

**FY2009 State of Iowa  
Certified Local Government Grant Application**

**A. Applicant Information** Please type or print clearly—all information is required

<b>Federal Congressional District Number:</b>	<b>State Senatorial District Number (s):</b>
	<b>State Representative District Number (s):</b>

**1. City/County (CLG) Applicant Name:**

Mayor/Chair of Board of Supervisors/ACLU President:

City/County Mailing Address:

**2. Name of Person who Prepared Application:**

Preparer's Mailing Address:

Preparer's Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Preparer's E-mail address:

**3. Local Grant Director's (LGD) Name (who will direct the project once awarded):**

LGD's Mailing Address (City, State, & Zip):

LGD's Daytime Phone: (\_\_\_\_) \_\_\_\_\_

LGD's E-mail address:

**Signature of the Mayor, Chairman of County Board of Supervisors, President ACLU Trustees**

***Please sign in blue ink!***

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Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(This signature legally obligates the applicant)

**B. PROJECT INFORMATION**

**1. Project Title:**

**2. Type of project:** (Check appropriate category. See the manual for descriptions of project categories)

- Planning for Preservation**
- Reconnaissance or Intensive Survey and Evaluation**
- Registration**
- Public Education**
- Predevelopment**
- Planning**

**C. SCOPE OF WORK:**

Describe the following four (4) items, use additional pages if necessary:

- Goal: State the project goal and the activities needed to accomplish that goal.
- Coordination: Describe the division of labor, project responsibilities of consultant, local project director, staff, and volunteers.
- Work Products: Insert tangible list of products required for your type of project. Identify additional intangible products or benefits.
- Schedule: List proposed deadlines for completing different parts of the project, such hiring consultant, organizing and training volunteers , conducting meetings, research design (if required), preparing materials, submitting draft and final products.

**D. Explain how the proposed project will help to fulfill the goals and objectives of your local preservation plan and/or the state preservation plan.** If this is part of a multi-phase project, describe the completed project segments and/or future ones that are linked to this project application. Each year's project must be able to stand alone. Funding of one year does not guarantee funding of future phases.

**E. Past grant contract performance**

Specifically address the success or challenges faced in carrying out the requirements of your past CLG grant projects. **DO NOT LEAVE THIS SECTION BLANK.**

*This section gives the applicant an opportunity to dispel any fears on the part of the review panel or Board that past problems will hinder this new effort. Simply explain what steps have been taken to insure project success. If a past project was cancelled, please address the specific circumstances of that cancellation. If all previous CLG grants have been successfully completed, please state this and discuss the factors that have contributed to your success.*

*If you have never received a CLG grant, assess your commission's performance since being certified, using specific instances to make your points. Describe how undertaking this project will strengthen and enhance commission performance.*

