

GRANTEE WORKSHOP

Preserve New Jersey Historic Preservation Fund
Historic Site Management and Heritage Tourism
2020 Grant Recipients





NJ HISTORIC TRUST MISSION

The mission of the New Jersey Historic Trust is to advance historic preservation in New Jersey for the benefit of future generations through education, stewardship and financial investment programs that save our heritage and strengthen our communities.

NJ HISTORIC TRUST BOARD

- 12 Citizen Members
- 3 *Ex-Officio* Members, representing
 - Department of Community Affairs
 - Department of Environmental Protection
 - Treasury



STAFF OF THE HISTORIC TRUST

- Dorothy Guzzo, Executive Director
- Historic Preservation Specialists:
 - Glenn Ceponis
 - Erin Frederickson
 - Carrie Hogan (and Fiscal Officer)
 - Haley McAlpine
 - Sam Siegel
- Ashley Parker, Program Assistant
- Paula Lassiter, Secretary





OVERVIEW



TODAY'S AGENDA

- Overview of the Grant Agreement process
- Overview of Grantee Packet and Grant Manual materials
- Executing the Grant Agreement
- Defining the Scope of Work
- Administering an active grant
- Closing out the grant
- Publicity for your project
- Q&A



GRANT AGREEMENT PROCESS

- The Trust holds a Grantee Workshop to explain the administrative requirements of the Grant Agreement.
- The Grantee submits the supporting documentation.
- The Trust assembles the materials and sends two originals of the Grant Agreement to the Grantee for signature.
- The Grantee signs and returns the two Grant Agreements to the Trust for signature by the Executive Director and Department of Community Affairs Fiscal Office; *at this point the Agreement is executed.*
- Once the Agreement is executed, all reporting, signage and easement requirements are in effect.

GRANT MATERIALS AND MANUAL

- **Grantee Info Packet:**

- Documents for executing your Grant Agreement
- **Please print, fill out, compile certifications and resolutions, then mail to the Trust by Monday, March 15**

- **Grant Manual:**

- Everything you need to know to successfully manage your grant project



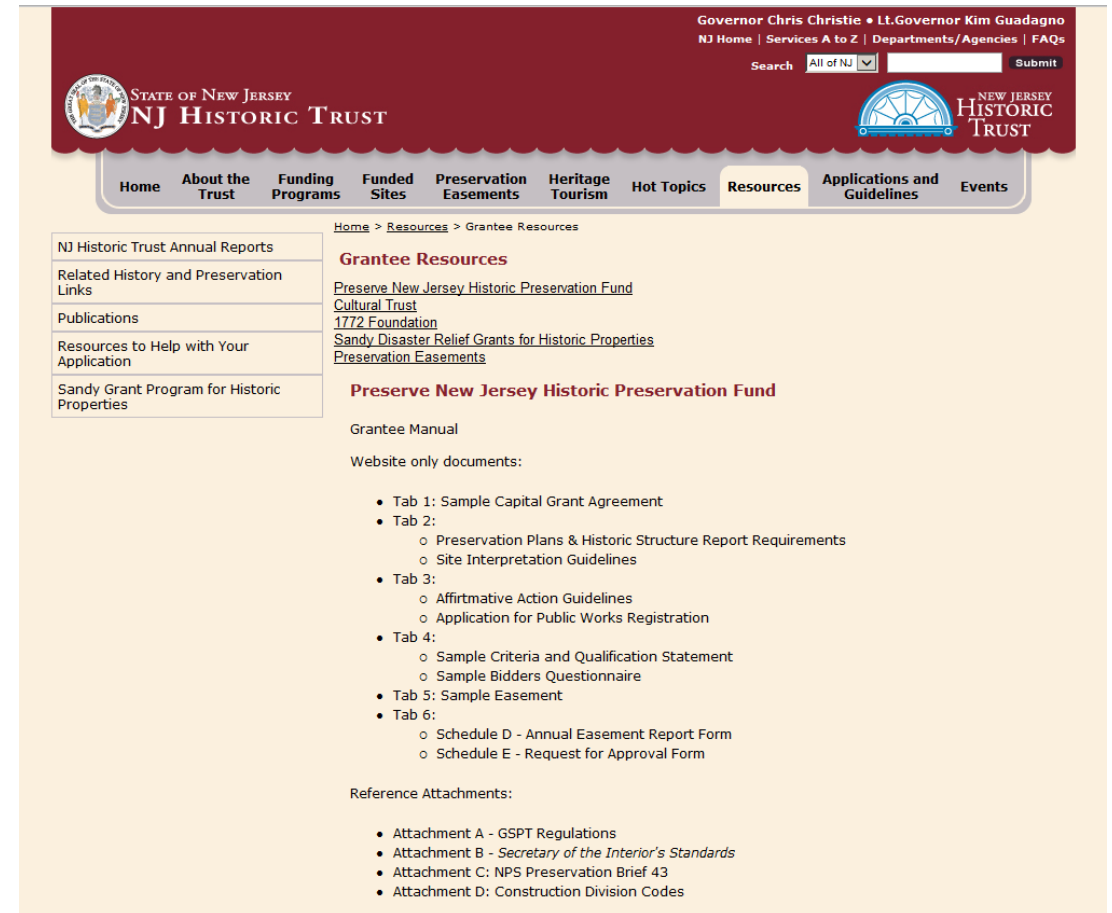
2020 Historic Site
Management & Heritage
Tourism
Grant Manual

