

GRANTEE WORKSHOP

Preserve New Jersey Historic Preservation Fund
Capital Level I, Capital Level II, and Level III - Multiphase
2025 Grant Recipients



The background image shows the interior of a grand, historic building. At the top, a large, ornate chandelier with a circular frame and intricate metalwork hangs from a ceiling with a complex, geometric, coffered design. Below the ceiling, the walls are a warm, light-colored plaster. In the center of the wall is a large, arched stone fireplace. To the left and right of the fireplace are tall, narrow, decorative columns or alcoves with green and gold detailing. A dark wooden bench is visible on the right side of the fireplace. The overall atmosphere is one of historical elegance and grandeur.

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



- › Glenn Ceponis, Executive Director
- › Carrie Hogan, Fiscal Officer
- › Historic Preservation Specialists:
 - › Alexis Alemy
 - › Jennifer Boggs
 - › Shannon Bremer
 - › Olivia Chaudhury
 - › Kristin Downing
 - › Stephanie Kraut
 - › Judith Murphy, AICP, PP
 - › Ashley Parker
 - › Tara Ritz
 - › Nan Wakefield

A close-up, low-angle shot of a chandelier. The central element is a blue globe with several gold stars, resembling the European Union flag. It is surrounded by several lit glass shades that emit a warm, yellow light. The chandelier has ornate brass or copper-colored metalwork. The background is a warm, brownish-gold color, possibly a wall or ceiling.

OVERVIEW

TODAY'S AGENDA

- › Overview of the Grant Agreement process
- › Overview of Grantee Info Packet and Grant Manual materials
- › Executing the Grant Agreement
- › Defining the Scope of Work
- › Archaeological Requirements
- › Administering an Active Grant
- › Closing out the Grant
- › Publicity for your Project
- › Q&A



GRANT AGREEMENT PROCESS



1. The Trust holds a Grantee Workshop to explain the administrative requirements of the Grant Agreement.
2. The Grantee submits the supporting documentation.
3. The Trust assembles the materials and sends two originals of the Grant Agreement to the Grantee for signature.
4. 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.***
5. Once the Agreement is executed, all reporting, signage, and easement requirements are in effect.

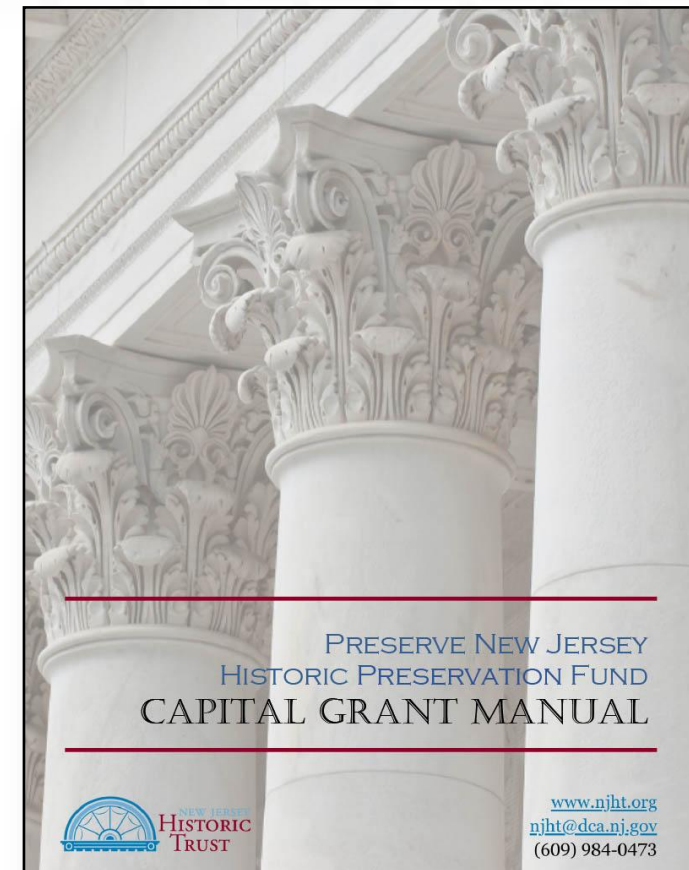
GRANT MATERIALS AND MANUAL

Grantee Info Packet:

- › Documents for executing your Grant Agreement
- › **Please print, fill out, compile certifications and resolutions, then mail to the Trust by March 27, 2026**

Grant Manual:

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



RESOURCES WEB PAGE

The entire grant manual is available on the NJHT website at: [njht.org](https://www.nj.gov/dca/njht/)



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News and Events ▼



Resources ▼

News and Events ▼

For Applicants

For Grantees

Tools for Preservation of Historic Resources

Publications

Annual Reports

Other Resources

Or click here:

<https://www.nj.gov/dca/njht/resources/grantees/>



EXECUTING THE GRANT AGREEMENT

EXECUTING THE GRANT AGREEMENT

Grant Agreement Check-list

Project #:
Project Name:

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)

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

EXECUTING THE GRANT AGREEMENT

Information Form:

- Getting set up as a payee in the State's financial system: **Please note: NO ONE needs to register in NJSTART**
 - First time grantees that are a 501c non-profit organization must submit a W-9 questionnaire to treasury at this e-mail: aaiunit@treas.nj.gov
 - The W-9 questionnaire can be found at: <https://www.nj.gov/treasury/omb/pdf/forms/W9.pdf>
 - Municipal, county, and state grantees are likely already in the State's system and need only to provide their EIN on the Info Form
 - Previous grantees that already have an NJSTART "V" vendor number can continue to use it to access and update their profile by logging in here <https://www.njstart.gov/bs/>
 - 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

EXECUTING THE GRANT AGREEMENT

Automatic Clearing House (ACH) Payments:

- › ACH payments automatically deposit grant reimbursement funds directly into your organization's designated bank account.
 - › To setup ACH, fill out the [Non-Procurement ACH Form and Instructions](#)
 - › Forms can be found at: <https://www.nj.gov/treasury/omb/forms.shtml>

If you have questions or need assistance, contact OMB-Vendor Control at aaiunit@treas.nj.gov

**Electronic Payment Authorization
For Non-Procurement Vendors
New Jersey Department of the Treasury**

I (we) hereby authorize the New Jersey Department of the Treasury to initiate electronic (ACH) CREDIT entries into the bank account named below. This authority is to remain in full force and effect until the New Jersey Department of the Treasury has received written notification of any changes, and in such manner as to afford the New Jersey Department of the Treasury a reasonable opportunity to act.

