

Acknowledgement of Award Conditions

Re: Project #2024-02-024

Construction Documents and Interior and Exterior Rehabilitation

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 you must accept prior to us creating your grant award contract.

- 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 three conditions and sign below.** Separate pages may be submitted with the Owner's initials and signature.

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

- _____ 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 pages 5 and 25, *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 page 34, *Grant Award/Agreement Document* section)

- 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 page 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 page 41, Conflict of Interest section)

PROPERTY OWNER ACKNOWLEDGEMENTS

- _____ The full cash match balance of \$1,125,345 is now readily available and in-hand in a bank account. (See Program Guidebook page 6, *Cash Match* section)
- _____ I understand and accept the property protection contained in Exhibit E: Property Protection (enclosed) and have signed (and notarized, if applicable) Exhibit E. (See Program Guidebook page 8, *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.

Please be advised that the State Historical Fund processes grant agreements in the order that the required information is received in good order, and it can take up to 6 weeks for the agreement to be executed. If you have questions or need additional information, please do not hesitate to contact our office.

Spanish Peaks Community Foundation Grant Recipient Organization		Huerfano County <u>Legal Owner</u>	
Signature of Authorized Officer	Date	Signature of Legal Owner	Date
Print Name of Authorized Officer		Print Name of Authorized Officer	

Acknowledgement of Award Conditions Letter v4.24