New Jersey Historic Trust
P.O. Box 457
Trenton, NJ 08625

RESOURCES WEB PAGE

The entire grant manual will be available on this site:
<http://njht.org/resources/granteeresources.html>

***Also note the NJHT website is undergoing a complete redesign. All of this information will still be available, but the look and feel of the Resources page may change once the redesign goes live.**



The screenshot shows the NJ Historic Trust website. The header is dark red with the state seal and navigation links. The main content area is light beige. On the left is a sidebar with links to annual reports, history, publications, and grant programs. The main content area has a breadcrumb trail, a section for 'Grantee Resources' with links to various funds, a 'Preserve New Jersey Historic Preservation Fund' section with a 'Grantee Manual' link, and a list of website-only documents (Tab 1-6) and reference attachments (A-D).

Governor Chris Christie • Lt. Governor Kim Guadagno
NJ Home | Services A to Z | Departments/Agencies | FAQs

Search All of NJ

STATE OF NEW JERSEY
NJ HISTORIC TRUST

Home About the Trust Funding Programs Funded Sites Preservation Easements Heritage Tourism Hot Topics Resources Applications and Guidelines Events

Home > Resources > Grantee Resources

Grantee Resources

[Preserve New Jersey Historic Preservation Fund](#)
[Cultural Trust](#)
[1772 Foundation](#)
[Sandy Disaster Relief Grants for Historic Properties](#)
[Preservation Easements](#)

Preserve New Jersey Historic Preservation Fund

Grantee Manual

Website only documents:

- Tab 1: Sample Capital Grant Agreement
- Tab 2:
 - Preservation Plans & Historic Structure Report Requirements
 - Site Interpretation Guidelines
- Tab 3:
 - Affirmative Action Guidelines
 - Application for Public Works Registration
- Tab 4:
 - Sample Criteria and Qualification Statement
 - Sample Bidders Questionnaire
- Tab 5: Sample Easement
- Tab 6:
 - Schedule D - Annual Easement Report Form
 - Schedule E - Request for Approval Form

Reference Attachments:

- Attachment A - GSPT Regulations
- Attachment B - *Secretary of the Interior's Standards*
- Attachment C: NPS Preservation Brief 43
- Attachment D: Construction Division Codes



EXECUTING THE GRANT AGREEMENT

EXECUTING THE GRANT AGREEMENT

- **Checklist:**
 - outlines all the items required to prepare the Grant Agreement for execution
- **Letter of Acceptance:**
 - to be signed and returned with an ORIGINAL signature

Grant Agreement Check-list

Project #: 2020.0090

Project Name: Ayres/Knuth Farmstead

Please refer to the project grant number and name (listed above) in all correspondence with the Historic Trust.

