

# Montana Historic Preservation Grant Program

Startup Workshop for  
2027 Biennium Awardees



**COMMERCE**

From all of us at the Montana Department of Commerce,

**Congratulations!**



**COMMERCE**

# Overview

- House Bill 12 appropriated \$5,918,092 for 31 projects.
- Each project will have a Commerce liaison.
- Each project must adhere to requirements set forth in Montana Code Annotated 22-3-1305.
- Eligible project costs can be incurred on or after May 13, 2025.
- [Read HB 12 bill text here.](#)

# Environmental Review

- To be determined by the ARMs process



# To Contract With Commerce

- Completed W-9
- Completed Form 204
- Updated budget and implementation schedule
- Firm commitment of funding
- Proof of workers' compensation, liability and property insurance

# To Contract With Commerce

- Completed management plan
- Completed grant assistance agreement
- Completed signatory form
- Contract signer information

# Form W-9

**Use current form**

Form **W-9**  
(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>McConaughey Pig Wrestlers</b> <b>Mandatory Field</b>	<b>Example Only</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3). Exempt payee code (if any) <b>Optional Field</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>2</b> Business name/disregarded entity name, if different from above. <b>Pig Feed &amp; Lots</b> <b>Optional Field</b>			
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <b>Mandatory Field</b> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>P</b> <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____			
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>			
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>12345 Matthew Street</b> <b>Mandatory Field</b>			Requester's name and address (optional) <b>Optional Field</b>
	<b>6</b> City, state, and ZIP code <b>Yolo, MT 59999</b> <b>Mandatory Field</b>			
	<b>7</b> List account number(s) here (optional) <b>Optional Field</b>			

# Form W-9

## 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.

Social security number								
			-			-		

or

Employer identification number									
1	2	-	3	4	5	6	7	8	9

**Mandatory Field: enter only one TIN.**

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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

**Mandatory: No typed signatures allowed; DocuSign ok.**

Date

**Mandatory: must be within past 12 months.**

## 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).

### What's New

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the

# Form E-204

## EXAMPLE ONLY

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/altered forms will not be processed.**

1) Request Type:  Initial Request (1-7,10)  Change/Add Account (1-10)  Remove Account (5-10)  
**Mandatory, select a type**

2) I, **Mandatory** \_\_\_\_\_ 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.

# Form E-204



### 3) New Bank Information:

Bank Name: **Mandatory**

Routing Number: **Mandatory NINE (9) DIGITS**

Account Number: **Mandatory**

Account Type:  Checking  Savings **Mandatory, select one**

5) Supplier Name: **Mandatory - supplier name or dba name**

**Mandatory, select ONE**

6) Tax ID Number: *(must be 9 digits)* **Mandatory - NINE (9) DIGITS**

Type:  SSN  FEIN

7) Address: *(limited to 45 characters per line)* **Fields below will be supplier's info, NOT the bank.**

Line 1 **Mandatory - address for supplier, NOT the bank**

Line 2 **Optional**

Line 3 **Optional**

City **Mandatory**

State/Province **Mandatory**

Postal Code **Mandatory**

Country **Mandatory**

Phone Number **Mandatory - supplier's phone #**

E-mail **Valid email, EFT advice will be emailed once payment is made by the state**

### 8) Confirmation of existing bank account information:

**Only fill-out below banking section if changing/removing an EXISTING account from the state database.**

Bank Name:

Routing Number:

Account Number:

Account Type:  Checking  Savings

# Form E-204

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 **Mandatory** - NO typed in signatures allowed. Only electronic signatures, DocuSign for example. A wet signature is allowed.

Title (If Applicable)  
**Optional**

Date  
**Mandatory: Must be within the past 12 months.**

**REVISED 8/2019**

Only 8/2019 form will be accepted.



