Historical Records Re-grant Program Application Form

For Period Sept 1st, 2013 through April 30, 2014

Application Deadline: June 28, 2013

Name of Organization Applying:		
Mailing Address:	**Street:**	
City:	**Colorado**	**Zip:**
DUNS #:		
Primary Contact:		
Telephone:	**FAX:**	**E-mail:**
Secondary Contact:		
Telephone:	**FAX:**	**E-mail:**

Project Title:

Amount of Request :	$
Amount of Match Value (min. 50% of Total Budget):	$
Total Budget for Project:	$

Summary Statement:

Please summarize the nature, purpose, and goals of this re-grant funded project:

- How does it relate to your organization's mission?
- How will the project support/ improve preservation and access to specific historical materials/records?
- Briefly describe the program and any specific financial needs:

Project Description: Please answer questions completely and give specific information about the types of activities, number of programs and/or resources to be made available to the public.

Describe in detail the type of the intended activity and how it will improve the preservation of and access to the historical material and/or records.

What is the historical significance of the materials/records to the local area, region, and the State of Colorado or nation? Please describe the specific records that will be the focus of the project.

Identify the audience and estimate the number of individuals/organizations who will participate in or benefit from the project.

What specific products/outcomes will this re-grant funded project produce?

What criteria or method will be used to evaluate the success of the project?

Project Work Plan
Using the following format, outline the project work plan.

Time period	Activity/Phase or Major Step	Tasks involved	Location of work	Staff assigned
(Example) July1- August 31, 2012	*Rehouse archival materials*	*Remove metal fasteners, labeling folders, re-boxing items.*	*Gotham Library*	*Bruce Wayne, Dick Grayson*

Budget: The CHRAB Board requires a minimum of fifty (50%) per cent cost sharing (cash and/or in-kind effort). Indirect costs are not permitted.

1. Salaries and Benefits

Provide the names and titles of primary project personnel. For support personnel, include title for each position and indicate in brackets the number of persons who will be employed in that capacity.

Name	***Title***	**CHRAB FUNDS**	**MATCH**	**TOTAL**
	SUBTOTAL	$		

2. Volunteers

Provide the names and working titles of volunteers working on the project.

Name	***Title***	CHRAB FUNDS	MATCH	TOTAL
		[redacted]		
		[redacted]		
		[redacted]		
	SUBTOTAL	$ [redacted]		

3. Travel for Staff

For each trip indicate the number of persons traveling, the number of days in travel status, and the total subsistence and transportation costs for the trip (at the current federal rate). When a project will involve the travel of a number of people to a conference, workshop, etc., these costs may be summarized on one line by indicating the point of origin as "various."

Item/Point of Origin/Destination	No. of Persons	Total Travel Days	Lodging/Meals Costs +	Transportation Costs =	CHRAB FUNDS	MATCH	TOTAL
				SUBTOTAL			

4. Contractual Services

NOTE: All consultants or vendors must be pre-approved by the CHRAB before beginning services of any kind. For each consultant or vendor to be used on the project complete the following information.

	Hourly/ Flat Fee/Unit Type	x	Hrs/Units	=	Costs	CHRAB FUNDS	MATCH	TOTAL
1. Consultant/Vendor Name:								
Contact Information:								
2. Consultant/Vendor Name:								
Contact Information:								
3.. Consultant/Vendor Name:								
Contact Information:								
SUBTOTAL								

5. Supplies, Materials, Services

Please include the cost of all necessary supplies and other services related to the project.

ITEM	BASIS METHOD OF COMPUTATION	CHRAB FUNDS	MATCH	TOTAL
	SUBTOTAL	$		

7. Furniture/Fixtures/Equipment

Include furniture, fixtures and equipment to be used in the project, costing $1,000, or more, per unit. Include fair market or depreciated value to existing items to be used on the project. Enter full cost of any equipment purchased specifically for the project – **MATCH ONLY**.

ITEM	BASIS METHOD OF COMPUTATION	CHRAB FUNDS	MATCH	TOTAL
		$		
		$		
		$		
	SUBTOTAL	$		

8. Other Costs

Identify other costs attributable to the grant, but not identified in another budget category, such as indirect costs (**Match only**).

ITEM	BASIS METHOD OF COMPUTATION	CHRAB FUNDS	MATCH	TOTAL
	SUBTOTAL	$		

PROJECT TOTAL COSTS $_____ $_____ $_____

Please attach any additional sheets related to the project - narrative, budget, special requirements, and the names and email address of staff and volunteers who will be working on the project.