

# Montana Historic Preservation Grant (MHPG) Program

Workshop for 2025 Biennium Awardees



MONTANA



# Overview

- HB 12 appropriated **\$11,368,044** for **44 projects**.
- Each project will have a Commerce liaison who will work closely with awardees to ensure that the project is impactful and follows state requirements.
- Each project must adhere to requirements set forth in the Montana Code Annotated (MCA).
- Eligible project costs can be incurred on or after **May 22 2023**, the effective date of HB 12.



# Environmental Review

- Most awardees have completed the environmental review to comply with MEPA requirements.
- If not, it will be a condition of award. Please contact Commerce staff to discuss completing an environmental review.

Further information is on the MHPG website:  
<https://comdev.mt.gov/Programs-and-Boards/Montana-Historic-Preservation-Grant>



## To Contract with Commerce

- Completed W9
- Completed E-204 (for electronic transfers)
- Updated budget and implementation schedule (*if applicable*)
- Demonstrated firm commitment of other funding sources
- Workers' compensation, liability, and property insurance
- Completed Management Plan
- Completed Grant Assistance Agreement (*if applicable*)
- Completed Signatory form
- Contract Signer Information



# Forms W9 and E-204

**Form W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.  
 Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes) apply only to certain entities, not individuals; see instructions on page 3.

5 Address (number, street, and apt. or suite no.) (See instructions.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person

Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MSK (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you may be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X Form W-9 (Rev. 10-2018)

**DEPARTMENT OF ADMINISTRATION**  
**STATE ACCOUNTING BUREAU**  
**PO BOX 200102**  
**HELENA, MT 59620-0102**

**204 - ELECTRONIC FUNDS TRANSFER SIGN UP**

Questions please contact Warrant Writer. E-Mail: [warrantwriter@mt.gov](mailto:warrantwriter@mt.gov), Phone: 444-3092, Fax: 444-2812  
 Note: All incomplete/alterted forms will not be processed.

1) Request Type:  Initial Request (1-7,10)  Change/Add Account (1-10)  Remove Account (5-10)

2) I, \_\_\_\_\_ hereby certify that the account indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the State of Montana to initiate, change or cancel credit entries to that account as indicated on this form.

This authority is to remain in full force and effect until the State of Montana has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford the State of Montana a reasonable opportunity to act upon it.

3) New Bank Information:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

5) Supplier Name: \_\_\_\_\_

6) Tax ID Number: (must be 9 digits) \_\_\_\_\_ Type:  SSN  FEIN

7) Address: (limited to 45 characters per line)

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

8) Confirmation of existing bank account information:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

9) This authorization will remain in effect until either cancelled in writing or an updated form is submitted to the Agency you currently do business with.

10) Authorized Signature \_\_\_\_\_ Title (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_

REVISED 8/2019



# Budget and Implementation Schedule

## Sample Project Budget

Please adjust the budget rows and columns to accurately reflect the use of MHPG and matching MHPG funding that will contribute to the completion of project activities.

	MHPG	(Other Funding Source)	(Other Funding Source)	Total
<i>Administrative Costs:</i>				
Administration				
<i>Activity Costs:</i>				
Professional Services (Architect/Engineer)				
Permitting				
Construction Costs				
Other (describe)				
<b>Total</b>				

## Sample Implementation Schedule

Please adjust the Implementation schedule of tasks to accurately reflect the completion of project activities.

TASK	MONTH / YEAR
ADVERTISEMENT FOR PROFESSIONAL SERVICES	
Publish RFP	
Select firm	
MAJOR ACTIVITIES/MILESTONES (BELOW ARE EXAMPLES. PLEASE CHANGE AS NECESSARY FOR THE PROPOSED PROJECT.)	
Construction bidding	
Select contractor	
Construction	
Substantial completion	
Project Closeout	



# Demonstrated Firm Commitment of Funds

## **Grants and Other Government Appropriated Funds**

- A letter is required from the funding agency documenting the amount of funding that has been approved or appropriated and indicated when funds will be available.

## **Local Government Funds**

- Local governments that have committed reserves or budgeted their own funds toward a project may be documented via resolution, or a local government budget identifying the local funds identified specific for the project.

## **Non-profit or For-profit Funds**

- Non-profit or for-profit entities that have committed reserves or budgeted their own funds toward may be documented via resolution, or a letter of commitment from the entity's chief executive or authorized representative obligating funds to the project budget identifying the funds identified specific for the project.

