

RESOLUTION NO. 14-_____

BE IT RESOLVED by the City Council of the City of Huntsville, Alabama, that the Mayor be, and is hereby authorized to enter into an agreement between the City of Huntsville and the Alabama Historic Commission for the acceptance of a grant award in the amount of \$1,483.00, on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as "Agreement between the City of Huntsville and the Alabama Historical Commission for a grant award for a scholarship to allow Jessica White to attend the Your Town Alabama Workshop in Jasper, AL on May 14-16, 2014; and attend the NAPC conference in Philadelphia, PA on July 16-20, 2014," consisting of twelve (12) pages, and the date of April 24, 2014, appearing in the margin of the first page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the office of the City Clerk-Treasurer of the City of Huntsville, Alabama.

ADOPTED this the 24th day of April, 2014.

President of the City Council of
the City of Huntsville, Alabama

APPROVED this the 24th day of April, 2014.

Mayor of the City of Huntsville,
Alabama

To enroll in the federal E-Verify program, go to <http://www.dhs.gov/e-verify>. After you enroll, attach a copy of your federal Memorandum of Understanding (MOU) that will result from your enrollment.

State of Alabama)
County of Madison)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: 03/13/14

RE Contract/Grant/Incentive (describe by number or subject):

CERTIFIED LOCAL GOVERNMENT GRANT APPLICATION

City of Huntsville - Jessica L. White

by and between

(Contractor/Grantee) and

The Alabama Historical Commission

(State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of Historic Preservation Consultant with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 201 1-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.

b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

(a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

(b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this 18 day of March 20 2014

City of Huntsville - Jessica L. White

Name of Contractor/Grantee/Recipient

By: Jessica L. White
Its Historic Consultant

The above Certification was signed in my presence by the person whose name appears above, on

this 18 day of March 20 14.

WITNESS:

Sharon Mize
Sharon Mize
Printed Name of Witness



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM	City of Huntsville-Historic Preservation Commission
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ADDRESS	P.O. Box 308
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CITY, STATE, ZIP	Huntsville, AL 35804	TELEPHONE NUMBER	(256) 650-4779
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STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD
The Alabama Historical Commission

ADDRESS
468 South Perry Street

CITY, STATE, ZIP	Montgomery, Alabama 36130	TELEPHONE NUMBER	(334) 230-2654
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This form is provided with:

Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes
 No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
N/A		

State of Alabama
ALABAMA HISTORICAL COMMISSION
468 South Perry Street
Montgomery, Alabama 36130-0900
HISTORIC PRESERVATION FUND (CFDA 15.904) U.S. DEPARTMENT OF THE INTERIOR
FY2014 Application to the Alabama Historical Commission

2014 APPLICANT INFORMATION

1. Applicant Name City of Huntsville

2. Applicant Address: Street 320 Fountain Circle P O Box

City Huntsville State AL ZIP 35801 -

3. Applicant Federal Employer Identification Number: 6 3 - 6 0 0 1 2 9 6

4. Applicant's Status:

(X) Certified Local Government

() Sponsored by Certified Local Government. Grant awards will be to CLG's only. CLG may apply as sponsor and pass through grant funds to non-CLG applicant. Name of CLG Sponsor:

5. Contact Person (Mr., Ms., Dr.) Sharon Mize Telephone 256-427-5337

Name, Title

Address if different from Applicant:

State Zip

E-mail Address sharon.mize@huntsvilleal.gov

6. Project Director (Mr., Ms., Dr.) Randy Cunningham, Interim Director Inspections Dept. Telephone 256-427-5342

Name, Title

Address if different from Applicant:

State Zip

E-mail Address randy.cunningham@huntsvilleal.gov

REQUEST PROFILE

1. Request Category (select one): Project requests must be submitted for a specific activity. More than one application can be submitted for separate projects.

