

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 01  
Little Rock, Arkansas 72201-1094

Office Only: Effective Date 11/22/97 Code Number 012.10.97--001

Name of Agency Director's Office

Department Department of Arkansas Heritage

Contact Person Jim Walsmith Phone 324-9611

Statutory Authority for Promulgating Rules Act 1001 of 1975

	Date
<input checked="" type="checkbox"/> Indefinite Effective Date	Legal Notice Published . . . . . <u>9/28-10/4/97</u>
<input type="checkbox"/> Emergency	Final Date for Public Comment . . . . . <u>10/31/97</u>
<input checked="" type="checkbox"/> 10 Days After Filing	Filed With Legislative Council . . . . . <u>10/6/97</u>
<input type="checkbox"/> Other	Reviewed by Legislative Council . . . . . <u>11/6/97</u>
	Adopted by State Agency . . . . . <u>11/10/97</u>

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

Cecile Matthews  
Signature

(501) 324-9150  
Phone Number

Director  
Title

11/10/97  
Date

FILED  
97 NOV 12 PM 2:59  
SECRETARY OF STATE  
STATE OF ARKANSAS

# Financial Impact Statement

Division: Director's Office  
Division Director: Cathie Matthews  
Contact Person: Jim Walsmith  
Address: 1500 Tower Building, 323 Center Street, Little Rock, AR 72201  
Phone No.: 324-9611 Fax No: 324-9154

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AR 72201  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

## SHORT TITLE OF THIS RULE

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?  
Yes X No \_\_\_\_\_
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. *Yes. The positive impact on local communities is unknown because the grants will affect community development, education and tourism. Grants could generate significant community investment. Application for grants will be voluntary.*
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

### 1996-1997 Fiscal Year

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

### 1997-1998 Fiscal Year

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?  
*Participation in the grant category will be voluntary.*

### 1996-1997 Fiscal Year

### 1997-1998 Fiscal Year

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

### 1996-1997 Fiscal Year

\$0

### 1997-1998 Fiscal Year

\$50,000 provided through 1/8th cent  
conservation tax proceeds

July 28, 1995  
APA/2

## GRANT PROGRAM GOALS

Here are the goals the Department of Arkansas Heritage has set for Arkansas Heritage Month Grants.

- promote awareness and enjoyment of Arkansas's heritage
- increase community-based groups' abilities to create Heritage Month programs
- make Heritage Month programs possible where they would otherwise not occur
- foster cooperative efforts to increase the size or scope of events
- create ongoing components to Heritage Month celebrations: a curriculum or teaching tool, exhibits, displays, a lively event that can recur, a photographic essay, a roadside exhibit, etc.

## MATCH

A 1:3 match is required from the applicant. This means that the applicant supplies at least one dollar for every three grant dollars. The applicant supplies one-fourth of the total project cost. The match may be supplied from cash sources or in-kind contributions such as volunteer hours, salaries, or other contributed sources, or a combination of cash and in-kind contributions. *Arkansas Heritage Month Grants may not be matched with funds from any other grant from the Department of Arkansas Heritage or one of its agencies, or the Mid-America Arts Alliance.*

## APPLICATION BASICS

Your Arkansas Heritage Month Grant proposal should show familiarity with the grant guidelines, the goals of Arkansas Heritage Month, and the mission of the Department of Arkansas Heritage. It should show that you have set your own goals for your Arkansas Heritage Month project.

When you submit a request for support, it will be evaluated against the goals of the Arkansas Heritage Month Grant program as stated elsewhere on this page. Other evaluation criteria are listed on page 5.

Requests for funding must include the following items:

- *the grant cover sheet on page 7, signed by the person who will be responsible for making sure the grant is spent as reflected in the application*
- *the application form beginning on page 8, using the space provided and additional space only as indicated*
- *a total project budget using the form supplied on page 10.*

Your application may be brief, using only the space on the application form, or you may attach additional sheets as directed on the form. *Please do not use more additional space than indicated.*

If you have questions about preparing an Arkansas Heritage Month Grant application, call the Arkansas Heritage Month grant coordinator, Jim Walsmith, at the Department of Arkansas Heritage, (501) 324-9150 [TDD (501) 324-9811], or e-mail [info@dah.state.ar.us](mailto:info@dah.state.ar.us).

## EVALUATION CRITERIA

Arkansas Heritage Month Grants come from a limited funding source, so not every applicant can be funded. Since that is the case, these criteria have been established for making Arkansas Heritage Month Grants.

- your organization's relationship to your local community
- the degree to which the proposed project reflects the Heritage Month theme for the current grant year
- the local or statewide impact of the program
- whether the program results in an ongoing or lasting component
- the degree to which the program shows collaboration and cooperation among community organizations
- the degree to which the program will foster heritage tourism development
- your organization's mission and sources of income

## ARKANSAS HERITAGE MONTH GRANTS WILL NOT

- exceed \$5,000
- fund academic research unless the research results in an ongoing component that can be shared by the community
- be made to for-profit organizations or events or directly to agencies of state government (though collaborative efforts involving state government agencies are acceptable)
- fund programs or events that disregard the need to preserve, protect or conserve historic sites, structures, artifacts and the environment, or are outside of accepted professional museum or environmental standards
- fund "bricks and mortar" construction or staff salaries (but contracted personnel may be paid with grant funds).