## **Loans (Revenue Bonds, General Obligation Bonds, Special Improvement Districts) or Historic Tax Credits**

- Grantees that have committed loans or tax credits to the project must provide documentation through a letter of commitment or letter of conditions that has been signed by the appropriate state or federal agency.



# Insurance Documentation

**MHPG grantees must maintain workers' compensation coverage, liability insurance, and property insurance for the duration of the contract.**

- **Workers' compensation coverage:** MHPG grantees must provide proof of workers' compensation coverage, an independent contractor's exemption, or documentation of status.
- **Liability insurance:** MHPG grantees and their subcontractors must provide proof of liability insurance.
- **Property Insurance:** Grantee must maintain property and hazard insurance.





# Management Plan and Grant Assistance Agreement

## Exhibit 1-B Sample Management Plan

The management plan adopted by the MHPG grantee should reflect the actual procedures utilized by the grantee and be based on the duties assigned to the various people involved in the project.

**Note: This sample is provided to help create a plan that is structured upon the actual procedures utilized by the grantee and based on the duties assigned to the various people involved in the project. This sample should be modified to fit the actual needs and management responsibilities of the project. Not all responsibilities outlined below will apply for each project. For example, if your project does not have a project engineer/architect, then you write "N/A."**

### I. Administrative Structure

The (Grantee's Name)\_\_\_\_\_ as the awarded MHPG grantee, has designated the following persons to have lead responsibility for administering the 2025 Biennium Montana Historic Preservation Grant Project.

(Title and/or Name)\_\_\_\_\_, as the (Grantee Name)\_\_\_\_\_’s authorized representative will have responsibility for all official contacts with the Montana Department of Commerce. The (Grantee and Grantee Authorized Representative)\_\_\_\_\_ and \_\_\_\_\_ will have ultimate authority and responsibility for the management of project activities and expenditure of MHPG funds. The approval of all contracts and requests for reimbursement will be the responsibility of the (Grantee Name)\_\_\_\_\_. (Telephone \_\_\_\_\_ Email\_\_\_\_\_)

(Title and/or Name)\_\_\_\_\_, as the MHPG grantee's chief financial officer, will be responsible for management of, and record keeping for, the MHPG funds and other funds involved in the financing of the {type} project. (Telephone \_\_\_\_\_ Email\_\_\_\_\_)

## Exhibit 1-C Sample Agreement

**Note: This sample should not simply be copied. It is only provided as a sample to help create an agreement with a governmental entity or sub-recipient that is to be reviewed and approved by all parties and their attorney's.**

THIS CONTRACT is entered into by (Insert Name of Grantee), herein referred to as "the Grantee", and the (Insert Name of sub-recipient), herein referred to as "the sub-recipient".

WITNESSETH THAT:

WHEREAS, the Grantee is the recipient of a Montana Historic Preservation Grant Program (MHPG) grant to (describe the Project) owned and operated by the Sub-recipient; and

WHEREAS, this Contract between the Grantee and the sub-recipient will enable them to enhance cooperation in implementing the Grantee's MHPG award to accomplish the above-described project; and

WHEREAS, the Grantee, in its capacity as a MHPG grantee, has determined that the Sub-recipient can better supervise the design and construction phases of the (name of preservation project/activities); and

WHEREAS, the Montana Department of Commerce (Department) has required the Grantee to enter into a contract with the sub-recipient specifying the terms and conditions of the Grantee's delegation of certain MHPG grant management responsibilities to the sub-recipient; and

WHEREAS, both parties to this Contract understand that neither Grantee involved herein has in any way, expressly or implied, abrogated any of its individual powers, and that this Contract does not create any new organization or legal entity.

NOW, THEREFORE, THE GRANTEE AND THE SUB-RECIPIENT MUTUALLY AGREE AS FOLLOWS:

- I. Responsibilities Delegated to the Sub-recipient
  - A. The sub-recipient will, subject to prior approval by the Grantee or the Grantee's Board of Directors, retain the services of a consulting engineering/architectural firm to design and supervise the construction of the project.
  - B. The sub-recipient will be responsible for all facets of the design and construction phases of the project, including the following:
    - I. Design engineering/architectural services;



# Signature Certification Form and Contract Signers

## Exhibit 2-C Signature Certification Form

This is to certify that the following individuals are authorized to sign requests for reimbursements of Montana Historic Preservation Grant Program (MHPG) funds for the {name of grantee \_\_\_\_\_}, 2025 Biennium MHPG grant: \_\_\_\_\_.