Action Requested:
☐ Establish new ACH (first time users)
☐ Change/Update bank information
☐ Establish new location code (indicate type i.e. cafeteria plan, EDRS, etc.): _____

NAME: _____

BANK NAME: _____ (30 positions max)

ACCOUNT TYPE: ☐ Savings ☐ Checking

AUTHORIZED AGENT: (a minimum of two signatures unless individual or sole proprietor)

Date: ___/___/___ Signed: _____ Title: _____

Date: ___/___/___ Signed: _____ Title: _____

Telephone Number (____) _____ Telephone Number (____) _____

Please attach a voided check or bank letter to the form in confirmation of the above account.

Enter the specified three numbers below:

Vendor Number	Bank Transit Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

☐ Enter "X" if the financial institution receiving your payment is a foreign bank or is acting as an agent for a foreign bank on your behalf.

Details regarding specific ACH payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. VPI also provides two years of historical data and allows for the review of scheduled payments. See Electronic Payment Authorization Instructions on how to obtain an authentication code to access VPI.

- › ACH payments automatically deposit grant reimbursement funds directly into your organization's designated bank account.

- › To setup ACH, fill out the [Non-Procurement ACH Form and Instructions](#)
- › Forms can be found at:
<https://www.nj.gov/treasury/omb/forms.shtml>

If you have questions or need assistance, contact
OMB-Vendor Control at aaiunit@treas.nj.gov

Electronic Payment Authorization For Non-Procurement Vendors	
New Jersey Department of the Treasury	
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<hr/>	
Action Requested:	
<input type="checkbox"/> Establish new ACH (first time users)	
<input type="checkbox"/> Change/Update bank information	
<input type="checkbox"/> Establish new location code (indicate type i.e. cafeteria plan, EDRS, etc.): _____	
NAME: _____	
BANK NAME: _____ (30 positions max)	
ACCOUNT TYPE: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
AUTHORIZED AGENT: (a minimum of two signatures unless individual or sole proprietor)	
Date: ____/____/____ Signed: _____ Title: _____	
Date: ____/____/____ Signed: _____ Title: _____	
Telephone Number (____) _____ Telephone Number (____) _____	
<p>Please attach a voided check or bank letter to the form in confirmation of the above account.</p>	
<p>Enter the specified three numbers below:</p>	
Vendor Number	Bank Transit Number
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Account Number	
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<input type="checkbox"/> Enter "X" if the financial institution receiving your payment is a foreign bank or is acting as an agent for a foreign bank on your behalf.	
<hr/>	
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EXECUTING THE GRANT AGREEMENT

Insurance:

- › Grantee must maintain insurance for the term of the Grant Agreement and the full term of the easement, if you have one
- › Grantee must provide a COI Acord certificate of insurance
- › NJ Historic Trust *must* be named as an additional insured
- › Request that the Insurance Company add your Project Number on the Certificate of Insurance
- › Grantee must submit Certificates of Insurance and/or documentation of Self-insurance directly to the Trust

The image shows an ACORD Certificate of Liability Insurance form. A red arrow points to the section labeled "EXCEPT 10 days for nonpayment of premium". The form includes fields for policy number, dates, and coverage details. The "EXCEPT 10 days for nonpayment of premium" section is highlighted with a red box.

ACORD CERTIFICATE OF LIABILITY INSURANCE

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.

INSURERS AFFORDING COVERAGE:

INSURER	NAIC #
INSURER A: FARMERS' & ME. CO. OF MASS., INC.	00171
INSURER B: ACORDS, INC., CO.	00171
INSURER C:	
INSURER D:	

COVERAGES:

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	DATE	EXPIRATION DATE	LIMIT
A	COMMERCIAL GENERAL LIABILITY	CP4180177-28	07/01/2012	07/01/2013	\$1,000,000
A	COMMERCIAL AUTOMOBILE LIABILITY	CA1580178-28	07/01/2012	07/01/2013	\$1,000,000
B	EXCESS COMMERCIAL LIABILITY	CA1580178-28	07/01/2012	07/01/2013	\$1,000,000
A	NON-OWNED/OPERATED AUTOMOBILE LIABILITY	CP4180177-28	07/01/2012	07/01/2013	\$1,000,000
A	UTILITY TRUCK CARGO-SAC TRAILER INTERCHANGE	CP4180177-28	07/01/2012	07/01/2013	Limit \$1,000,000 Limit - \$20,000 No Trailer Coverage

EXCEPT 10 days for nonpayment of premium

CERTIFICATE HOLDER:

SAMPLE CERT
XXXXXXXXXX
XXXXXXXXXX

CANCELLATION:

WHICH EVER OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ADVISE YOU TO MAIL "SEE" DATE WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOTIFY YOU THAT THE LIABILITY OF ANY RISK OF THE ABOVE, ITS ASSIGNS OR SUCCESSORS, IS NOT COVERED BY THIS POLICY.

INSURER'S SIGNATURE:

Sara Bertolotti/SBI

ACORD IS 1080000

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 government, corporate, or notary seal or official stamp
 - › **Resolutions that are not properly certified cannot 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

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

(G-1)

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

EXECUTED GRANT AGREEMENT

Complete Info Packet

- › Surface mail completed info packet to PO
- › PO develops Scope of Work (D-1)
- › PO drafts Grant Agreement and mails two original copies to Grantee
- › Grantee signs and certifies both copies and returns both to PO
- › Historic Trust and DCA Fiscal Services sign Grant Agreement
- › One original Grant Agreement is mailed to Grantee

The image shows two overlapping copies of a "STATE OF NEW JERSEY GRANT AGREEMENT" form. The top form is filled out with handwritten information and signatures.

Project Name: Woodford County
Project Number: 2022-0040

PROJECT PROPERTY LOCATION
Common name of property: Downtown Woodford
Street Address: 123 Avenue A
City: Woodford State: New Jersey Zip: 07857

PURPOSE: Grant Program to be funded: Preserve New Jersey Historic Preservation Fund administered by the New Jersey Historic Trust
Sponsoring Authority of the Grant Program: NEW JERSEY HISTORIC TRUST

PROGRAM SPECIFICATIONS
Grantee hereby agrees to perform the work described in the specifications attached hereto as Attachments D-1 and D-2 Scope of Work/Scope Requirements, in the manner and under the terms herein specified. Attachments D-1 and D-2, and all other Attachments are hereby fully incorporated and made a part of the grant as set forth herein.