Be sure the following items are included with the package. Please note any missing items that will be submitted under separate cover (insurance certificates, board resolutions, etc.). If you have any questions about the required materials, please contact your Program Officer directly.

Must be received

- ☐ This Grant Agreement Checklist with completed items checked off
- ☐ Acceptance Letter with original signature
- ☐ Completed Grant Agreement Information Form and Contact Information sheet
- ☐ Insurance Certificate (with all categories completed by your insurance company and NJHT listed as Additional Insured)
- ☐ Attachment E – Governing Body Resolution (with original signature **and** raised seal)
- ☐ Attachment G - Statement of adequacy of accounting (with original signature)

EXECUTING THE GRANT AGREEMENT

- **Information Form:**

- to be completed and returned to the Trust so that we can prepare the Grant Agreement document

- **NJSTART:**

- Registration in NJSTART creates an account for the Grantee so that checks can be issued for grant reimbursements
- Help Desk 609-341-3500
 - njstart@treas.nj.gov



GRANT AGREEMENT INFORMATION FORM

The following information is required for the Trust to generate your grant agreement.
All fields are required.

Project Number: 2020.0090

Project Name: Ayres/Knuth Farmstead

1. **Chief Financial Officer:** _____

2. **Organization's Federal I.D. Number:** _____

3. **NJ START Vendor I.D. Number:** _____

4. If using Federal funds as matching dollars (example: Tea 21 grants), give Catalog of Federal Domestic Assistance (CFDA) Account Number: _____

5. Your **Fiscal Year** ends: (month) _____ (day) _____

6. Your **Accounting Records** use the following system (check appropriate system):

- ☐ Cash Basis
- ☐ Accrual Basis
- ☐ Modified Accrual
- ☐ Other (explain): _____

7. **Insurance:**

a) Request that the NJ Historic Trust be named as additional insured (and reference your project number) on the policy for each Insurance Type listed below. Refer to "Insurance Requirements" in your Grant Manual for the Trust's expectations for insurance. If you checked any boxes labeled "**Self-Insurance**," submit a letter indicating the specific types and levels of self-insurance coverage. In the case of any exemptions, submit a certificate from the New Jersey Commissioner of Banking & Insurance identifying the specific exemption.

b) Ask your Insurance Company to submit a copy of your Certificate of Insurance to the Historic Trust. Please check appropriate insurance coverage below:

Comprehensive General Liability:

- ☐ Insurance
- ☐ Self-Insurance

Automobile Liability:

- ☐ Insurance
- ☐ Self-Insurance

☐ Organization does NOT own or lease vehicles in its name

Workers' Compensation:

- ☐ Insurance
- ☐ Self-Insurance
- ☐ Organization has no paid employees

Employers' Liability:

- ☐ Insurance
- ☐ Self-Insurance
- ☐ Organization has no paid employees

- **Insurance:**

- | ACORD | | CERTIFICATE OF LIABILITY INSURANCE | | DATE REVISED
06/28/2012 | |
|---|--|--|---|----------------------------|--|
| POLICY# 603-224-2962 FAX 603-224-8812
The Bailey Agency, Inc.
139 Loudon Road
P.O. Box 511
Concord, NH 03302-0511 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | |
| INSURED Boots Express, Inc.
P.O. Box 3988
Peasack, NH 03180-8908 | | INSURERS PROVIDING COVERAGE
Insured by: Fireman's Ins Co of Wash. DC BO171
Insured by: Acadia Ins. Co. BO171
Insured C:
Insured D:
Insured E: | | | |
| COVERAGES | | | | | |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITHIN OR SUBJECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR ANY POLICY, THE INSURANCE ANY COVERAGE ON THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY. ACCIDENTAL LIMITS SECTION MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | |
| LINE | TYPE OF INSURANCE | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | LIMITS |
| A | GENERAL LIABILITY
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input checked="" type="checkbox"/> Contractual per CARBOL 10/01 | CPA1800177-2A | 07/01/2012 | 07/01/2013 | BODILY INJURY \$ 100,000
PROPERTY DAMAGE \$ 250,000
MEDICAL EXP. AND FEES \$ 1,000
PERSONAL AND ADVERTISING \$ 100,000
COMPA. HOME AUTO \$ 250,000
PRODUCTS-COMPO HGB \$ 250,000 |
| A | ADDITIONAL COVERAGES
<input checked="" type="checkbox"/> AUTO RENT
<input type="checkbox"/> VEH. OVERHAUL/REPAIR
<input type="checkbox"/> SCHEDULED AUTO
<input checked="" type="checkbox"/> WAREHOUSE
<input checked="" type="checkbox"/> NON-SCHEDULED AUTO
<input checked="" type="checkbox"/> MC500
<input checked="" type="checkbox"/> CR504B | CA18000178-2N | 07/01/2012 | 07/01/2013 | COVERED UNDER LIMIT \$ 1,000,000
BODILY INJURY \$
BODILY INJURY \$
BODILY INJURY \$
PROPERTY DAMAGE \$
AUTO RENT - EA accident \$
AUTOS RENT - EA ACC \$
AUTOS RENT - EA ACC \$ |
| B | EXCESS/UMBRELLA GLI COVERAGE
<input checked="" type="checkbox"/> EXCESS <input type="checkbox"/> UMBRELLA
<input type="checkbox"/> EXCESS TRAILER
<input checked="" type="checkbox"/> RETENTION \$ 1 | CSA18000179-3B | 07/01/2012 | 07/01/2013 | EXCESS/UMBRELLA \$ 10,000,000
AUTOMATICALLY \$ 10,000,000
\$
\$
\$ |
| A | NONPOLLUTION/CONTAMINATION LIABILITY
AND/OR POLLUTION LIABILITY
(See Note 1) | WPA0600004-1Z | 07/01/2012 | 07/01/2013 | \$ 100,000
\$ 100,000
\$ 100,000
\$ 100,000 |
| A | TRUCKER TRUCK CARGO-Spc Trailer Interchange | CPA1800177-2N | 07/01/2012 | 07/01/2013 | Limit \$1,100,000
Limit = \$20,000
No Reefer Coverage |
| DESCRIPTION OF OPERATIONS (COMPLETION REQUIRED): DESCRIBE ACTIVITIES BY SUBSEQUENT SPECIAL PROVISIONS covering operations of the Named Insured during the policy period.
FOR INFORMATIONAL PURPOSES ONLY | | | | | |
| Except as listed for nonpayment of premium
CERTIFICATE HOLDING | | | | | |
| SAMPLE CERT
XXXXXXXXXX
XXXXXXXX, XX | | | CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL "30" DAYS ADVANCE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LIST, BUT FAILURE TO DO SO SHALL WAIVE ANY RIGHTS OR LIABILITY BY ANY STATE OTHER THAN THE ISSUER'S ITS AGENTS OR REPRESENTATIVES.
Authorized Representative
<i>[Signature]</i>
Sara Matthews/SBH | | |
| ACORD 25 (08/01/07) © 1989-2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD | | | | | |

EXECUTING THE GRANT AGREEMENT

- **Governing Body / Board Resolution:**
 - Your governing body needs to pass a resolution
 - The individual authorized in Attachment E must be the same individual who will sign the Grant Agreement
 - The resolution **must be** imprinted with a raised government, corporate, or notary seal or official stamp.
 - **Resolutions that are not properly certified will not be accepted.**

Project Name:
Project Number:

ATTACHMENT E

**PRESERVE NEW JERSEY HISTORIC PRESERVATION FUND
ADMINISTERED BY THE NEW JERSEY HISTORIC TRUST**

GOVERNING BODY / BOARD RESOLUTION

The governing body/board of _____ desires to further historic preservation through a grant from the New Jersey Historic Trust, State of New Jersey in the amount of \$ _____ for the following project _____.

Therefore, the governing body authorizes _____ (Insert Name and Title of Authorized Signatory) to execute a grant agreement with the State in an amount up to that awarded for the proposed project, and to seal the grant agreement.

