

FY 2014
ILLINOIS PUBLIC MUSEUM CAPITAL GRANT PROGRAM
APPLICATION CHECKLIST

Form PMC/DOC-1	Application Forms (4 pages)
Form PMC/DOC-2	Statement by the Public Museum CEO (2 pages)
Form PMC/DOC-3	Project Narrative
Form PMC/DOC-4	Development Data
Attachment 1	Application Fee
Attachment 2	Copy of Not-for-Profit Documentation
Attachment 3	Documentation of Ownership or Lease Agreement
Attachment 4	Annual Report (publication sent to membership from the previous year describing public museum activities)
Attachment 5	Documentation of Attendance Calculations
Attachment 6	Comprehensive and/or Master Plan
Attachment 7	Conceptual Development Plan(s)
Attachment 8	Construction Schedule
Attachment 9	Comprehensive Environmental Review Process form (CERP)

USGS 7.5 min. Topographic Map copied portion with project area marked

Digital images

Assemble Application Forms (PMC/DOC1 through PMC/DOC4) separately from required Attachments. Do not staple; binders or paper clips are acceptable. Submit 1 original of completed Application Forms and of each Attachment in the order listed on the Application Checklist. Mail to:

Public Museum Grants Program
Department of Natural Resources
Attn: OAEG, Division of Grants
One Natural Resources Way
Springfield IL 62702

In order to receive full consideration, applications must be complete and received in our Office by **5:00 p.m. on Monday February 3, 2014.**

- Please retain the original format of these forms.
- When printing the final copy for submittal, print single-sided copies.

Questions regarding this application package should be directed to the grants office by calling 217/782-7481 or visit the website at www.museum.state.il.us/programs/musgrants .

1.) PUBLIC MUSEUM INFORMATION

Name: _____ Address: _____ County: _____ Web Site: _____ Year Est: _____	Federal Employer Identification Number (FEIN): _____ Check one of the following (required): <input type="checkbox"/> Public Museum FEIN <input type="checkbox"/> Fiscal Agent FEIN
IL Senate Dist. #: _____ IL House Dist. #: _____ U.S. Congressional District #: _____	IL Senator: _____ IL Representative: _____ Congressional District Rep.: _____

2.) PROJECT TITLE & DESCRIPTION (Use allocated space only – do not attach additional sheet)

Project Title: _____
Project Description: _____
Total Estimated Project Costs (as shown on PMC/DOC-4): \$ _____ (must round to nearest \$100)

3.) CONTACT INFORMATION – PUBLIC MUSEUM
PUBLIC MUSEUM CEO

PUBLIC MUSEUM DESIGNATED CONTACT

Organization: _____ Name & Title: _____ Address: _____ Phone #: _____ Fax #: _____ Email address: _____	Organization: _____ Name & Title: _____ Address: _____ Phone #: _____ Fax #: _____ Email address: _____
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4.) CONTACT INFORMATION – FISCAL AGENT (complete *only* if using a Fiscal Agent)

Organization: _____ Address: _____ Phone: _____	CEO Name & Title: _____ Fax #: _____ Email address: _____
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5.) LOCAL GOVERNMENT

Public Museum Capital projects are funded using bond funds and therefore require the use and oversight of a public body's procurement guidelines to ensure the proper stewardship of said funds. Public museums applying for capital funds must also be operated by or located on land owned by a unit of local government. **Specify the unit of local government:**

Describe the type of ownership or long-term lease agreement the public museum has for the property where the proposed project will be located *(documentation required):

Provide the dates that the term of the lease agreement is in effect: _____

What, if any, causes for early termination are in the agreement?

6.) MATCHING FUNDS: (information is required in all fields below)

The amount of matching funds required varies by the level of visitation for the preceding calendar year. (See administrative rules, section 3200.20)

Specify the attendance at the public museum's facility or facilities for the preceding calendar year: _____

Explain how it is calculated: (documentation required) _____

Check one: Visitation is 300,000 or less (no match required).
 Visitation is over 300,000 but less than 600,000 (1:1 match required)
 Visitation is 600,000 or more (2:1 match required)

Based on above, specify total amount of matching funds required: \$ _____

Total Grant Funds Requested (cannot exceed \$750,000) \$ _____

Confirm status of matching funds (if required).
 Specify the source of all matching funds. Specify the amount of matching funds being provided. Mark (X) if matching Funds are local government or private. Specify the dollar amount that is available or needed.

