed or considered eligible for listing on the National Register of Historic Places before the grant can be released? Yes No
- b. Does the proposed report/study include a significant element that fosters the identification, evaluation, or treatment of National Register properties? Yes No
Please explain answer: _____

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

2. National Register Nomination(s) Proposal Only (Page 1 of 1)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

1. Applicant is proposing the following:

(Indicate all that apply):

- Preparation and Editing of National Register Nomination (including photos and attachments)
- Processing Data (e.g., local review board activities related to nomination process)
- Public Notice (e.g., activity related to disseminating understanding and participation in process)
- National Historical Landmark (NHL) designation

2. Property Data:

a. Historic Property Name: _____ Date of Construction: _____

Property Street Address: _____

Property Legal Description: _____

National Register of Historic Places (NR) Status: Listed; date of listing: _____

Pending/In-progress Not listed/Interested in listing Not listed/Not interested in listing

(If lengthy, please use 'Continuation Sheet' and check box)

b. Proposed/Existing Historic Districts – Please include a map showing the general area under consideration.

c. Please indicate the legal owner(s) of the property and/or areas listed in a)

(Indicate selection with an "X"):

Federal owner; please specify agency: _____

State; please specify agency: _____

County; please specify department/division: _____

City; please specify department/division: _____

Private multi-owners (see '2c')

Private single owner (see '2c')

d. Please indicate the legal owner(s) of the property and/or areas listed under 'private multi- and single owners.'

Name: _____ Title: _____

Phone: _____ Email: _____

Company/Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

(If more than one, use 'Continuation Sheet' and check box)

3. Please describe your project. If necessary, please use a 'Continuation Sheet' and check box .

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

3. Documentation (HABS/HAER/HALS/Other) Proposal Only (Page 1 of 1)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

1. Applicant seeks to meet the following documentation standard

(Indicate *all that apply*):

- Historic American Building Survey (HABS)
- Historic American Engineering Record (HAER)
- Historic American Landscape Survey (HALS)
- Other: _____

2. Has the Applicant read the standards for HABS/HAER/HALS documentation as they appear at the NPS website (http://www.cr.nps.gov/local-law/arch_stnds_6.htm)? Yes No

3. Applicant seeks to accomplish the following type of documentation

(Indicate *all that apply*):

- Large-format photography Measured drawings
- Historical research and compilation into a written report All of the above

4. Please indicate the products that will be produced:

- Architectural drawings
- Report
- Electronic Copy (e. g., forms and report on a CD, digitized drawings on CD, etc.)
- Photographs (HABS/HAER)
 - Minimum: One (1) original and two (2) archival copies
- Photographs (Other)
 - Minimum: One (1) original and two (2) archival copies
- Other: _____

5. Please describe your project. If necessary, please use a 'Continuation Sheet' and check box .

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

4. Inventory Proposal Only (Page 1 of 1)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

1. Inventory:

"Inventory is the activity that relates to the maintenance and use of previously gathered information on the absence, and/or presence, of historic and archaeological resources within the State."

- a. Reason for Inventory: _____
- b. Inventory Name: _____
- c. Inventory Type: Electronic Hard Copy Both Other: _____
- d. Type of Resource Records Maintained (*Check all that apply*):
 Architectural Archaeological Historic Other: _____
- e. Estimated number of **projects** to be entered into database(s): _____
- f. Estimated number of **resources** to be entered into database(s): _____
- g. Estimated number of **reports** to be entered into database(s): _____
- h. Estimated number of **reports** to be assigned report/project numbers: _____

2. Please describe your project. If necessary, please use a 'Continuation Sheet' and check box .

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

5. Planning Proposal Only (Page 1 of 1)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

1. Applicant is proposing the following

(Indicate all that apply):

- Planning Process Design and Local Plans. Developing, conducting research on, designing or carrying out a planning process, or providing support for the development of a planning process design, or other historic preservation or cultural resource management plans at a regional or local level.
- Planning Studies, Historic Contexts, etc. Developing, gathering, and analyzing data used to develop planning studies, including historic contexts, theme studies, analyses, questionnaires, forecasts of social, economic, political, legal, environmental, and other factors that may affect historic preservation locally or regionally.
- Ordinances, Regulations, Standards, etc. Developing, or providing support for the development of ordinances, regulations, standards, and/or guidelines that support regional, or local plan goals.
- Advanced Planning Technologies. Developing, purchasing, adapting, or implementing advanced planning/computer technologies and applications to further comprehensive regional or local historic preservation planning program goals [e.g., Geographic Information Systems (GIS)].
- Printing of Plans. Printing and distributing, planning studies, ordinances, regulations, guidelines, etc.

