



# New Hampshire Department of Cultural Resources

## Application and Budget Form: Conservation License Plate Grants

Please check the Division to which you are applying.

Fill out a separate application form for each type of grant and amount requested.

**Applicants are reminded that all grant funding is dependent upon federal and state government appropriations and therefore subject to change.**

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### 1. AMOUNT REQUESTED \$

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☐ Arts Council

☐ Historical Resources

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### 2. APPLICANT DATA (TYPE OR PRINT CLEARLY)

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Official IRS Name of Applicant or Fiscal Agent:

Organizational E-mail:

Mailing Address:

Daytime Phone:

City/Town:

FAX:

State/Zip:

Website:

Authorized Official's Name & Title:  
(School Principal, if applicable)

Authorized Official's E-mail:

DUNS Number (required for organizations)

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### 3. CONTACT PERSON/SITE COORDINATOR (IF DIFFERENT FROM THE AUTHORIZED OFFICIAL)

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Name:

E-mail:

Mailing Address:

Daytime Phone:

City/Town:

FAX:

State/Zip:

Website:

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### 4. GRANT REQUEST INFORMATION:

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**Project Title/Summary:** (one clearly stated phrase or sentence)

**Project Start and End Dates:**

**Project Director:**

(if different from Contact Person)

**Has your organization previously received DCR Conservation License Plate Grant funding?  
Yes / No**

**If Yes** - Year of Grant Award \_\_\_\_\_

Amount of Grant Award \$ \_\_\_\_\_

Title of Grant \_\_\_\_\_ From which Division? DHR/ARTS/Library

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## 5. PUBLIC OWNERSHIP

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Is the object a publicly owned:

- ☐ Historic Resource (date of listing or determined eligible)  
☐ Artwork or publicly owned cultural facility

Name of facility(ies) where activities funded by this grant will take place.

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## 6. ARTS APPLICANTS ONLY: FACILITY DATA & ACCESSIBILITY ASSURANCES

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**Name of your ADA Coordinator:**

Is this facility accessible to people with disabilities? Yes ☐ No ☐

Is accessibility part of the organization's long range plan? Yes ☐ No ☐

Has an ADA self-evaluation of the organization's facilities and programs been conducted?

Yes ☐ No ☐

Have policies and procedures been established which address nondiscrimination against persons with disabilities? Yes ☐ No ☐

Is this information posted? Yes ☐ No ☐

**Does applicant own the facility?** Yes ☐ No ☐ If no, complete the following:

Name of Owner:

Address:

Length & Expiration of Lease:

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## 7. CERTIFICATION

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(Type in authorized official or artist name below)

I, \_\_\_\_\_, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

By signing the application, the Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles.

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Signature of Board Chairman/President	Title	Date
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Signature of authorized official	Title	Date
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Signature of person preparing this application (if different)	Title	Date
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**NHDCR Divisions reserve the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met. Grantees are reminded that failure to submit final reports will adversely affect eligibility for funding for two years and final payment will be withheld.**

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**APPLICANT NAME:**

**8. BUDGET EXPENSES**

Expenses (Project Only)	Cash	In-Kind (List only in-kind goods & services)
<b>Salaried Employees</b> ( <i>Prorate salaries, wages, fringe benefits to include only time spent on this project. Indicate # of positions and % of time spent on project.</i> )		
Administrative:		
#Full-Time=      #Part-Time=		
Technical		
#Full-Time=      #Part-Time=		
<b>Outside Fees &amp; Services:</b>		
Consultant Fees		
Digitization		
Microfilm		
Other ( <i>specify</i> )		
<b>Marketing/Publicity</b> ( <i>specify</i> ):		
Paid Advertising		
Printing		
Mailing\Postage		
<b>Remaining Project Expenses:</b>		
Space Rental: ( <i>location/rate</i> )		
Travel: ( <i>specify # of travelers, mileage, per diems</i> )		
In-State		
Out-of-State		
Conservation Treatment (s)		
Archival Supplies		
Other ( <i>specify</i> )		
<b>Total Expenses:</b>		

**Use asterisk (\*) to indicate items for which NHSCA funding will be used**

**APPLICANT NAME:**

**9. BUDGET INCOME**

<b>Income (Project Only)</b>	<b>Cash (All Sources)</b>	<b>In-Kind (List only in-kind goods &amp; services)</b>
<b>Requested DCR Grant Support:</b>		
<b>Earned Income:</b>		
Contracted Services <i>(specify)</i> :		
Concessions, sales, rentals:		
Fees and/or tuition:		
Other Revenue <i>(specify)</i> :		
<b>Contributed Income:</b>		
Memberships:		
Corporate Contributions <i>(identify)</i> :		
Private Foundations <i>(identify)</i> :		
Other Private Support: <i>(includes fundraisers)</i>		
<b>Non DCR Government Support:</b>		
Federal <i>(specify)</i> :		
State <i>(do not include this request)</i> :		
Local:		
<b>Applicant Cash:</b>		
<b>Total Cash Income:</b> <i>(must equal Total Cash Expenses)</i>		

**Please note with an asterisk (\*) secured contributed income**