



History Colorado

Acknowledgement of Award Conditions

Re: Project #2023-02-029
Roof Rehabilitation and Parapet Masonry Star Theater-Valencia Theater-Fox Theater-Youth Center Theater

As a grant recipient, you will enter a State of Colorado grant agreement as a state grantee. As such, there are conditions associated with a State Historical Fund grant.

1. Read all statements below and **initial** each statement. **Check marks are not accepted.**
2. Obtain the signature of the **authorized officer** for your organization.
3. Write in the date the letter was signed by the appropriate authorized officer.
4. Print the name and title of the appropriate authorized officer.
5. **If the property owner is different, they must initial the last two conditions and sign below.**

My organization is ready to Go Under Award with the State Historical Fund, and I confirm the following:

_____ All cash match is now readily available and in-hand in a bank account. (See Program Guidebook pg 6, *Cash Match* section)

_____ I understand and accept that my organization is solely responsible for determining if my cash match sources are eligible for use with State Historical Fund grant programs.

_____ I understand and accept my organization will enter into a grant agreement with the State of Colorado. My organization will be responsible for meeting the terms of the grant agreement, and will not “pass through” fiscal or project responsibility to another organization.

_____ I understand and accept that State grant agreements contain non-negotiable terms. I have reviewed the enclosed grant template, and my organization agrees with those terms.

_____ I understand and accept that my organization must adhere to all program policies, state regulations, provisions, and laws.

_____ I understand and accept that my organization will work in partnership with the State Historical Fund to meet the Secretary of the Interior’s Standards and Guidelines for Archaeology and Historic Preservation. I will comply with review expectations, and will refrain from carrying out work until I have the approval of my State Historical Fund Resource Specialist to proceed. For archaeology and survey projects, I will adhere to the current Colorado Cultural Resource Manual. (See Program Guidebook pgs 5 and 24, *Secretary of the Interior Standards* section and *Survey Manual* link)

_____ I understand and accept State funds will only pay for work that takes place within the grant agreement period.

_____ I understand and accept all project expenses must be associated with one of the task items in the Grant Agreement Exhibit B: Budget and reported as such. (See Program Guidebook 34 and 37, *Grant Award/Agreement Document* and *Payment Review Process* sections)

_____ I understand and accept project cost savings will be shared with State Historical Fund based on the percentage shown in Exhibit B: Budget. (See Program Guidebook pg 34, *Grant Award/Agreement Document* section)



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_____ I understand and accept I am required to provide documentation of grant administration and indirect expenditures with time sheets and rates, and clear calculations. (See Program Guidebook pg 36, *Supporting Documentation* section)

_____ I understand and accept my organization cannot use funds in a manner that may result in an actual or perceived conflict of interest. (See Program Guidebook pg 42, *Conflict of Interest* section)

PROPERTY OWNER PERMISSION

_____ I understand and accept the property protection, if applicable, contained in Exhibit E: Property Protection (enclosed) and have signed (and notarized, if applicable) Exhibit E. (See Program Guidebook pg 6, *Property Protections* section)

_____ I, the property owner, understand the above requirements and give the grant recipient organization permission to conduct the approved Scope of Work on my property.

The State Historical Fund processes grant agreements in the order that the required information is received, and it can take up to 6 weeks for the agreement to be executed. If you have questions or need additional information, please contact our office.

Spanish Peaks Community Foundation
Grant Recipient Organization

Huerfano County
Legal Owner

Signature of Authorized Officer Date

Signature of Legal Owner Date

Print Name of Authorized Officer

Print Name of Authorized Officer