Source	Amount [\$]	Local [X]	Private [X]
TOTAL			

6.) MATCHING FUNDS (Continued): (information is required in all fields below)

<p>If matching funds are required <i>and</i> not yet secured, specify how you intend to secure the matching funds:</p>
<p>If matching funds are not required list any outside funds that are committed toward the project:</p>
<p>List any other grant program/funds, including IDNR grants, involved in the proposed project, previous or anticipated. If IDNR Grant funds are included, list applicable project numbers and give a brief status, indicating whether completed or ongoing.</p> <p><input type="checkbox"/> If none, check box</p>

7.) MUSEUM OPERATING INFORMATION:

<p>Indicate the public museum's operating hours and days of the week: _____</p>
<p>If the public museum is open less than 1,000 hours per year, indicate the approximate number of hours: _____</p>
<p>Specify the public museum's annual operating expenditures: \$ _____</p>
<p>Will the Museum's Operating budget change if this project is funded? Is so describe how the Museum will absorb any additional costs this project would have on future operating budgets.</p>
<p>Provide the Cost Ratio per Visitor vs. Operational Dollars: \$ _____</p> <p>(example: total operational dollars ÷ attendance = cost per visitor)</p>

8.) ADDITIONAL REQUIRED INFORMATION:

List the paid professional staff person(s) (Name, Title, and Professional Organization) responsible for implementing the project. There must be one paid professional employee as per administrative rules, section 3200.10.

Provide the Mission Statement of the public museum:

Does the public museum present regularly scheduled programs and exhibits that use and interpret objects for the public?

No Yes If yes, give a brief description:

Describe the public museum's collections:

9.) REQUIRED DOCUMENTATION

The following documentation must also be provided as part of this application:

- Attachment 1 – Application Fee
- Attachment 2 - Documentation of the public museum's not-for-profit status. See Guidelines for examples of documentation.
- Attachment 3 – Documentation of ownership/lease agreement
- Attachment 4 - Provide Annual Report sent to membership from the preceding year, or if not available, a current brochure describing the museum's programs.
- Attachment 5 – Provide documentation of how site attendance is calculated.
- Attachment 6 – Copy of Comprehensive/Master plan identifying project
Copy of any Public Support associated with project (letters, public meetings, etc.)
- Attachment 7 - Provide Conceptual Development Plan(s), no larger than 11 x 17, include sketches or photos.
- Attachment 8 - Provide anticipated construction schedule for the project. (Use quarterly time increments for the expenditure schedule of anticipated grant funds to the best of your knowledge or ability.)
- Attachment 9 – Comprehensive Environmental Review Process form (CERP) with the following documentation attached: **(3 copies required)**
 - USGS 7.5 min. Topographic Map copied portion with project area marked
 - Digital images

Note: The Department of Natural Resources reserves the right to seek documentary back up to the assertions in the above answers.

Public Museum Name: _____

Fiscal Agent (if applicable): _____

Project Title: _____

Name of entity that will hold title to the project site: _____

Check if entity holding title is a unit of local government: []

As the official duly designated to represent the public museum, I do hereby certify that the information presented in this grant application is true and correct. I do further certify that the project, if approved for funding through the Illinois Public Museum Capital Grants Program, will be completed in accordance with provisions set forth in Title #23 IL Adm. Code 3200 and in the Project Agreement and that the public museum:

- a) Is a public museum that has been open to the public, for its instruction and enjoyment, for at least two years;
- b) Is operated by or located upon land owned by a unit of local government;
- c) Is an organized, permanent institution that is tax exempt under the regulations of the U.S. Internal Revenue Service;
- d) Meets generally accepted professional standards as in the accreditation programs of the American Association of Museums, American Zoo and Aquarium Association, American Association of Botanical Gardens and Arboretums, and other appropriate organizations;
- e) Has a paid professional staff;
- f) Cares for and owns or utilizes tangible objects;
- g) Is open to the public on a regular schedule and regularly collects attendance data and maintains sufficient records such that the attendance numbers can be audited;
- h) Presents regularly scheduled programs and exhibits that use and interpret objects for the public according to accepted standards;
- i) Has filed timely reports and complied with requirements for previous grant awards; and
- j) Can provide matching funds of the following amount. Check one:

no matching funds are required for a public museum with an attendance of **300,000 or less** during the preceding calendar year; or

\$1 of matching funds for each \$1 of State money for a public museum with an attendance of **over 300,000 but less than 600,000** during the preceding calendar year; or

\$2 matching funds for each \$1 of State money for a public museum with an attendance of **600,000 or more** during the preceding calendar year.

