



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**CERTIFIED LOCAL GOVERNMENT (CLG) ANNUAL REPORT (PAGE 1 OF 7)**

Have you or an immediate family member ever served in the U.S. Armed Forces?  YES  NO

Thank you for your service! If YES, would you like information about military-related services in Missouri?  YES  NO  
 Click [here](#) for additional information or send an email to [moparks@dnr.mo.gov](mailto:moparks@dnr.mo.gov) or call 800-344-6946.

FEDERAL FISCAL YEAR: **OCT. 1, 20** — **SEPT. 30, 20**

**BASIC INFORMATION**

1. CLG IDENTIFICATION

NAME OF CITY/COUNTY	DATE CERTIFIED BY NPS
NAME OF HISTORIC PRESERVATION COMMISSION	
REPORT PREPARED BY (name)	PREPARER TITLE

2. CLG CONTACT INFORMATION (Official correspondence is directed to this individual. Their name and contact info is provided to the National Park Service.)

NAME	TITLE		
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL	

3. LIST ALL STAFF MEMBERS WITH DUTIES ASSIGNED TO LOCAL PRESERVATION PROGRAM OR HPC. INDICATE WHETHER STAFF MEETS THE SECRETARY OF THE INTERIOR'S PROFESSIONAL QUALIFICATION STANDARDS ([https://www.nps.gov/history/local-law/arch\\_stnds\\_9.htm](https://www.nps.gov/history/local-law/arch_stnds_9.htm)).

NAME	TITLE	SOI QUALIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
NAME	TITLE	SOI QUALIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
NAME	TITLE	SOI QUALIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW

**ORGANIZATION, PLANNING, AND OPERATIONAL DOCUMENTS**

4. WERE ANY OF THE FOLLOWING NEWLY ADOPTED OR REVISED/AMENDED IN THE REPORTING YEAR?  
 Provide links or attachments. If not adopted or amended in the reporting year, when was each document type most recently developed/amended (if applicable).

PRESERVATION ORDINANCE (including amendments)	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRESERVATION PLAN (stand alone or a component of a local comprehensive plan)	<input type="checkbox"/> YES <input type="checkbox"/> NO
BY-LAWS OR RULES OF PROCEDURE	<input type="checkbox"/> YES <input type="checkbox"/> NO	SURVEY PLAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
FORMS FOR CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION, LOCAL HISTORIC LANDMARK/DISTRICT DESIGNATION, DEMOLITION, ETC.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Design Guidelines	FOR THE ENTIRE JURISDICTION <input type="checkbox"/> YES <input type="checkbox"/> NO
FLOW CHART OR GUIDE FOR COA APPLICANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO		FOR A SPECIFIC HISTORIC DISTRICT? IF SO WHAT DISTRICT(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO

**HISTORIC PRESERVATION COMMISSION MEMBERSHIP**

5. LIST ALL CURRENT HPC MEMBERS. ATTACH RESUME FOR EACH. CONTINUE ON NEXT PAGE AND ATTACH A CONTINUATION SHEET IF NEEDED.

NAME	TERM START DATE	TERM END DATE
Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this member an ex-officio representative of another local board or organization? If yes, which one? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME	TERM START DATE	TERM END DATE
Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this member an ex-officio representative of another local board or organization? If yes, which one? <input type="checkbox"/> YES <input type="checkbox"/> NO		



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**CERTIFIED LOCAL GOVERNMENT (CLG) ANNUAL REPORT (PAGE 2 OF 7)**

**HISTORIC PRESERVATION COMMISSION MEMBERSHIP (continued)**

5. LIST ALL CURRENT HPC MEMBERS. ATTACH RESUME FOR EACH CURRENT MEMBER.

NAME	TERM START DATE	TERM END DATE
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Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
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Is this member an ex-officio representative of another local board or organization? If yes, which one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

NAME	TERM START DATE	TERM END DATE
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Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
---	--

Is this member an ex-officio representative of another local board or organization? If yes, which one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

NAME	TERM START DATE	TERM END DATE
------	-----------------	---------------

Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
---	--

Is this member an ex-officio representative of another local board or organization? If yes, which one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

NAME	TERM START DATE	TERM END DATE
------	-----------------	---------------

Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
---	--

Is this member an ex-officio representative of another local board or organization? If yes, which one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME	TERM START DATE	TERM END DATE
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Newly appointed in the reporting year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preservation professional? If yes, what discipline? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
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Is this member an ex-officio representative of another local board or organization? If yes, which one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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6. HAS A RESUME BEEN ATTACHED FOR EACH HPC MEMBER (and city staff if petitioning for responsibilities under III.B.11 of the Guidelines for Participation in Missouri's CLG Program)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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7. DOES THE BOARD CONTAIN AT LEAST ONE MEMBER IN A PROFESSIONAL PRESERVATION FIELD (architecture, architectural history, history, prehistoric and historic archaeology, planning, urban design, cultural geography, cultural anthropology, folklore, curation, conservation, landscape architecture, or any other related disciplines or fields related to historic preservation)? If not, describe efforts to recruit professional members and additional expertise in the fields of architecture, architectural history, or archaeology when needed.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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8. LIST ANY EDUCATIONAL OR TRAINING SESSIONS ATTENDED BY HPC AND STAFF MEMBERS IN THE REPORTING YEAR. CONTINUE ON NEXT PAGE AND ATTACH A CONTINUATION SHEET IF NEEDED.