1.	_____ Signature	Title	_____
	_____ Typed Name	Date	_____
2.	_____ Signature	Title	_____
	_____ Typed Name	Date	_____
3.	_____ Signature	Title	_____
	_____ Typed Name	Date	_____

Contractor Liaison: (e.g. grant administrator, project contact)

Contractor's Liaison Email: \_\_\_\_\_

Approved to Form Name: (e.g. Attorney, legal council)

Approved to Form Email: \_\_\_\_\_

Contractor (signee) Name: (e.g. Executive Director, Owner, Chief Official)

Contractor's Email: \_\_\_\_\_

Attest Name: (e.g. City Clerk, Board Member, etc.)

Attest Email: \_\_\_\_\_

\*A minimum of two signatures is required on this form.

1. Suggested signatories include the chief elected official (Mayor or Chairperson of County Commission), city or county clerk or treasurer and the project manager.

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# Procurement

- ❖ All governmental awardees must follow state procurement.
- ❖ Commerce recommends private (non-profit) entities follow procurement; however, it is not required.
- “**Small purchases**” anything less than \$10,000.
  - No procurement requirements
  - Direct negotiation is fine
- “**Limited solicitation**” supplies and services totaling \$10,000 up to \$100,000.
  - Limited solicitation with 3 quotes that can be phone, verbal, or written
- “**Formal solicitation**” anything over \$100,000
  - Request for Proposal/Information/Qualifications (RFP) (RFI) (RFQ) or Invitation for bids (IFB)
  - Follow MCA 18-4-303



# Overview Requests for Funds

- MHPG can only reimburse costs incurred on or after **May 22, 2023**, the effective date of HB 12.
- Awardees cannot submit a request for funds until they have executed a contract with Commerce.
- MHPG can only reimburse for completed work (i.e., funds are not paid upfront).



# Overview Requests for Funds (continued)

- Funds are dispersed by submitting a draw request along with applicable invoices (i.e., a reimbursement program).
- Requests for funds typically take **7-10 days** to process.
  - We encourage awardees to submit multiple invoices in each draw request – it will save time for you and us.
- Required documents:
  - Request for Funds form
  - Progress Report form
  - Status of Funds form
  - Uniform Invoice form
  - Applicable invoices



# Invoices

## The invoice should include:

- A description of work performed;
  - The number of hours worked to accomplish each item;
  - The amount being billed for each item;
  - Work performed date(s) and work items completed;
  - Beginning and ending billing period dates;
  - Description of any other eligible expenses incurred during the billing period; and
  - Total amount being billed.
- 
- Cost plus contracts are not allowable on MHPG projects



# Changes in the Project

- **Budget changes** under \$5,000 on a single line item can be approved during the Request for Funds process, but those over \$5,000 need a written request.
- **Implementation schedule changes** can be approved during the Request for Funds process.
- **Scope of work changes** need a written request.

*Please work with your Commerce liaison to submit a written request for certain project changes.*



# Considerations While Underway

- Please keep your Commerce liaison updated on progress
  - *We want to hear the successes and roadblocks!*
- Submit a Progress Report approx. every 6 months, or with every Request For Funds (*if more often than every 6 months*).
- State prevailing wage rates may apply to your project if it is a “public works contract”
  - MCA 18-2-401 (a) "Public works contract" means a contract for construction services let by the state, county, municipality, school district, or political subdivision or for non-construction services let by the state, county, municipality, or political subdivision in which the total cost of the contract is in excess of \$25,000.
  - ***For more information, please see: <https://erd.dli.mt.gov/labor-standards/state-prevailing-wage-rates/>***





