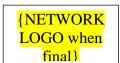
Rev. 10/2018 U.S. Department of the Interior



# U.S. AFRICAN AMERICAN CIVIL RIGHTS NETWORK APPLICATION

Please use Application Instructions to complete



OMB Control No. 1090-0011 Expiration Date 11/30/2019

GENERAL INFORMATION										
Date Submitted:										
	☐ Property ☐ Facility ☐ Program									
Element Name:			Street Address:							
City		Ctoto	7in Code	Country	Communicated Biotelets					
City:		State:	Zip Code:	County:	Congressional District:					
If a Facility, type:	If a Facility, type: ☐ Archive ☐ Library ☐ Research Center ☐ Other (Describe):									
If a Program, type:										
☐ Public Program	□ Tour □ Performanc	e 🗌 Living Histo	ory ☐ Exhibit/Art ☐	] Website ☐ Curri	culum-based Education   Youth					
Program  Othe	r (Describe):									
Has the Element re ☐ Yes ☐ No	Has the Element received a NPS African American Civil Rights grant in the past?  Yes No Address Not for Publication?									
Is there a website	for the Element?	Web Address:			1					
□ Y	es 🗌 No									
Is the Element ope	en to the public? 🗌 Yes	☐ No	Days and Hours of	Operation/Schedu	le:					
-	Is there a visitor phone number? Phone Number:									
	· · · · · · · · · · · · · · · · · · ·									
NATIONAL REGISTER OF HISTORIC PLACES (NRHP) STATUS  If not listed in the NRHP, provide either the Register Eligibility Worksheet or a letter from the State Historic Preservation Office (SHPO).										
If a property, is it listed in the National Register of Historic Places?   Yes No Not a Property										
If YES, what is the name on the listing?										
	O recommended it as eli		-		Eligibility Worksheet) 🗌 No					
Summary: Explain in 200 words or less how the nominated property is connected to the 20 <sup>th</sup> century African American Civil Rights Movement (you will have the opportunity to expand later in the program).										

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ELEMENT OWNERSHIP INFORMATION  Ownership Type:  ☐ Individual ☐ Non-profit (501c3) ☐ Public - Local Government ☐ Public - State Government ☐ Public - Federal Government								
2. Owner/Manager Contact Information (OK to Share Contact Information?   Yes   No)								
Name:		one:	Fax:	Email:				
Street Address:	<u>                                     </u>	City		State:	Zip Code			
Additional Owner/Manager (OK to Share Contact Information?	□ Y	′es 🗌 No)						
Name:	Pho	one:	Fax:	Email:				
Street Address:	1	City		State:	Zip Code			
Additional Owner/Manager (OK to Share Contact Information?	□ Y	′es						
Name:	Pho	one:	Fax:	Email:				
Street Address:		City		State:	Zip Code			
3. Element Point of Contact if Applicant is not Owner (Note	e: A I	etter of consent	from the owner m	ust be included in	this case)			
Name:	Pho	one:	Fax:	Email:				
Street Address:		City		State:	Zip Code			
For all types of Element, describe the Element and the half Rights Movement from 1939-1968 in less than 1200 words, assists the public in learning about the American Civil Right needed. Timelines are encouraged.    Timelines are encouraged	lf a	Program or Faci	ility, describe how	the Element educa	ates and/or			

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4. Additional data or comments. (Optional: Applicants may submit *electronic copies only* of relevant supplementary materials as part of their package: a sample program transcript or video; 1-2 brochures or interpretive materials; scan of a historic newspaper clipping or pamphlet; a facility finding aid, catalogue or index; and/or an example of an audience feedback card or questionnaire)

### LIST OF ATTACHMENTS

- 1. National Register Determination of Eligibility: completed worksheet OR signed letter from State Historic Preservation Office
- 2. Property Owner Consent (if owner is not the person completing this application)
- 3. Optional pdfs of photos, brochures, or other materials to further illustrate the Element (see above).

### **NOTICES**

## **Privacy Act Statement**

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this form.

Authority: African American Civil Rights Network Act of 2017 (PL115-104).

Purpose and Uses: The U.S. Civil Rights Network was established, in part, to facilitate sharing of information among those interested in the African American Civil Rights Movement. Putting people in contact with others who are researching related topics, historic events, or individuals or who may have technical expertise or resources to assist with projects is one of the most effective means of advancing African American Civil Rights history commemoration and preservation. Privacy laws designed to protect individual contact information (i.e., home or personal addresses, telephone numbers, fax numbers, or e-mail addresses), may prevent NPS from making these connections. If you are willing to be contacted by others working on civil rights movement activities and to receive mailings about African American civil rights movement-related events, please add a statement to your letter of consent indicating what information you are willing to share. The DOI and NPS may use the information to meet reporting requirements, to generate budget estimates and track performance, and to assist park staff with visitors' education, fee collection, resource management and protection, recreational use planning, law enforcement and public safety personnel for such purposes as emergency contact and search and rescue efforts; to provide permit holders and participants with information about parks and their partners; and to provide reports of activities conducted under an issued permit.

**Disclosure:** Voluntary. However, failure to provide the requested information may impede our ability to process your application. It is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not approving your application.

#### **Paperwork Reduction Act Statement**

The authority to collect this information is the African American Civil Rights Network Act of 2017 (PL115-104). We will use this information pilot test the on-line form used to evaluate properties, facilities, and programs nominated for inclusion in the U.S. Civil Rights Network. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. Your response is required to obtain or retain a benefit. OMB has approved this collection of information and assigned control number 1090-0011.

#### **Estimated Burden Statement**

Public reporting for this collection of information is estimated to average 30 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service, 12201 Sunrise Valley Dr. (MS-242), Reston, VA 20192.

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