



ALABAMA HISTORICAL COMMISSION

THE STATE HISTORIC PRESERVATION OFFICE

Protect, Preserve and Interpret Alabama's Historic Places



Certified Local Government Grant Program

Quarterly Reporting:

- I. Submit at the end of the quarterly reporting period once a fully executed grant agreement is in place.
- II. Periods end December 31, March 31, June 30, and September 30. **If it is the end of your grant cycle, then the last period ends September 15th.**
- III. Reporting due January 15th, April 15th, July 15th, and October 15th. **If it is the end of your grant cycle, then the last day to report is October 1st.**
- IV. The final report is due no later than October 1st or 90 days after the project is completed.
- V. Must submit Grantee Cost Report form (GCR) regardless if you are requesting reimbursement or not.
- VI. If requesting reimbursement, must submit Grant Reimbursement Form, along with necessary documentation and GCR.
- VII. If reporting match, must submit Match Documentation Form, along with necessary documentation and GCR.

PLEASE DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT TO ENSURE YOUR REQUEST IS PROCESSED.



Grantee Cost Report Form (GCR)

Grant Cost Report

- I. The GCR sums up the original grant total, match and grant share. Each quarter information is added that sums up any grant amount requested or reimbursed, match shares, and grant amount left.
- II. GRANT PERIOD should be filled out by the grantee each time and the dates of the period should be MM/DD/YY – MM/DD/YY.
- III. DOCUMENTED EXPENSES AND REMAINING BALANCES: this should state the expenses spent (or not) in the quarter. There is a formula in the excel sheet that you can plug the numbers into.
- IV. PROJECT UPDATE: Fill out if not requesting reimbursement/match.



Portions of this will be filled out for you. You will need to fill in report number, EIN Number, Grant Period.

Will automatically populate.

Enter project update ONLY if not reporting match or requesting reimbursement. (If you are requesting or reporting, you will give an update on the project on your match and/or reimbursement form.

ALABAMA HISTORICAL COMMISSION THE STATE HISTORIC PRESERVATION OFFICE		Grantee Cost Report				
City:		Project Name:				
Subgrant #:		EIN:				
Report Number:		STAARS #:				
Grant Award:		Grant Period:				
Match Amount:		AHC Voucher #:				
Documented Expenses						
Start Period	7/1/2021	10/1/2021	1/1/2022	4/1/2022	7/1/2022	
End Period	9/30/2021	12/31/2021	3/31/2022	6/30/2022	6/30/2022	
Grant Amount This Period		\$ -	\$ -	\$ -	\$ -	
Match Amount This Period		\$ -	\$ -	\$ -	\$ -	
Total Grant and Match This Period	\$ -	\$ -	\$ -	\$ -	\$ -	
Grant Reimbursements To Date	\$ -	\$ -	\$ -	\$ -	\$ -	
Remaining Balances						
Grant Amount	\$0.00	\$ -	\$ -	\$ -	\$ -	
Match Amount	\$0.00	\$ -	\$ -	\$ -	\$ -	
PROJECT UPDATE: If you are <u>not</u> requesting reimbursement or reporting match, please give a brief update on the project for this reporting period.						
*NOTE: Required Attachments: 1) Grant Reimbursement Form (if applicable), 2) Match Documentation Form (if applicable), and 3) Documentation (warrant registers, timesheets, invoices, and payroll verification to show hourly rates, etc.) must accompany each request for reimbursement (if applicable).						
I certify that the product meets the specification of the scope of work set forth in the grant agreement.						
CLG Project Director:			Date:			
I certify that GRANT SHARE has been expended by the Grantee. The Grantee shall retain all records pertinent to costs incurred under this grant in accordance with this agreement. The Grantee shall report these funds to its auditor for inclusion in its schedule of federal financial assistance in accordance with 2 CFR, Part 200						
Grantee Chief Fiscal Officer:			Date:			

MM/DD/YY-
MM/DD/YY

Enter in number

Enter in number

Signatures
required.



Reimbursement Form

Grant Reimbursement Form

- I. This sheet documents the grant share (also referred to as federal share) requested. Submit when reimbursement is requested.
- II. Include costs, hourly rate, description of costs, and dates. May need to submit documentation such as invoice, payment.
- III. All the rates and costs should have already been justified in your application.
- IV. In space below table, explain costs and how they relate to the project of the overall grant.
- V. Use fillable PDF. It will automatically make calculations.

