|  |  |  |
| --- | --- | --- |
| Application Targeted Grant FY 2024Historic Documents Preservation ProgramConnecticut MunicipalitiesGP-001 (rev. 1/2023) |  | STATE OF CONNECTICUT*Connecticut State Library**PUBLIC RECORDS ADMINISTRATOR*231 Capitol Ave., Hartford, CT 06106 |
| *This form may be completed and printed for submission at* [*https://ctstatelibrary.org/publicrecords/hdpp*](https://ctstatelibrary.org/publicrecords/hdpp)  |

|  |  |
| --- | --- |
| **Name of Municipality:***Use full municipality name, ie ‘Town of \_\_\_’ or ‘City of \_\_\_’*  | of |
| **Name of Municipal CEO:** |  | **Title:** |  |
| **Phone with Area Code:** |       |
| **Email:** |       |
| **Name of Town Clerk:** |  | **Title:** |  |
| **Phone with Area Code:** |       |
| **Email:** |       | **Check if Designated Applicant: [ ]**  |
| **TC Mailing Address:** |       |
| **MCEO Address if Different:** |       |

|  |  |  |
| --- | --- | --- |
| **Grant Application Deadline:** | [ ]  Cycle 1: April 30, 2023  | [ ]  Cycle 2: September 30, 2023  |
|  |  |
| **Grant Contract Period:** | The contract period begins after July 1, 2023 AND receipt of the fully executed |
|  | contract. Grant projects must be completed and funds expended by June 30, 2024.  |
| **Maximum Grant Allowed:** | $6,000 | SmallMunicipality | Population less than 20,000 |
|  | $8,000 | Medium Municipality | Population between 20,000 and 69,999 |
|  | $11,000 | Large Municipality | Population of 70,000 or greater |
|  |  |
| **Amount Requested:** | $  |  |
|  |  |  |
| **Grant Category(ies):** | [ ]  Inventory and Planning | [ ]  Organization and Indexing  |
|  | [ ]  Program Development | [ ]  Storage and Facilities |
|  | [ ]  Preservation/Conservation | *See Page 6 of the Guidelines for Category descriptions.* |

|  |  |  |  |
| --- | --- | --- | --- |
|   **Budget Summary** | **Grant Funds (A)** | **Local Funds (B)** | **Total Funds (A+B)** |
| 1. **Consultants/Vendors**

(Total cost for all consultants and vendors) | $ |       | $ |       | $ |  |
| 1. **Equipment**

(Total cost for eligible items, i.e. shelving) | $ |       | $ |       | $ |  |
| 1. **Supplies**

(Total cost for eligible items, i.e. archival supplies) | $ |       | $ |       | $ |  |
| 1. **Town Personnel Costs**

(Total cost for all town personnel)  | [[1]](#footnote-1)$ |       | [[2]](#footnote-2)$ |       | $ |  |
| 1. **Other**

 (Please specify on a separate sheet; rarely used)  | $ |  | $ |  | $ |  |
| **6. TOTAL** | $ |  | **$** |  | $ |  |
| **Narrative Page & Supporting Documents**Answer on an attached page. **Number each question and answer**. If applying for more than one project, questions 1 through 3 must address each project **separately** and be numbered separately, i.e., 1a and 1b, 2a and 2b, 3a and 3b. Answers should be provided in the applicant’s own words, not by referencing the vendor’s proposal. |
| 1. **Describe the project.** State **what** will be done and **why**. In addition, for **records projects**, identify the specific records, including date ranges. For **conservation projects**, also address microfilming – see Guidelines booklet for instructions under Preservation/Conservation on **Page 9**.
2. **Provide vendor/personnel info & timeframe.**  For **vendors**, identify the company and the timeframe for completing the work within the grant period. For **town personnel** – see Guidelines booklet for instructions under Town Personnel Costs on **Page 12**.
3. **State what will be accomplished**. Explain how the project will impact the records, the office and/or the municipality.
4. **Provide a detailed budget.**  If applying for only **one** project with one vendor – **omit** this question. If applying for more than one project – show the **detail** for each line item listed on page 1 of the Application (Consultants/Vendors, Equipment, Supplies, and Town Personnel Costs) and the **split** between grant and local funds for each line item (if any).
5. **Attach supporting documents.** For **vendors:** provide a copy of the proposal or quote. For **direct purchases** of equipment or supplies: provide a copy of the product information/pricing from the website or catalog.
 |

|  |
| --- |
| Designation of Town Clerk as ApplicantThis section to be completed only if the MCEO wishes to designate the Town Clerk to make the application for the grant.I hereby designate,       , the Town Clerk, as the agent for making the above application. Signature of MCEO Date       Name and Title of MCEO |

|  |
| --- |
| Certification of the ApplicationThis section must be signed by the applicant. If the Town Clerk is designated above, the Town Clerk must sign. If the Town Clerk is not designated, the MCEO must sign. I hereby certify that the statements contained in this application are true and that all eligibility requirements as outlined in the *FY 2024 Targeted Grant Guidelines* have been met.  Signature of Applicant (MCEO or Town Clerk if Designated) Date (***must be same as or later than above date***)       Name and Title of Applicant |

# *For State Library Use Only*

Grant Disposition: [ ]  Approved [ ]  Denied

Grant Award: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Number: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Public Records Administrator Date

1. Base pay only for personnel hired directly by the municipality for the grant project. Consultant/vendor costs should be listed on Line 1. [↑](#footnote-ref-1)
2. Personnel taxes, benefits and any overtime must be paid by the municipality. [↑](#footnote-ref-2)