



HISTORIC
FRANKLIN
TENNESSEE

ITEM #13
BOMA
05/27/14

MEMORANDUM

May 13, 2014

TO: Board of Mayor and Aldermen

FROM: Eric S. Stuckey, City Administrator *Eric*

SUBJECT: Resolution 2014-46 - The Eley Tract Land Acquisition Project

Purpose

The purpose of this memorandum is to provide information to the Board of Mayor and Aldermen (BOMA) regarding Resolution 2014-46, A Resolution Declaring The Intent Of The City Of Franklin To Act As A Governmental Pass-Through Entity For The Eley Tract Land Acquisition Project As Requested By The Civil War Preservation Trust.

Background

On April 23, 2014, a request was received from the Civil War Trust for the City of Franklin to act as a government pass-through entity for the land acquisition project known as the Eley Tract. This tract is .2 acres located east of Columbia Avenue just south of Cleburne St. and directly across from the Carter Cotton Gin site.

Resolution 2014-46 proposes the City act as the governmental "pass-through" for funds from the National Park Service (NPS) that will be deposited with the City, and then forwarded to the Civil War Preservation Trust for its purchase of certain Civil War Battlefield land – the Eley Tract. The American Battlefield Protection Program grant amount is \$123,788.00.

The role of the City would be the same as in past grants; i.e., the City will be notified in writing by NPS that all grant requirements have been met and that funds would be transferred to the City. The City then would commence transfer of funds to the Trust.

Financial Impact

There is no anticipated financial impact to this agreement. As described in Resolution 2014-46, the City acting as a governmental pass-through for the purchase of this battlefield property. In addition to this pass-through funding, the Battlefield Preservation Commission is recommending that the City allocate \$62,500 as a part of the local match for this Eley tract acquisition from the funds identified in the Hotel/Motel Fund (total allocation of \$250,000) for battlefield property acquisition. It is expected that this request/recommendation will be presented to the Board of Mayor and Aldermen at the June 10th work session for discussion. The total acquisition cost for the Eley property is projected to \$247,576.00.

Recommendation

Approval of the proposed Resolution is recommended.

CIVIL WAR TRUST

Saving America's Civil War Battlefields

Michael Grainger
Chairman

James Lighthizer
President

April 23, 2014

The Honorable Ken Moore
Mayor
City of Franklin
109 3rd Avenue South
Franklin, TN 37064

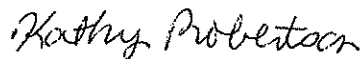
Dear Dr. Moore,

On behalf of the Civil War Preservation Trust, doing business as the Civil War Trust (the "Trust"), I am writing to formally request that the City of Franklin act as a government pass-through entity for the following land acquisition project utilizing funds from the National Park Service, through the American Battlefield Protection Program ("ABPP"). The project is the acquisition of the Eley Tract, .2 acres located within the core area of the Franklin battlefield, as determined by the Civil War Sites Advisory Commission, with an ABPP grant of \$123,788.

The State of Tennessee Historical Commission will be holding the conservation easement on this Tract. This small property is another vitally important piece of the Franklin battlefield. The Eley Tract is directly across from the Carter Cotton Gin site and its acquisition will enable the Trust and its partners to enhance the anticipated park area at the Carter Cotton Gin site.

The role of the City would be the same as in past grants; i.e., the City will be notified in writing by ABPP that all grant requirements have been met and that funds would be transferred to the City via the ASAP system. The City would then transfer the grant funds to the Trust. Please contact me at 202-367-1861, X7209 if you have any questions or concerns. Thank you.

