

# 2017 Vermont Historic Preservation Grant Application

*Due Monday, October 3, 2016*

## **IMPORTANT INSTRUCTIONS:**

Please refer to the *2017 Vermont Historic Preservation Grant Application Manual* **before** completing your application. The manual contains directions to help you respond to each section below and clarifies what information is required. The manual is available [online](#) or you may request a paper copy by sending an email to [debra.sayers@vermont.gov](mailto:debra.sayers@vermont.gov) or by calling 802-828-3213.

## **1A. APPLICANT**

Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

## **1B. PERSON AUTHORIZED TO EXECUTE CONTRACTS FOR APPLICANT**

Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

## **1C. PERSON AUTHORIZED TO ADMINISTER THE PROJECT**

Name/Title:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

**1D. PROPERTY OWNER (if different from applicant)**

Name:

Address:

City:

State:

Zip Code:

Ownership Status: (check one)

Municipality     Non-Profit

**1E. HISTORIC NAME AND LOCATION**

Historic Name:

Physical Address:

**2. GRANTEE EXPERIENCE**

**2A.** Has any previous rehabilitation work on this building been funded with a State Historic Preservation Grant? If yes, please list the year and purposed of the grant.

Yes     No    If yes, please comment:

**2B.** Does your organization have experience with similar federal or state grant programs?

Yes     No    If yes, please comment:

**2C.** Does your organization use a manual or automated Accounting system?

Manual     Automated

**3. BUILDING INFORMATION**

You can determine whether a building is listed or has been determined eligible for listing in the State or National Register by looking at the Vermont Division for Historic Preservation's **Online Resource Center**, available at

<http://www.orc.vermont.gov/Resource/Show-Resource-Table.aspx>.

**3A.** Date(s) of Original Construction, Major Additions (can be approximate):

**3B.** Original Building Type:

House     Barn     Church     Town Hall     School     Commercial

Other (explain)

**3C.** Is the building listed in the State Register of Historic Places?

Yes     No, but determined eligible     No

**3D.** Is the building listed in the National Register of Historic Places?

Yes     No, but determined eligible     No

**CRITERION 4. PRESERVATION OF HISTORIC FEATURES**

For each subsection below rate the condition of building elements (excellent, good, fair, poor). Then write a short summary of the work needed to repair/restore this element including methods of repair and materials to be used. If no work is needed in any subsection, say do. Do not leave sections blank. For each section where funding is sought through this grant application, check the "Grant Funds Requested" box for that section.

**4A. Roof**

Condition:

Repairs Needed:

Grant Funds Requested

**4B. Frames & Structure**

Condition:

Repairs Needed:

Grant Funds Requested

**4C. Exterior (siding, trim, etc.)**

Condition:

Repairs Needed:

Grant Funds Requested

**4D. Interior (plaster, trim, rooms etc.)**

Condition:

Repairs Needed:

Grant Funds Requested

**4E. Windows & Doors**

Condition:

Repairs Needed:

Grant Funds Requested

**4F. Foundation (masonry)**

Condition:

Repairs Needed:

Grant Funds Requested

**4G. Special Features (steeple, cupolas, porches, etc.)**

Condition:

Repairs Needed:

Grant Funds Requested

**4H. Site** (drainage, roads, sidewalks, etc.; conditions that cause damage to the building)

Condition:

Repairs Needed:

Grant Funds Requested

## **CRITERION 5: LONG TERM USE**

**5A.** Briefly describe the building and give a short summary of the building's history. What was the original use of the building and what is the building's current use?

**5B.** Describe any substantial work that has been performed on the building in the last five years:

**5C.** What is the planned use of the building following this project? If the building is rehabilitated, will it have a new use? Describe changes that will be made to the building in order to accommodate this new use. Will these changes impact historic features?

**5D.** Describe any additional work that needs to be done following the completion of this project. Do you have a plan for routine maintenance and long-term preservation of the building?

**CRITERION 6: PUBLIC BENEFIT**

**6A.** Is the building open to and/or used by the public?  Yes  No  
If yes, please describe:

If no, please describe any plans for public use:

**6B.** Describe the public benefit of this project. Is the building easily visible from public places? Is it important to the history of the community or an important local symbol or landmark?

**6C.** Does the community support the project? Are other organizations involved in the project?

**CRITERION 7: BUDGET**

**7A.** Summarize items from Section 4 that will be funded through this grant request. **Please only include items for which you are seeking grant funding through this program.** You may add more lines if necessary.