Staff time can not be reimbursed but it can be reported as match.



Certified Local Government (CLG) Grant Reimbursement Form

Lump sum or hourly
rate. Hourly can include
benefits.

MM/DD/YY-MM/DD/YY

CLG:		Grant Number:		Reporting Period:	
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Grant Reimbursement Requested:

\$0.00

List all costs separately by item. If staff costs are being claimed, include the name and provide the hourly rate.

Should be "1" if lump
sum or a different
number for hours

Date	Cost Description	Hourly Rate/Cost of Item	# of Hours / # of Items	Total Amount	Amt Requested
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	\$ 0.00

Enter
in
grant /
fed
share

In the space below, provide an explanation of how these costs relate to the progress of the overall grant project. Attach invoices, pay stubs, etc. to support items described. If this is the final payment, include a final assessment of the project.

Example: "HP
Consulting research
and survey photos"
Or "Paige Thomas,
staff, administrative
duties for this
quarter."

Elaborate on the cost description. For example, "consultant conducted one public meeting for input and surveyed and photographed 10 properties. Paige Thomas, staff, coordinated consultant work and public meeting."

*Yellow box=Automatically
populates



Match Documentation Form

Match Documentation Form

- I. Submitted with GCR when Match share is being reported.
- II. Description of match (is it staff time, volunteer time, etc.), hourly rate or cost of service or item, note if in-kind or cash.
- III. Submit necessary documentation with form which may include, time sheet, payroll, invoice, proof of payment.
- IV. Provide a statement that justifies your costs on the form.
- V. Use fillable PDF. Formulas will automatically make calculations. Place cursor inside box and click. Do not tab over.



ALABAMA
HISTORICAL
COMMISSION
THE STATE HISTORIC PRESERVATION OFFICE

Certified Local Government (CLG) Match Documentation Form

Lump sum or hourly
rate. Hourly can include
benefits.

MM/DD/YY-MM/DD/YY

CLG:	Grant Number:	Reporting Period:
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Match Amount Claimed for this Reporting Period: \$0.00

List all volunteers/staff separately by name and provide the hourly rate. Enter 0 (zero) in any blank cells for Hourly Rate/Cost of Item

Date	Match Description	Hourly Rate/Cost of Item	# of Hours / # of Items	Total Amount	Actual Match Contribution	Cash or In-Kind
		\$0.00	1	\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00	\$0.00	

Enter
in
match
share

In the space below, provide justification for the hourly rate for volunteers and/or staff. Attach invoices, pay stubs, etc. to support match described.

Enter in "1" for a lump sum.
Or enter in the amount of
hours/ quantity.

Enter in "in-
kind" for
donated labor
or material and
"cash" if an
invoice was
received and
payment made.

Example: "HP
Consulting research
and survey photos"
Or "Paige Thomas,
staff, administrative
duties for this
quarter."

Elaborate on the cost description. For example, "consultant conducted one public meeting for input and surveyed and photographed 10 properties for a cost of \$1500.00. Paige Thomas, staff, coordinated consultant work and public meeting at an hourly rate of \$50.00."

*Yellow box=Automatically
populates



Final Report

Final Request-this should be consistent. This will be reported on your match form and/or reimbursement form.

- I. Include a brief statement to sum up the outcome of the project.
 - I. How many items printed and who for? Where are they found? What is the topic? How many pages are in the document? How many properties were noted?
 - II. Date of conference or training? How was it accessed? Where was it? How many attended? What were their professions or backgrounds? What was the agenda?
 - III. How many properties surveyed? The significance of the area? How many resources were deemed contributing? Size of district?
 - IV. Be sure to send final copy of materials that were a result of the grant to the CLG Coordinator.



Sample Submittal

- I. GCR-signed by both the Chief Fiscal Operator and the Project Director regardless if funds were spent or if you are requesting funds. End of every reporting period.
 - a) If not requesting reimbursement or reporting match, please enter in an update and then submit form.
- II. Match Form (may need to submit)
- III. Reimbursement Form (may need to submit)
- IV. Supporting Documents: volunteer hours, staff hours, invoice, etc./ proof of payment
- V. For final report, please enter in a description of the project and its results on the match and reimbursement forms. Please send in a copy of the product.



