



Veterans' Heritage Grants Program

Grant Guidelines

SUMMARY:

The Massachusetts State Historical Records Advisory Board (MA SHRAB) is accepting applications for matching grants to preserve objects, sites, and collections of documents that are significant to the history and experiences of military veterans in the Commonwealth.

Municipalities and non-profit organizations may apply for matching funds for the renovation, rehabilitation, preservation, or enhancement of objects including existing markers, memorials, monuments, and plaques significant to the commemoration of the veterans of any military engagement. Proposals for construction of new markers for historically significant sites currently lacking markings will also be considered. Funds may be awarded for objects and sites that suffer from exposure to the elements, deferred maintenance, or are threatened by destruction. Grants may also be awarded to sites which would benefit from improving public access or adding educational information. Projects requiring planning, including feasibility studies, historic research, or historic evaluations, will also be considered. All projects related to physical structures and sites should follow the "Secretary of the Interior's Standards for the Treatment of Historical Properties" and are required to submit a Project Notification Form for the Massachusetts Historical Commission with their application.

Funding may also be awarded for the conservation, preservation, or digitization of historically significant documents and archival collections related to the history and experiences of military veterans. Grants to survey and enhance physical and/or digital access to collections, and grants for oral history projects, will also be considered.

This grant program is offered through support from the Office of the Secretary of the Commonwealth and the Massachusetts General Court.

ELIGIBLE PROJECTS

Planning Projects: Requests may be submitted to conduct studies necessary to enable conservation and preservation of documents or an eligible property, including assessment and architectural/engineering fees to conduct such studies. Costs associated with the project, such as signage, photography, legal ads, and conducting and documenting historical research are also eligible.

Preservation Projects: Requests may be submitted for conservation of documents and archival materials, as well as projects to stabilize and rehouse collections in appropriate boxes and housings, and/or to provide or improve public access to these records. Requests may also be submitted for preservation, safety, and accessibility improvements to physical structures and sites. These may include site stabilization, protection, rehabilitation, restoration, ADA compliance, and landscape preservation. Requests may also be submitted to construct new markers and educational signage for publicly accessible sites.

Eligible Costs: Labor, materials, overall site preservation, non-routine landscaping, building code compliance, universal access, signage, project legal notices, and certain other professional services.

Ineligible Costs: General civic enhancement projects, routine maintenance, upgrading mechanical systems (HVAC), administrative personnel, and construction of buildings and additions.

Ineligible Projects: Non-veterans related objects, non-historic objects, private residences, privately owned documents, or sites not open to the public.

The MA SHRAB uses the definition of veteran status as set forth in Massachusetts General Law Chapter 4, Section 7, Clause 43, and will also consider on a case-by-case basis projects related to persons who engaged in military conflicts prior to the Spanish-American War dating back to the 17th century.

ELIGIBLE APPLICANTS

Municipalities and non-profit organizations that steward eligible objects, sites, and documents located in the Commonwealth of Massachusetts.

GRANT AMOUNTS

Matching funds are granted in amounts up to 50% of total project costs, but not to exceed a maximum grant of \$20,000 for applications from single institutions.

Cost sharing is required. The applicant's financial contribution may include both direct and indirect expenses, third-party contributions, and in-kind contributions including volunteer time. The rate for volunteer time in Massachusetts is \$42.00 per hour.

Work completed prior to a grant award is ineligible for funding consideration.

SELECTION PROCESS

Proposals will be reviewed by the SHRAB and additional subject experts, including representatives from the Massachusetts Historical Commission (MHC). All projects involving physical sites and memorials are reviewed by the MHC for suitability of the project. The review panel may request further information or hold interviews.

SELECTION CRITERIA

- Level of historical significance of the object, site or collection of documents;
- Potential for public education, as well as public use of and interest in the site or item(s);
- Potential for loss or destruction;
- Administrative and financial management capabilities of the applicant;
- Appropriateness of proposed project;
- Demonstrated financial need;
- Demonstrated ability to provide matching funds and complete the project;
- Extent of public support;
- Consistency with state and local preservation and community revitalization plans;
- Use of historically accurate materials and preservation techniques;
- Geographic distribution of proposals;
- Preference will be given to applicants who have not previously received funding through the Veterans Heritage Grants Program.

APPLICATION DEADLINE

Final application due: November 11, 2026 at 11:59 PM

By mail:

Massachusetts Archives
ATTN: MA SHRAB Veterans
220 Morrissey Boulevard
Boston, MA 02125

Electronically: SHRAB@sec.state.ma.us

Subject line: Veterans' Heritage Grant

FOR GRANTEES UPON COMPLETION OF PROJECT

Upon completion of the project, grantees are required to submit a brief description of completed work, a final budget including sources of funds, and other documentation, such as photographs of the completed project. These submissions must be received by the end of the calendar year.