# Demonstrated Firm Commitment of Funds

- Grants and other government-appropriated funds
  - A letter from the funding agency
- Local government funds
  - Resolution or a local government budget identifying the local funds



# Demonstrated Firm Commitment of Funds

- Nonprofit or for-profit funds
  - Resolution, or a letter of commitment from the entity's chief executive or authorized representative obligating funds to the project



# Demonstrated Firm Commitment of Funds

- Loans (revenue bonds, general obligation bonds, special improvement districts) or historic tax credits
  - A letter of commitment or letter of conditions signed by the appropriate state or federal agency



# Insurance Documentation

Montana Historic Preservation Grant Program grantees must maintain insurance for the duration of the contract.

- Workers' compensation coverage: Grantees must provide proof of workers' compensation coverage, an independent contractor's exemption or documentation of status.

# Insurance Documentation

- Liability insurance: MHPG grantees and their subcontractors must provide proof of liability insurance.
- Property insurance: The grantee must maintain property and hazard insurance.



# Sample Management Plan



## Community MT Division

### Montana Historic Preservation Grant Program

#### Exhibit 1-B Sample Management Plan

The management plan adopted by the Montana Historic Preservation Grant Program grantee should reflect the actual procedures used 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 structured upon the actual procedures used 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, 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 2027 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's 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



# Sample Grant Assistance Agreement



## Community MT Division

### Montana Historic Preservation Grant Program

Exhibit 1-C

#### Sample Grant Assistance 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 subrecipient that is to be reviewed and approved by all parties and their attorneys.

This contract is entered into by (insert name of grantee), herein referred to as "the grantee," and the (insert name of subrecipient), herein referred to as "the subrecipient."

Witnesseth that:

Whereas, the grantee is the recipient of a Montana Historic Preservation Grant Program grant to (describe the project) owned and operated by the subrecipient; and

Whereas, this contract between the grantee and the subrecipient 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 an MHPG grantee, has determined that the subrecipient can better supervise the design and construction phases of the (name of preservation project/activities); and

Whereas, the Montana Department of Commerce has required the grantee to enter into a contract with the subrecipient specifying the terms and conditions of the grantee's delegation of certain MHPG grant management responsibilities to the subrecipient; and



# Signature Certification Form and Contract Signers



## Community MT Division

### Montana Historic Preservation Grant Program

#### Signature Certification Form

This form requires a minimum of two signatures.

This is to certify that the following individuals are authorized to sign requests for reimbursements from Montana Historic Preservation Grant Program:

Grantee	
MHPG grant contract #	
1. Signature	
Typed name	
Title	
Date	
2. Signature	
Typed name	
Title	
Date	
3. Signature	
Typed name	
Title	
Date	

Suggested signatories include the chief elected official, city or county commissioner, clerk, treasurer and/or project manager.

# Procurement

All governmental awardees must follow State procurement. Commerce recommends that non-government entities follow procurement; however, it is not required.

- “Small purchases” are anything less than \$10,000.
  - No procurement requirements
  - Direct negotiation allowed

# Procurement

- “Limited solicitation” is for supplies and services totaling \$10,000 up to \$100,000.
  - Limited solicitation with three quotes that can be phone, verbal or written
- “Formal solicitation” is for anything over \$100,000.
  - Request for Proposal/Information/Qualifications or Invitation for bids — follow MCA 18-4-303

# Request for Funds Overview

- MHPG can only reimburse costs incurred on or after May 13, 2025, the effective date of House Bill 12.
- Any funds expended up to one year prior to February 29, 2024, can count toward the match. **Invoices and proof of payment are required.**
- Awardees cannot submit a Request for Funds until they have executed a contract with Commerce.

# Request for Funds Overview

- MHPG reimburses for completed work; funds are not paid up front.
- Startup workshops are mandatory for all 2027 Biennium awardees.
  - June 9, 2026, at 9 a.m.
  - June 11, 2026, at 12:30 p.m.

# Request for Funds Overview

- Funds are dispersed by submitting a draw request along with applicable invoices (i.e., a reimbursement program).
- Requests for funds can take up to 15 days to process.
  - Awardees are encouraged to submit multiple invoices in each draw request to save time for you and Commerce.

