



**South Carolina State Historical Records Advisory Board (SC SHRAB)**  
**Historical Records Regrant Program**  
**2024-2025 Regrant Program Application & Instructions**  
*More detailed instructions are described in the SC SHRAB Regrant Application Guidelines*



**Part I: Organization Information**

1. Institution Name and Address:	2. County:
	3. FEIN:
	4. Website:
5. Contact Person Name and Address:	6. Title:
	7. Telephone:
	8. Email:
9. Authorizing Official Name and Address:	10. Title:
	11. Telephone:
	12. Email:

**Part II: Grant Project Information**

13. Grant Project Title:	
14. Project Start Date:	15. Projected End Date:
16. Brief Description of the Project:	
17. Institution Cash Match: \$	18. Institution In-kind Match: \$
19. Grant Funds Requested: \$	20. Total Project Costs: \$

**Part III: Authorization and Certification**

As the authorizing official of the applicant, I certify to the best of my knowledge that the information in this application is true and correct, the application has been duly authorized by the governing body of the applicant, and, if funded, the applicant will carry out the project in the manner described herein. I further certify that the applicant will maintain records in accordance with the generally accepted government accounting principles, and that the funds awarded will be included in those audits or financial statements covering all or part of the project duration period.

\_\_\_\_\_  
 Signature of Authorizing Official

\_\_\_\_\_  
 Date

Send completed applications (including narrative and budget forms) to the SC SHRAB, in care of the South Carolina Department of Archives & History. Completed applications may be sent via regular mail to: **8301 Parklane Road, Columbia, SC 29223 OR via email (as a PDF attachment) to [SCSHRAB@scdah.sc.gov](mailto:SCSHRAB@scdah.sc.gov).** Send any application questions to [SCSHRAB@scdah.sc.gov](mailto:SCSHRAB@scdah.sc.gov).

**Part IV: Grant Narrative**

In a separate document, provide a brief overview of your institution, and its collections, by answering the questions in the *SC SHRAB Historical Records Regrant Application Guidelines*. Your narrative should also provide a project description/summary and a plan of work by answering the questions in the *SC SHRAB Historical Records Regrant Application Guidelines*. Your answers should demonstrate to the Board that the project is well-planned and that the goal can be achieved within the grant period.

**Your complete grant narrative should be no more than five (5) pages, double-spaced, with regular margins and in 12-point Times New Roman font. Attachments are not included in the five pages, but should not exceed ten (10) total pages, with the exception of the Acquisition/Collection Policy and Disaster Preparedness Plan which may include the entire existing document.**

**Part V: Budget Form**

**Note:** You may attach extra pages to this section if needed, as long as the information required is clearly attributed to the proper categories and included in the subtotal and total calculations.

**Salaries and Wages:** List names/titles of all project staff, volunteers, and consultants; their payment during the project; and the source of the payment (grant or local funding).

Position(name/title, if known)	Grants Funds	Cash Match	In-Kind Match	Total
Subtotals:				

**Fringe Benefits:** List employee (employee should also be listed in “wages and salaries” section) and record their equivalent amount of fringe benefits.

Item	Grants Funds	Cash Match	In-Kind Match	Total
Subtotals:				

**Equipment, Supplies, Materials:** List equipment, supplies, and materials to be purchased for the project. Related shipping costs may also be listed. Include specifications and vendor price quotations with application.

Item	Grants Funds	Cash Match	In-Kind Match	Total
Subtotals:				

**Services:** List costs of any vendor-provided services or activities not shown under other budget categories. List any consultant fees here, with their name.

Item	Grants Funds	Cash Match	In-Kind Match	Total
Subtotals:				

**Travel:** If travel is part of the project, list anticipated number of trips, number of people participating, and estimated cost. Include per diem, room and board, and travel reimbursement rates, as applicable.

Item	Grants Funds	Cash Match	In-Kind Match	Total
Subtotals:				

**Summary Budget: Add subtotal lines to obtain summary budget figures.**

	Grants Funds	Cash Match	In-Kind Match	Total
Salaries and Wages				
Fringe Benefits				
Equipment, Supplies, and Materials				
Services				
Travel				
Subtotals:				

**Part VI: Application Attachments**

Please attach the resumes of any staff members, volunteers, and/or interns for this project. If required or applicable (please see *SC SHRAB Historical Records Regrant Application Guidelines* for details), please attach your institution’s acquisition/collecting policy and your institution’s Disaster Preparedness Plan. Attachments should not exceed ten (10) total pages, with the exception of the Acquisition/Collection Policy and Disaster Preparedness Plan which may include the entire document.

**Application Instructions**

**Part I: Organization Information**

1. Enter your institution’s name and physical address. Please see the grant guidelines for a list of eligible and ineligible institutions.
2. Enter your institution’s county.
3. Enter your institution’s Federal Employer Identification Number (FEIN).
4. Enter your institution’s website address, if available.
5. Enter the name and work address of the proposed grant project’s contact staff member.
6. Enter the title of the proposed grant project’s contact staff member.
7. Enter the telephone number of the proposed grant project’s contact staff member.
8. Enter the email address of the proposed grant project’s contact staff member.
9. Enter the name and work address of the authorizing official for your institution. If it is the same person as the contact person, you can enter “same as above” here and leave boxes 10-12 blank. The authorizing official is the person who has the authority to sign contracts on behalf of your institution.
10. Enter the title of the authorizing official for your institution.
11. Enter the telephone number of the authorizing official for your institution.
12. Enter the email address of the authorizing official for your institution.

**Part II: Grant Project Information**

13. Enter the Project Title for the proposed grant project.

14. & 15. Enter the start and end dates for the proposed grant project. The total grant period for these funds is October 1, 2024 – June 30, 2025. Please see the grant guidelines for all grant deadlines. If you believe your grant will take less time than is provided, you may enter those dates; or you may enter “October 1, 2024” and “June 30, 2025” as the start and end dates.
16. Offer a brief description of the project. Only one or two sentences are needed here. Further information will be supplied in the grant narrative.
17. & 18. Enter the amount of cost-sharing your institution will be providing, either in cash and/or in-kind. The total cost-share value (cash and in-kind combined) must add up to at least 25% of your requested grant funds. You can provide the required cost-share either in cash OR in-kind, OR with a combination of the two.
19. Enter the total dollar amount of grant funds your institution is requesting.
20. Enter the total amount of project costs in the proposed grant project. (Add boxes 17, 18 & 19 together for this number.)

**Part III: Authorization and Certification**

The authorizing official named in Part I must read this section, sign their name, and date the document, certifying the application is true and correct, and that the institution will carry out the proposed project if funds are awarded. An electronic signature is also acceptable.

**Part IV: Grant Narrative**

The grant narrative should be a separate document, and should include all of the information outlined in the application below, as well as in the grant guidelines. It should be saved as a PDF and the title should be as clear as possible.

**Part V: Budget Information**

You may not need to fill out every section of the budget form, depending on your grant project. Include every section of the budget form in your final application, even the sections that are left blank because they do not pertain to your project.

**Part VI: Application Attachments**

Attachments should not exceed ten (10) total pages, to include project statement of need, work plan, participants resumes, budget, and Acquisition/Collection Policy and Disaster Preparedness Plan, if applicable. Please include the entire Acquisition/Collection Policy and Disaster Preparedness Plan of your institution, if applicable.