

2019 Vermont Barn Preservation Grant Application

Due Monday, November 5, 2018

IMPORTANT INSTRUCTIONS: Please refer to the *2019 Vermont Barn Preservation Grants Application Manual* **before** completing this application. The manual contains directions to help you respond to each section below and clarifies what information is required. It is available [online](#) or you may request a paper copy by emailing debra.sayers@vermont.gov or by calling 802-828-3213.

1A. APPLICANT

Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

Ownership Status (check one): Private Municipality Non-Profit

Please provide the following information for a Project Contact Person, if different from the Applicant above:

Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

1B. FARM OR PROPERTY NAME AND LOCATION

Farm Name (if applicable):

Address of Farm Property:

Town:

County:

2. GRANTEE EXPERIENCE

2A. Has previous rehabilitation work on this building been funded with a State Barn Preservation Grant in the last five years? If yes, please list the year and purposed of the grant. Yes No

2B. Do you or your organization have recent experience with similar federal or state grant programs? If yes, please list the year and purpose of previous grants.
 Yes No

3. BUILDING AND PROPERTY INFORMATION

You can determine whether a building is listed 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 Construction and major additions/alterations (can be approximate):

3B. Barn Dimensions (can be approximate):

3C. Is the property protected through easements, or in a transfer of development rights, or participating in the Current Use Program, etc?
 Yes No If yes, please comment.

3D. Is the building listed in the State Register of Historic Places?
 Yes No, but determined eligible No

3E. Is the building listed in the National Register of Historic Places?
 Yes No, but determined eligible No

4. HISTORY FARM OR PROPERTY

Briefly describe the overall property, the buildings on the property, and give a **short** summary of its history.

4B. Agricultural Building Type:

Other

4C. DESCRIPTION OF FARM OR PROPERTY BUILDINGS

Is the building for which you are seeking funds one of a group of agricultural buildings? Describe any other existing buildings that are part of an agricultural complex.

5. PRESERVATION OF HISTORIC FEATURES

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 so. **Do not leave any sections blank.** Indicate how any planned or necessary repairs listed in this section meet the Secretary of the Interior's *Standards for Rehabilitation*, including methods of repair and materials to be used.

5A. Foundation

Condition:

Repairs Needed:

5B. Frames & Structure (Sills, posts, rafters, bracing)

Condition:

Repairs Needed:

5C. Roof

Condition:

Repairs Needed:

5D. Other (siding, windows, doors, cupola, ventilator, etc.)

Condition:

Repairs Needed:

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

Condition:

Repairs Needed:

6. PUBLIC BENEFIT AND LONG-TERM USE

6A. What is the current use of the building(s)?

6B. If the building(s) 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.

6C. Describe how preservation of the building(s) will provide a public benefit.

7. BUILDING SIGNIFICANCE

Briefly describe the architectural and historic significance of the building and/or farm complex. Is it vulnerable or a rare survivor? Is it a rarely found type of agricultural building? Does it have unusual or unique features that will be preserved as part of the 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, or a project proposes 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 items from Section 4 that will be funded through this grant. **Please only include items for which you are seeking grant funding.** 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 cost at the bottom of this section. 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

REMINDER: the maximum grant amount you may request is **\$15,000.00**. The grant request cannot exceed 50% of the total estimated project cost.

GRANT AMOUNT REQUESTED: \$

8D. MATCHING AMOUNT SUMMARY

List the sources of matching funding below. Matching funds that equal 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 you or your organization accept a partial award to successfully complete a phase of this project? Yes No

If yes, 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. ONGOING WORK

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/or maintenance plans, if applicable, may be attached to the application.

9. LEGISLATORS

Please list your State Senators and Representatives

10. REQUIRED ATTACHMENTS

The following attachments are *required* parts of the grant application. See the 2018 Vermont Barn Preservation Grant Manual for a full description of each item.

1. Contractor Estimate(s).
2. CD or flash drive of jpg images.
3. Location Map.
4. Proof of tax-exempt non-profit status (for non-profit organizations only). IRS 501(c)(3) certification is preferred.
5. ***OPTIONAL** Applicable preservation plans, reports or evaluations of the conditions of the building.

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

11. 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 2019 Historic Barn Preservation Grant and I own the property described in the Application. 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 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. I have read the 2019 Vermont Barn Preservation Grant Manual and understand my responsibilities should I receive a grant award.

Applications are to be submitted via e-mail to accd.barngrants@vermont.gov by midnight November 5, 2018.

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

If you are unable to submit your application via e-mail you may submit a paper copy, along with the additional required attachments to the address below. **Applications must be postmarked or hand-delivered by 4:30 on November 5, 2018.**

I am applying for a 2019 Historic Barn Preservation Grant and I own the property described in the Application. 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 all rights to ownership or control over the photographs and digital images I am submitting and that the photographs shall become the sole property of the State upon receipt by the State. I have read the 2019 Vermont Barn Preservation Grant Manual and understand my responsibilities should I receive a grant award.

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

*Vermont Division for Historic Preservation
National Life North Building
One National Life Drive – Davis Building, 6th Floor
Montpelier, VT 05620-0501*

**Thank you for applying for a Vermont
Barn Preservation Grant!**