- () SURVEY AND REGISTRATION () PREDEVELOPMENT
() PRESERVATION PLAN DEVELOPMENT () PUBLIC AWARENESS AND EDUCATION
() STAFFING (X) PRESERVATION COMMISSION TRAINING

2. Project Title or Name of Property - National Alliance of Preservation Commissions Forum 2014; and Your Town Alabama Workshop 2014

3. Project Dates - Beginning (NAPCF) July 16, 2014 (YTAW) May 14, 2014 Ending (NAPCF) July 20, 2014 (YTAW) May 16, 2014 No project should take more than one year to complete. Grant agreements will be provided by June 15, 2013 to grant recipients. The grant project should be completed by June 15, 2014 for AHC staff to review products and financial records necessary in closing out the grant to meet federal reporting standards. SPECIAL NOTE: If this project involves grant assistance to a National Historic Landmark, you will not be able to proceed until concurrence is obtained from the National Parks Service as requested by the Alabama Historical Commission.

4. Grant Amount Requested (80% or 50% of line 6.) \$ 1482.00

5. Minimum Match Required (20% or 50% of line 6. Do not include) \$ 370.00 overmatch from your budget on page 4 on this line. .

6. Total \$ 1853.00 (Check your math: line 4 divided by .80 or .50 should equal line 6.)

7. Project Work Area/Location (must be within CLG jurisdiction):

State House of Representatives District 6 State Senatorial District 7

U. S. House of Representatives District 5 Huntsville (City)

Madison (County)

President of the City Council of The City of Huntsville, Alabama Date: 4/24/14

INDIVIDUAL CATEGORIES :

If you selected category SURVEY AND REGISTRATION, complete the following :

Survey:

Square miles to be surveyed _____

Estimated number of standing structure forms to be completed _____

Estimated number of site forms to be completed _____

Registration:

Type: () Single Structure () District () Multiple Property

Number of nominations to be prepared _____

Estimated number of contributing properties contained in nomination(s) _____

PROJECT SUMMARY

Provide a concise description of the project for which funds are being requested. What are the objectives of project? What products will result from project?

TIME-PRODUCT-PAYMENT SCHEDULE

For each major work activity, provide information on what will be accomplished, the approximate cost and the date by which to be completed. This information will be used to develop a schedule for reimbursements provided to funded projects in the grant agreement. No project should take more than one year to complete. Your schedule should include an interim step at September 30th (end of the fiscal year) so that the Alabama Historical Commission can report the status of your project to the federal government.

EXAMPLE:

June 30, 2014 to September 30, 2014 - Conduct public hearing to present draft design review guidelines – estimated \$2500 reimbursement amount requested

October 1, 2014 to December 31, 2014 - Provide three training sessions to preservation commission on design review process and applying design guidelines. Present final draft of design guidelines to preservation commission and public – estimated \$2500 reimbursement amount requested.

January 1, 2015 to March 15, 2015 - Provide preservation commission with thirty copies of final design guidelines – estimated \$2500 reimbursement amount requested.

July 16, 2014-July 20, 2014 Attend NAPC Conference, Philadelphia, PA

May 14, 2014- May 16, 2014 Attend Your Town Alabama Workshop, Camp McDowell, Jasper, AL

PROJECT BUDGET

EXPENSE ITEMS	CASH OUTLAY	INKIND DONATIONS
Registration Fee	\$425.00	\$
Plane Flight	320.00	
Hotel	682.00	
Transportation	222.00	
Meals	204.00	
TOTALS	\$1853.00	\$

RECAP OF PROJECT BUDGET

TOTAL PROJECT COST (Cash Outlay plus Inkind (non-cash i.e. volunteers, etc.) Donations)	\$1853.00
MATCHING SHARE	\$370.00
GRANT SHARE APPLIED FOR	\$1482.00

BUDGET NARRATIVE

List expense in terms of cost such as "personnel, printing, photography" not "report preparation." Show rates for all costs. Provide a brief summary of how work will be accomplished and what products will result from each expense listed. Justify costs if necessary especially for unusual or high costs.

EXPENSE ITEMS	CASH OUTLAY	INKIND DONATIONS
Registration Fee (\$175 NAPC; \$250 YTA *covers registration, room, and food for YTA)	\$425.00	\$
Plane Flight (Round –trip U.S. Airways flights 840 and 3997)	320.00	
Hotel (\$155/night x 4 nights + tax)	682.00	
Transportation (Home to airport 25 mi @.56cents/mi x2 trips) NAPC	28.00	
Transportation (cab from airport to hotel \$50 x 2 trips) NAPC	100.00	
Transportation (Home to Camp McDowell- 83.5 mi @.56cents/ mi x 2 trips) YTA	94.00	
Meals (4 days @ \$51.00/ day \$8-bf, \$12-l, \$26-d, \$5-ie) NAPC	204.00	
TOTALS	\$1853.00	\$