SIGNATURES
APPROVED BY NEW JERSEY HISTORIC TRUST
By: [Signature] Title: Executive Director
Date: March 18, 2024
By: [Signature] Title: Grant Officer
Date: March 18, 2024

ACCEPTED AND AGREED (Grantee Representative)
By: [Signature] Title: Executive Director
Date: March 2, 2024
By: [Signature] Title: Grant Officer
Date: March 2, 2024

STATE OF NEW JERSEY GRANT AGREEMENT PROVISIONS BETWEEN THE NEW JERSEY HISTORIC TRUST AND
Town of Woodford (Grantee)
2022-0040 (Grant Number)

TERMS AND CONDITIONS
1. DATA AND SIGNATURES
2. EXISTING LAWS AND POLICIES
3. SUBCONTRACTS
4. PAYMENT SYSTEM
5. FINANCIAL REPORTING
6. PROGRAM PERFORMANCE
7. MODIFICATION
8. TERMINATION AND EXPIRATION
9. DISPUTE RESOLUTION
10. COSTS AND UNEXPENSED FUNDS
11. ALTERNATIVE ACTION
12. TAX



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

ATTACHMENT D-1, SCOPE OF WORK

Name of Grantee:
Project Name:
Project Number:
Grant Award Amount: \$

I. OVERVIEW OF PRESERVATION OBJECTIVES OF ENTIRE PROJECT

II. PROJECT REVIEW AUTHORITY

The New Jersey Historic Trust will review the planning documents (and special testing reports) for this project. The Trust will also review the contract documents, plans, specifications, etc. according to *The Secretary of the Interior's Standards for the Treatment of Historic Properties* (1995), as well as oversee construction. If appropriate, such documents (including plans and specifications) will be reviewed for compliance under a Memorandum of Understanding between the NJHT and NJ HPO and for compliance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*.

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:

1. Non-construction costs directly related to the funded work:

- Architectural and engineering services by [REDACTED] relevant to the construction work listed below (including schematic design, design development, contract documents, and construction administration).
- The contract documents must set minimum qualifications for all general contractors and subcontractors using language similar to below:

The bidder shall demonstrate successful experience in the restoration of historic buildings using the *Secretary of the Interior's Standards for the Treatment of Historic Properties* on at least two projects of similar size and scope of work as the subject project within the past five years, at least one of which was reviewed and approved by a state Historic Preservation Office, the New Jersey Historic Trust, or the historic review body of a county or municipal authority.

Pre-qualification statements from general contractors must be submitted for NJHT review and approval before bid documents are distributed. Subcontractor qualifications are to be submitted for NJHT review and approval with bids.

- Preparation of Project Completion Report which shall include (unless submitted with periodic reports): narrative description with photographs of all completed work; drawings, specifications, reports, and other records documenting the work if not included in earlier submissions; as-built drawings of all phases of work; revised D-1 Scope of Work showing work completed and actual money spent; names of contracted firms with duties identified; final employment figures; any recommendations for future treatment.

DEFINING THE PROJECT SCOPE

ATTACHMENT D-1, SCOPE OF WORK

Name of Grantee:
Project Name:
Project Number:
Grant Award Amount: \$

I. OVERVIEW OF PRESERVATION OBJECTIVES OF ENTIRE PROJECT

II. PROJECT REVIEW AUTHORITY

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- c. Preparation of Project Completion Report which shall include (unless submitted with periodic reports): narrative description with photographs of all completed work; drawings, specifications, reports, and other records documenting the work if not included in earlier submissions; as-built drawings of all phases of work; revised D-1 Scope of Work showing work completed and actual money spent; names of contracted firms with duties identified; final employment figures; any recommendations for future treatment.

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

D-1 SCOPE OF WORK

Preserve New Jersey Historic Preservation Fund CAPITAL PROJECT BUDGET WORKSHEET					
Non-Construction Items (N/C)	Match Expended	Proposed	Subtotal	Non-eligible Costs	Total
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	
Non-Construction Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Construction (C)	Match Expended	Proposed	Subtotal	Non-eligible Costs	Total
Div. 1 - General	0.00	0.00	0.00	0.00	500.00
Div. 2 - Existing Conditions	0.00	0.00	0.00	0.00	0.00
Div. 3 - Concrete	0.00	0.00	0.00	0.00	0.00
Div. 4 - Masonry	0.00	0.00	0.00	0.00	0.00
Div. 5 - Metals	0.00	0.00	0.00	0.00	0.00
Div. 6 - Wood/Plastic	0.00	0.00	0.00	0.00	0.00
Div. 7 - Thermal/Moisture	0.00	0.00	0.00	0.00	0.00
Div. 8 - Doors/Windows	0.00	0.00	0.00	0.00	0.00
Div. 9 - Finishes	0.00	0.00	0.00	0.00	0.00
Div. 10 - Specialties	0.00	0.00	0.00	0.00	200.00
Div. 11 - Equipment	0.00	0.00	0.00	0.00	0.00
Div. 12 - Furnishings	0.00	0.00	0.00	0.00	0.00
Div. 13 - Special Const.	0.00	0.00	0.00	0.00	0.00
Div. 14 - Conveying Syst.	0.00	0.00	0.00	0.00	0.00
Div. 21 - Fire Suppression	0.00	0.00	0.00	0.00	0.00
Div. 22 - Plumbing	0.00	0.00	0.00	0.00	0.00
Div. 23 - HVAC	0.00	0.00	0.00	0.00	0.00

Attachment D-1 (Scope of Work):

- › Includes list of activities to be funded (listed by construction division)
- › Includes your non-construction budget (cannot exceed 20% of the total grant funded project budget)
 - › Total Project Budget = Grant Award + Match Requirement
- › Archaeology costs may be included in your construction budget
- › Includes project-specific considerations for archaeology

D-1 EXPENDITURE SPREADSHEET

Attachment D-1 Expenditure Spreadsheet:

- › The D-1 expenditure spreadsheet is included in your grant agreement and corresponds with the funded activities listed by construction division in the D-1 form
- › Includes non-construction budget and activities
- › Shows both proposed costs and any match-expended

	Match Expended	Proposed	TOTAL PROJECT
TOTALS (N/C + C)	\$ -	\$ -	\$ 1,333,000.00

Grant Award	\$ 500,000.00
Required Match	\$ 500,000.00
Actual Match	\$ 833,000.00
Ratio	1:1

