Massachusetts SHRAB
State Historical Records Advisory Board

Veterans' Heritage Grant FY 2027 Application

Final Deadline: **November 11, 2026 at 11:59 PM**

All materials must be received by the MA SHRAB by the final deadline.

SECTION 1. Project Information

A. Application Date:

B. Project Name/Title:

C. Project Address:

City/Town: Zip:

Application Information

D. Name of Applicant (Non-profit organization or municipality)

Applicant Address:

City/Town: Zip:

Phone: Email:

Website (if available):

E. Project Contact(s): Indicate contacts authorized to oversee procurement, enter into contracts, and administer and disburse funds for the proposed work (additional contacts can be listed in a separate attachment).

1. Name:

Title/Role:

Phone: Email:

2. Name:

Title/Role:

Phone: Email:

F. Will these funds be paid to a Massachusetts municipality/municipal office?

☐ Yes

☐ No

SECTION 2: Project Proposal

A. In a separate attachment, please include a detailed description (no longer than 1000 words) of the project, highlighting the following topics:

   a. Is this proposal for a planning project or an implementation project?
   b. Describe the proposed work to be done under this grant proposal and the expertise of persons who would be completing the proposed project.
   c. Timeline for project completion
   d. How will matching funds for the project be secured?
   e. How much funding has already been secured?
   f. Include relevant information such as location description, ownership, condition, work to be performed, and historical and educational significance to the public.
   g. Attach any professional assessment or survey of the object which may have been conducted.

B. In a separate attachment, please include a budget narrative (no longer than 250 words) that describes how grant funds will be used in this project.

C. Total cost of project

Total grant amount requested:

Total matching funds secured to date:

a. Cash contributions secured to date:

b. Other contributions secured to date:

c. In kind contributions secured to date:

In kind contributions can be met with volunteer time at a rate of $42.00 per hour.

SECTION 3: Attachments

A. REQUIRED: Letter of commitment documenting and indicating all necessary approvals and permissions to complete the proposed project have been obtained.
B. REQUIRED: Letters of support from the community and/or researchers.
C. REQUIRED: Letters of commitment for matching funds and in-kind services.
D. REQUIRED FOR CONSTRUCTION PROJECTS: USGS Quadrangle Map, legally recorded plot plans, surveys, photographs, or architectural renderings.
E. REQUIRED FOR CONSTRUCTION PROJECTS: Project Notification Form (PNF). Please include a copy of the PNF in your grant application to the MA SHRAB. *The MHC has 30 days from receipt of the form to determine if the project meets their guidelines. Please consider submitting your PNF before the application deadline. Construction grants cannot be awarded without MHC approval.*
F. NON-PROFITS: Must attached a signed standard contract and W-9.

SECTION 4: Selection Criteria

Eligible projects must be relevant to veterans and their military service.

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

SECTION 5: Post-Award Requirements

A. Award Acknowledgment and Final Reports

a. Successful applicants are requested to credit the Veterans' Heritage Grant Program, funded by the Massachusetts Legislature and administered by the Secretary of State's Office, in any materials and publicity associated with the project.

b. Successful applicants are required to submit the following, by the end of the calendar year:

i. Brief description of completed work;

ii. A final budget narrative including sources of funds;

iii. Other documentation such as

1. photographs of the completed projects,
2. finding aids, or
3. publicity materials, etc.

Submitting Proposals

By Mail:

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

Electronically: *Electronic submission preferred*

SHRAB@sec.state.ma.us

Subject line: Veterans' Heritage Grant Application

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).

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)

Form **W-9**
(Revised April 2022)
Massachusetts
Substitute Form W-9

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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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

Contractor Legal Name

d/b/a

Legal Address
As entered on Form W-9 or Form W-4

Contract Manager Name

Phone | **Fax**

Email

Vendor Code VC

Vendor Code Address ID AD
e.g. "AD001".

Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.

COMMONWEALTH INFORMATION

Department | **MMARS Code**

Contract Manager Name

Business Mailing Address

Billing Address *If Different*

Phone | **Fax**

Email

MMARS Doc ID(s)

RFR/Procurement or Other ID Number

◯ NEW CONTRACT

Procurement or Exception Type (Check one option only)

☐ **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.)

◯ CONTRACT AMENDMENT

Current Contract End Date PRIOR to Amendment | **Amendment Amount Or Enter "No Change"**

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):**

MMARS Doc ID(s)

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**