The _____ hereby certifies and acknowledges that it has 100% of the funds necessary to complete the pending Public Museum Capital project within the timeframes specified herein for project execution, and that failure to adhere to the specified project timeframe or failure to proceed with the project because of insufficient funds or change in local priorities is sufficient cause for project grant termination which will also result in the ineligibility of the public museum for subsequent grant assistance from the IDNR programs in the next two (2) consecutive grant cycles following project termination.

It is understood that the project should be completed within the timeframe established in the project agreement and the reimbursement request must be submitted within one year of the expiration date. Failure to do so will result in the public museum forfeiting all project reimbursements, and relieves the Illinois Department of Natural Resources from further payment obligation on the grant.

The public museum does hereby further certify that it will indemnify, protect and hold harmless the State of Illinois, Department of Natural Resources and its representatives from any and all liabilities, costs, damages or claims arising as a direct or indirect result of the actions and/or omissions of public museum or its representatives in the construction, operation or maintenance of the above referenced project, and that the proposed facility will be operated and maintained in an attractive and safe manner, and open and available to the public without regard to race, color, sex, national origin, age, disability or place of residence in accordance with #23 IL Adm. Code 3200.

This Statement was duly acted upon and adopted by the public museum on the _____ day of _____, 20 ____ .

Public Museum Chief Executive Officer:

Organization Name: _____

Signature of Public Museum Chief Executive Officer: _____

The public museum does further certify: that there is an ongoing relationship between the museum and the fiscal agent; that the fiscal agent may incur expenses for the museum's project; and that grant funds will be used specifically for the public museum's project.

If grant funds are to be issued to a fiscal agent on behalf of the public museum, the fiscal agent Chief Executive Officer should sign below, indicating that there is an ongoing relationship with the public museum and the fiscal agent.

Fiscal Agent Chief Executive Officer:

Organization: _____

Signature of Fiscal Agent Chief Executive Officer: _____

Instructions: Limit three, single spaced printed pages, minimum font size 11point.

1. Specifically describe how the grant funds will be used including identifying if they are only a component of a larger project.

2. If the grant funds are to fund a component of a larger project, clearly describe the project as a whole.

3. Will this project be complete and open to the general public at the end of the 2 year grant period? If not, provide justification why public funds should be expended on this project.

4. Describe the museum's capital long range planning process and the level of planning that has been undertaken for the proposed project.

5. Describe how the overall project will improve the public museum's ability to meet its mission, enhance the experience of existing audiences, and expand its audiences, including reaching diverse and under-served groups.

6. Describe the level of community support for this project.

7. Describe how the project will meet community needs.

8. Describe the public museum's ability to complete the project successfully including the availability of adequate financial resources, recognizing that the grant funds are distributed on a reimbursement basis.

Public Museum Name: _____
 Project Title: _____
 Name of entity that will hold title to the project site: _____
 Check if entity holding title is a unit of local government:

ESTIMATED PROJECT DEVELOPMENT COSTS

- Clearly identify project costs to be expended with grant funds as well as matching funds (if applicable).
- Do not submit a lump sum budget.
- Costs should be broken down by major project components and budget categories.
- Contingency costs cannot be submitted as separate costs.
- Limit to number of lines needed to give a concise overview of the project costs.

Project Components (Itemized)	Cost Estimate Incurred by Public Museum Grant Funds	Cost Estimate Incurred by Grantee/Fiscal Agent (Match)	Construction Method **
(Round to the nearest \$100) TOTAL	\$	\$	

** Construction Method Key: C - Contract; SS - Sole Supplier

(Note: The value of donated materials and donated (volunteer) labor are not eligible for reimbursement, but can be used to reduce overall costs. **Force account labor is not an eligible capital expenditure.**)

Total Estimated Project Costs: \$ _____
 If applicable, identify architectural/engineering firm or firms to be used in completing project: _____

The PMC grant program requires a non-refundable **Application Fee** which shall be calculated as ¼ of 1% (0.0025%) of the grant request with a minimum fee of \$100 and a maximum fee of \$300.

This fee is **not** a reimbursable expense and **cannot** be included in the project budget.

EXAMPLES:

A \$50,000 funding assistance request would require a \$125 application fee
($\$50,000 \times 0.0025 = \125)

A \$750,000 funding assistance request would require a \$300 application fee
($\$750,000 \times 0.0025 = \$1,875$ which exceeds the \$300 maximum)

The **Application Fee** shall be rounded up to the nearest whole dollar amount.

