

Vermont Historic Preservation Grants 2019 Application

Due Monday, October 1, 2018

IMPORTANT INSTRUCTIONS:

Please refer to the *2019 Vermont Historic Preservation Grants Application Manual* **before** completing your 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 sending an email to 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. PROJECT CONTACT/ADMINISTRATOR (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. In the last five years, has rehabilitation work on this building been funded with a State Historic Preservation Grant? If yes, please list the year and grant project.

Yes No

2B. Does your organization have recent experience with similar federal or state grant programs (within the last 5 years)? 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 (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/structure and give a short summary of the its history. What was the original use of the building/structure and what is the its current use?

5. PRESERVATION OF HISTORIC FEATURES AND CONDITIONS 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 any section 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, stenciling, decorative trim, tilework 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
Please describe:

6B. 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.

6C. Describe the public benefit of this project. Is the project building easily visible from public places? Is it important to the history of the community or an important local landmark? Does the community support the project? Are other organizations involved?

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 in priority order. **Only include those items for which you are seeking grant funding.** If estimates 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 ITEMS 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

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. 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 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 2019 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 2019 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 by midnight October 1, 2018.

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 1, 2018.**

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

**Thank you for applying for a
State Historic Preservation Grant!**