Sample Submittal



Grantee Cost Report

City: **Anyplace** Project Name:

Subgrant #: **AL-22-10070** EIN: **63-56789101**

Report Number: **I** STAARS #:

Grant Award: **\$12,000.00** Grant Period: **10/1/22-9/30/23**

Match Amount: **\$4,800.00** AHC Voucher #:

Documented Expenses

Start Period	10/1/2021	10/1/2021	1/1/2022	4/1/2022	7/1/2022
End Period	9/30/2021	12/31/2021	3/31/2022	6/30/2022	6/30/2022
Grant Amount This Period	\$ 1,800.00	\$ 1,800.00	\$ -	\$ -	\$ -
Match Amount This Period	\$ 1,675.00	\$ 1,675.00	\$ -	\$ -	\$ -
Total Grant and Match This Period	\$ -	\$ 3,475.00	\$ -	\$ -	\$ -
Grant Reimbursements To Date	\$ -	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00

Remaining Balances

Grant Amount	\$12,000.00	\$ 10,200.00	\$ 10,200.00	\$ 10,200.00	\$ 10,200.00
Match Amount	\$4,800.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00	\$ 3,125.00

PROJECT UPDATE: If you are **not** requesting reimbursement or reporting match, please give a brief update on the project for this reporting period.

***NOTE: Required Attachments:** 1) Grant Reimbursement Form (if applicable), 2) Match Documentation Form (if applicable), and 3) Documentation (warrant registers, timesheets, invoices, and payroll verification to show hourly rates, etc.) must accompany each request for reimbursement (if applicable).

I certify that the product meets the specification of the scope of work set forth in the grant agreement.

CLG Project Director: **Patty Mayonnaise** Date: **1/1/2022**

I certify that GRANT SHARE has been expended by the Grantee. The Grantee shall retain all records pertinent to costs incurred under this grant in accordance with this agreement. The Grantee shall report these funds to its auditor for inclusion in its schedule of federal financial assistance in accordance with 2 CFR, Part 200

Grantee Chief Fiscal Officer: **Jane Smith** Date: **1/1/2022**



Sample Submittal



Certified Local Government (CLG) Match Documentation Form

CLG:	Anyplace	Grant Number:	AL-22-10070	Reporting Period:	10/1/22-12/31/22
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Match Amount Claimed for this Reporting Period: \$1,675.00

List all volunteers/staff separately by name and provide the hourly rate. Enter 0 (zero) in any blank cells for Hourly Rate/Cost of Item

Date	Match Description	Hourly Rate/Cost of Item	# of Hours / # of Items	Total Amount	Actual Match Contribution	Cash or In-Kind
11/4/22	Phase 1 Historical Preservation, Inc. Consultant Fee	\$3,000.00	1	\$3,000.00	\$1,200.00	Cash
10/1-12/31/22	Staff time Millie Thomas	\$47.50	25	\$1,187.50	\$475.00	In-kind
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$4,187.50	\$1,675.00	

In the space below, provide justification for the hourly rate for volunteers and/or staff. Attach invoices, pay stubs, etc. to support match described.

The consultant completed Phase I of the project which included an initial consultation with city staff and a public meeting to discuss the project.

Millie Thomas, Director of Preservation Services for the City of Anyplace, worked a total of 25 hours at a rate of \$47.50 per hour on the project on various tasks. Tasks included reviewing consultant proposals, preparing and providing public notice, and coordinating public meeting.

(If making final assessment when requesting final payment, please summarize the product of the project. For example:

A consultant surveyed over 150 properties in a residential neighborhood. The consultant conducted research and prepared a historic context for the surveyed properties. Consultant recommended the area be nominated to be listed as a district on the National Register of Historic Places.)



Sample Submittal



Certified Local Government (CLG) Grant Reimbursement Form

CLG:	Anyplace	Grant Number:	AL-22-10070	Reporting Period:	10/1/22-12/31/22
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Grant Reimbursement Requested: \$1,800.00

List all costs separately by item. If staff costs are being claimed, include the name and provide the hourly rate.

