**A blue and white license plate

Description automatically generated with low confidenceMichigan Certified Local Government Program**

FY2025 CLG Grant Application

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| **PROJECT INFORMATION** | | | | | | | |
| Certified Local Government: | | | | | | | |
| Project Name: | | | | | | | |
| Project Type: | Survey and Designation  Preservation Planning  Education and Training  Pre-development  Development  Other: | | | | | | |
| Brief Project Summary (no more than 1-2 sentences): | | | | | | | |
| ***Complete the shaded sections below for Pre-development and Development Projects ONLY:*** | | | | | | | |
| Property Name: | | | | | | | |
| Property Address: | | | | | | | |
| Historic Designation: | | | | | | | |
| Property Owner Name: | | | | | | | |
| Owner Phone Number: | | | | | | Owner E-mail: | |
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| **GRANT FUNDING REQUEST** | | | | | | | |
| CLG Grant Request: | | $ | Briefly describe the project funding source and kind: | | | | |
| CLG Match (**NOT REQUIRED**): | | $ |
| Total Project Amount: | | $ |
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| **CLG INFORMATION** | | | | | | | |
| Federal ID (EIN) Number: | | | | | | | |
| UEI Number: | | | | | | | |
| CLG Street Address: | | | | | | | |
| City: | | | | | Zip Code: | | |
| Project Coordinator Name: | | | | | | | |
| Phone Number: | | | | | E-mail: | | |
| Street Address: | | | | | | | |
| City: | | | | | Zip Code: | | |
| **CLG LEGISLATIVE INFORMATION** | | | | | | | |
| U.S. Congressional District Number: | | | | | | | |
| State Senate District Number: | | | | State House of Representatives District Number: | | | |
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| **CLG PARTNER INFORMATION**  ***Complete this section ONLY if the CLG is partnering with another entity (please see the manual for requirements)*** | | | | | | | |
| Is the CLG requesting third-party administration by the partner entity:  Yes  No | | | | | | | |
| Name of Non-profit or Public Entity: | | | | | | | |
| Federal ID (EIN) Number: | | | | | | | |
| UEI Number: | | | | | | | |
| Nonprofit or Public Entity Contact Name: | | | | | | | |
| Telephone Number: | | | | | E-mail: | | |
| Street Address: | | | | | | | |
| City: | | | | | Zip Code: | | |
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| **PROJECT INFORMATION** | | | | | | |
| **A. PROJECT GOALS (2000 characters)** | | | | | | |
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| **B. SCOPE OF WORK (8000 characters)** |
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| **C. PROJECT NEED (2000 characters)** |
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| **D. PROJECT URGENCY (2000 characters)** |
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| **E. PROJECT BENEFIT AND IMPACT (2000 characters)** |
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| **F. PROJECT CONSIDERATIONS (1200 characters each)** |
| Is the project related to the goals and priorities identified in the CLG’s last three annual reports and/or most recent program evaluation? If so, describe. |
| Is the project related to the goals identified in the [Michigan Statewide Historic Preservation Plan, 2020-2025](https://www.miplace.org/494acc/globalassets/documents/shpo/shpo_5-year_plan_2020-25_final.pdf)? If so, describe. |
| Is the project related to one or more of SHPO’s funding priorities for the fiscal year (see the grant manual)? If so, describe. |
| Are there other entities or partnerships that will benefit from the project or is the project related to other community planning, economic development, cultural tourism, or other such efforts? If so, describe. |
| How will the value of historic preservation be articulated through the project and how will the public be informed about the project? |

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| **PROJECT BUDGET** | | | | |
| Provide a project budget that matches the items described in the scope of work. All grant funds are paid on an expense reimbursement basis only. The applicant must have funds available for expenditures amounting to 100 percent of the project cost at the time of submittal. The subgrantee will be reimbursed for eligible expenses incurred (up to the grant amount) at the end of the project. SHPO will review and may make changes to the budget line items as submitted in the application. The final budget, as approved by SHPO, will become an attachment to the grant agreement. | | | | |
| **WORK ITEMS** | **CLG**  **FUNDS** | **CASH MATCH** | **IN-KIND MATCH** | **PROJECT TOTAL** |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **TOTAL COSTS:** | $ | $ | $ | $ |

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| **WORK SCHEDULE** |
| On the following page, provide a work schedule that includes major project milestones. Remember that work cannot begin until the grant agreement is executed. Assume a **July 2025** grant agreement date. Projects will have until **August 31, 2027** for all work to be completed. All project work, including billing and reporting, must be completed by this date. No extensions will be given.  **Please see Appendix C. Work Schedule Requirements in the grant manual for specific items that should be included in the work schedule.** |

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| **Date** | **Grant Agreement** |
| July 2025 | Grant agreement executed |
| **Date** | **Grant Project Work Items** |
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| **Date** | **Project Reporting** |
| Every Jan 15, April 15, July 15, and Oct 15 | Submit Quarterly Progress Report to SHPO for review while project is active |
| **Date** | **Project Close-Out** |
| No later than Aug 31, 2027 | Submit Completion Report and Reimbursement Request |
|  | Disbursement of grant funds to subgrantee within 30 days of an approved Completion Report |