



2019 Hurricane Relief Support Grant Application

Purpose and Scope of Grant: to provide funds for collection supplies for institutions affected by Hurricane Matthew (September-October 2016), Hurricane Florence (September 2018) and Tropical Storm Michael (October 2018). Institutions within the North Carolina counties declared disaster areas that need collection preservation assistance are eligible to apply for this grant.

- Matthew: <https://www.fema.gov/disaster/4285>
- Florence: <https://www.fema.gov/disaster/4393>
- Michael: <https://www.fema.gov/disaster/4412>
- Please fill out the entire application form including attaching any required documents.
- Attachments may be in the form of a paper document, electronic document, or an active URL to the requested documentation.
- Missing information including but not limited to unanswered questions, inactive URL's, or incomplete answers may cause the application to be considered incomplete and therefore void.
- The Grants Committee is under no obligation to contact the applicant for missing information.

Title of Grant Project: [Click here to enter text.](#)

Total Grant Request (max. \$1,000): \$ [Click here to enter text.](#)

Name of Institution: [Click here to enter text.](#)

Parent Organization (if applicable): [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City, State, Zip Code: [Click here to enter text.](#)

Applicant's Name: [Click here to enter text.](#)

Position Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Applicant must be an NCPC or NCMC institutional member in good standing. Membership information can be found at <https://ncpreservation.org/join> or <https://ncmc.wildapricot.org/join-us/>.

Is your institution a member of NCPC or NCMC?

- Yes
 No

INSTITUTIONAL INFORMATION

1) Type of institution (choose all that apply):

- Archives
 Historic Site
 Library
 Museum
 Other (please describe): [Click here to enter text.](#)

2) Institution's total annual budget this year: \$ [Click here to enter text.](#)

3) Annual budget for preservation or collections management: \$ [Click here to enter text.](#)

4) Does your institution have a position responsible for preservation or collections management?

- No
 Yes (if yes, please give us the following information):

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Percentage of their time devoted to preservation or collections management activities: [Click here to enter text.](#)

5) Provide a link to your organization's website. If you have a mission and/or vision statements, please also provide a direct link to those.

Main URL: [Click here to enter text.](#)

Mission/Vision statement URL: [Click here to enter text.](#)

6) Does your institution have a preservation or collections management policy/statement?

Yes

No

7) Does your institution have a written disaster plan?

Yes

No

8) Does your institution have staff trained to implement the disaster plan?

Yes

No

9) Has your institution ever had a preservation or conservation assessment?

No

Yes (if yes, please provide the following information)

Date of assessment: [Click here to enter text.](#)

Name(s) and position title(s) of the staff involved: [Click here to enter text.](#)

Names of consultant(s) and their affiliated institution(s): [Click here to enter text.](#)

Briefly summarize the assessment and outcomes: [Click here to enter text.](#)

10) Has your institution ever received a preservation or collections management grant from NCPD, NCMC, or another organization, agency or institution?

No

Yes (if yes, please provide the following information; for multiple grants, please attach an additional sheet with the following information for each grant received)

Name of funder: [Click here to enter text.](#)

Amount of grant: \$ [Click here to enter text.](#)

Date of grant: [Click here to enter text.](#)

Project goals and accomplishments: [Click here to enter text.](#)

COLLECTION INFORMATION

11) Describe the collection that is the focus of this grant proposal.

[Click here to enter text.](#)

12) Are there any claims of ownership or protests of your institution's ownership, exhibition, or use of this collection?

No

Yes (if yes, please explain): [Click here to enter text.](#)

PROJECT INFORMATION

13) Project Plan. Attached

Attach a document outlining the goals of the project, supplies you will purchase, project tasks, the sequence of the tasks, target deadlines, and indicate the name and position title of the person responsible for each task.

14) Project Staff. Attached

Attach a list of the project manager and institutional staff that will work on this project. Include name, title, address, telephone number, and email address for all personnel involved in the project.

15) Project Budget. Attached

Grant money must be spent on **supplies and materials** directly related to hurricane recovery. No portion of a grant may be used for any indirect costs (overhead, facilities, administration, personnel, etc.) of the collection institution or the parent organization.

Attach an itemized budget showing estimates for all project expenses. The budget should list each item, quantity, unit cost, shipping and handling charges, and the name of the vendor.

List the source and amount of any matching funds and how those funds will be applied to the project. Indicate if the funds have already been awarded. If you have applied for other funds, please list when you expect to be notified of the award.

16) How will this grant benefit the community your institution serves?

[Click here to enter text.](#)

17) Letters of Support. Attached

Attach at least three (2) letters supporting this grant proposal. Letters may be from colleagues, scholars, or members of the community your institution serves. Letters of support **may not** be submitted by employees of your collection institution.

I certify that, to the best of my knowledge, all information on this application and the supporting materials is accurate and true.

Click here to enter text.

Name and date

Click here to enter text.

Title

Signature and date [insert electronic signature, or print and sign document]

Please send completed application form and all required documents to:

Paper forms accepted via U.S. Mail (must be postmarked by July 12th):

NCPC/NCMC Hurricane Relief Support Grant Program

North Carolina Preservation Consortium

P.O. Box 2651

Durham, NC 27715-2651

Electronic forms accepted via email. Send to doylencpc@gmail.com. Application and attachments must be in PDF or current Microsoft Word format (must be received by 5 p.m., July 12th).