 

New Mexico State Historical

 Records Advisory Board

**New Mexico Historical Records Advisory Board (NMHRAB) Grant Proposal with Instructions**.

FY22 Application Form

For Period 1 July 2021 through 15 June 2022

Final Application Deadline 31 March 2021 at 4:00 pm

**Grants are contingent upon availability of Federal funds**

**Submit one original application with an original signature or digital signature of the entire completed application to:**

Robert D. Martínez

Interim Grants Administrator and State Historian

1205 Camino Carlos Rey

Santa Fe, New Mexico 87507

rob.martinez@state.nm.us

(505) 476-7911

Incomplete applications be considered ineligible.A complete application includes the following:

* Application form with original signature or digital signatures
* Attachments:
	+ Resumes of key project staff
	+ Job descriptions for staff yet to be hired (if applicable)
	+ Contractor and vendor scopes of work and minimum qualifications (if applicable)
	+ Cost proposal or quote from each consultant or vendor (if applicable)
	+ Letters of recommendation (optional)
	+ Proof of Non-Profit Status, for example, from IRS or Secretary of State (required).

**All applicants should familiarize themselves with the GRANT GUIDELINES at**

<http://www.srca.nm.gov/regrant-program/>

To calculate linear feet when describing your project, please use the calculator found at this link: <http://beinecke.library.yale.edu/linear-footage-calculator>.

**A list of ALLOWABLE EXPENSES** is at <https://www.archives.gov/nhprc/apply/eligibility.html>

**COVER SHEET**

|  |
| --- |
| **Legal Name of Applicant**  |
| **Type of organization** (i.e. non-profit, municipal government, public university, etc.)**\*** |
| **Complete Mailing Address** |
| **County** | **State Senate District** | **State House District** |
| **DUNS No. (May be obtained online at** [**http://fedgov.dnb.com/webform**](http://fedgov.dnb.com/webform)**)** |
| **Contact Person for questions regarding this application** |
| **Telephone** | **Fax** | **E-mail** |

|  |
| --- |
| **Applicant’s Signature (Individual authorized to obligate the legal entity)***(Must be original signature in blue ink)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date Print name Title  |

## \*Nonprofit organizations must submit a letter from the IRS and the New Mexico Secretary of State establishing their non-profit status. Failure to submit your IRS letter shall disqualify your application from consideration.

## Project Type: (check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Preservation** |  | **Access** |  | **Training** |  | **Research** |  | **Promotional Programs** |  | **Program Development**  |

**Do you have legal custody of the collection with which you propose to work? Yes\_\_\_\_ No \_\_\_\_
(If ‘no’ the application is ineligible for further consideration.)**

|  |
| --- |
| Project Title  |
| Project Director |
| **Telephone** | **FAX** | **e-mail** |

**When preparing all budget-related portions of this application please round to the nearest whole dollar. Do not use cents.**

|  |  |
| --- | --- |
| Amount of Request :  | $ |
| Amount of Match (min. 25% of Grant Request): | $ |
| Total Budget for Project: | $ |

**New Mexico Historical Records Advisory Board**

**(NMHRAB) Grant Proposal**

**Applicant (institution or government office):** Click here to enter text.

**Project Title:** Click here to enter text.

**Project Description:**

Click here to enter text.

**Plan of work:**

Click here to enter text.

**Audience (who will use the product of your project):**

Click here to enter text.

**Project Goals:**

Click here to enter text.

**Project evaluation (how will you evaluate the success of your project):**

Click here to enter text.

**Budget (see Budget Form)**

Click here to enter text.

|  |  |
| --- | --- |
| **NMHRAB Funds: $** | **Applicant Cost Sharing: $**Enter amount your institution is contributing, no less than 25%. |
| **TOTAL: $** Add the amount requesting and your institutions contribution. |

|  |  |
| --- | --- |
| **Applicant name:** Click here to enter your name. | **Date:** Click to enter date. |
| **Applicant address:** Click here to enter address. | **Phone:** Enter phone number.  |
| **Applicant signature:** Physical signature. |
| **Contact person:** If different than above. | **Phone:** Enter phone number.  |
| **Contact email:** Click here to enter email. |

|  |
| --- |
| **BUDGET FORM*****(round all amounts to nearest dollar)*** |
|  | **NMHRAB Funds** | **Local Funds (cash or in-kind)** | **TOTAL**  |
| 1. **Salaries & Benefits**

***(list each position separately)*** |
|  | N/A | $  | $  |
| Click here to enter text. | N/A | $  | $  |
| Click here to enter text. | N/A | $  | $  |
| Click here to enter text. | N/A | $  | $  |
| Click here to enter text. | N/A | $  | $  |
| 1. **Contractual Services**

***(list each vendor separately)*** |
| Click here to enter text. | $  | $  | $  |
| Click here to enter text. | $  | $  | $  |
| Click here to enter text. | $  | $  | $  |
| 1. **Travel**

***(Compute at state rate)*** |
| Click here to enter text. | $  | $  | $  |
| Click here to enter text. | $  | $  | $  |
| Click here to enter text. | $  | $  | $  |
| 1. **Preservation Supplies**

*(include itemized quote(s))* |
| Click here to enter text. | $  | $  | $  |
| 1. **Other**
 |
| Click here to enter text. | $  | $  | $  |
| **TOTAL** | $  | $  | $  |

Signature of applicant

Date