MATCHING SHARE

Cash, inkind, or a combination of both are allowable contributions for matching grant monies. The term "inkind" refers to the monetary value of non-cash contributions provided by the grantee, or any other agency, institution, organization or individual. Inkind contributions include any donated services, space, or material essential to the completion of a project. For budget purposes, the dollar value of such inkind contributions may be calculated by determining how much such services or goods would cost the applicant if they had to be paid in cash. (The minimum wage scale for unskilled services, standard union or professional services, or the fair market value for all other donations may also be helpful to determine the dollar value of inkind contributions.) Those applicants providing direct financial support and other indications of commitment to the project will receive the most favorable considerations.

- Donor: Indicate "grantee" if applicant is donor, or list name(s) of other donor(s).
Source: Indicate where funds are coming from (i.e. "operating funds," "private donation," "appropriated funds," "CDBG," etc.).
Kind: Indicate the type of match (i.e. "cash," "inkind services," "inkind equipment," "volunteer services." If non-cash, indicate the rate at which it is valued (individual's rate per hour, etc.)
Amount: Total of all matching share must be same as matching share in budget above.

Donor: Jessica L. White

Source: Private Donation

Kind: Cash If non-cash, indicate rate _____

Amount: \$370.50

Donor: _____

Source: _____

Kind: _____ If non-cash, indicate rate _____

Amount: \$ _____

Donor: _____

Source: _____

Kind: _____ If non-cash, indicate rate _____

Amount: \$ _____

Donor: _____

Source: _____

Kind: _____ If non-cash, indicate rate _____

Amount: \$ _____

Donor: _____

Source: _____

Kind: _____ If non-cash, indicate rate _____

Amount: \$ _____

Donor: _____

Source: _____

Kind: _____ If non-cash, indicate rate _____

Amount: \$ _____

TOTAL AMOUNTS ABOVE SHOULD EQUAL MATCHING SHARE ON THE PREVIOUS BUDGET PAGE.

PROJECT PERSONNEL

List principal project personnel: name, title and address. If the applicant's existing staff qualify, vitae should be attached. If the applicant plans to obtain qualified professional services subsequently (either as staff, consultants, or pro bono workers), grant award may be subject to acquiring qualified professionals. Submit resumes of consultants being considered. The Alabama Historical Commission must review and approve qualifications before project work begins. Include name of consultant(s) or city staff to perform work. If consultant has not been identified, give list of consultants the city will consider to perform grant activities.

Jessica L. White- City of Huntsville Historic Preservation Consultant

FINANCIAL PROFILE

Award of grant funds is made by contract between you and the Alabama Historical Commission. This grant program is funded with federal funds. You will be required to comply with applicable federal government-wide regulations governing the use of grant funds.

Fiscal Year ends 09 30
Month Day

Chief Fiscal Officer (Mr., Ms., Dr.) Randy Taylor Telephone 256-427-5080
Name, Title

Address if different from Applicant: 308 Fountain Cir Huntsville, AL, 35801
State Zip

E-mail Address hsvfinance@huntsvilleal.gov

Person who will be able to provide photocopies of source financial documentation during period of this grant project:

Accountant (Mr., Ms., Dr.) Susan Clark Telephone 256-427-5076
Name, Title

Address if different from Applicant: _____, _____, _____
State Zip

E-mail Address susan.clark@huntsvilleal.gov

INVOLVEMENT

Describe the involvement (either support or opposition) of the following organizations: official preservation agency, public agencies, local government, co-sponsoring/cooperating organizations.

CERTIFICATIONS

I certify that I will abide by regulations of the U. S. Department of the Interior which prohibit unlawful discrimination in federally-assisted programs on the basis of race, color, handicap and/or national origin. I will inform any person who believes he or she has been discriminated against in any program, activity or facility operated by a recipient of federal assistance that they should write to: Director, Office of Equal Opportunity, U.S. Department of the Interior, Washington, DC 20240. I certify that matching funds are available for this project. I understand that grant monies can only be reimbursed for project expenditures made during the grant period and that a separate Grant Agreement will be required as executed by the Alabama Historical Commission and the Applicant Organization.