Very truly yours,



Kathleen M. Robertson
Deputy Director of Real Estate

WASHINGTON OFFICE

1156 15 Street NW • Suite 900 • Washington, DC 20005
Phone: (202) 367-1861 or (800) 298-7878 • Fax: (202) 367-1865

HAGERSTOWN OFFICE

1140 Professional Court • Hagerstown, MD 21740
Phone: (301) 665-1400 or (888) 606-1400 • Fax: (301) 665-1416



HISTORIC
FRANKLIN
TENNESSEE

May 27, 2014

Mr. Paul Hawke, Chief
American Battlefield Protection Program
1201 Eye Street, NW (2287)
Washington, DC 20005

Dear Mr. Hawke:

The City of Franklin has been requested by the Civil War Preservation Trust, doing business as the Civil War Trust (the "Trust") to act as the governmental sponsor for acquisition of property that may be partnered by the American Battlefield Protection Program ("ABPP"). We have agreed that the City will serve as the governmental sponsor on the Eley tract, ±.2 acres, at the Franklin Battlefield.

The role of the City would be the same as with past grant requests. All required acquisition and financial documentation would be provided by the Trust to ABPP and the City for review and approval. The Trust and the City will be notified in writing by ABPP that all grant requirements have been met and that funds are available for the City to draw down in accordance with the Automated Standard Application for Payments ("ASAP") system. The City will then transfer funds to the Trust, as sub-grantee.

I hope this letter will help to serve and expand the vital protection of this historic land. We commend the American Battlefield Protection Program for your valued work in this regard.

Sincerely,







Dr. Ken Moore
Mayor of Franklin

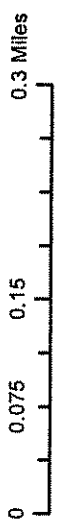
cc: Kathy Robertson, Civil War Trust



Prepared for the Civil War Trust

Eley Tract at Franklin Battlefield (Williamson County, TN)

-  Eley Tract (0.2 Acres)
-  Preserved in Whole or in Part by the Trust
-  Other Protected Land
-  City of Franklin Parcels
-  Battlefield Core Area
-  Battlefield Study Area



Created on 4/15/14 by JM

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Franklin

*b. Employer/Taxpayer Identification Number (EIN/TIN):
62-6000290

*c. Organizational DUNS:
081460768

d. Address:

*Street 1: City Hall
Street 2: 109 Third Avenue South
*City: Franklin
County: Williamson
*State: TN
Province: _____
*Country: USA
*Zip / Postal Code 37064

e. Organizational Unit:

Department Name:
Office of the Mayor

Division Name:
Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Eric
Middle Name: S.
*Last Name: Stuckey
Suffix: _____

Title: City Recorder/Administrator

Organizational Affiliation:

*Telephone Number: 615-550-6605

Fax Number: 615-790-0469

*Email: eric.stuckey@franklintn.gov

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of the Interior - National Park Service - American Battlefield Protection Program

11. Catalog of Federal Domestic Assistance Number:

15-928

CFDA Title:

Civil War Battlefield Land Acquisition

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Williamson County, Tennessee

***15. Descriptive Title of Applicant's Project:**

LWCF Battlefield Preservation Grant - .2 acre Eley Tract Franklin Battlefield

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 7th	*b. Program/Project: 7th	
17. Proposed Project:		
*a. Start Date: 04.01.14	*b. End Date: 03.31.15	
18. Estimated Funding (\$):		
*a. Federal	\$123,788.00	
*b. Applicant	\$123,788.00	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$247,576.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on ____ <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Dr.	*First Name: Ken	
Middle Name:		
*Last Name: Moore		
Suffix:		
*Title: Mayor		
*Telephone Number: (615) 791-3217		Fax Number: (615) 790-0469
* Email: ken.moore@franklinn.gov		
*Signature of Authorized Representative:		*Date Signed:

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.
n/a

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2548-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required): Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required): Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required): Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required): Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required): 16a. Enter the applicant's Congressional District and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-312 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:	17.	Proposed Project Start and End Dates: (Required): Enter the proposed start date and end date of the project.
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	18.	Estimated Funding: (Required): Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
	c. Organizational DUNS: (Required): Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p>		
20.		<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
21.	<p>2. Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="228 464 873 968"> <tr> <td data-bbox="228 464 548 968"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="548 464 873 968"> <p>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required), title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			