PROJECT EXPENDITURE WORKSHEET

III B. Schedule of Values

TOTAL PROJECT

Non-Construction (N/C)	Match Expended	Proposed	Subtotal
	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
N/C Total	\$ -	\$ -	\$ -

Construction (C)	Match Expended	Proposed	Subtotal
Div. 1 - General	0.00	500.00	500.00
Div. 2 - Existing Conditions	0.00	0.00	0.00
Div. 3 - Concrete	0.00	0.00	0.00
Div. 4 - Masonry	0.00	0.00	0.00
Div. 5 - Metals	0.00	0.00	0.00
Div. 6 - Wood/Plastic	0.00	0.00	0.00
Div. 7 - Thermal/Moisture	0.00	0.00	0.00
Div. 8 - Doors/Windows	0.00	0.00	0.00
Div. 9 - Finishes	0.00	0.00	0.00
Div. 10 - Specialties	0.00	200.00	200.00
Div. 11 - Equipment	0.00	0.00	0.00
Div. 12 - Furnishings	0.00	0.00	0.00
Div. 13 - Special Const.	0.00	0.00	0.00
Div. 14 - Conveying Syst.	0.00	0.00	0.00
Div. 21 - Fire Suppression	0.00	0.00	0.00
Div. 22 - Plumbing	0.00	0.00	0.00
Div. 23 - HVAC	0.00	0.00	0.00
Div. 24 - Reserved	0.00	0.00	0.00
Div. 25 - Integrated Automation	0.00	0.00	0.00
Div. 26 - Electrical	0.00	824,833.00	824,833.00
Div. 27 - Communications	0.00	56,313.00	56,313.00
Div. 28 - Security	0.00	80,540.00	80,540.00
Div. 31 - Earthwork	0.00	370,614.00	370,614.00
Div. 32 - Ext. Improvements	0.00	0.00	0.00
Div. 33 - Utilities	0.00	0.00	0.00
Div. 34 - Transportation	0.00	0.00	0.00
Div. 35 - Waterways/Marine	0.00	0.00	0.00
Div. 40 - Process Interconnections	0.00	0.00	0.00
Div. 41 - Processing/Handling Equipment	0.00	0.00	0.00
Div. 42 - Heating/Cooling/Drying Equipment	0.00	0.00	0.00
Div. 43 - Gas/Liquid Equipment	0.00	0.00	0.00
Div. 44 - Pollution Control Equipment	0.00	0.00	0.00
Div. 45 - Manufacturing Equipment	0.00	0.00	0.00
Div. 46 - Water and Wastewater Equipment	0.00	0.00	0.00
Div. 48 - Electrical Power Generation	0.00	0.00	0.00
Const. Totals	\$ -	\$ -	\$ 1,333,000.00

	Match Expended	Proposed	TOTAL PROJECT
TOTALS (N/C + C)	\$ -	\$ -	\$ 1,333,000.00

Grant Award	\$ 500,000.00
Required Match	\$ 500,000.00
Actual Match	\$ 833,000.00
Ratio	1:1

PROJECT SCHEDULE

Attachment D-1 (Scope of Work):

- › Includes project schedule deadlines:
 - › Grant agreement must be executed within 18 months of the Agreement Commencement date
 - › Work must begin within 24 months of the Agreement Commencement Date
 - › All work must be completed within four years of the commencement date
 - › The grant agreement expires 5 years from the commencement date

Division 35: Waterways and Marine Construction
a.

Division 40: Process Interconnections
a.

Division 41: Material Processing and Handling Equipment
a.

Division 42: Process Heating, Cooling, and Drying Equipment
a.

Division 43: Process Gas and Liquid Handling, Purification and Storage Equipment
a.

Division 44: Pollution Control Equipment
a.

Division 45: Industry-Specific Manufacturing Equipment
a.

Division 46: Water and Wastewater Equipment
a.

Division 48: Electrical Power Generation
a.

III B Line Item Costs for Work to be Funded with this Grant.

See the following page for the Schedule of Values. (Note: item amounts may be estimates.)

IV. PROJECT SCHEDULE:

Agreement Commencement Date:
Work Period Commencement Date:
Agreement Execution Deadline:
Project Commencement Deadline:
Work Period Expiration Date:
Agreement Expiration Date:

Created: Date by Program Officer
Revised:



YOUR PROJECT SCHEDULE

December 23, 2025	The <u>Agreement Commencement</u> date is the day the Governor signs your appropriations bill
December 23, 2025	The <u>Work Period Commencement</u> date may be the same or the day you started work
June 23, 2027	The grant agreement must be executed by the <u>Agreement Execution Date</u>
December 23, 2027	Work must begin by the <u>Project Commencement Deadline</u>
December 23, 2029	Work must be completed by the <u>Work Period Expiration Date</u>
December 23, 2030	Grant must be closed out by the <u>Agreement Expiration Date</u>