Compliance Notice

Access Policy

In accordance with state law, applicants may not discriminate on the basis of race, gender, religion, creed, color, national origin, disability, sexual orientation, or age.

Organizations funded under this program must make reasonable accommodations to ensure that people with disabilities have equal physical, programmatic, and communications access as defined by federal law.

Equal Employment

In compliance with the provisions of the Governor's Code of Fair Practices, Executive Order 227, and Chapter 151B of the Massachusetts General Laws as amended, the applicant shall not discriminate in employment because of race, color, religion, national origin, ancestry, age, sex, or handicap.

Procurement Requirements

Applicants must comply with all state and local rules and regulations regarding procurement.

Conflict of Interest

To ensure that the Commissioners acting as grant review panelists are free from conflicts of interest and the appearance of such conflicts, review panelists are required to disclose any past, current, or prospective affiliation they or their immediate family members may have with an actual or potential applicant. "Affiliation" applies to employment, board memberships, independent contractual relationships, advisory or policy relationships, substantial contributor relationships, and other financial relationships. In addition, review panelists are required to disclose any past or current adversarial relationships with actual or potential applicants of a professional or personal nature. Review panelists disclosing an affiliation with an applicant must recuse themselves from participating in the review of said applicant.

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A

MASSACHUSETTS HISTORICAL COMMISSION

220 MORRISSEY BOULEVARD

BOSTON, MASS. 02125

617-727-8470, FAX: 617-727-5128

PROJECT NOTIFICATION FORM

Project Name:

Location / Address:

City/Town:

Project Proponent

Name:

Address:

City/Town/ZIP/Telephone:

Agency license or funding for the project:

(List all licenses, permits, approvals, grants or other entitlements being sought from state and federal agencies).

Agency Name

Type of License or funding (specify)

Project Description (narrative):

Does the project include demolition? If so, specify nature of demolition and describe the building(s) which are proposed for demolition.

Does the project include rehabilitation of any existing buildings? If so, specify nature of rehabilitation and describe the building(s) which are proposed for rehabilitation.

Does the project include new construction? If so, describe (attach plans and elevations if necessary).

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A *(continued)*

To the best of your knowledge, are any historic or archaeological properties known to exist within the project's area of potential impact? If so, specify.

What is the total acreage of the project area?

Woodland	acres
Wetland	acres
Floodplain	acres
Open Space	acres

Productive Resources:

Agriculture	acres
Forestry	acres
Mining/Extraction	acres

Total Project Acreage: acres

What is the acreage of the proposed new construction? acres

What is the present land use of the project area?

Please attach a copy of the section of the USGS quadrangle map which clearly marks the project location.

This Project Notification Form has been submitted to the MHC in compliance with 950 CMR 71.00.

Signature of Person submitting this form:

Date:

Name:

Address:

City/Town/Zip:

Telephone:

REGULATORY AUTHORITY

950 CMR 71.00: M.G.L. c. 9, §§ 26-27C as amended by St. 1988, c. 254.

Guidance for Completing MHC's Project Notification Form (950 CMR 71.00, Appendix A)

- Please make sure you type or print legibly the Project Notification Form (PNF) and fill out all sections of the form.
- Please submit a PNF for each project separately. This will facilitate MHC's review of multiple project submissions.
- Please include the street and number in the address line of the project area. Please be sure to specify the town name.
- Please make sure you fill out both the project address section and the project contact section. Please note that these two addresses may be the same in some cases. It is important for MHC to have a contact person in order to facilitate review, should questions arise.
- The funding, licensing, and permitting section must be completed in order for MHC to review the PNF. Be sure to list all funding, licensing and permitting involved with the entire project; this includes federally funded, licensed, and permitted projects, as well as state funded, licensed, and permitted projects. Some examples of common funding, licensing, and permitting agencies and funding sources are: Army Corps of Engineers; Federal Communications Commission; Community Development Block Grants; School Building Assistance from the Massachusetts Department of Education; Department of Housing and Community Development; Department of Environmental Protection (permits such as sewer connection, wetlands, or Chapter 91 permits); Massachusetts Highway Department (curb cut permits), etc. There are many others.
- Please be sure to describe the proposed project in detail. Attach additional pages if necessary. If dates of construction on buildings or dates of alterations to a site are known, please be sure to include this information in your project description.
- Please include photographs of the proposed project site. If the project involves demolition or rehabilitation of a building(s), be sure to include photos of major elevations of the building(s). Please also be sure to label photographs. Attach the most current project plans and elevations if available.
- Please be sure to include a photocopy of the pertinent section of the U.S.G.S. map with your submission. The MHC cannot review a PNF without a U.S.G.S. section map. You can purchase U.S.G.S. maps at local camping, hiking, and sporting goods stores, or download U.S.G.S. maps from the World Wide Web at www.topozone.com; or make a photocopy of U.S.G.S. maps at libraries.
- Do not use other maps instead of the U.S.G.S. map. However, additional maps such as plot plans or assessors' maps may be included in addition to the U.S.G.S. section map.
- Boundaries of the project area should be specific. Do not circle a large plot of land on the U.S.G.S. map and indicate that the project falls within the circle.