# Request for Funds Overview

Required documents:

- Request for Funds Form
- Progress Report Form
- Uniform Invoice Form
- Applicable invoices

# Invoices

Invoices 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

# Invoices

Invoices should include:

- Description of any other eligible expenses incurred during the billing period
- Total amount being billed

Cost plus contracts are not allowable.

# Project Changes

- **Budget changes** under \$5,000 on a single line item can be approved during the Request for Funds process; those over \$5,000 need a written request.
- **Implementation schedule** changes can be approved during the Request for Funds process unless it extends the project beyond the project deadline, which would require a contract amendment.

# Project Changes

- **Scope of work** changes need a written request.
  - You are strongly encouraged to discuss these with Commerce prior to submitting a written request for project changes.
  - Please work with your Commerce liaison.

# Considerations While Underway

- Keep your Commerce liaison updated on progress. We want to hear about successes and roadblocks!
- Submit a progress report approximately every six months, or with every Request for Funds if more often than every six months.



# Considerations While Underway

- 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.

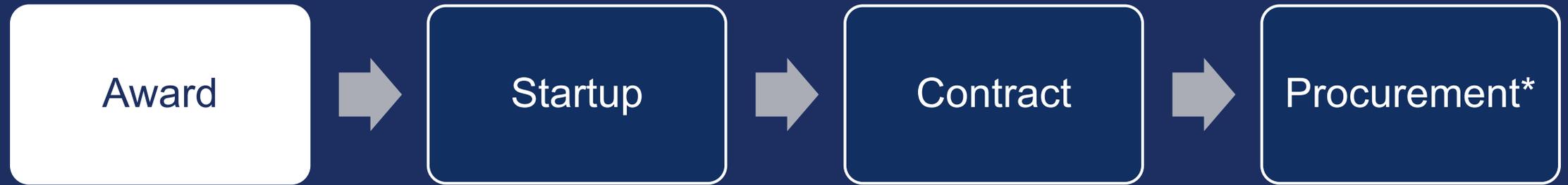


# Project Completion

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 closeout letter.

# Project Timeline

Based on 2027 Biennium

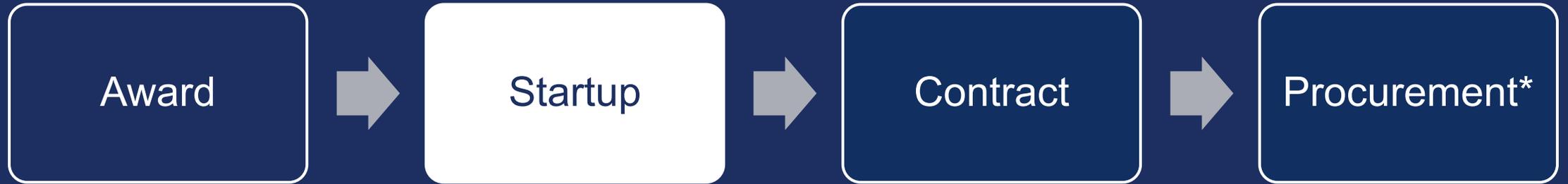


- Effective date of award was May 13, 2025.
- Grantees can begin incurring costs for reimbursement.