**WORK DESCRIPTION IN PRIORITY ORDER**

1.  
Estimated Cost: \$

2.  
Estimated Cost: \$

3.  
Estimated Cost: \$

4.  
Estimated Cost: \$

5.  
Estimated Cost: \$

6.  
Estimated Cost: \$

7.  
Estimated Cost: \$

8.  
Estimated Cost: \$

TOTAL ESTIMATED GRANT PROJECT COST: \$

**7B. GRANT REQUEST**

**REMINDER:** the *maximum* grant amount you may request is **\$20,000.00**

GRANT AMOUNT REQUESTED: \$

**7C. MATCHING AMOUNT SUMMARY**

List all sources of matching funding below. Matching funds that equal your grant request *must* be in-hand at the time of application. You may add more lines if necessary.

SOURCE:  
AMOUNT: \$

SOURCE:  
AMOUNT: \$

SOURCE:  
AMOUNT: \$

**TOTAL AMOUNT OF MATCHING FUNDING: \$**  
*(Should match grant request)*

**7D. SOURCES OF ADDITIONAL FUNDS**

List any sources of additional funds in addition to matching funds that will be used to pay for work prior to reimbursement. Indicate whether these funds are in hand.

**7E. PARTIAL AWARD**

Could your organization accept a partial award to successfully complete a phase of this project?  Yes  No

Describe what funds are necessary to support each discrete portion of the project.

**7F. ADDITIONAL BUDGET COMMENTS**

## CRITERION 8: ACCESSIBILITY FOR PERSONS WITH DISABILITIES

8A. Is the building handicapped accessible?  Yes  No

If yes, please describe:

If no, please describe any plans to make it accessible.

## CRITERION 9: DESIGNATED DOWNTOWNS AND VILLAGE CENTERS

9A. Is your building in a Designated Downtown or Village Center under the Downtown Development Act?

Yes  No

## 10. REQUIRED ATTACHMENTS

The following attachments are **required** parts of the grant application. See Grant Manual for a full description of each item. Check off the boxes to make sure you have included all the required attachments. **Incomplete applications will not be considered.**

- Project Estimate(s)
- Location Map
- Sketch Map
- Proof of non-profit status for non-profit, tax-exempt organizations (typically IRS Designation 501c3)
- CD of .jpg images
- (OPTIONAL)** Preservation Plans, Reports, Evaluations, or Maintenance Plans of the building

## 11. LEGISLATORS

Please list your State Senators and Representatives

**12. CERTIFICATION:**

**A. If you are submitting your application via email you MUST check the box below to certify your application.**

I am submitting this Application digitally. I am applying for a 2017 Historic Preservation Grant and am authorized to submit this application on behalf of the Applicant. I certify that the information presented in this Application is complete and accurate and I am authorizing the Division for Historic Preservation to accept the submittal for review and potential award. I understand that upon submission to the State, I relinquish sole rights to ownership or control over the photographs and digital images I am submitting and that the photographs shall become the property of the State upon receipt by the State.

**B. If you are submitting a paper copy of the application you MUST sign and enter the date in the box below.**

By signing this application, I certify I am applying for a 2017 Historic Preservation Grant and am authorized to submit this application on behalf of the Applicant. I certify that the information presented in this Application is complete and accurate and I am authorizing the Division for Historic Preservation to accept the submittal for review and potential award. I understand that upon submission to the State, I relinquish sole rights to ownership or control over the photographs and digital images I am submitting and that the photographs shall become the property of the State upon receipt by the State.

APPLICANT NAME:	
SIGNATURE:	DATE: (mm/dd/yyyy)

**Applications are to be submitted via e-mail to [accd.hpgrants@vermont.gov](mailto:accd.hpgrants@vermont.gov) by midnight October 3, 2016.**

If you are unable to submit your application via e-mail you may submit a paper copy to the address below. **Applications must be postmarked or hand-delivered by 4:30 on October 3, 2016.**

Vermont Division for Historic Preservation  
Attention: Caitlin Corkins  
One National Life Drive  
Davis Building, 6<sup>th</sup> Floor  
Montpelier, VT 05620-0501

**Thank you for applying to the  
Vermont Division for Historic Preservation's  
Historic Preservation Grant Program!**