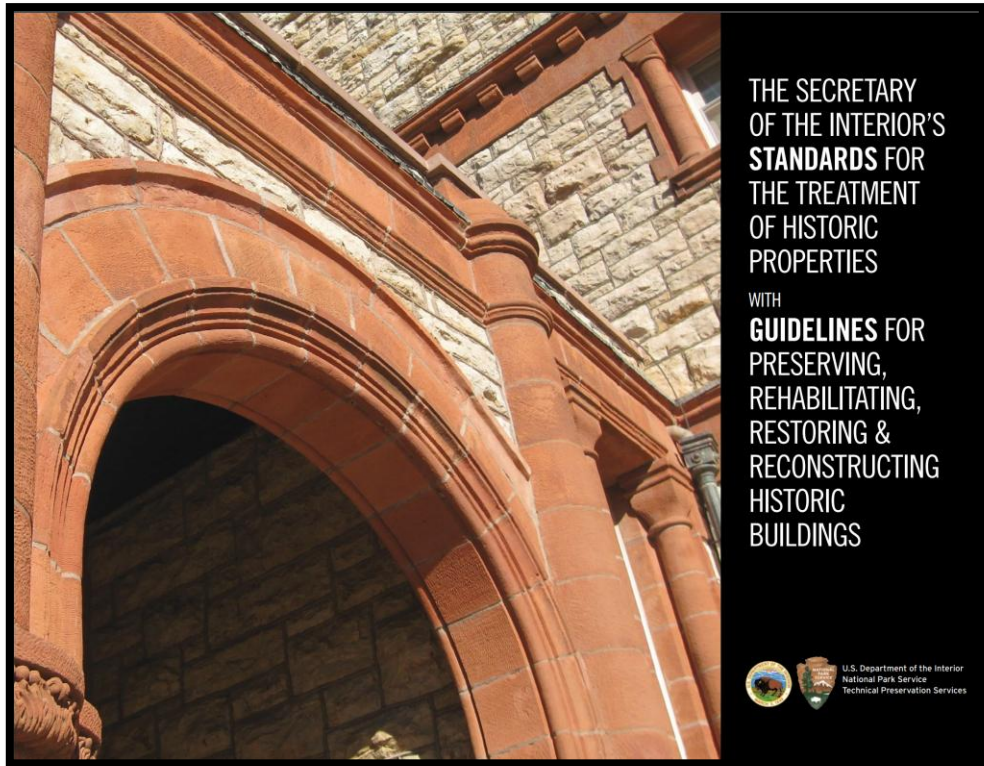
PROJECT TEAM

Project consultants:

- › Must meet Professional Qualification Standards
- › NJHT staff **must approve all consultants** working on the grant funded project
 - › Consultants included with the original grant application are considered approved unless otherwise stated
 - › Grantees must seek approval for all consultants that were not included in the original grant application package



PROJECT REQUIREMENTS



- › All work must meet the Secretary of the Interior's Standards for the Treatment of Historic Properties
- › Archaeology required for capital projects where there will be ground disturbance
 - › All projects are reviewed for archaeology considerations before the D-1 is finalized and the Grant Agreement can be executed
- › For questions regarding work authorizations for public resources, please contact your Program Officer

NEW JERSEY STATE REQUIREMENTS

Financial Management:

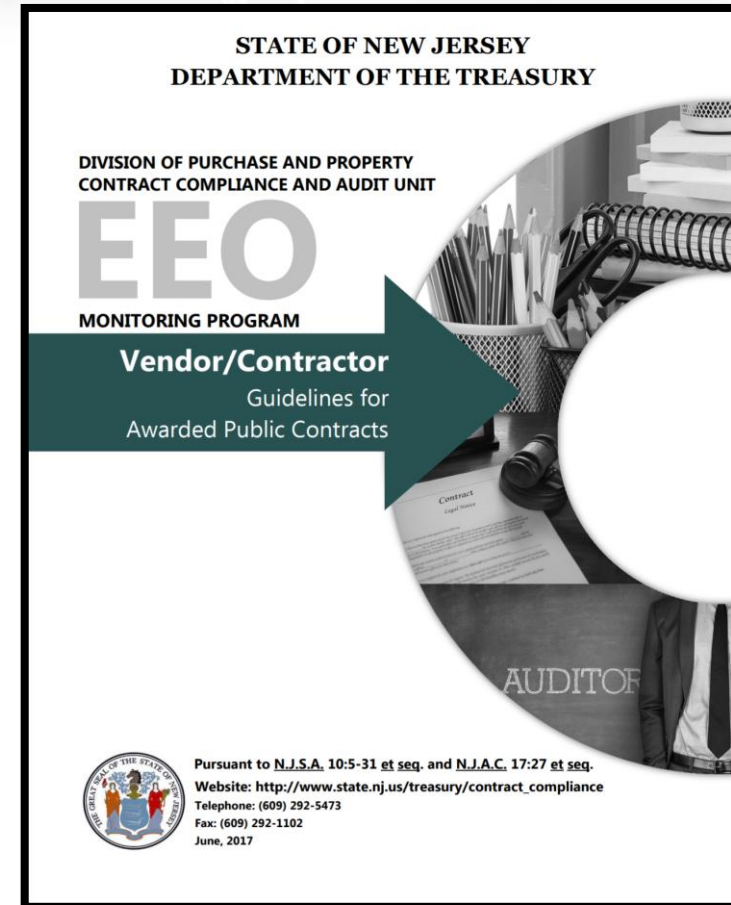
- › Audits
 - › Audits are ineligible for reimbursement


Affirmative Action:

- › Nondiscrimination language and policy
- › Consultant to provide evidence of compliance

Prevailing Wage:

- › County and Municipal owned properties



An aerial view of an archaeological excavation site. Several workers are visible, some using tools like shovels and measuring tapes. The ground is uneven, with exposed soil and some brickwork. A large, semi-transparent white oval is overlaid on the center of the image, containing the text 'ARCHAEOLOGICAL REQUIREMENTS'.

ARCHAEOLOGICAL REQUIREMENTS

WHEN IS ARCHAEOLOGY REQUIRED?

If ground disturbance is planned, archaeological consideration is required.

Examples of ground disturbing activities:

- › Excavation of trenches for utility services and site drainage
- › Exterior foundation work
- › Installation of signage
- › Construction or expansion of walkways, driveways, and parking
- › Removal and installation of porch footings
- › Removal and installation of footings located below basement floor grade and repairs to basement floors
- › Excavation related to ADA site improvements



WHAT IS REQUIRED?



If archaeology is a required component of your project, next steps should include:

- › Consultation with a qualified professional archaeologist
- › Submission of a proposal and work plan
- › Investigation in accordance with Secretary of the Interior Standards and the NJ Register of Historic Places Act
- › Submission of a draft report for NJHT review
- › Consideration of the results of the investigation in comparison with the current or proposed future project
- › Submission of one hard copy and one digital copy of the final approved report

POTENTIAL APPROACHES



- **Archaeological Management Plan**
 - Guide preservation efforts by addressing specific archaeological needs, ideally including a Phase I survey
- **Phase I Survey** – “Is there archaeology here?”
- **Phase II Survey** – “There is archaeology, but is it significant?”
- **Phase III Survey** – “There is potentially or certainly significant archaeology here and we need to fully excavate it in order to understand it or to mitigate the project’s affects.”
- **Archaeological monitoring** is primarily a mitigation strategy and may only be used in select circumstances to be approved by the Trust

Archaeological Requirements of the New Jersey Historic Trust (NJHT): FAQ

Why is the consideration of archaeology required?

Archaeological resources are protected by both Federal and State laws and regulations. Properties the NJHT may have potential for the presence of archaeological remains important in history or prehistory.

When is the consideration of archaeology required?

