

Florida Division of Historical Resources

Hurricane Michael National Park Service Subgrants

Application

Deadline: August 31, 2020

Program Overview:

The Division of Historical Resources is soliciting applications for historic preservation projects providing relief to damages resulting from Hurricane Michael. These funds are made available to State Historic Preservation Offices in affected states and territories, as part of the *Hurricanes Florence and Michael and Typhoon Yutu (FYM) Emergency Supplemental Historic Preservation Fund (ESHPPF)* grant program administered by the National Park Service (CFDA: 15.957), Federal Grant Number P20AP00013.

Award Amount and Match Requirements.

Maximum award amount: \$500,000

Match requirement: There is no match requirement.

Eligible Projects. The allowable costs for this grant program are specific to damage directly related to Hurricane Michael, incident period October 7 - October 19, 2018, and include the following activities:

- Recovery and repair of historic properties in areas that received a major disaster declaration pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).
- Survey and Inventory of historic resources to determine eligibility, degree of damage and provide preparedness for future disasters (must meet NPS spatial data standards); or Phase I archaeological survey to determine degree of damage and Phase II testing to determine National Register eligibility of sites damaged by Hurricane Michael.
- Projects must substantially mitigate threat and include steps to mitigate future damage.
- Regardless of project type, the following requirements must be met to receive this funding:
 - Eligible properties include historic districts, buildings, sites, structures and objects listed or eligible for listing in the National Register of Historic Places.
 - Eligible, but not listed, properties that receive funding must complete and submit a nomination to the National Register as part of the project.
 - Listed properties that receive funding must complete and submit an amendment to the current National Register listing.
 - All work must meet the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation.
 - Eligible properties must be within the following counties: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Taylor, Wakulla, Walton, and Washington.

Eligible Applicants.

- Non-profit Organizations
- Other Local Governments
- State Agencies
- Municipal and County Governments
- State Universities, Community Colleges, and Private Universities

Application Submission. Applications are available for download at the Division's 2020 Hurricane Michael National Park Service Subgrants webpage, www.flheritage.com/grants/michael. Applications must be submitted in hard copy and be received in-person by **5:00 p.m. on Monday, August 31, 2020**, or must be postmarked by **11:59 p.m. on Monday, August 31, 2020**. Six paper copies of the application and all required application Support Materials (one original and five duplicates) must be delivered to the Division at: Division of Historical Resources, Director's Office, 3rd Floor, R. A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250. **Incomplete applications and applications postmarked to our office after the deadline will not be considered.**

Application Review. Division staff will conduct a technical review to determine project eligibility. Eligible applications will be reviewed in order of receipt by a five-member 2020 Hurricane Michael Subgrants Selection Committee appointed by the Florida Secretary of State. Applications selected for funding approval will be submitted to the National Park Service for final review. Following final review and approval by the National Park Service, all applicants will be notified in writing of the award decisions.

Please see the formal grant solicitation notice, available at www.flheritage.com/grants/michael.

Florida Division of Historical Resources
Hurricane Michael National Park Service Subgrants
Application

1. Applicant Information

- a) Organization Name:
- b) Address:
- c) City:
- d) State:
- e) Zip:
- f) Phone Number:
- g) Applicant DUNS Number (can be obtained at www.dnb.com):
*DUNS number must match organization name
- h) Applicant Organization's Federal Employer Identification Number:

2. Organization Type (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> County Government |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Other Local Government |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> State Community College |
| <input type="checkbox"/> State University | <input type="checkbox"/> Private University (not for profit) |

3. Project Title and Location Information

The title should reflect the name of the property, site, or area, and the goals of the proposed project. Location information should be the primary location where the project will be carried out. (For example, Smith House Rehabilitation, South Mill Archaeological Survey, etc.)

- a) Project Title:
- b) Name of Property (if applicable):
- c) Address:
- d) City:
- e) Zip:
- f) County:

4. Project Contacts

4.1 Designated Project Contact

The Project Contact is the applicant organization's primary contact for the application review process. In addition to being available to answer questions from Division staff regarding the proposed project and application, the Project Contact is usually the individual who will be administering the project, if it is funded.

- a) Project Contact's Name:
- b) Address:
- c) City:
- d) State:
- e) Zip:
- f) Daytime Telephone No:
- g) Ext:
- h) Email Address:

4.2 Authorized Official

Provide the name and contact information for the person authorized to sign contracts on behalf of the organization. This is often an Executive Director, President, board member, city manager, county administrator, etc.