This guidance document is offered to assist in compliance with M.G.L. Chapter 9, Section 26-27c, as amended by Chapter 254 of the Acts of 1988 (950 CMR 71.00)

Request for Taxpayer Identification Number and Certification

Online instructions at: macomptroller.org/wp-content/uploads/instructions_w-9.pdf

Give this Form to the
requestor or the
department you are doing
business with.

Print or type.
See Specific Instructions on page 3.

1. Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank	
2 Business name/disregarded entity name/dba, if different from above.	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions)	4. Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4): Exempt payee code (if any): Exemption from FATCA reporting code (if any): (Applies to accounts maintained outside the U.S.)
5 Legal Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 Remittance Address (if different from Legal Address)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, on Page 5. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, on Page 5.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to Give the Requester* for guidelines on whose number to enter.

Social security number

- -

or Employer identification number

-

DUNS Number

Please confirm with the state agency if this is required for vendors receiving federal funds.

Unique Entity Identifier (SAM)

As of April 4, 2022, all vendors that receive federal grant funds must submit their Unique Entity Identifier registered in the System of Awards Management (SAM).

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You check the following box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, on Page 5.

Item 2 does not apply.

5. I am an active Commonwealth of Massachusetts state employee: (check one) Yes No

If yes, I certify compliance with the Massachusetts State Ethics Commission requirements at <https://www.mass.gov/ethics>.

**Sign
Here**

Signature of
U.S. person:

Date:

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions](#), the [Commonwealth Terms and Conditions for Human and Social Services](#), or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name		Department	MMARS Code
d/b/a		Contract Manager Name	
Legal Address As entered on Form W-9 or Form W-4		Business Mailing Address	
Contract Manager Name		Billing Address <i>If Different</i>	
Phone	Fax	Phone	Fax
Email		Email	
Vendor Code	VC	MMARS Doc ID(s)	
Vendor Code Address ID e.g. "AD001".	AD	RFR/Procurement or Other ID Number	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
NEW CONTRACT		CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date PRIOR to Amendment	Amendment Amount Or Enter "No Change"
Statewide Contract (OSD or an OSD-designated department.) Collective Purchase (Attach OSD approval, scope, and budget.) Department Procurement - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) Emergency Contract (Attach justification for emergency, scope, and budget.) Contract Employee (Attach Employee Status Form, scope, and budget.) Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)		Amendment Type Check one option only. Attach details of amendment changes. Amendment to Date, Scope, or Budget (Attach updated scope and budget.) Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) Contract Employee (Attach any updates to scope or budget.) Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)	
TERMS AND CONDITIONS			
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding. Check ONE option:			
Commonwealth Terms and Conditions Commonwealth Terms and Conditions for Human and Social Services Commonwealth IT Terms and Conditions			
COMPENSATION			
Check ONE option.			
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 .			
Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):			

PROMPT PAYMENT DISCOUNTS (PPD)

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting accelerated payments must identify a PPD as follows:

Payment issued within:	10 days	% PPD.
	15 days	% PPD.
	20 days	% PPD.
	30 days	% PPD.

If PPD percentages are left blank, identify reason:

Statutory/legal

Ready Payments ([M.G.L. c. 29, § 23A](#))

Agree to standard 45-day cycle

Agree to standard 45-day cycle

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT

Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

YES If YES, the Contractor's annual SDP commitment for this Contract is

NO If NO, and the department is an Executive Department, enter the appropriate exemption:

ANTICIPATED START DATE (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

If YES, the Contractor's annual SDP commitment for this Contract is

2. may be incurred as of , 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

3. were incurred as of , 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE

Contract performance shall terminate as of , 20 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CONTRACT END DATE

Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable), and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR

Signature and date must be captured at time of signature.

Signature	Date
Print Name	Print Title

AUTHORIZING SIGNATURE FOR THE DEPARTMENT

Signature and date must be captured at time of signature.

Signature	Date
Print Name	Print Title