Applications submitted without the required Initial Application Fee, or with an incorrect amount, will not be accepted by IDNR. Failure of an Initial Application Fee to clear the bank it is drawn against will result in the automatic denial and return of the application to the applicant without consideration.

Please submit this form with the project application and Initial Application Fee.

PUBLIC MUSEUM CAPITAL GRANT PROGRAM (PMC)

APPLICANT:

PROJECT TITLE:

TOTAL PROJECT COST:

TOTAL GRANT ASSISTANCE REQUEST:

(Application fee based on this amount)

INITIAL APPLICATION FEE AMOUNT

ATTACHED:

Must be in the form of a bank draft made payable to the "Illinois Department of Natural Resources"

NOTE: Grant application fees submitted with this PMC grant application will not be refunded by IDNR to the grant applicant. Grant application fees are tendered for consideration of the application only and do not imply any promise of financial assistance by IDNR.

Please contact the DNR Division of Grant Administration at 217/782-7481 or dnr.grants@illinois.gov if you have any questions.

**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
COMPREHENSIVE ENVIRONMENTAL REVIEW PROCESS (CERP) FORM**

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PUBLIC MUSEUM GRANTS PROGRAM FY2014

Public Museum: _____ Contact Person: _____
 Address: _____ email: _____
 Phone: _____ Date: _____
 Project Title: _____

Check appropriate response: New Project Application (*not previously reviewed/considered by IDNR*)
 Application Resubmittal*

*If resubmittal, indicate the year(s) previously submitted: _____

Has project proposal changed in scope or design layout from previous submittal(s)? Yes No

Project Location

Street Address and City: _____ County: _____
 Numeric Township: _____ Range: _____ Section: _____

Please attach: Photocopy of a 7.5 min. USGS topographic map showing the portion where the project site is located with the building and affected grounds clearly indicated. Maps may be downloaded from Illinois Natural Resources Geospatial Data Clearinghouse or purchased online at <http://isgs.illinois.edu> or from *Illinois State Geological Survey, Natural Resources Building 615 East Peabody Drive, Champaign, IL 61820 tel. 217-333-4747 or 217-265-7307 or e-mail: isgs@isgs.illinois.edu*

Project Conceptual Development Plan(s): Attachment 3 (Provided with the grant application)

Project type: Check (what is applicable)

Building Expansion External Building Modifications Internal Building Modifications
 Exhibits Other

Project building is: Post-1960 Pre-1960: (If project building is pre 1960 you will need to complete CERP Form page 2.)

Does the project include tree removal? Yes No If yes, anticipated number to be removed:

Concise Project Description

(Provide details on work locations, material types, ages of the affected components, and reason for the undertaking. Attach additional sheets as needed.)

DEPARTMENT USE ONLY	Approved	Approved w/ Restrictions*	Comments*	Grant Adm.
Cultural Resources	_____	_____	_____	_____
T&E Species/NP/Natural Area/LWR	_____	_____	_____	_____
Wetlands (Sec.404, see reverse side)	_____	_____	_____	_____
* see attached letter/comments				
OREP/RR&C/CERP Coordinator	_____	Date	Signature indicated IDNR CERP sign-off for ONLY the project information included in this submittal. Any changes must be resubmitted for review.	

(SUBMIT THIS FORM, THE SPECIFIED ATTACHMENTS, AND DIGITAL PHOTOS FOR BUILDINGS AND STRUCTURES CONSTRUCTED PRE-1960. See checklist for number of copies required)

**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
COMPREHENSIVE ENVIRONMENTAL REVIEW PROCESS**

PUBLIC MUSEUM GRANTS PROGRAM
(page 2 of 3)

Complete this page **only** if your project building is pre-1960.

1. What is the status of the project? Circle one: Underway Completed Not yet started

If underway, what part of the project has been completed to date? Provide a brief description.

2. Have any projects at this location been reviewed by the Illinois Historic Preservation Agency? Yes No
If Yes, provide a copy of the IHPA written review or details of their involvement.

3. Provide a site plan that shows proposed changes drawn into the existing features of the project site, including relevant landscaping.

4. Provide architectural plans/specifications or state when they will be available.

5. If an addition is planned, the plans/specifications need to indicate how it will be joined to or otherwise physically affect the original building/structure.

6. Provide a brief narrative regarding the project building's historical and developmental history. Include information as to the age of the structure; the architect/builder; what the building's purpose was originally, through the years, and currently; any modifications, alterations and/or additions. Attach any relevant supporting correspondence regarding historical significance.

