
Missouri Secretary of State
LOCAL RECORDS GRANT PROGRAM
James C. Kirkpatrick State Information Center
PO Box 1747, Jefferson City, MO 65102-1747

Review each section of the application before completing it. Please submit the original and one copy. Do not staple the original. Copy may be stapled.

Applicant Agency: _____ County _____

Agency Head Name, Title: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Web Address: _____

State Senate District: _____ State Representative District: _____

Vendor Number (Issued by State, if you need one, please complete Vendor Input Form): _____

Federal Employer Identification Number (FEIN): _____

Authorizing Agency: _____ County: _____
(if different from above)

Authorizing Official Name, Title: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Web Address: _____

Primary Project Contact Name, Title: _____
(The individual responsible for monitoring project and completing reports)

Address: _____

Telephone: _____ Fax: _____ E-mail: _____
(Required) (Required)

Application Prepared by:

(The individual responsible for completing application form; may be contacted by grant administrator if additional information is required.)

Address:

Telephone:

Fax:

Email:

Budget Summary

Line Item	Grant Funds Requested	Cash Match	In-Kind Match	TOTAL
<i>Personnel</i> (Salary without fringe)	_____	_____	_____	\$ _____
<i>Supplies</i>	_____	_____	_____	\$ _____
<i>Vendor</i>	_____	_____	_____	\$ _____
<i>Consultant</i>	_____	_____	_____	\$ _____
<i>Other: Specify</i> _____	_____	_____	_____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____	\$ _____

Budget

Amount of grant request: _____

Percent of Budget: _____%

Amount of match value: _____

Percent of Budget: _____%

Total Budget for Project: \$ _____

Total: = 100%

Certification of Authorizing Official to Secure and Encumber Funds

Printed Name/Title of Authorizing Official

Signature of Authorizing Official

Date

Project Narrative

After completing the application form, please attach a narrative description of your project. Please provide no more than 2 double-spaced pages. The narrative must be typed and in 12-point font.

The narrative is the heart of the application. Applicants should assume that the reader knows nothing about the organization and must become informed through this application. When the reviewer has finished reading the narrative he/she should have a complete picture of your organization, why your organization is applying for a grant, how the grant will be used and how the grant will help the organization fulfill its mission.

A good way to find out how well the project has been described would be to have someone not involved with the project read a draft of this section.

Please bear in mind the evaluation criteria against which the application will be measured when crafting the narrative:

1. Value of the records;
2. Commitment to professional practices;
3. Demonstrated need for outside funding;
4. Accessibility of records to all researchers;
5. Ability to maintain achievements beyond the grant period;
6. Relevance of records and project;
7. Soundness of budget;
8. Completeness of application; and
9. Conformity to application requirements;

Proposals should respond to the following directives: **(The information you provide will be the basis for evaluating your project when it is complete.)**

- A. Describe the project: Present a clear statement of the project's purpose and goals.
- B. Describe the significance of the project: How does this project fit into the ongoing goals and plans of your organization?
- C. Describe records to be treated by the project: What are their content, condition, and significance? Give examples of types of records, the date span, volume in linear feet, cubic feet, or boxes, and location.
- D. Plan of work and timeline of activities:
 - a. What has already been done?
 - b. What needs to be done?
 - c. How will it be done?
 - d. Who will do it?
 - e. Where will it be done?
 - f. When will it be finished?
- E. Project personnel: Describe the role of each collaborator/person, and please include the résumé of the project director. If your organization intends to hire a consultant, describe the credentials as well as knowledge and skills specifically required for this project.

If your organization already has a consultant in mind, please submit a resume and work sample for review with the application

- F. What are the project's specific end results or products? How will this project be evaluated?
- G. How will the outcome of this project be sustained?

Financial Reporting

Budget revisions are permitted only with prior approval of the MHRGP under the following conditions: The original award amount is not exceeded; all applicable match requirements are met; and a written request is submitted on a Request to Revise Budget, which identifies the budget categories and/or budget line items to be reduced/increased by what amount; the reason or need for the revision; and the total dollar amount of funds to be reallocated. Budget revisions may be made by up to 10% per line item or up to 10% for the entire grant amount awarded.

When submitting your final narrative report, you must include a financial accounting of expended grant funds and contributed funds.

Support Material for Grant Application

Required:

- Certification of authorizing official
- Resumes of project personnel, consultant, volunteers, etc.
- Vendor Input Form in order to receive payments; if you are currently receiving payments from the state, you are not required to complete this form again.

Attach as Appropriate:

- Vendor ACH/EFT Form
- Records to be imaged/microfilmed form(s)
- Microfilm Reader/Printer request forms
- Identification of services, supplies, etc.
- Additions of other relevant information or materials

Incomplete applications will not be considered.