2. Please indicate the final products and quantities that will be produced:

- Report
- Electronic Copy (e.g. forms and report on a CD)
- Photographs (sets)
- Other: _____

3. Please describe your project. If necessary, please use a ‘Continuation Sheet’ and check box .

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

6. Public Education Proposal Only (Page 1 of 1)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

1. Applicant is proposing the following

(Indicate selection with an "X"):

- Activities to increase overall public awareness of technical preservation methods and techniques having application to historic and archeological properties
- Dissemination of information to promote working relationships with the public and private sectors to achieve preservation objectives
- Explanation of historic preservation planning and/or the goals of local preservation ordinances, or design review guidelines to public or private audiences throughout the community;
- Dissemination of the results of grant-funded work (i.e., explanation of accomplishments, problems, and issues directly related to grant-assisted activities to the community preservation constituency);
- Purchase and installation of interpretive signs or markers at HPF grant-assisted historic buildings, structures and archeological sites.
- Signage acknowledging HPF assistance at construction project site during grant period
- Training and Education for Employee Development
- Temporary exhibits relating to HPF grant-assisted activities, accomplishments, or results
- Other:

2. Applicant proposes to use the following means to accomplish the above goal(s):

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Electronic (CDs, software, etc.) | <input type="checkbox"/> Exhibit | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Meetings (public) | <input type="checkbox"/> Newsletter | <input type="checkbox"/> News releases | <input type="checkbox"/> Pamphlets |
| <input type="checkbox"/> Film/Video/DVDs | <input type="checkbox"/> Publications | <input type="checkbox"/> Signage/markers | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Training Consultant | <input type="checkbox"/> Other: _____ | | |

3. Please describe your project. If necessary, please use a 'Continuation Sheet' and check box .

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
PROGRAM AREA SECTION

7. Survey Proposal Only (Page 1 of 2)

PLEASE COMPLETE ONLY THE SECTIONS RELATING TO YOUR PROJECT

Survey:

“Survey is activity directly pertinent to the location, identification, and evaluation of historic and archeological resources”

1. Does the project activity directly relate to the location, identification, and evaluation of historic and/or archeological resources? Yes No

a. If ‘No’, please explain answer: _____

2. Proposed Survey Data:

- a. Level:
 Intensive
 Reconnaissance
 Re-survey of previously covered area; Last surveyed: _____

b. Please include a location map showing proposed survey area boundaries.

c. Type of resource being surveyed for:

- Architectural/Historical
 Archeological/Historical

d. Level of documentation to be produced

(Indicate all that apply):

- Architectural Resource Assessment Forms (ARAs)
 IMACs or other approved SHPO Archeological Site Forms
 National Register nomination(s) (Please complete the form for this program area)
 Determinations of Eligibility (Identification and Evaluation)
 Other: _____

e. Estimated number of acres to be surveyed: _____

f. Estimated number of inventory forms to be produced: _____

g. Estimated number of reports to be produced: _____

3. Please indicate the legal owner(s) of the property and/or areas listed in a)

(Indicate selection with an “X”):

- Federal owner; please specify agency: _____
 State; please specify agency: _____
 County; please specify department/division: _____
 City; please specify department/division: _____
 Private multi-owners (see ‘3c’)
 Private single owner (see ‘3c’)

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
BUDGET FORM

Applicant: _____

1. Personnel:

	Position Title	Hours	Hourly Rate (HR)	✓ if HR includes Fringe Benefits	% of HR that is a fringe benefit	Amount of fringe benefit	Total Amt	Federal Share	Non-Federal Share
a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
Subtotal:							\$	\$	\$

2. Contractual Services: (Attach quotes)

	Contractual Service	Total Amount	Federal Share	Non-Federal Share
a.				
b.				
c.				
d.				
e.				
f.				
Sub-total:		\$	\$	\$

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
BUDGET FORM

Applicant: _____

3. Travel: (see GSA rates at the end of this document)

		Rate	Miles/# of days	Total Amount	Federal Share	Non-Federal Share
a.	Mileage					
	1. Person #1-					
	2. Person #2-					
b.	Per Diem Reimbursements (Breakfast)					
	Per Diem Reimbursements (Lunch)					
	Per Diem Reimbursements (Dinner)					
c.	Transportation costs (parking fees, taxi, etc.)					
d.	Lodging					
	1. Weeknight (Sun-Th)					
	2. Weekend (Fri-Sat only)					
e.	Other:					
f.	Other:					
Sub-total:				\$	\$	\$

4. Operating: List estimated operating expenses relating to the proposed project.

	# of items	Rate per item	Flat Rate	Amount	Federal Share	Non-Federal Share
a.	Photocopying					
b.	Film and Processing					
c.	Maps					
d.	Postage					
e.	Telephone					
f.	Utilities					
g.	Supplies (specify):					
h.	Other (specify):					
i.	Other (specify):					
j.	Other (specify):					
Sub-total:				\$	\$	\$

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
BUDGET FORM

Applicant: _____

5. Other (please specify or attach detailed budget):

	Rate	Amount	Federal Share	Non-Federal Share
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
		\$	\$	\$

6. Section #1- 5 Subtotals:

	Amounts	Federal Share	Non-Federal Share
1. Personnel	\$	\$	\$
2. Contractual Services	\$	\$	\$
3. Travel	\$	\$	\$
4. Operating	\$	\$	\$
5. Other	\$	\$	\$
	\$	\$	\$

7. Requested Federal Share Total	Subtotal:	\$
8. Required Non-Federal Share	Subtotal:	\$
9. Actual Non-Federal Share	Subtotal:	\$
10. Proposed Project Costs	Grand Total:	\$

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
BUDGET FORM

Applicant: _____

11. List each component of the Actual Non-Federal share.
(Please provide the exact nature of each source.)

#	Budget item	Cash	Other				Amount
			In-Kind	Donated Labor/Time	Donated Material	Salaries	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total:							\$

Note: The amounts listed for item #11 must equal item #9.

