

# Vermont Historic Preservation Grants 2018 Application

*Due Monday, October 2, 2017*

## **IMPORTANT INSTRUCTIONS:**

Please refer to the *2018 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**

Organization/Municipality Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

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

Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

## **1C. PERSON AUTHORIZED TO ADMINISTER THE PROJECT (if different from above)**

Name/Title:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

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

Organization/Municipality Name:

Address:

City:

State:

Zip Code:

**1E. HISTORIC NAME AND LOCATION**

Historic Name:

Physical Address:

**2. GRANTEE EXPERIENCE**

**2A.** Has rehabilitation work on this building previously been funded with a State Historic Preservation Grant (in the last 5 years)? If yes, please list the year and grant project.

Yes       No

**2B.** Does your organization have recent (within the last 5 years) experience with similar federal or state grant programs? If yes, please list the year and grant project.

Yes       No

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

Manual       Automated

**3. BUILDING INFORMATION**

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

**3B.** Original Building Type:

House     Church     Town Hall     School     Commercial     Other

**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

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>

#### **4. HISTORY**

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?

#### **5. PRESERVATION OF HISTORIC FEATURES AND BUILDING ASSESSMENT**

For each subsection below rate the condition of building elements using the following scale: excellent, good, fair, poor. Then write a short summary of the work needed to repair/restore this element. If no work is needed in any subsection, say do. **Do not leave sections blank.** Indicate how any planned or necessary repairs listed in this section meet the Secretary of the Interior's *Standards for Rehabilitation*, including the methods and materials to be used.

##### **5A. Roof**

Condition:

Repairs Needed:

##### **5B. Frames & Structure**

Condition:

Repairs Needed:

**5C. Exterior (siding, trim, etc.)**

Condition:

Repairs Needed:

**5D. Interior (plaster, trim, rooms etc.)**

Condition:

Repairs Needed:

**5E. Windows & Doors**

Condition:

Repairs Needed:

**5F. Foundation (masonry)**

Condition:

Repairs Needed:

**5G. Special Features (steeple, cupolas, porches, etc.)**

Condition:

Repairs Needed:

**5H. Site (drainage, roads, sidewalks, etc.; conditions that cause damage to the building)**

Condition:

Repairs Needed:

## 6. PUBLIC BENEFIT AND LONG-TERM USE

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

If no, please describe plans for future 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? Does the community support the project? Are other organizations involved?

**6C.** What is the planned use of the building following this project? If the building is rehabilitated, will it have a new or expanded use? Describe any changes that will be made to the building to accommodate a new use and whether these changes will impact any historic features.

**6D.** Describe any substantial rehabilitation, restoration or improvement projects completed on this building in the last five years.

## **7. BUILDING SIGNIFICANCE**

Briefly describe the architectural and historical significance of the building. Is it vulnerable or a rare survivor? Does it have unusual or unique features that will be preserved as part of this project? You may reference or attach professional documentation to support this evaluation.

## **8. BUDGET**

**8A.** Briefly describe the proposed grant project. If estimate(s) included with the application suggest multiple options for completing a project or propose work that is not appropriate, indicate which method is preferred and why and/or how the project will be modified to meet the Secretary *Standards for Rehabilitation*.

**8B.** Summarize work 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.** If estimate(s) obtained for the project provide a lump sum cost or a “time and materials” cost, include each work item and then enter the total project cost at the bottom of this section. Separate costs for each work item are not required. 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 PROJECT COST: \$

**8C. GRANT REQUEST**

The *maximum* grant amount you may request is **\$20,000.00**. The Grant Request cannot exceed 50% of the total estimated project cost.

GRANT AMOUNT REQUESTED: \$



**8D. MATCHING AMOUNT SUMMARY**

List all sources of matching funding below. Matching funds that equals the 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: \$**

The amount of matching funds must meet or exceed the grant request.

**8E. SOURCES OF ADDITIONAL FUNDS**

Tell us about any sources of funds in addition to matching funds that will be used to pay for work prior to reimbursement. Indicate whether these funds are in hand or must still be raised.

**8F. 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. Be specific about how much funding is required to complete each phase.

**8G.** Describe any additional work that needs to be done following completion of this project. How will these projects be funded? Is there a plan for routine maintenance and long-term preservation of the building? Building assessments and maintenance plans (if applicable may be attached to this application).

## 9. ACCESSIBILITY FOR PERSONS WITH DISABILITIES

9A. Is the building fully compliant with the Americans with Disabilities Act (ADA)?

Yes     No

9B. If the building is not ADA compliant, describe future plans to make it accessible.

## 10. DESIGNATED DOWNTOWNS AND VILLAGE CENTERS

Is the building in a municipality with a state-designated Downtown or Village Center under the Downtown Development Act?

Yes     No

## 11. LEGISLATORS

Please list your municipality's State Senators and Representatives

## 12. REQUIRED ATTACHMENTS

The following attachments are **required** with the grant application. See the *2018 State Historic Preservation Grant Application Manual* for a full description of each item.

1. Project Estimate(s).
2. CD or flash drive of .jpg images (see the *2018 Vermont Historic Preservation Grant Application Manual* for additional instructions regarding photographs).
3. Proof of non-profit status (for non-profit, tax-exempt organizations) IRS 501 (c)(3) certification is preferred.
4. **\*OPTIONAL** Applicable Preservation Plans, Reports, Evaluations, or Maintenance Plans.

**Note: Incomplete applications or those missing required attachments will not be considered for funding.**

**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 2018 Vermont 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 2018 Vermont 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 must be submitted via e-mail to [accd.hpgrants@vermont.gov](mailto:accd.hpgrants@vermont.gov) by midnight October 2, 2017.**

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 2, 2017.**

*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 for a  
State Historic Preservation Grant!**