## DECISION PROCESS

The Arkansas Heritage Month Grant application process is designed to assist communities in planning and implementing meaningful Arkansas Heritage Month programs and events at the local level.

Grant proposals will be reviewed by a panel of Department of Arkansas Heritage agency directors and three Department of Arkansas Heritage commissioners. This panel will make funding decisions. Successful applicants will be notified early in January 1998.

Anyone with questions about the application criteria or decision-making process should call the Arkansas Heritage Month Grant coordinator at the Department of Arkansas Heritage, (501) 324-9150 [TDD (501) 324-9811], or e-mail [info@dah.state.ar.us](mailto:info@dah.state.ar.us).

## APPLICATION DEADLINE

ALL ARKANSAS HERITAGE MONTH GRANT APPLICATIONS  
MUST BE POSTMARKED NO LATER THAN XXXX XX, 199X, OR  
IN THE DEPARTMENT OF ARKANSAS HERITAGE OFFICE  
NO LATER THAN XXX XX, 199X.

*Arkansas Heritage Month Grants will be disbursed and spent before June 15 of the grant year for which the grant is received, and a final program report and budget will be due by the end of the state fiscal year for which the grant is received.*

*Only one Arkansas Heritage Month Grant will be made to any one organization during any given grant year.*

*Grant recipients will be required to participate in an orientation program prior to receipt of award, at a place and time specified by the Department of Arkansas Heritage.*

1998 ARKANSAS HERITAGE MONTH GRANT APPLICATION  
COVER SHEET

Name of organization \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Telephone \_\_\_\_\_ fax \_\_\_\_\_

PROPOSAL CHECKLIST

- ☐ this application section (pages 7, 8, 9, 10) may be copied, cut from this book, or reproduced on a computer
- ☐ application must be *postmarked* no later than Xxxx XX, 19XX, or, if delivered in person, *in the Department of Arkansas Heritage office* no later than Xxxx XX, 19XX.
- ☐ read through all of the application questions and plan your answers
- ☐ this cover sheet must be attached to the front of your proposal
- ☐ complete the application and budget (pages 8-10 of this booklet), typed, double-spaced
- ☐ send ten packets; each packet will consist of this cover sheet, the completed application, and the budget; collate and staple each packet.

Dollar amount requested from the Department of Arkansas Heritage: \$ \_\_\_\_\_

Total value of match from cash and in-kind sources: \$ \_\_\_\_\_

Total project budget: \$ \_\_\_\_\_

AGREEMENT AND AUTHORIZATION

If a grant is awarded for this project or program, all printed and promotional materials and any permanent signs associated with this project must credit the Department of Arkansas Heritage with the following line of text:

*This program was made possible in part by a grant from the  
Department of Arkansas Heritage, funded by your 1/8 cent conservation tax, Amendment 75.*

The undersigned agrees to the above credit line and to provide the Department of Arkansas Heritage with one or more color or black-and-white photographs (prints) of the proposed project or program when it is finished or in progress, and permission to use the photo(s), the organization's name, and the proposal summary for newsletters, promotional materials, and news coverage.

agreement authorized by: \_\_\_\_\_  
authorized signature

print or type name and title: \_\_\_\_\_  
please print or type name and title

## 1998 ARKANSAS HERITAGE MONTH GRANT APPLICATION, PAGE 1

1. IN THIS SPACE, DESCRIBE YOUR ORGANIZATION, INCLUDING ITS MISSION AND HISTORY INFORMATION. ATTACH ONE ADDITIONAL PAGE IF NECESSARY. RESPONSES MUST BE TYPED, DOUBLE SPACED.

2. LIST THE PEOPLE, ORGANIZATIONS, OR COMMUNITIES THAT WILL BENEFIT FROM YOUR PROPOSED PROJECT. IDENTIFY PROJECT PARTNERS. USE ONLY THIS SPACE; RESPONSES MUST BE TYPED. THIS RESPONSE MAY BE SINGLE SPACED.

3. ON THIS PAGE, DESCRIBE THE PROPOSED ARKANSAS HERITAGE MONTH GRANT PROJECT. INDICATE YOUR GOALS FOR THE PROJECT. USE UP TO TWO ADDITIONAL PAGES IF YOU NEED THEM. RESPONSES MUST BE TYPED, DOUBLE SPACED.



# 1998 ARKANSAS HERITAGE MONTH GRANT BUDGET PAGE

## COSTS

SUPPLIES: \$ \_\_\_\_\_

TRAVEL: \$ \_\_\_\_\_

CONTRACTED PERSONNEL/  
ARTISTS FEES: \$ \_\_\_\_\_

ADVERTISING: \$ \_\_\_\_\_

TECHNICAL/PRODUCTION: \$ \_\_\_\_\_

RENT/UTILITIES: \$ \_\_\_\_\_

OTHER (PLEASE SPECIFY): \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_

## REVENUE SOURCES

CASH ON HAND: \$ \_\_\_\_\_

ARKANSAS HERITAGE MONTH  
GRANT REQUEST: \$ \_\_\_\_\_

OTHER CASH GIFTS OR GRANTS: \$ \_\_\_\_\_

PLEASE IDENTIFY SOURCES OF CASH GIFTS/GRANTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VALUE OF IN-KIND DONATIONS  
(PLEASE SPECIFY TYPE OF DONATION)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

OTHER REVENUE: \$ \_\_\_\_\_

TOTAL REVENUE APPLIED  
TO PROJECT: \$ \_\_\_\_\_