# Project Timeline

Based on 2027 Biennium

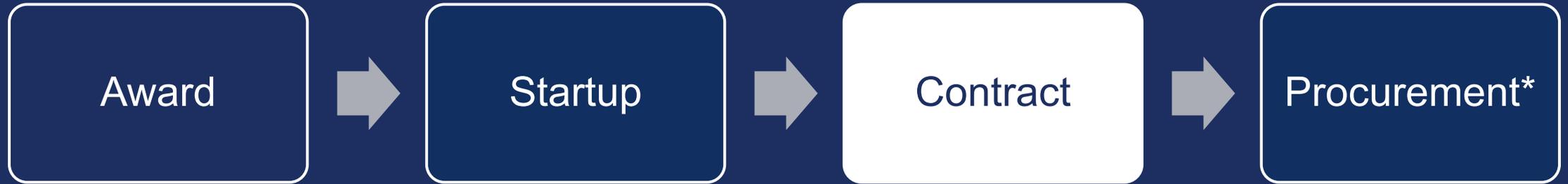


Required documentation to complete startup



# Project Timeline

Based on 2027 Biennium

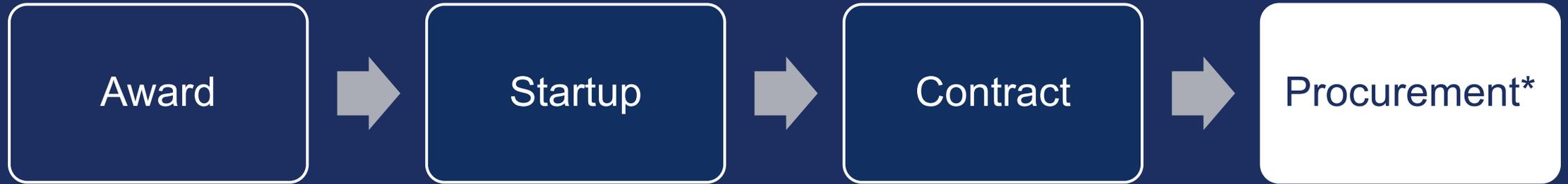


- Execute a contract with Commerce.
- Once this is in place, grantees can begin submitting requests for reimbursement.



# Project Timeline

Based on 2027 Biennium



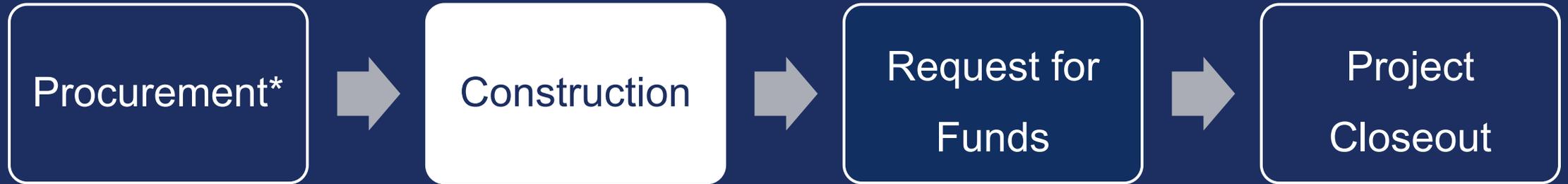
Follow appropriate procurement process for services (architect, contractor):

- Small purchase, limited solicitation, formal solicitation or sole source
- Select firm and execute contract



# Project Timeline

Based on 2027 Biennium



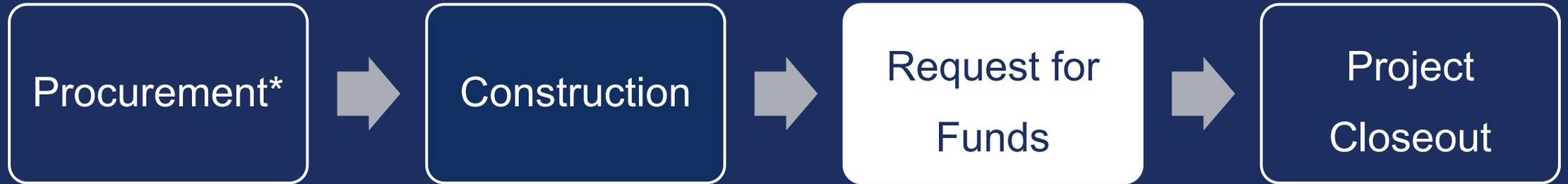
- Undertake project activities
- Receive invoices

State prevailing wage rates may apply to your project.