Introduced and passed _____, 2020

Ayes: _____

Noes: _____

Absent: _____

Approved:

(Signature of Mayor, Freeholder Director, or Board Chairperson)

Title: _____

Attested: _____
(Signature of Municipal or County Clerk, Board Secretary, or Notary Public)



Insert raised government, corporate or notary seal

EXECUTING THE GRANT AGREEMENT

- **Statement of Adequacy of Accounting System:**
 - Your CFO or organization's treasurer must review the requirements of the Grant Agreement (state-required audits and reporting) and sign this form.
 - Your CFO/Treasurer **cannot be the same person** authorized by resolution to execute the Grant Agreement.
 - Your CFO certifies reimbursement requests and payment vouchers.

Project Name:
Project Number: 2019.____

ATTACHMENT G

**A GRANT AGREEMENT BETWEEN STATE OF NEW JERSEY
NEW JERSEY HISTORIC TRUST AND**

Organization Name (Grantee)

2019.____ (Project Number)

STATEMENT OF ADEQUACY OF ACCOUNTING SYSTEM

I am the _____ (Insert Title of Chief Financial Officer or Treasurer) of
Organization (Grantee) and, in this capacity, I will be responsible for establishing and
maintaining the financial statements for Grant Number 2019.____.

The accounting system that will be established and maintained for the purpose of this proposed
contract/ grant will be adequate to:

1. Provide for accurate identification of the receipts and expenditures for items to be reimbursed
by the New Jersey Historic Trust;
2. Provide for documentation supporting each book entry, filed in such a way that it can be
easily located;
3. Provide accurate and current financial reporting information;
4. Be integrated with a strong system of internal controls and;
5. Will conform to any and all requirements or guidelines that the New Jersey Historic Trust
may issue including Section VIII and Section XI of the Grant Agreement.

Signature of Chief Financial Officer / Treasurer

Name (Print or Type)

Date



DEFINING THE SCOPE OF WORK

DEFINING THE SCOPE OF WORK

- **Attachment D-1 (Scope of Work):**
 - The Grantee will need to review and approve the Attachment D-1.
 - Unless changes were made by the Trust during the application period, the Scope of Work in the Grant Agreement should correspond with the Scope of Work submitted in the Grantee's application to the Trust.

2.4

- Sample Scope of Work/ Attachment D-1 -

ATTACHMENT D-1, SCOPE OF WORK

Name of Grantee: Historical Society
Project Name: Historic Battlefield
Project Number: 2017.0039
Grant Award: \$20,000

I. OVERVIEW OF PRESERVATION OBJECTIVES OF ENTIRE PROJECT

The Battlefield is significant for its association with the Revolutionary War battle fought at the site in 1776 and the location of a Native-American encampment. The park includes the Vanderveer House (a Dutch Colonial, brownstone house from 1713 with brick end gables) and the foundation of a rare grist mill.

The Trust grant will fund the creation of a site management plan that will serve as a blueprint for the development of the site, examining site constraints and even environmental context. The plan will assess properties on both sides of the battlefield, including land held by the State of New Jersey and the Historical Society.

II. PROJECT REVIEW AUTHORITY

The New Jersey Historic Trust will review and approve at least one draft (80%) and a final copy of the project deliverables. If appropriate, such documents will be reviewed for compliance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*. Grantee shall copy the New Jersey Historic Trust on all project correspondence and inform Trust representative in advance of project meetings.

III. ACTIVITIES FUNDED BY THIS GRANT

III.A Description of Work to be Funded with this Grant.

The scope of work of this grant includes non-construction tasks directly related to the funded work:

1. Professional architectural and historic preservation services for Site Design Guidelines and Phased Implementation Plan as described in proposal by ABC Associates, dated April 22, 2000, pages 1 to 8 (Exhibit 1).
2. Professional services for Archaeological Report as described in proposal by Smith Archaeologists, dated January 10, 2000, pages 1 to 3 (Exhibit 2).
3. Preparation of a Project Completion Report.