When a project involves ground disturbance including, but not limited to, the following:

- Excavation of trenches for utility services and site drainage,
- Work to existing foundations and footings, including those located below basement floor level,
- Installation of interpretive signage,
- Construction or expansion of walkways, driveways, and parking lots,
- Removal and installation of porch footings,
- Repairs to basement floors,
- Excavation related to ADA site improvements.

The NJHT strongly recommends that archaeology is considered regardless of whether it is required by law, as well as to inform a site's history and guide future stewardship of a historic resource.

My project will involve ground disturbance but I'm pretty sure the ground has been disturbed in the past. Is archaeological monitoring sufficient?

Archaeological monitoring as a first course of action is not considered to be best practice, unless sufficient evidence indicating that there is little to no potential for archaeological resources within the APE can be provided, such as in most gravel pits, road cuts, and pipeline trenches. Some forms of historic

Archaeological Monitoring Protocols for Projects Funded by the New Jersey Historic Trust (NJHT): FAQ

Please note that the following guidance is applicable only for projects where archaeological monitoring has been approved.

What is an archaeological monitoring protocol?

An archaeological monitoring protocol is a document stating critical project information as well as the conditions under which the presence of an archaeological monitor are required. It is the responsibility of the applicant, grantee, and/or their consultant team to ensure that the protocol is referenced in all project plans, documents, construction manuals, and specifications. The preparation and distribution of an archaeological monitoring protocol is required for NJHT-funded projects where archaeological monitoring will occur.

Who drafts the protocol?

A contracted, qualified professional archaeologist providing archaeological monitoring services for a project will draft the protocol. The protocol must be submitted to the New Jersey Historic Trust for review and approval prior to construction.

What should be included in the protocol?

It is recommended that archaeological monitoring protocols include the following information, at a minimum:

Archaeological Survey and Reporting Requirements of New Jersey Historic Trust Grant-Funded Work

Archaeological investigations be scheduled to occur prior to or during the design plans or construction documents so as not to impact construction schedules. Archaeological survey and reporting must be in keeping with the [Secretary of the Interior's Regulations for Archaeology and Historic Preservation](#) (Federal Register, Volume 48, No. 192, September 29, 1983). Survey efforts must comply with the New Jersey Historic Trust [Requirements for Phase I Archaeological Survey](#) at N.J.A.C. 7:4-8.4. The individual(s) conducting the archaeological work must meet the [Secretary of the Interior's Professional Qualifications Requirements](#) (48 CFR 44738-9).

**ARCHAEOLOGICAL INVESTIGATION
COMPLETE, THE
DOCUMENTS MUST BE**

FOR REVIEW

FOR REVIEW/EXCAVATION

FOR PROCESSING/ANALYSIS

FOR PREPARATION

If evidence of a potentially significant archaeological site is found, the following solutions may be proposed: a) modify design plans and construction documents to avoid or minimize impacts or b) conduct a second phase of more intensive archaeological investigations. This latter phase should be structured to retrieve sufficient information to interpret a site or to provide measures for its protection. In some instances, it may be desirable to conduct a third phase consisting of complete data recovery. Allocating sufficient time toward the completion of archaeological investigation in advance of construction is important due to the potential requirement for altering project plans based

<https://www.nj.gov/dca/njht/programs/preservenj/overview/>



ADMINISTERING AN ACTIVE GRANT

COMMUNICATION WITH THE TRUST

Send to the Trust:

- › Planning documents funded by this grant
 - › One hard copy and one digital copy
- › Construction drawings and specifications
- › Contractor prequalification and bidding forms in draft form
- › Contractor prequalification forms as completed by contractors
- › Accepted bids

During construction:

- › Trust should receive all meeting notices
- › Trust should receive all meeting minutes
- › Trust should receive any changes to the approved project
- › Grantee is responsible for communication



Know your program staff contact

Questions?

Problems?

Good news?

When in doubt, call or email... or both!

SUBMITTING QUARTERLY REPORTS

Attachment C-1:

- › Follow checklist of items and include:
 - › Narrative
 - › Team List
 - › Project Schedule
 - › Submissions
 - › Certification

Submit via:

- › 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

Project Name: _____
Project Number: _____ ATTACHMENT C-1

**New Jersey Historic Preservation Fund
CAPITAL PRESERVATION GRANT
QUARTERLY PERFORMANCE REPORT & REIMBURSEMENT FORM**

Project Number: _____ Project Name: _____
Organization: _____
Project Contact: _____ Phone: _____
Email: _____
Report Due Date: _____ Reporting Period: from _____ to _____

Check List
Provide performance report items listed below. If reimbursement payment on grant is requested, also provide the reimbursement checklist items below. If there is no reimbursement request, the report can be e-mailed or sent hard copy. If there is a reimbursement, the report must be sent hard copy with original signatures and copies of the items below.

Quarterly Performance Report:
____ Attachment C-1, pgs. C-1.1 – C-1.3
____ Current Status and Phase update (item 1)
____ Project Team List (item 2)
____ Narrative Description (item 3)
____ Current schedule (item 4)
____ Photographs (item 5)
____ Other Materials (item 6: specify):
____ drawings
____ project meeting minutes
____ list/schedule of change orders (if applicable)
____ Other: _____
____ Signature Certification, page C-1.3 (item 7)

Reimbursement:
____ Completed performance Report (as above)
____ Attachment C-1, pgs. C-1.4 – C-1.5
____ Copies of invoices attached to corresponding cancelled checks
____ Statement of Expenditures Spreadsheet
____ State of New Jersey Payment Voucher (with original signature of CFO or Treasurer)
____ Other attachments (specify): _____

