



New Mexico State Historical
Records Advisory Board

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

FY25 Application Form
For Period 1 September 2024 through 15 June 2025
Application Deadline 19 April, 2024

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

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)		
Contact Person for questions regarding this application		
Telephone	Fax	E-mail

Applicant's Signature (Individual authorized to obligate the legal entity) <i>(Must be original signature in blue ink)</i>			
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.)

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	\$	\$

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.	\$	\$	\$
---------------------------	----	----	----

5. Other

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

Signature of applicant

Date