

CHECKLIST

- _____ Is your property listed in the National Register of Historic Places? If not, it is not eligible for a grant.
- _____ Have you enclosed any letters of support for your project (at least three are required)
- _____ Have you included a bid estimate based on State Prevailing Wage Rates?
- _____ Have you enclosed a copy of the deed?
- _____ Have you enclosed the requested photos for each item you are requesting funding for? (Please include one general photo of the building)
- _____ Have you signed the application? **PLEASE DO NOT PUT THE APPLICATION IN A FOLDER, BINDER OR SLEEVE.**
- _____ Have you signed and returned the attached assurances with the application?
- _____ Have you included the original application and one copy? One set of photos is sufficient.
- _____ Have you included documentation/proof of available funds to pay contractor upfront.

APPLICATION

STATE DEVELOPMENT GRANT

For Office Use Only

Application Number _____

Date Received: _____

I. PROPERTY

Property Name _____

Address _____

City _____ County _____ State _____ Zip _____

Historic Name as listed in the National Register or Name of Historic District:

Does the property have any local Landmark Designation? _____

II. SPONSOR

Property Owner _____

Grant Sponsor _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

PROJECT:
LOCATION:

III Please describe community interest and support of building. (Include at least three current letters of support, newspaper clippings, and details of activities sponsored at building).

IV If you are asking for funds for interior restoration, is your property open to the public? How is it accessible to people with disabilities?

V. Who will be responsible for administering the grant? What is their experience in management and financial record keeping?

VI. Please describe your (a) current maintenance plan and (b) future support plan for the upkeep of the property and how it is funded.

(A)

(B)

VII. How long have you owned the building or been responsible for its care? (Please attach a copy of the deed to property). If you do not own the property, please provide an original letter from the owner indicating cooperation should grant be awarded and knowledge of potential covenant.

viii. Describe clearly and in detail the work to be done and the need for the work.

Please enclose photographs of each item listed below. There should be at least one photo of each item listed below and at least one photo of entire structure.

Describe Existing Condition of each Feature	Proposed Repair
<i>Item 1</i>	
<i>Item 2</i>	
<i>Item 3</i>	
<i>Item 4</i>	
<i>Item 5</i>	
<i>Item 6</i>	

****Are your estimates based on State Prevailing Wage Rates???

ITEMIZED BUDGET:

<i>COST CATEGORY</i>	<i>GRANT REQUEST</i>	<i>+ MATCH AMOUNT</i>	<i>=TOTAL</i>
Item 1			
Item 2			
Item 3			
Item 4			
Item 5			
Item 6			

\$ _____ \$ _____

TOTAL PROJECT COST \$ _____

IX. MATCHING SHARE

Please describe your matching share (at least 50%) of the project. Is it cash, staff time, volunteer time, donated materials, etc. **Applicant must include documentation/proof (i.e. bank statement, etc.) of available funds to pay a contractor's fee prior to reimbursement.**

NOTE: Time valued above the minimum wage rate must be substantiated. If volunteer or staff time is included, be specific as to how it will be used (grant administration, painting, etc.)

Cash (attach support documentation) \$ _____

In-Kind (specify) \$ _____

CONTINUATION PAGE: This section can be used if you were unable to fit your comments into any of the spaces provided. Please mark which section you are further explaining.

X. Will a Consultant or Architect be engaged to evaluate the project, to prepare specifications, or to supervise the work? If you have prepared specifications and/or bid estimates, please include with application. Some awarded projects may require the sponsor to provide architectural or engineering services before the work is released for bidding.

XI. If you are already working with a consultant or architect, please provide name and phone number.

XII. I have read the attached criteria for evaluation of applications, the grants procedures and assurances and understand that I will be expected to comply with the requirements governing the grants program. I recognize that if the grant is made by the Division of Culture and History, Historic Preservation Office, I will be required to provide match as indicated in the application. If applicant is an organization, President or Chairman must sign. Owner(s) must co-sign if the applicant is not the owner.

Signature and Title

Date

Signature and Title

Date

Signature and Title

Date

Return to: Grants Coordinator
Historic Preservation Office
Division of Culture & History
1900 Kanawha Blvd, East
The Culture Center
Charleston, WV 25305
(304) 558-0240 ext. 720

Additional sheets may be provided for any pertinent information that does not fit in the space provided. The application will not be reviewed if not properly completed or incomplete.