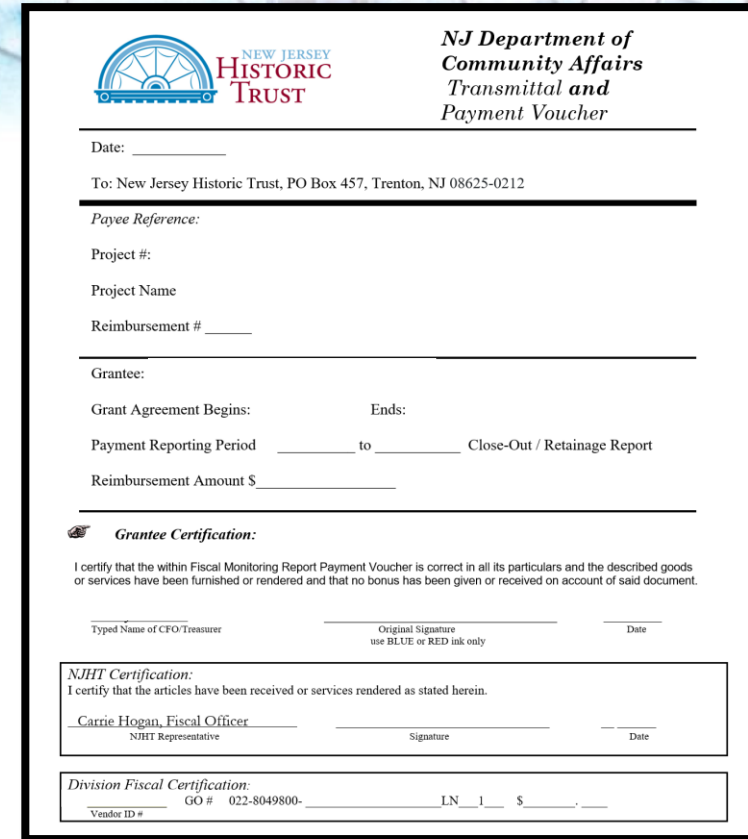
Reporting Schedule: Performance Reports are due quarterly

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

(C-1.1)

REIMBURSEMENT REQUESTS

- › Project sign installed and photo documentation submitted to the Trust
- › Easement recorded (when required)
- › Each request for reimbursement must include all necessary documentation of invoice and proof of payment from financial institution
- › During construction, requests should include additional documentation not already submitted, such as meeting minutes, progress photographs, change orders
- › State payment voucher – will not be paid without it!
 - › Requires original signatures of designated CFO
 - › Payment will be disbursed after fiscal review
 - › Registering for direct deposit payments through the State's ACH system will expedite the payment process: www.nj.gov/treasury/omb/pdf/forms/achform.pdf



The form is titled "NJ Department of Community Affairs Transmittal and Payment Voucher". It includes the New Jersey Historic Trust logo and the following fields:

- Date: _____
- To: New Jersey Historic Trust, PO Box 457, Trenton, NJ 08625-0212
- Payee Reference:
- Project #: _____
- Project Name: _____
- Reimbursement # _____
- Grantee: _____
- Grant Agreement Begins: _____ Ends: _____
- Payment Reporting Period _____ to _____ Close-Out / Retainage Report
- 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.
Typed Name of CFO/Treasurer _____ 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 _____ Signature _____ Date _____
NJHT Representative
- Division Fiscal Certification:**
Vendor ID # _____ GO # 022-8049800- _____ LN 1 \$ _____



REIMBURSEMENT REQUESTS

Capital Level 1

- › Retainage is held on every reimbursement and will be given to you upon the close out of your project
- › Multiplier takes into consideration your grant award + retainage
 - › Capital Level 1 multiplier: 0.57
 - › Capital Levels 2 and 3 multiplier: 0.475

ATTACHMENT C-1

**Preserve New Jersey Historic Preservation Fund
CAPITAL PRESERVATION GRANT
REQUEST FOR REIMBURSEMENT**

Project Name: _____
Project Number: _____

Organization: _____

Reporting Period: from: _____ to: _____

Attach photocopies of each invoice and corresponding cancelled checks, stapled together, and in the order that they appear below. Append continuation pages as necessary. (Note: A 5 % retainage must be deducted from reimbursement. Calculate as instructed under line B. below.)

Payee	Invoice	Check #	Cost	(NJHT use only) Approved Cost
Total Cost: [Allowable Expenses this period]			\$	\$

A. Total Grant Amount \$ _____

B. Amount Now Requested \$ _____
(Total Cost in period x .475)

C. Amount Previously Requested \$ _____

D. Balance of Grant Remaining \$ _____
[A-(B+C)]

I certify that the above disbursements for which reimbursement is requested have been made in accordance with the standards and conditions contained in the Grant Agreement with the New Jersey Historic Trust.

Date _____

Name and Title of Chief Financial Officer _____

Capital Level 1

A. Total Grant Amount	\$ _____
B. Amount Now Requested (Total Cost in period x .57)	\$ _____
C. Amount Previously Requested	\$ _____
D. Balance of Grant Remaining [A-(B+C)]	\$ _____

Capital Levels 2 and 3

A. Total Grant Amount	\$ _____
B. Amount Now Requested (Total Cost in period x .475)	\$ _____
C. Amount Previously Requested	\$ _____
D. Balance of Grant Remaining [A-(B+C)]	\$ _____

WORK PRODUCT REVIEW



Design review:

- › Prior to construction
- › During construction

Plans and specifications:

- › Draft submission
- › Final documents (incorporating Trust's comments if needed)

Bid packages must be approved before distribution.

REQUIRED SIGNAGE

- › Trust requires a temporary project sign during the construction period
 - › [Sign Specs](#)
- › Trust requires installation of a permanent marker or plaque for completed construction projects
 - › Some grantees may incorporate information for a marker into larger interpretive signage
- › "Funding has been made possible in part by the Preserve New Jersey Historic Preservation Fund administered by the New Jersey Historic Trust, State of New Jersey"
 - [Permanent Marker Information](#)



EASEMENTS

- › Legal agreement that provides protection to the historic resource and our investment in it for a specific length of time
- › Non-Profits with grant awards over \$50,000
- › Length of Easement
 - › \$50,001-\$100,000: 15 Years
 - › \$100,001-\$450,000: 20 Years
 - › More than \$450,000: 30 Years



CONTRACTORS AND BIDDING

4.16

STANDARD CERTIFICATION TO ACCOMPANY PREQUALIFICATION REGULATIONS SUBMITTED TO DIRECTOR, DIVISION OF LOCAL GOVERNMENT SERVICES, DEPARTMENT OF COMMUNITY AFFAIRS

A. Applicability of Prequalification Regulations

1. Type of projects, goods or services regulations would apply to _____

B. Status of Proposed Regulations: (check one)

New regulations _____

Reestablishment of old regulations _____

If reestablished, date last approved by Director (provide prior approval letter) _____

Amendment of existing regulations _____

Date existing regulations approved by Director (provide prior approval letter) _____

C. Summary of Proposed Regulations

Please provide all criteria which prospective bidders will be required to meet, and explain how said criteria is pertinent and reasonably related to the goods or services to be provided or performed. Add additional sheets as necessary.