NAME OF TRAINING	TRAINING PROVIDER
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NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED
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NAME OF TRAINING	TRAINING PROVIDER
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NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED
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MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF STATE PARKS  
**CERTIFIED LOCAL GOVERNMENT (CLG) ANNUAL REPORT (PAGE 3 OF 7)**

8. LIST ANY EDUCATIONAL OR TRAINING SESSIONS ATTENDED BY HPC AND STAFF MEMBERS IN THE REPORTING YEAR. ATTACH A CONTINUATION SHEET IF NEEDED (continued).

NAME OF TRAINING	TRAINING PROVIDER
NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED	
NAME OF TRAINING	TRAINING PROVIDER
NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED	
NAME OF TRAINING	TRAINING PROVIDER
NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED	
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NAME OF TRAINING	TRAINING PROVIDER
NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED	
NAME OF TRAINING	TRAINING PROVIDER
NAME(S) OF HPC MEMBERS/STAFF WHO ATTENDED	

9. IF EACH HPC MEMBER DID NOT RECEIVE AT LEAST ONE TRAINING, PROVIDE AN EXPLANATION AND DESCRIBE EFFORTS TO OBTAIN THE REQUIRED ANNUAL TRAINING.





MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**CERTIFIED LOCAL GOVERNMENT (CLG) ANNUAL REPORT (PAGE 5 OF 7)**

**LOCAL DESIGNATION & REVIEW**

14. HOW MANY RESOURCES HAVE BEEN DESIGNATED LOCALLY IN TOTAL (since the HPC was initially formed)? FOR DISTRICTS, COUNT ANY CONTRIBUTING BUILDINGS OR OBJECTS INDIVIDUALLY (if known).

15. LIST ANY LOCAL LANDMARKS OR DISTRICTS THAT WERE NEWLY LISTED DURING THE REPORTING YEAR. Attach a list of all locally designated landmarks and districts including property name (if applicable), address, and date of listing.

16. HOW MANY COA APPLICATIONS (including new construction, alterations, demolition, or relocation) DID THE HPC OR STAFF CONSIDER DURING THE REPORTING YEAR?	TOTAL # REVIEWED	REVIEWED BY FULL HPC	REVIEWED BY CITY STAFF ONLY (administrative approval)
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**SURVEY AND INVENTORY**

17. LIST ANY CULTURAL RESOURCE SURVEYS (architectural or archaeological) IN PROCESS OR COMPLETED DURING THE REPORTING YEAR	IN CONFORMANCE WITH ALL SHPO STANDARDS FOR CULTURAL RESOURCE INVENTORY?	ON FILE WITH THE SHPO?	COMPLETED WITH SUPPORT OF AN HPF GRANT?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

18. HAVE ADDITIONAL INVENTORY ACTIVITIES NOT CONFORMING TO SHPO STANDARDS (i.e. for local use only) BEEN UNDERTAKEN (winners of local preservation awards, century houses, etc.)? IF YES, DESCRIBE.  YES  NO

**NATIONAL REGISTER OF HISTORIC PLACES**

19. DOES THE HPC REVIEW ALL NEW NATIONAL REGISTER OF HISTORIC PLACES (NRHP) NOMINATIONS AND SUBMIT WRITTEN COMMENT TO THE SHPO WITHIN THE REQUIRED TIME FRAME?  YES  NO

20. DOES THE MAYOR OR HIGHEST ELECTED OFFICIAL REVIEW ALL NEW NRHP NOMINATIONS AND SUBMIT WRITTEN COMMENT TO THE SHPO WITHIN THE REQUIRED TIME FRAME?  YES  NO

21. WERE ANY PROPERTIES IN THE JURISDICTION ADDED TO THE NRHP DURING THE REPORTING YEAR? IF SO, LIST THEM.  YES  NO



**NARRATIVE QUESTIONS**

22. DISCUSS ANY NOTABLE ACCOMPLISHMENTS OR ACHIEVEMENTS FROM THE PAST YEAR.

23. DISCUSS ANY PROBLEMS ENCOUNTERED IN THE PAST YEAR.

24. DISCUSS ANY PLANNED ACTIVITY, PROJECTS, OR BUSINESS FOR THE UPCOMING FEDERAL FISCAL YEAR (Oct. 1 - Sept. 30).



**ATTACHMENT CHECKLIST (MAY BE LINKS TO ONLINE DOCUMENTS)**

HPC MEETING MINUTES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RESUMES FOR ALL HPC MEMBERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RESUMES FOR CITY STAFF (only required if petitioning for responsibilities under section III.B.11 of the "guidelines for participation")	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT HPC WORK PLAN/GOALS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST OF ALL LOCALLY DESIGNATED LANDMARKS AND HISTORIC DISTRICTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT PRESERVATION ORDINANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT BY-LAWS OR ADMINISTRATIVE RULES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT PRESERVATION PLAN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CURRENT SURVEY PLAN	<input type="checkbox"/> YES	<input type="checkbox"/> NO