- a) Authorized Official's Name:
- b) Address:
- c) City:
- d) State:
- e) Zip:
- f) Daytime Telephone No:
- g) Ext:
- h) Email Address:

5. Applicant Grant Experience and History

5.1 Has the applicant received grant assistance from the Department of State in the past five (5) years? If yes, specify the year, the grant number, the project name, the Division that awarded the grant, the amount of the award and its current status. Attach an additional sheet if necessary.

Year	Grant No.	Project Name	DOS Division	Amount	Open/Closed

5.2 Has the applicant received previous grant assistance from entities other than the Department of State within the past five (5) years? If so, please specify the year of the award, the project name, the entity that awarded the grant, the amount of the award, and the current status.

Year	Project Name	Granting Entity	Amount	Open/Closed

6. Applicant staffing and hours

Select the option that best describes your organization.

- Organization is open at least 40 hours per week and has at least one paid staff member in a management position
- Organization has some paid staff but they are not full-time
- Organization is open part-time and has volunteer staff

7. Project Type (Check One)

Select the project type for which grant funds are requested. The allowable costs for this grant program are specific to damage directly related to Hurricane Michael.

Development Project

Recovery and repair of historic properties in areas that received a major disaster declaration pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.). The causal relationship between the damage and Hurricane Michael must be documented and submitted with this application.

Survey Project

Survey and Inventory of historic properties to determine degree of damage and provide preparedness for future disasters (must meet NPS spatial data standards); or Phase I archaeological survey to determine degree of damage and Phase II testing to determine National Register eligibility of sites damaged by Hurricane Michael.

8. Proposed Project Team

List those persons within the applicant organization who will be directly involved with the administration of the grant. This will include the Project Contact listed in Question 4 and all other individuals who will have a role in the completion of the grant project. List below the individuals' names, roles or titles within the applicant organization, percentage of work time dedicated to grant administration, and anticipated duties. Curriculum vitae of proposed project team members must be included as an attachment.

Name	Role or Title	Percentage of Time	Duties

9. Historical Designation

National Register listing or eligibility is required to receive funding under this program. Indicate the type of historical designation currently held by the historic resource. For properties or sites that have been listed in the National Register or are contributing properties or sites within a National Register District, provide the date that the property, site or district was listed. Should you have questions regarding the National Register status of a property or site, contact the Division's National Register Staff at 1.800.847.7278 or 850.245.6300.

9.1. Type of Historical Designation

- Individual National Register Listing(s)
- National Register District - Contributing Resource(s)
- Not listed on the National Register (must complete PSIQ form, see section 9.3)
Listed as a National Historic Landmark

9.2. Historical Designation Details

If listed, provide the name of the property, site or district (as it is listed in the National Register) and the date of listing. If additional space is needed, attach an extended list with this application.

Property Name

Date Listed

9.3 Preliminary Site Information Questionnaire (PSIQ)

For all development projects, if property is not currently listed on the National Register, a PSIQ form (Attachment C) must be submitted with this application for Division staff to evaluate. Properties that are determined ineligible for the National Register by staff will not meet the requirements for this subgrant.

10. Hurricane Michael Damage Documentation

Discuss the damage sustained to the property by Hurricane Michael. Include information on immediate endangerment to the property, existing damage caused by Hurricane Michael, and/or potential future damage due to the same threats that caused damage from Hurricane Michael (e.g., flooding). For survey projects, please describe the current state of knowledge of potential damage to the historic district or archaeological area. Causal relationship of damage caused by Hurricane Michael must be demonstrated in all development projects and included as an attachment (e.g. before and after photos, property assessment records, information related to city, county, state, or federal damage assessments, etc.).

11. Scope of Work

In the space provided, briefly describe the scope of work for the project for which funding is requested. Indicate how you intend to use the grant award requested, describing each of the major work items involved, emphasizing the project's primary objectives and intended results.

A National Register nomination or amendment to current National Register listing must be included in the Scope of Work and Budget.

Regardless of project type, the following requirements must be met to receive subgrant funding:

- Eligible properties include historic districts, buildings, sites, structures and objects listed or eligible for listing in the National Register of Historic Places.
- Eligible, but not listed, properties that receive funding must complete and submit a nomination to the National Register as part of the project.
- Listed properties that receive funding must complete and submit an amendment to the current National Register listing.
- All work must meet the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation.