# Project Timeline

Based on 2027 Biennium

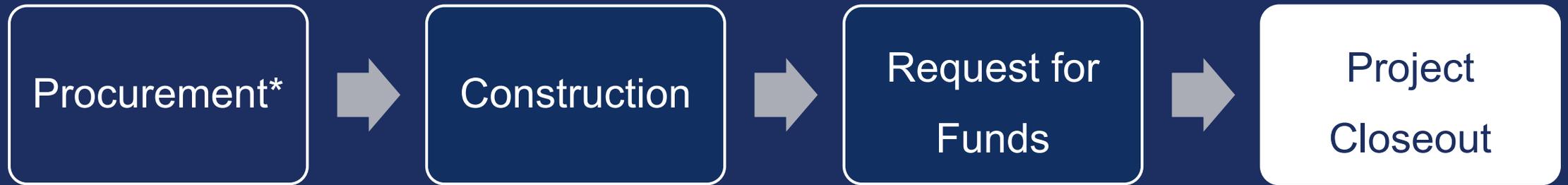


- Request for Funds Form, Progress Report Form, Uniform Invoice Tracking Spreadsheet and applicable invoices
- Commerce will send requested funds **within seven to 10 business days.**



# Project Timeline

Based on 2027 Biennium

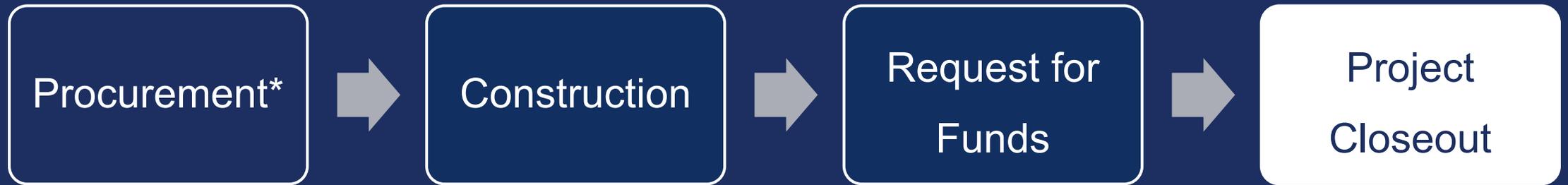


- Architect, engineer or contractor issues **Certificate of Substantial Completion**.
- **Within 60 days**, grantee submits the Project Completion Report to Commerce.



# Project Timeline

Based on 2027 Biennium



- **Within 30 days**, Commerce sends **Notification of Project Completion** signifying official closeout of the grant.
- Grantees must retain project records **for five years** from closeout date.



# 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 to your organization?
  - Quantitative: jobs created, visitation numbers, operational efficiencies
  - Qualitative: visitor experience, added amenities

# Celebrating Impact

- What is the **indirect** benefit to your community?
  - Quantitative: visitation numbers, overnight stays, business revenue
  - Qualitative: community assets, public space, community attractiveness



# Questions?



# MHPG Contacts

## General Questions

- [doccdd@mt.gov](mailto:doccdd@mt.gov)
- 460-841-2770

## CEV Program Supervisor

Jordan Conley

- [jordan.conley@mt.gov](mailto:jordan.conley@mt.gov)
- 406-841-2773

## MHPG Program Specialist

Lauren Dean

- [lauren.dean@mt.gov](mailto:lauren.dean@mt.gov)
- 406-841-2794

## Main Street Program

Coordinator Micky Zurcher

- [micky.zurcher@mt.gov](mailto:micky.zurcher@mt.gov)
- 406-841-2863

# Resources

Linked resources:

- Guidance on match documentation
- Sample management plan
- Grant assistance agreement template
- Signatory certification form template
- Contract signer information
- Implementation schedule template
- MHPG budget template
- [Montana Historic Preservation Grant website](#)

# Draw Training

Draw training dates:

- June 9, 2026, at 9 a.m.
- June 11, 2026, at 12:30 p.m.

All 2027 Biennium awardees must attend a mandatory draw training.