DEFINING THE PROJECT SCOPE

- **Attachment D-1 (Scope of Work):**
 - Includes project budget with grant award amount.
 - Brief history and statement of significance.
 - Identifies the Project Review Authority.
 - Defines the agreed upon work that will be funded by the grant.

2.4

- Sample Scope of Work/ Attachment D-1 -

ATTACHMENT D-1, SCOPE OF WORK

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Project Number: 2017.0039
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3. Preparation of a Project Completion Report.

DEFINING THE PROJECT SCOPE

- **Project consultants:**
 - Must meet Professional Qualification Standards
 - Consultants must be approved by the Historic Trust if not included in the original application
 - HSM and HT grantees must submit a signed agreement with the consultant with the initial reimbursement request

2.4

- Sample Scope of Work/ Attachment D-1 -

ATTACHMENT D-1, SCOPE OF WORK

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Project Number: 2017.0039
Grant Award: \$20,000

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3. Preparation of a Project Completion Report.

D-1 SCOPE OF WORK

- **Attachment D-1 (Scope of Work):**

- Includes a copy of the accepted proposal for activities funded by the grant
- Includes a project budget for each work product
- Shows initial payment and final payment
- **Includes project schedule:**
 - Agreement Commencement date is the day the Governor signs your appropriations bill.
 - Work Period Commencement date may be the same or the day you actually started work.
 - Grant agreement must be executed within 18 months of the Agreement Commencement date.
 - All work must be completed within two years of the Agreement Commencement date.
 - Grant agreement expires three years after the Agreement Commencement date.

2.5

III.B. Schedule of Values for Work to be Funded with this Grant

<u>Amount</u>	<u>Item</u>
Professional fees and project expenses directly related to the funded work:	
1.	Fees and expenses for Guidelines and Plan by ABC Architects \$18,000
2.	Fees and expenses for report by Smith Archaeologists \$8,670
TOTAL	\$26,670
GRANT AWARD (No more than 75% of total)	\$20,000
Initial payment:	\$16,000
Final payment:	\$4,000

The above payments are based on project costs as specified in the Grant Application. If costs are less, these amounts will be reduced and/or the Grantee will remit the balance of grant to the Trust.

IV. **PROJECT SCHEDULE:**

2018 HSM Grant Dates

Agreement Commencement Date: January 16, 2019
Work Period Commencement Date: January 16, 2019 (or Actual start of project)
Agreement Execution Deadline: July 16, 2020
Project Commencement Deadline: July 16, 2020
Work Period Expiration Date: January 16, 2021
Agreement Expiration Date: January 16, 2022

Created: March 2, 2019 by Trust Staff
Revised:

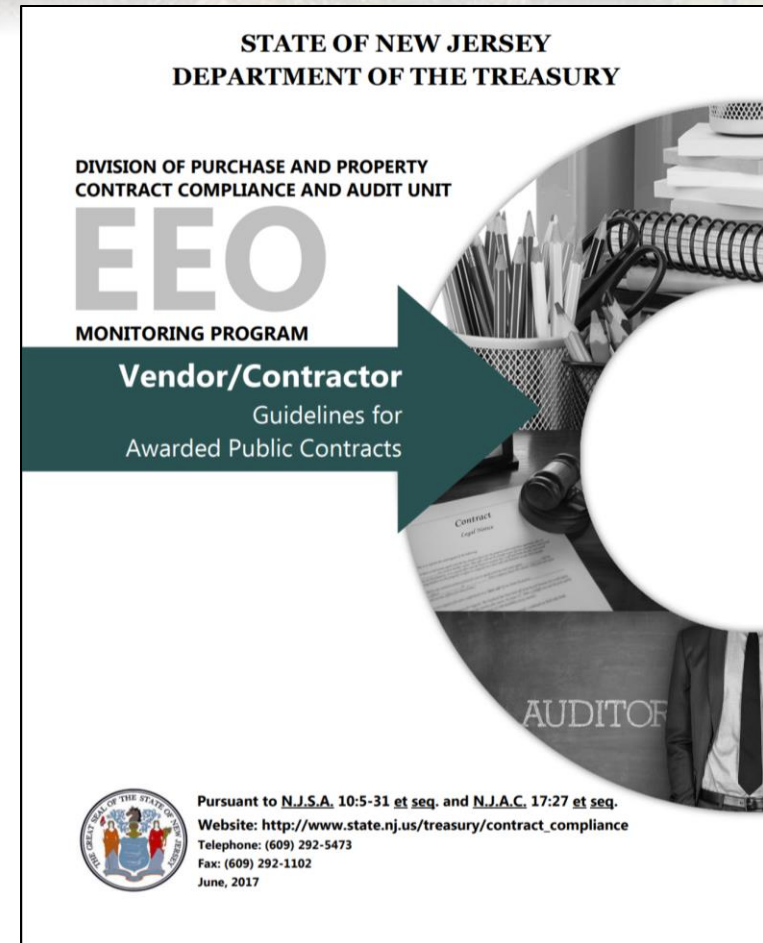
PROJECT REQUIREMENTS

- All work must meet the Standards
- Consideration of archaeology or the archaeological potential of your site is required for all preservation planning documents
- Preservation Plans and HSRs
 - Must meet the recommendations of the *Preparation Guide*



NEW JERSEY STATE REQUIREMENTS

- **Financial Management:**
 - Audits
- **Affirmative Action:**
 - Nondiscrimination language and policy
 - Consultant to provide evidence of compliance





ADMINISTERING AN ACTIVE GRANT

COMMUNICATION WITH THE TRUST

- Know your program staff contact
 - Questions?
 - Problems ☹️
 - Good news 😊
- When in doubt, call or email... or both!



HI!...JUST RINGING TO SEE IF YOU
GOT MY E-MAIL ?



COMMUNICATION WITH THE TRUST

- **Send to the Trust:**
 - Drafts of planning documents funded by grant
 - Contracts with consultants preparing grant-funded products
 - Quarterly reports and reimbursement requests
- **Close-out:**
 - Final approved grant-funded documents
 - Two hard copies and one digital copy
 - Final report and reimbursement request



SUBMITTING QUARTERLY REPORTS

- **Submit the report (C-1):**

- Via email for a report with no reimbursement request
- Via postal delivery for a reimbursement request
 - Payment voucher must have **original signature**
- Send a report - even if there's no activity!

- **Reports are due:**

- April 15
- July 15
- October 15
- January 15

SUBMITTING QUARTERLY REPORTS

- **Attachment C-1:**

- Follow checklist of items
- Include:
 - Narrative
 - Team List
 - Project Schedule
 - Submissions
 - Certification

- **Submit via:**

- Email or regular mail (if no reimbursement is requested)
- Regular mail **ONLY** (if reimbursement is requested)

Project Name:
Project Number:

ATTACHMENT C-1

**Preserve New Jersey Historic Preservation Fund
HISTORIC SITE MANAGEMENT GRANT
QUARTERLY REPORT**

Project Number: _____ Project Name: _____

Organization: _____

Project Contact: _____

Phone: _____ E-mail: _____

Quarterly Report Check List

Quarterly Reports may be e-mailed to Trust or sent hard copy in the mail. The following items are required:

- ___ Attachment C-1 (this form)
- ___ Current Status
- ___ Narrative Description
- ___ Project Team List
- ___ Current Project Schedule

Reporting Schedule: Quarterly Reports are due every three months:

Reporting Periods	Quarterly Due Date
Jan. 1 – March 31	April 15
April 1 – June 30	July 15
July 1 – Sept. 30	Oct. 15
Oct. 1 – Dec. 31	Jan 15

CURRENT STATUS (check off all applicable):

___ Consultant is under contract with Grantee

___ Project Status: _____

___ Work products submitted to Grantee:

- ___ Outline
- ___ First Draft
- ___ Final Product
- ___ other: _____

(C-1.1)



REIMBURSEMENT REQUESTS

- Two reimbursements
- Initial reimbursement is 80% of grant award
- Must include signed consultant contract if not previously submitted
- Initial retainer or invoice is paid (attach invoice and proof of payment)
- Payment takes approximately two to three weeks after receipt
 - Registering for direct deposit payments through the State's ACH system will expedite the payment process.