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION FOR 2014
BUDGET FORM – GSA RATES

GSA RATES AS OF 10/01/2013
GOOD THROUGH 09/30/2014

	CLARK COUNTY	WASHOE	CARSON CITY, DOUGLAS & STATELINE	OTHER-(use 'CONTINENTAL U.S.' rates)
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Per Diem

Breakfast: (enter travel status before 6:45 am)	\$12.00	\$ 8.00	\$10.00	\$ 7.00
Lunch: (enter travel status before 11:00 am & return after 1:30 pm)	\$18.00	\$12.00	\$15.00	\$11.00
Dinner: (return from travel status after 7:00 pm)	\$36.00	\$26.00	\$31.00	\$23.00

Lodging

Oct. 1 - Sep. 30	\$ 99.00		\$ 91.00	\$77.00
Oct. 1 – June 30		\$ 93.00		
July 1 – August 31		\$125.00		
Sept. 1 - Sept. 30		\$ 93.00		

Personal Mileage

State convenience:	\$0.565
Personal convenience:	\$0.2825

Incidentals

Incidentals:	\$5/day
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NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION 2014
AFFIDAVIT FOR MATCHING FUNDS

STATE OF NEVADA
COUNTY OF _____

WHEREAS, _____, hereinafter referred to as Subgrantee, in the interest of the historic preservation project commonly known as: _____, certifies that the project previously referenced shall have the necessary matching funds required pursuant to the Historic Preservation Act (P.L. 89-665).

SUBGRANTEE HEREBY CERTIFIES, that if Subgrantee is funded \$ _____ in Historic Preservation funds from the United States government, Subgrantee will have available an acceptable match in the amount of \$ _____ as funds set aside for the project named above.

Subgrantee Signature

Date

Subgrantee Name (please print)

Date

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__.

Notary Public

U.S. DEPARTMENT OF THE INTERIOR
**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY
MATTERS, DRUG-FREE WORKPLACE REQUIREMENTS AND LOBBYING**

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions - **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.** See below for language to be used or use this form certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions - (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements - Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters-Primary Covered Transactions

CHECK ___ IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals: (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

CHECK ___ IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective lower tier participant 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.
- (2) 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.

U.S. DEPARTMENT OF THE INTERIOR
**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY
MATTERS, DRUG-FREE WORKPLACE REQUIREMENTS AND LOBBYING (CONTINUED)**

PART C: Certification Regarding Drug-Free Workplace Requirements

CHECK ___ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL.

Alternate I. (*Grantees Other Than Individuals*)

A. The grantee certifies that it will or continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; (b) Establishing an ongoing drug-free awareness program to inform employees about-- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a); (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check ___ if there are workplaces on files that are not identified here.

PART D: Certification Regarding Drug-Free Workplace Requirements

CHECK ___ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL.

Alternate II. (*Grantees Who Are Individuals*)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made; to such a central point, it shall include the identification number(s) of each affected grant.

U.S. DEPARTMENT OF THE INTERIOR
CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY
MATTERS, DRUG-FREE WORKPLACE REQUIREMENTS AND LOBBYING (CONTINUED)

PART E: Certification Regarding Lobbying Certification for Contracts, Grants, Loans, and Cooperative Agreements
CHECK ___ IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT; SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK ___ IF CERTIFICATION FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED NAME AND TITLE

DATE

DI-2010 June 1995 (This form replaces DI-1953, DI-1954, DI-1955, DI-1956 and DI-1963)

NEVADA HISTORIC PRESERVATION FUND (HPF)
HPF SUBGRANTEE APPLICATION 2014
CIVIL RIGHTS ASSURANCE

As the authorized representative of the applicant, I certify that the applicant agrees that, as a condition to receiving any Federal financial assistance from the Department of the Interior, it will comply with all Federal laws relating to nondiscrimination. These laws include, but are not limited to: (a) Title VI of Civil Rights Act of 1964 (42 U.S.C. 2000d-1), which prohibits discrimination on the basis of race, color or national origin; (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap; (c) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101et. seq.), which prohibits discrimination on the basis of age; and applicable regulatory requirements to the end that no person in the United States shall, on the grounds of race, color, national origin, handicap or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by the applicant. **THE APPLICANT HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE shall apply to all aspects of the applicant's operations including those parts that have not received or benefited from Federal financial assistance.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applicants for Federal financial assistance which were approved before such date.

The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, assignees, and sub recipients and the person whose signature appears below who is authorized to sign this assurance on behalf of the Applicant.

Signature of Authorized Certifying Official

Title

Applicant/Organization

Date Submitted

Applicant/Organization Mailing Address

Bureau or Office Extending Assistance