These Certifications shall be treated as a material representation of fact upon which reliance will be placed if the Alabama Historical Commission determines to award the grant.

Chief Administrative Officer: _____
of Certified Local Government Signature
(Mr., Ms., Dr.) Name Tommy Battle
Title Mayor

Chief Accountant or _____
Fiscal Officer
(Mr., Ms., Dr.) Name Randy Taylor
This grant must be separately accounted for in the applicant's financial records and included on the applicant's schedule of financial assistance to be included in its A-133 Single Audit.

Chief Administrative Officer: _____
of Non-CLG (if applicable) Signature
(Mr., Ms., Dr.) Name _____

Project Director : _____
Signature
(Mr., Ms., Dr.) Name Randy L. Cunningham
Title Director, Inspection Dept.

The form DI-2010 U.S. Department of the Interior Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying must be completed and attached to this application. Other forms as applicable.

U.S. Department of the Interior

**Certifications Regarding Debarment, Suspension and
Other Responsibility Matters, Drug-Free Workplace
Requirements and Lobbying**

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions - **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. See below for language to be used or use this form certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)**

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions - (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements - Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

CHECK ___ IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

CHECK ___X___ IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART C: Certification Regarding Drug-Free Workplace Requirements

CHECK X IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL.

Alternate I. (Grantees Other Than Individuals)

A. The grantee certifies that it will or continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check ___ if there are workplaces on files that are not identified here.

PART D: Certification Regarding Drug-Free Workplace Requirements

CHECK ___ IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL.

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

**PART E: Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements**

CHECK IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT; SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK IF CERTIFICATION FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.



SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Randy L. Cunningham, Director - Inspection Department City of Huntsville
TYPED NAME AND TITLE

March 31, 2014
DATE

CITY COUNCIL AGENDA ITEM COVER MEMO

Agenda Item Number: _____

Meeting Type: Regular

Meeting Date: Apr 24, 2014

Action Requested By: Inspection

Agenda Type: Resolution

Subject Matter:

Huntsville Historic Preservation Commission Application and Acceptance of a Mini-Grant for Training

Exact Wording for the Agenda:

Resolution for the City of Huntsville to enter into an agreement with the Alabama Historical Commission for a grant award in the amount of \$1,483.00 for a scholarship to allow Jessica White to attend the Your Town Alabama Workshop in Jasper, AL on May 14 - 16, 2014; and attend the NAPC conference in Philadelphia, PA on July 16 - 20, 2014.

Note: If amendment, Please state title and number of the original

Item to be considered for: Action

Unanimous Consent Required: No

Briefly state why the action is required; why it is recommended; what council action will provide, allow and accomplish and; any other information that might be helpful.

The Your Town Alabama Workshop and the NAPC Conference will provide additional training in historic preservation to Ms. White to assist in her position as Historic Consultant for the City of Huntsville. The city will not be required to provide any matching funds for this grant.

Associated Cost: \$0.00

Budgeted Item: Not Applicable

MAYOR RECOMMENDS OR CONCURS: _____

Department Head: 

Date: 4-08-14

ROUTING SLIP CONTRACTS AND AGREEMENTS

Originating Department: Inspections

Council Meeting Date: 4/24/2014

Department Contact: Sharon Mize

Phone # 256-427-5337

Contract or Agreement: Mini-grant for NAPC Conference and Your Town Alabama Workshop

Document Name:

City Obligation Amount: 0.00

Total Project Budget: 1853.00

Uncommitted Account Balance: 0.00

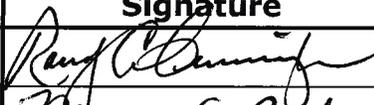
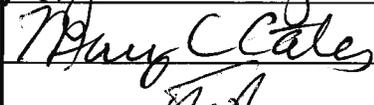
Account Number:

Procurement Agreements

Not Applicable	Not Applicable
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Grant-Funded Agreements

State Other	Grant Name: Mini-grant for Huntsville Historic Consultant Training
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Department	Signature	Date
1) Originating		4-08-2014
2) Legal		4-15-2014
3) Finance 		4/14
4) Originating		
5) Copy Distribution		
a. Mayor's office (1 copies)		
b. Clerk-Treasurer (Original & 2 copies)		