REIMBURSEMENT REQUESTS

- State payment voucher
- Will not be paid without it!
- Requires original signatures of designated CFO in blue or red ink ONLY

4.43



*NJ Department of Community
Affairs Transmittal and
Payment Voucher*

Date: _____

To: DCA Fiscal Officer, Budget & Fiscal

DCA Fiscal, PO Box 800, Trenton, NJ 08625

From: Carrie Hogan, Fiscal Officer

New Jersey Historic Trust, PO Box 457, Trenton, NJ 08625

Payee Reference:

Project #: **2019.2098**

Project Name: **Old School House of NJ**

Reimbursement # _____

Grantee: **Friends of Old School House of New Jersey, Inc.**

Grant Agreement Begins: **2020** Ends: **6/1/2023**

Payment Reporting Period _____ to _____

Reimbursement Amount \$ _____

Grantee Certification:

I certify that the within Fiscal Monitoring Report Payment Voucher is correct in all its particulars and the described goods or services have been furnished or rendered and that no bonus has been given or received on account of said document.

John Smith

Typed Name of CFO/Treasurer

John Smith

Original Signature

Date

use BLUE or Red ink only

NJHT Certification:

I certify that the articles have been received or services rendered as stated herein.

Carrie Hogan, Fiscal Officer

NJHT Representative

Signature

Date

Division Fiscal Certification:

«ID» GO # 022-8049800-

Vendor ID #

LN 1 \$

(C-1.6)



WORK PRODUCT REVIEW

- Submit work products to the Trust in draft form for review and comment
 - Planning documents
 - Construction drawings and specifications
- Allow at least four weeks for review
- Final work product may be produced after incorporating Trust's comments



AMENDING THE GRANT AGREEMENT

- **Reasons to amend the Grant Agreement:**
 - Change to project schedule
 - Revised scope of work
 - Change in consultant or contractor
- **Request for Major Change (Attachment D-2):**
 - Complete request *before* the end of the work period or Grant Agreement deadline
 - All requests are reviewed by the Grants and Loans Committee
- General terms and conditions of the Grant Agreement are non-negotiable



CLOSING OUT THE GRANT



CLOSING OUT THE GRANT

- Final Report & Reimbursement Request
 - Attachment C-2 – Follow Checklist
 - Submit final and approved scope of work items
 - Copies of invoices attached to corresponding canceled checks/proof of payment
 - Transmittal/Payment Voucher (with original signature of CFO or Treasurer)
- You will receive the remaining 20% of the grant award



PUBLICITY FOR YOUR PROJECT

GOALS OF YOUR PUBLICITY PROGRAM



- Maintain visibility of project and organization during preservation campaign
- Increase attendance and/or membership for programs and activities
- Attract new funding support and additional resources

OUR MUTUAL PUBLICITY GOALS

- Promote and raise awareness of history and historic preservation in New Jersey
- Ensure ongoing funding for historic preservation



JOURNEY THROUGH JERSEY

- Visit www.journeythroughjersey.com to nominate your site for inclusion in this valuable heritage tourism marketing tool
- Tag Journey Through Jersey on your Facebook, Instagram, and Twitter posts:
 - @journeythroughjersey
 - #journeythroughjersey
- Add the Journey Through Jersey link and logo to your website!
- To write a blog post or be otherwise featured on Journey Through Jersey, email: info@journeythroughjersey.com



Department of Military and Veterans Affairs homepage



STAY IN TOUCH WITH US

- Facebook, Instagram, Twitter, and LinkedIn
 - @njhistorictrust



- Tag us in posts, send us news coverage, progress photos, events, or any other content you'd like us to share (no guarantees but we post as much as we can)
- Two-way street: please re-share our posts and link to our site. Thank you!



QUESTIONS

- Live Q&A
- Questions pertaining specifically to your project should be directed to your PO





Thank you for joining us today!

We look forward to working with you!