12. Tentative Project Timeline

Please specify the start and end month and year below; indicate all major elements of the project for which funding assistance is requested, the anticipated time required to complete each element, and the planned sequence of these activities. This is an estimated schedule; finalization will take place if your project is awarded a grant. **Projects should be completed within 24 months.**

13. Major Elements and Responsible Entities

Describe the **major elements** of the project and indicate the **type of entity** (e.g., consultant, in-house personnel, volunteers, etc.) responsible for each element.

	Major Project Elements	Entity Type Responsible
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		

14. Project Budget

List work items necessary to carry out the proposed scope of work and the associated estimated expenses and how they will be paid (i.e., from grant funds or voluntary match or both). Only include expenses that are specifically related to the project.

For additional information on non-allowable costs for all grants awarded by the Division of Historical resources, please refer to Section VIII. “Non-Allowable Expenses” of the Special Category Grants Guidelines.

- All grant expenditures must be incurred during the grant period. No costs incurred before or after the grant period has expired will be eligible for payment with grant funds.
- Work inconsistent with the Secretary of the Interior’s Standards and Guidelines for Archeology and Historic Preservation and non-allowables will not receive funding.
- Should you have questions regarding the eligibility of a specific activity for grant funding, please contact the Division staff at DHRMichaelGrant@dos.myflorida.com.

14.1 Amount Requested and Voluntary Match

The budget should include the total cost of all work items necessary to accomplish the proposed project. The amounts listed in a) and b) below must equal the totals listed for Grant Funds and Voluntary Match Value under Question 14.2, Project Budget.

- **Maximum award amount: \$500,000**
Match requirement: There is no match requirement.
 - a) Amount of Grant Funding Requested: \$
 - b) Voluntary Match Amount: \$
 - c) Total Project Budget: \$

14.2 Project Budget Table

Work Item #	Detailed Work Item Description	Grant Funds	Voluntary Match Value	Voluntary Match Type Cash/In-kind	Sub-Total
1.	National Register Nomination or Amendment	\$	\$		\$
2.		\$	\$		\$
3.		\$	\$		\$
4.		\$	\$		\$
5.		\$	\$		\$
6.		\$	\$		\$
7.		\$	\$		\$
8.		\$	\$		\$
9.		\$	\$		\$
10.		\$	\$		\$
Total		\$	\$	\$	\$

Note: Totals must be the same as the corresponding total under 14.1.

14.3 Additional Budget Information/Clarification

Use this space to provide additional detail or information about the proposal budget as it relates to the scope of work described above. For example, where the relationship between items in the budget and the objectives of the proposed project may not be obvious, provide clarification regarding the necessity for or contribution of those work items to the successful completion of the project.

15. Completed Project Activities.

Provide a summary of the project-related activities completed at the time of application submittal. Information submitted should include an activity description, date completed, and cost/value. Activities may include architectural studies or plans, or archaeological research accomplished such as research design or site assessment work. Should they have already been completed, your printed architectural project schematics or construction documents must be included as with this application. You cannot be reimbursed for any work that is completed before the grant period begins.

16. Property Ownership

Enter name of the Property Owner and choose the appropriate owner type. If applicant is not the owner of the property, the applicant must secure Property Owner concurrence. The applicant shall provide a letter from the Property Owner that documents that the applicant has the permission of the Property Owner of record to conduct the proposed project on the owner's property and that the Property Owner is in concurrence with this application for grant funding. This letter must be included as an Attachment to this application.

16.1. Does your organization own the property?

- Yes
- No

16.2. If no, who is the property owner?

16.3 Type of Ownership

- Non-profit Organization**
- Private Individual or For-Profit Entity**
Note: Properties owned by private individuals or for-profit entities are not eligible for grant funding.
- Governmental Entity**

16.4 Does your project involve a federally owned or managed property?

- Yes
- No

17. Project Area Population and Representation

17.1 Please provide the following information requested regarding state legislative and congressional representation for the project location. View www.usa.gov/Contact/Elected.shtml to find this data.

a) State House of Representatives District Number and Name of Representative for Project Location

- 1) District Number(s):
- 2) Representative:

b) State Senate District Number and State Senator for the Project Location

- 1) District Number(s):
- 2) Senator:

c) Congressional District Number and Name of U.S. Congressional Representative for the Project Location

- 1) District Number(s):
- 2) Congressman:

2020 Hurricane Michael Subgrant

Grant Application Checklist

Indicate in the boxes below each item included in your submission:

1. Application

- One original application with one set of original required and optional attachments
- Five additional copies of the application, checklist, and attachments

