

**APPLICATION**  
**TARGETED GRANT FY 2027**  
 Historic Documents Preservation Program  
 Connecticut Municipalities  
 GP-001 (rev. 1/2026)



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://portal.ct.gov/csl/departments/public-records/municipal-program/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, 2026  Cycle 2: September 30, 2026

**Grant Contract Period:** The contract period begins after July 1, 2026 AND receipt of the fully executed contract. Grant projects must be completed and funds expended by June 30, 2027.

**Maximum Grant Allowed:**

\$4,000	Small Municipality	Population less than 20,000
\$6,000	Medium Municipality	Population between 20,000 and 69,999
\$9,000	Large Municipality	Population of 70,000 or greater

**Amount Requested:** \$ \_\_\_\_\_

**Grant Category(ies):**

<input type="checkbox"/> Inventory and Planning	<input type="checkbox"/> Organization and Indexing
<input type="checkbox"/> Program Development	<input type="checkbox"/> Storage and Facilities
<input type="checkbox"/> Preservation/Conservation	

*See Page 6 of the Guidelines for Category descriptions.*

Budget Summary	Grant Funds (A)	Local Funds (B)	Total Funds (A+B)
<b>1. Consultants/Vendors</b> (Total cost for all consultants and vendors)	\$	\$	\$
<b>2. Equipment</b> (Total cost for eligible items, i.e. shelving)	\$	\$	\$
<b>3. Supplies</b> (Total cost for eligible items, i.e. archival supplies)	\$	\$	\$
<b>4. Town Personnel Costs</b> (Total cost for all town personnel)	<sup>1</sup> \$	<sup>2</sup> \$	\$
<b>5. Other</b> (Please specify on a separate sheet; rarely used)	\$	\$	\$
<b>6. TOTAL</b>	\$	\$	\$

<sup>1</sup> Base pay only for personnel hired directly by the municipality for the grant project. Consultant/vendor costs should be listed on Line 1.

<sup>2</sup> Personnel taxes, benefits and any overtime must be paid by the municipality.

## 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 for instructions under Preservation/Conservation on **Page 9**. For **scanning and vital records projects**, also address and acknowledge requirements – see Guidelines for instructions under Digital Imaging (Scanning) Projects and Vital Records Projects 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 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 Applicant

This 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 Application

This 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 2027 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

Completed applications should be submitted by email to [CSL.HDPP@ct.gov](mailto:CSL.HDPP@ct.gov).