D. Public Hearing on Prequalification Regulations


Date of public hearing _____

› Pre-qualification of contractors:

- › All projects
 - › Prequalification Regulations
 - › Bidder's Questionnaire

› Units of government and resources owned by government entities:

- › Must coordinate the pre-qualification and bidding process with DCA's Division of Local Government Services



CONTRACTORS AND BIDDING

Municipal and County:

- Develop prequalification questionnaire with consultant and Trust staff
- Schedule public hearing announcing project
- Grantee sends adopted regulations to Local Government Services for approval
- Distribute and advertise prequalification questionnaire
- Submit completed questionnaires to consultant and Trust staff for review and approval
- Distribute bid documents to prequalified prospective bidders
- Award contract to lowest responsible bidder

Non-profits:

- Develop prequalification questionnaire with consultant and Trust staff
- Distribute and advertise prequalification questionnaire
- Submit completed questionnaires to consultant and Trust staff for review and approval
- Distribute bid documents to prequalified prospective bidders
- Award contract to lowest responsible bidder

Initiation of prequalification by grantee to award of contract may take at least 4-5 months

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 from financial institution
 - › Transmittal/Payment Voucher (with original signature of CFO or Treasurer)
- › You will receive the remaining grant award including the retainage held by the Trust

CLOSING OUT THE GRANT

Final Report Must Include:

- ✓ Narrative of project
- ✓ Before and after photographs
- ✓ Photograph of permanent plaque installed
- ✓ Employment figures from consultant and contractor
- ✓ Revised Scope of Work (if necessary)
- ✓ Final total project cost
- ✓ As-built drawings (one hard copy and one digital)
- ✓ Close-out letter from consultant certifying project is complete



MULTIPHASE PROJECTS



Subsequent Capital phases are contingent upon:

- › Completion of current capital phase
- › Passage and signing of an appropriation bill
- › Execution of a new grant agreement for the next proposed phase of work

DAVID TAYLOR
COLD 1805 SPRING

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

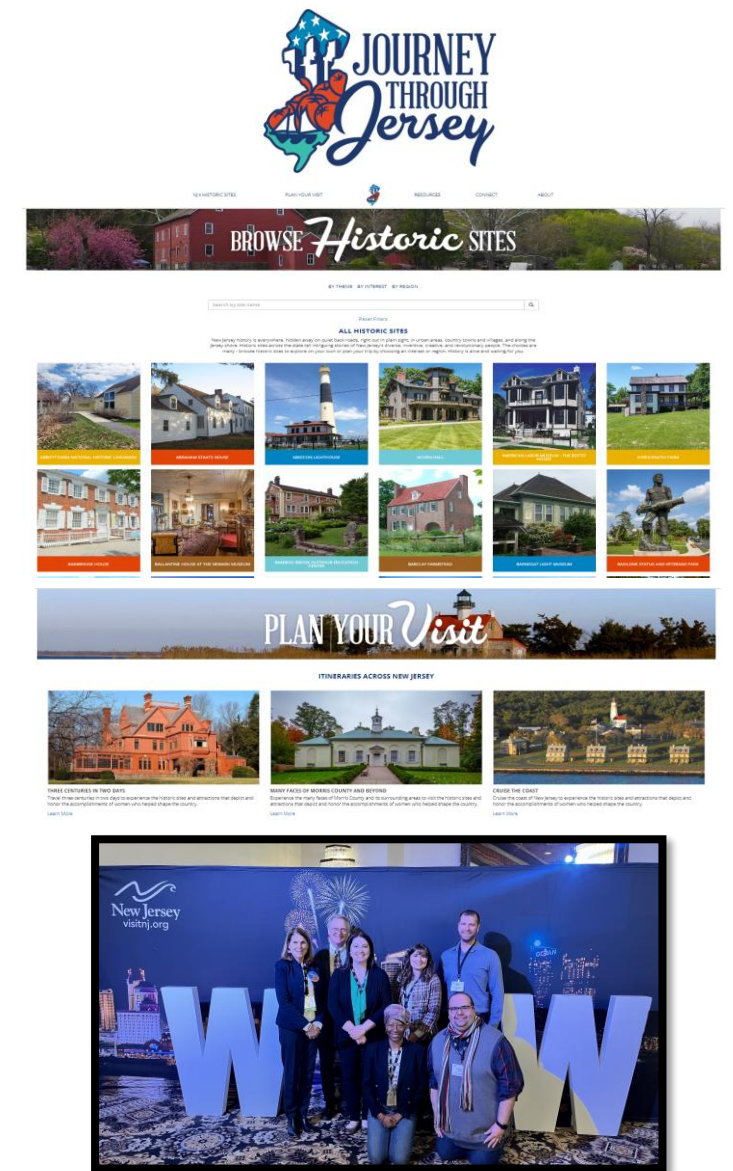
Promote and raise awareness of history and historic preservation in New Jersey

- › Good publicity opportunities are:
 - › Grant award announcements and check presentations,
 - › Project milestones
 - › Tours, special events, or staff profiles
 - › Letters to your legislatures and representatives



JOURNEY THROUGH JERSEY

- › Visit www.journeythroughjersey.com to nominate your site for inclusion in this valuable and free heritage tourism marketing tool
- › Tag Journey Through Jersey on your Facebook and Instagram 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



STAY IN TOUCH WITH US

› Facebook, Instagram, BlueSky, 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)

› Please re-share our posts and link to our site.



QUESTIONS?

Program Officers:

- › Alexis Alemy – alexis.alemy@dca.nj.gov
- › Jennifer Boggs – jennifer.boggs@dca.nj.gov
- › Shannon Bremer – shannon.bremer@dca.nj.gov
- › Olivia Chaudhury – olivia.chaudhury@dca.nj.gov
- › Kristin Downing – kristin.downing@dca.nj.gov
- › Stephanie Kraut – stephanie.kraut@dca.nj.gov
- › Judith Murphy, AICP, PP – judith.murphy@dca.nj.gov
- › Ashley Parker – ashley.parker@dca.nj.gov
- › Tara Ritz – tara.ritz@dca.nj.gov
- › Nan Wakefield – nan.wakefield@dca.nj.gov

Fiscal Officer:

- › Carrie Hogan – carrie.hogan@dca.nj.gov

**Please direct questions
pertaining specifically to
your project to your
Program Officer after the
workshop.**





Thank you for joining us today!

We look forward to working with you!