2. Required Attachments

- Attachment A- Applicant Certification Form
- Attachment B- Curricula Vitae of Proposed Project Team Members
- Attachment C- Completed PSIQ Form (if applicable)
- Attachment D- Completed NEPA Checklist
- Attachment E- Hurricane Michael Damage Documentation
- Attachment F- Statement of Overlap
- Attachment G- Documentation of Non-Profit Status (if applicable)
- Attachment H- Substitute W-9 Form
- Attachment I- Photographs
- Attachment J- Owner Concurrence Letter (if applicable)

3. Optional Attachments (Attachment K)

- Documentation of Confirmed Voluntary Match
- Architectural Drawings (if available)
- Archaeological Supporting Documents (if available)
- Other

To complete this application, you must complete the application checklist and submit the corresponding attachments as described in the checklist. One designated original application, checklist, and set of attachments with original signatures, and five additional copies of the application, checklist, and attachments, must also be submitted. See the Application Checklist for instructions.

Attachment A
Applicant Certification Form

This form is required of all applicants.

Applications submitted without this certification sheet will be ineligible for review.

This certification must be signed by the duly authorized representative of the applicant organization or agency.

I have read and understand the above application checklist and have included all attachments in the appropriate format.

I certify that the information contained in this application is true and correct to the best of my knowledge, and that I am the duly authorized representative of the applicant. I certify that the damage this project will address was a direct effect of Hurricane Michael.

Title of Project:

Name of Authorized Organization or Agency Representative (type or print):

Title of Authorized Representative:

Organization or agency:

Signature: _____

Date: _____

Attachment B

Curricula Vitae of Proposed Project Team Members

Curricula vitae for those persons who will be directly involved with the administration of the grant or will have a role in the completion of the grant project. For archaeological projects, curricula vitae for principal investigator and other key personnel, if known, must also be provided. If principal investigator has not yet been selected, a list of tasks or projected responsibilities must be submitted in place of the curriculum vitae.

Attachment C

Preliminary Site Information Questionnaire (PSIQ) Form (if applicable)

For all development projects, if property is not currently listed on the National Register, a PSIQ form must be submitted with this application for Division staff to evaluate. Properties that are determined ineligible for the National Register by staff will not meet the requirements for this subgrant. PSIQ forms and instructions can be found at <https://dos.myflorida.com/historical/preservation/national-register/>

Attachment D

National Environmental Policy Act (NEPA) Compliance Checklist

Please answer the following questions to assist Division staff with ensuring that requirements for compliance with NEPA are met. Answering Yes or More Data Needed to a question will not automatically remove your project from consideration, but additional documentation may be required if your project is selected for a grant. **If all of the questions have not been answered, your project will be removed from consideration.**

A. Resource Effects to Consider

Consider the context, duration and intensity of effects on resources.

Are any measurable impacts possible on the following physical, natural or cultural resources?

-
- | | | | |
|--|------------------------------|-----------------------------|---|
| 1. Geological resources – soils, streambeds, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 2. Air quality | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 3. Soundscapes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 4. Water quality or quantity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 5. Streamflow characteristics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 6. Marine or estuarine resources | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 7. Floodplains or wetlands | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 8. Land use, including occupancy, income, type of use | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 9. Rare or unusual vegetation, old growth timber, riparian | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 10. Species of special concern (plant/animal/state or Federal listed or proposed for listing) or habitat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 11. Unique ecosystems, biosphere reserves, World Heritage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 12. Unique or important wildlife or wildlife habitat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 13. Unique or important fish or fish habitat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 14. Introduction/promotion of non-native species | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 15. Recreation resources, including supply, demand, visitation, activities, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 16. Socioeconomics, including employment, occupation, income changes, tax base, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 17. Minority and low-income populations, ethnography, size, migration patterns, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 18. Energy resources | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 19. Other agency, or tribal, land use plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |
| 20. Resource, including energy, conservation potential | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> More Data Needed |