Date	Cost Description	Hourly Rate/Cost of Item	# of Hours / # of Items	Total Amount	Amt Requested
12/4/22	Phase I Hysterical Preservation, Inc. Consultant Fee	\$3,000.00	1	\$3,000.00	\$ 1,800.00
10/1-12/1	Staff time Millie Thomas	\$47.50	25	\$1,187.50	\$ 0.00
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$4,187.50	\$ 1,800.00

In the space below, provide an explanation of how these costs relate to the progress of the overall grant project. Attach invoices, pay stubs, etc. to support items described. If this is the final payment, include a final assessment of the project.

The consultant completed Phase I of the project which included an initial consultation with city staff and a public meeting to discuss the project.

Grant reimbursement is not being requested for staff time since it is donated in-kind.

(If making final assessment when requesting final payment, please summarize the product of the project. For example:

A consultant surveyed over 150 properties in a residential neighborhood. The consultant conducted research and prepared a historic context for the surveyed properties. Consultant recommended the area be nominated to be listed as a district on the National Register of Historic Places.)



Sample Submittal

STAFF HOURS

Name	Date	Hours	Task	Hourly Wage and Benefit Rate	Total
Mille Thomas	10/2/2022-10/15/22	5	Prepared and issued RFP	47.50	237.50
Mille Thomas	10/17/22-10/31/22	10	Reviewed proposals	47.50	475.00
Millie Thomas	10/31/22-11/5/22	2	Prepared consultant agreement	47.50	95.00
Millie Thomas	11/6/22	5	Correspondence, Initial meeting with consultant	47.50	237.50
Millie Thomas	12/2/2022	3	Public meeting	47.50	142.50
			TOTAL		\$1,187.50



Employee
658 Millie Thomas

Payroll Date	Check Number	Amount	Deductions	Taxes	Total
10/01/22	1234	\$ 3,900.00	50.00	50.00	3,800.00
10/15/22	5678	\$ 3,900.00	50.00	50.00	3,800.00
11/01/22	9101	\$ 3,900.00	50.00	50.00	3,800.00
11/15/22	1213	\$ 3,900.00	50.00	50.00	3,800.00
12/01/22	1415	\$ 3,900.00	50.00	50.00	3,800.00
12/15/22	1617	\$ 3,900.00	50.00	50.00	3,800.00
Totals			300.00	300.00	22,800.00



Date: 11/4/2022
INVOICE # 1

City of Anytown
c/o Paige Thomas
456 Main Street
Anywhere, USA 45678
334-555-6060
Customer ID: 123456789

Due Date 12/4/2022
12/4/2022

Make all checks payable to Hysterical Preservation, Inc. *

Thank you for your business!

Hysterical Preservation, Inc. * 123 Easy Street, Montgomery, AL 36117 * 334-555-5151



Sample Submittal

City of Anyplace	1001
456 Main Street Anywhere, USA 45678 334-555-6060	
	<u>1/1/2022</u> Date
Pay to the Order Of: _____	Hysterical Preservation Inc. \$ <input type="text" value="3000.00"/>
<u>Three thousand dollars</u>	DOLLARS
Bank of Anyplace Anywhere, USA	
FOR _____	Signature _____ Patty Mayonnase _____ SO
06 1958 69878 #385967523 0012 0021	

	1001
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Certified Local Government Grant Program

Important Dates (subject to change)

October 15 th	Grant Application and Instructions are sent to CLG
January 15 th (February 15 th this year)	Grant Applications are due
February 30 th	Applications are processed
March 30 th	Application reviewed
Once federal funds are received (this could be late spring or summer)	Executed Grant Agreement copy and Reporting Forms sent to CLGs
September 30 th -End of Quarter	Quarterly Grant Reporting Due no later than October 15 th
December 31 st -End of Quarter	Quarterly Grant Reporting Due no later than January 15 th
March 31 st -End of Quarter	Quarterly Grant Reporting Due no later than April 15 th
June 30 th -End of Quarter	Quarterly Grant Reporting Due no later than July 15 th
Final Quarter Ends September 15 th and Final Report Due	Report Due 90 days after project is complete or no later than October 1 st



Alabama Historical Commission

<https://www.nps.gov/clg/>

<https://ahc.alabama.gov/CLG.aspx>

<https://www.nps.gov/subjects/historicpreservationfund/historic-preservation-fund-grant-manual.htm>HPF

<https://athp.org/resources/>

Questions? Paige Thomas 334.230.2643 Paige.Thomas@ahc.alabama.gov

www.ahc.alabama.gov