



New Mexico State Historical  
Records Advisory Board

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

FY24 Application Form

For Period 1 September 2023 through 31 December 2023

**Application Deadline 19 May 2023**

### **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:**

Nicolasa Chávez  
Grants Administrator and Deputy State Historian  
1205 Camino Carlos Rey  
Santa Fe, New Mexico 87507  
nicolasa.chavez@state.nm.us  
(505) 476-7998

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**

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

<b>Applicant's Signature (Individual authorized to obligate the legal entity)</b> (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**   
  **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.)

<b>Project Title</b>		
<b>Project Director</b>		
<b>Telephone</b>	<b>FAX</b>	<b>e-mail</b>

**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.

<b>NMHRAB Funds: \$</b>	<b>Applicant Cost Sharing: \$</b> Enter amount your institution is contributing, no less than 25%.
<b>TOTAL: \$</b> Add the amount requesting and your institutions contribution.	

<b>Applicant name:</b> Click here to enter your name.	<b>Date:</b> Click to enter date.
<b>Applicant address:</b> Click here to enter address.	<b>Phone:</b> Enter phone number.
<b>Applicant signature:</b> Physical signature.	
<b>Contact person:</b> If different than above.	<b>Phone:</b> Enter phone number.
<b>Contact email:</b> 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)*

	NMHRAB Funds	Local Funds (cash or in-kind)	TOTAL
	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	\$	\$

**2. Contractual Services**

*(list each vendor separately)*

Click here to enter text.	\$	\$	\$
Click here to enter text.	\$	\$	\$
Click here to enter text.	\$	\$	\$

**3. Travel**

*(Compute at state rate)*

Click here to enter text.	\$	\$	\$
Click here to enter text.	\$	\$	\$
Click here to enter text.	\$	\$	\$

**4. Preservation Supplies**

*(include itemized quote(s))*

Click here to enter text.	\$	\$	\$
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**5. Other**

Click here to enter text.	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

Signature of applicant

Date