B. Mandatory Criteria: If implemented, would the proposal? (EO=Executive Order)

1. Have material adverse effects on public health or safety
 Yes No More Data Needed
2. Have adverse effects on historic or cultural resources; park, recreation, or refuge lands; wilderness areas; wild or scenic rivers; national natural landmarks; sole or principal drinking water aquifers; prime farmlands; wetlands; floodplains; or ecologically significant or critical areas, including those listed on the National Register or Natural Landmarks?
 Yes No More Data Needed
3. Have highly controversial environmental effects? Yes No More Data Needed
4. Have highly uncertain and potentially negative environmental effects or involve unique or unknown environmental risks? Yes No More Data Needed
5. Establish a precedent for future action or represent a decision in principle about future actions with potentially significant environmental effects? Yes No More Data Needed
6. Be directly related to other actions with individually insignificant, but cumulatively significant, environmental effects? Yes No More Data Needed
7. Have adverse effects on properties listed or eligible for listing on the National Register of Historic Places?
 Yes No More Data Needed
8. Have adverse effects on species listed or proposed to be listed on the List of Endangered or Threatened Species, or have adverse effects on designated Critical Habitat for these species?
 Yes No More Data Needed
9. Violate a federal law, or a state, local, or tribal law or requirement imposed for the protection of the environment?
 Yes No More Data Needed
10. Have a disproportionate, significant adverse effect on low income or minority populations (EO 12898)?
 Yes No More Data Needed
11. Limit access to and ceremonial use of Indian sacred sites by Indian religious practitioners or adversely affect the physical integrity of such sacred sites (EO 130007)?
 Yes No More Data Needed
12. Contribute to the introduction, continued existence, or spread of federally listed noxious weeds (Federal Noxious Weed Control Act). Contribute to the introduction, continued existence, or spread of non- native invasive species or actions that may promote the introduction, growth or expansion of the range of nonnative invasive species (EO 13112)?
 Yes No More Data Needed

Attachment E
Hurricane Michael Damage
Documentation

Causal relationship of damage caused by Hurricane Michael must be demonstrated in all development projects (and survey projects if available) and included as an attachment (e.g. aerial photographs; Google street view; property assessment records; information related to city, county, state, or federal damage assessments; written and certified statements from property owners if no other documentation exists).

Attachment F

Statement of Overlap Information Sheet

All applicants must provide a statement to identify whether or not any overlap exists between the proposed project and any other active or anticipated project(s) in terms of activities, costs, or time commitment of key personnel, including any application that was submitted for funding consideration to any other potential funding source (Federal or non-Federal).

The statement and the description of overlap or duplication should be provided with this attachment to the application.

- If no overlap or duplication exists, a sample statement to satisfy this requirement might be: “[Insert Applicant Name] affirms that no overlap or duplication exists between the proposed project in this application and any other active or anticipated project in terms of activities, costs, or time commitment of key personnel, including any application that was submitted for funding consideration to any other potential funding source (Federal or non-Federal).”
- If any overlap or duplication does exist, applicants must provide a description and documentation (e.g., insurance claim, FEMA funding notification, etc.) of the overlap including when the overlapping or duplicative proposal(s) were submitted, to whom (entity and program), and when funding decisions are expected to be announced.
- If at any time a proposal is awarded funds that would be overlapping or duplicative of the funding requested, the applicant must immediately notify the Division. Any overlap or duplication of funding between the proposed project and other active or anticipated projects may impact selection and/or funding amount.

Attachment G

Documentation of Non-Profit Status (if applicable)

Documentation of Non-profit Status (for Non-profit Organizations only): In-state corporate entities must provide documentation of their active status as a Florida non-profit corporation with the Division of Corporations, Florida Department of State, which can be obtained at: <http://www.sunbiz.org> by searching the corporate name. Out-of-state corporate entities must include documentation from the Internal Revenue Service confirming that they are exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.

Attachment H
Substitute W-9 Form

Substitute W9 form: Applicant Organizations must submit a copy of their Substitute W9 form (SW9), which can be obtained at the Department of Financial Services (DFS) Substitute W-9 website <https://flvendor.myfloridacfo.com>.

Attachment I

Photographs

All Applicant Organizations shall provide photographs in hard-copy and digitally on a cd-rom or a USB flash drive. For development projects, minimum requirements include photographs before Hurricane Michael and current photographs of all exterior elevations, principal interior spaces, and significant architectural features. If available, also provide historic photographs of the property. For Survey projects, photographs/maps should document the area as an aerial view and street views, including representative examples of the properties therein.

Attachment J

Owner Concurrence Letter (if applicable)

Each Applicant Organization shall provide a letter that documents that the Applicant Organization has the permission of the owner of record (if the Property Owner is not the applicant) to conduct the proposed project on the owner's property and that the owner is in concurrence with this application for grant funding. Note that the owner must be a Non-profit Organization, state college or university, or agency of government.

Attachment K
Optional Attachments

An Applicant Organization may use this attachment to present additional documents not specifically requested by the Division that support the application. Such materials may include documentation of confirmed voluntary match, architectural drawings, archaeological supporting documents, such as previous site reports or surveys.