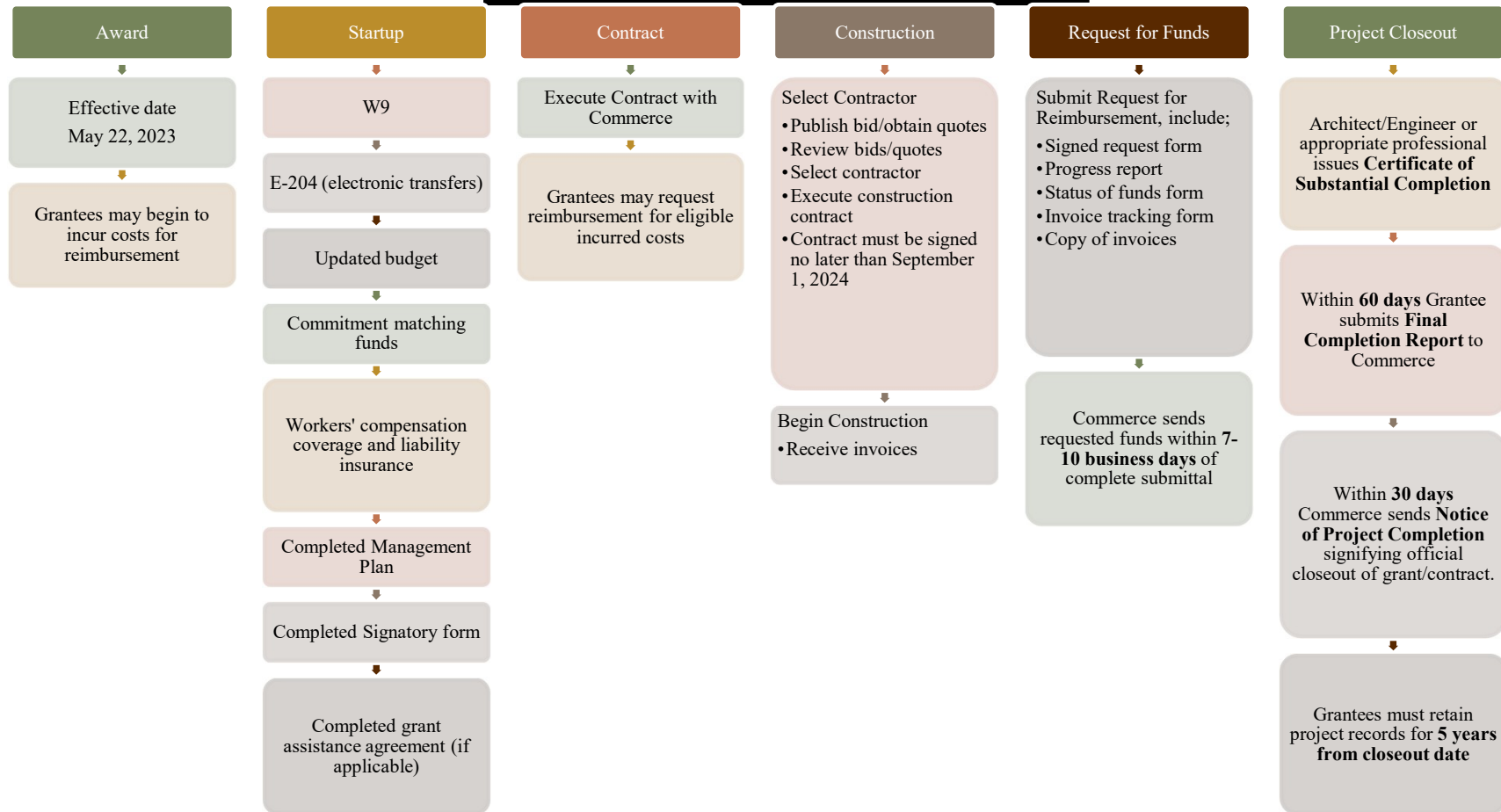
# Completion of the Project

1. The project engineer, architect, or appropriate professional should submit a Certificate of Substantial Completion.
2. Within 90 days of that, the awardee should submit their Project Completion Report.
3. Within 30 days of that, Commerce will close out the project by issuing a Close-Out Letter.

*Awardees must obtain records of the project for 5 years.*



# Project Timeline





# Celebrating Impact



*Let's show the benefit of this program and the value of historic resources across Montana – in other words, tell the story!*

- At the end of the project, document the impact:
  - What is the direct benefit (i.e., to your organization)?
    - Quantitative: jobs created, visitation numbers, operational efficiencies.
    - Qualitative: visitor experience, added amenities.
  - What is the indirect benefit (i.e., to your community)?
    - Quantitative: visitation numbers, overnight stays, business revenue.
    - Qualitative: community assets, public space, community attractiveness.



# Questions, Comments, or Concerns



MONTANA



# Contact Information

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