

**THEMICAGROUP**

**Cultural Resource Fund (CRF)  
Phase I Grant Application**

Thank you for completing this Phase I Grant Application. The responses to the questions in this application will assist The MICA Group and the CRF Advisory Board in our efforts to ensure that every eligible SHPO receives a Phase I grant.

Instructions:

- Please answer all questions in Part I and Part II of the grant application. Each section is important for current funding opportunities as well as future grants and other funding resources that may become available to support cultural and historic preservation initiatives.
- The State Historic Preservation Officer or other authorized official must sign the application.
- For suggestions of the types of projects that are eligible for funding in Phase I, please refer to Attachment A included with this grant application.
- If you have questions, please contact your designated CRF Liaison, or The MICA Group at (505) 415-0787. A list of CRF Liaisons and their contact information is attached.
- **SUBMISSION DEADLINE: August 31, 2015.** Submission should be made by email to [peggymainor@verizon.net](mailto:peggymainor@verizon.net). Please scan and save the completed application as a PDF. Attach the completed application to your email. Please write in the subject line of your email <SHPO Name> CRF Application. If unable to submit by email, please contact Peggy Mainor to arrange for a U.S. mail submission. ***Earlier submission is requested and will result in earlier funding.***

**PART I.**

**The answers to the questions in this section will be the basis for an award for a State cultural or historic preservation project, if it is approved.**

Please provide the **title** of your proposed project: \_\_\_\_\_

\_\_\_\_\_

Please briefly describe the proposed project: (1-200 words. Attach extra page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list below up to three outcomes this project will achieve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PART II.**

**The answers to the following questions *will not* affect your eligibility for a Phase I grant. The responses will assist The MICA Group in planning for future funding opportunities.**

Is your proposed project related to the location of one or more Positive Train Control (PTC) poles?

Yes       No       If yes, please briefly explain.

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Please assist The MICA Group in planning future funding opportunities by sharing with us your State's cultural and/or historic preservation priorities. Please list in order of priority.

1. 

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2. 

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3. 

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4. 

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5. 

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Please use this space to share any further information about your State's cultural and historic preservation needs, plans, and priorities. Feel free to attach additional information.

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**Please attach a brief (100 words or less) description of your agency (required for reporting purposes).**

We appreciate your taking the time to complete this **Phase I Grant Application**. CRF Liaisons are available to answer questions about the grant application process.

**This Phase I Grant Application must be signed by the State Historical Preservation Officer or other authorized official.**

## Certification

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Name of State Historic Preservation Agency (name of the agency to which the check will be made out)

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If grant award should be sent to the attention of a person or department, please provide the name

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Street Address or PO Box (to which the grant should be mailed)

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City, State, Zip

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Name of Contact Person (in case we have questions)

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Title, Department of Contact Person

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Phone number and email address of Contact Person

**IMPORTANT NOTE ABOUT TIDES FOUNDATION POLICIES: Grant award checks will be made out in the name of the SHPO agency and must be deposited in the agency account. If alternative arrangements are necessary, please discuss these arrangements with your CRF Liaison as soon as possible to avoid processing delays.**

*I hereby certify that I am authorized to submit this application on behalf of the State of*

\_\_\_\_\_ *and that the grant will be used for the purpose(s) stated in this application.*

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Signature of SHPO or Authorized Official

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Name of SHPO or Authorized Official

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Title of Authorized Official

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Date \_\_\_\_\_