7. Clear digital images (7 hardcopy sets and 1CD of jpeg files), each image no smaller than 4" x 4", are required for museum buildings or adjacent structures built prior to 1960 that will be impacted through external or internal modifications or changes to the fabric of the building. Submit digital images showing exterior views of all sides of the building. As needed, send additional images for affected areas showing details such as façade ornamentation, historic gutters, window damage, etc. If interior modifications are being made, also submit labeled mages showing the current areas to be modified.

**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
COMPREHENSIVE ENVIRONMENTAL REVIEW PROCESS**

**PUBLIC MUSEUM GRANTS PROGRAM
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OVERVIEW

Information contained on this form is used by Illinois DNR to evaluate compliance of the proposed project with three state laws protecting cultural resources, threatened and endangered species, and wetland resources. Results of the review will be indicated either on this signed form or an accompanying letter detailing anticipated impacts and compliance with state law.

Cultural Resource Review

Pursuant to Section 106 of the "National Historic Preservation Act of 1966" for federally assisted projects and the "Illinois State Agency Historic Resources Preservation Act" for state-assisted projects, ALL local agency grant projects must be reviewed for possible historic/cultural resource impacts. The Illinois DNR is responsible for ensuring compliance with these laws and will coordinate all necessary project reviews with the State Historic Preservation Office (SHPO). The historic value of buildings is determined in part by their age, architectural style, and building materials. These elements are to be considered in association with interior and exterior modifications proposed for the building, which may affect the structure's historic significance. Please include information on all of these elements within your project description. If impacts to historic resources are anticipated, the public museum is encouraged to consult with Illinois Department of Natural Resources as early in the planning process as possible. Contact person for IDNR is Hal Hassen – 217-524-3759.

Threatened & Endangered Species Consultation

The Endangered Species Protection Act requires state and local units of government to consult with the DNR to determine the impacts of their actions in regards to endangered and threatened species. This process affords valuable protection to the 500 species of plants and animals listed as endangered or threatened within the state of Illinois. If a state listed species is known to occur within the vicinity of the proposed action, additional information will be required. If a determination is made that a listed species will be adversely impacted, recommendations will be made as to how those impacts may be avoided or minimized. **Threatened & Endangered Species consultation (sign-off) is valid for two (2) years. If project is not initiated within this time period, resubmittal is necessary.**

Interagency Wetlands Policy Act of 1989

A wetland is defined as land that has a predominance of hydric soils and is inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances does support, a prevalence of hydrophytic vegetation.

The Interagency Wetlands Policy Act (IWPA) of 1989 directs state agencies to preserve wetlands as a priority action. The provisions of the Act apply to all state and state supported actions including grants and other financial assistance provided by DNR to local units of government, private organizations or individuals.

The Act requires that all practicable alternatives be evaluated to *avoid* adverse wetland impacts. When avoidance is not possible then alternatives to *minimize* the adverse wetland impact are to be considered. If adverse wetland impacts are still unavoidable, then *compensation* is required.

Wetland Compensation Plan

When unavoidable impacts to wetlands are evident, a wetland compensation plan must be developed and implemented that adequately compensates for the adverse impact. This is best accomplished by hiring a qualified firm to evaluate the wetland and associated impact. The DNR will review the wetland compensation plan and determine compliance with the Act.

The Act required compensation for reductions in the size or functional capability of the wetland. Interim requirements of the Act require a compensation ratio of 1.5 units of compensation per 1.0 unit of impact. Replacement of the wetland type is required (emergent wetland for emergent wetland, etc.) in a similar location in the landscape (flood plain, pothole, etc.). The compensation site should be located as near to the impacted wetland as practicable. It is preferable that the compensation site have hydric soils. The hydrology of the compensation site should closely resemble that of the affected wetland.

The wetland compensation plan should be completed either prior to or concurrently with the project. The project sponsor is required to certify that the compensation plan was successfully completed and annually monitor the success of the compensation wetland for at least three years.

Relationship of Section 404 of the Clean Water Act

The IWPA has many provisions similar to the Section 404 program. However, there are several differences. Section 404 regulates the placement of dredged and fill material into waters of the U.S., of which wetlands are a subset. The IWPA regulates any action that would adversely impact a wetland. **Compliance with either law does not ensure compliance with the other. Separate applications need to be submitted to DNR and Army Corps of Engineers.**