

HISTORIC PRESERVATION GRANT APPLICATION
Hunterdon County Open Space Trust Fund

APPLICANT INFORMATION

1. Name of Applicant: _____

Mailing Address: _____

Chief Executive Officer: _____

Principle contact/liaison for this application (name and position):

Telephone No.: _____

Telefacsimile No.: _____

Email address: _____

PROJECT INFORMATION

2. Type of Historic Preservation Application

[] Acquisition of lands for Historic Preservation Purposes

[] Preservation of municipal owned historic property

"Historic Name": _____

[] Preservation of a qualifying Charitable Conservancy owned historic property

"Historic Name": _____

PROJECT TITLE: _____

3. County Open Space Trust – Historic Preservation request: \$ _____

Municipalities should additionally refer to annual Open Space Trust Fund allocation(s), separately provided

4. Please indicate all other funding sources for the subject project and application

Include all amounts, percentages AND sources of funds approved or requested:

[] other state funds: \$ _____ / _____ % _____

[] other municipal funds: \$ _____ / _____ % _____

[] other federal funds: \$ _____ / _____ % _____

[] other private funds: \$ _____ / _____ % _____

[] other sources: \$ _____ / _____ % _____

5. If a municipality, do you have an approved and implemented annual open space tax levy, pursuant to P.L. 1997, c. 24? [] YES [] NO

If YES, provide a copy of the adopted open space; recreation; farmland preservation; or historic preservation plan component

Indicate Title of Plan: _____

**Complete this Section (ONLY) for ACQUISITION OF LANDS
FOR HISTORIC PRESERVATION**

1. PROPERTY LOCATION AND DESCRIPTION:

Municipal location: _____
(Street Address)

Block	Block	Block	Block
Lot	Lot	Lot	Lot
Acres	Acres	Acres	Acres

Total area (in acres): _____

2. PROPERTY HISTORY:

- Is the property listed in the:
 National Register? [] YES [] NO
 New Jersey Register? [] YES [] NO
 Approved for listing? [] YES [] NO

IF YES (APPROVED FOR LISTING), submit the Certificate of Eligibility (COE) from the State Historic Preservation Officer certifying the property is eligible for listing in the New Jersey Register of Historic Places. (A Determination of Eligibility (DOE) by the Keeper of the National Register may also be valid, in lieu of a COE.)

IF NO, the property MUST be located in a Historic District and specifically cited as a contributing resource.

List the property's historic name: _____

Please include and attach information from the National Register Nomination form including any cultural and historic resource surveys or other documentation.

Original use: _____
 Current use: _____
 Proposed use: _____

3. OWNER INFORMATION:

Current Owner of Record: (name) _____
 (address) _____
 (contact information) _____

Is the property currently encumbered by a mortgage, lien or lease? [] YES [] NO

IF YES, please describe and list all parties and their interests

Is the property listed with a real estate broker? [] YES [] NO

(Estimated) Purchase Price: \$ _____

ATTACHMENT III.

Please use the space below to describe the property's architectural, cultural and historical significance and resources (Use additional sheets as needed.)

Please use the space below to describe the property's existing conditions and the Organization's preservation objectives. Describe intended public use including any proposed access limitations or restrictions. (Use additional sheets as needed.)

Please detail the applicant's ability to adequately protect and maintain the property, including any activities necessary or proposed to preserve, rehabilitate, restore or reconstruct the property's identified historic resources. (Use additional sheets as needed.)

**Complete this Section for PRESERVATION OF MUNICIPAL OWNED; OR
CHARITABLE CONSERVANCY OWNED HISTORIC Properties**

1. PROPERTY LOCATION AND DESCRIPTION:

Municipal Location: _____

(Street Address)

Block	Block	Block	Block
Lot	Lot	Lot	Lot
Acres	Acres	Acres	Acres

- Total area (in acres): _____
- Building/structure size (in square footage): _____

2. PROPERTY HISTORY:

- Is the property listed in the:
- National Register? YES NO
- New Jersey Register? YES NO
- Approved for listing? YES NO

IF YES (APPROVED FOR LISTING), submit the Certificate of Eligibility (COE) from the State Historic Preservation Officer certifying that it is eligible for listing in the New Jersey Register of Historic Places. *(A Determination of Eligibility (DOE) by the Keeper of the National Register may also be valid, in lieu of a COE.)*

IF NO, the property MUST be located in a Historic District and specifically cited as a contributing resource.

- Please include and attach information from the National Register Nomination Form including any cultural and historic resource surveys or other documentation.
- List the property's "*historic name*": _____
- Please include a copy of the Deed evidencing ownership; or a recorded right or easement with privileges in, directly relating to, or connected with the historic property if municipal owned.
- Is the property currently encumbered by a mortgage, lien or lease? YES NO
- IF YES, please describe and list all parties and their interests

Please state the applicant/organization's ability to successfully carry-out the project to its full completion; whether County Historic Preservation Grant Funds are sufficient (use additional sheets as needed).

AND; upon the project's completion, please state and/or demonstrate the applicant/organization's ability to adequately protect and maintain the historic property (use additional sheets as needed).

- All applications for Historic Preservation Grant Program Funds **must** provide copies of plans and specifications, and signed contracts (when available) for prior review, evaluation and eligibility-determinations. *Refer to Procedures Manual SECTION V 1.C.II. b); 2.C. & 4. for additional review requirements and payment conditions*

CERTIFICATION

I, _____, hereby certify that the information provided within this
(Name of Official)
Historic Preservation Grant Program application is accurate and complete.

Signature: _____
(Chief Executive Officer or Equivalent)

Attest: _____

✓ CHECKLIST OF ATTACHMENTS

- ___ Completed application form
- ___ Enabling Resolution of the municipal Governing Body or Charitable Conservancy’s Corporation Body (*see attached Exhibit HPG_A*)
- ___ Letter from applicant’s attorney certifying the applicant qualifies as a Charitable Conservancy (see definition)
- ___ Verification that the applicant is registered and in full compliance with the Charities Registration Investigation Act of 1994
- ___ Articles of Incorporation and/or By-Laws
- ___ National Register Nomination Form; Certification of Eligibility (COE); or Determination of Eligibility (DOE) (as appropriate)
- ___ Copy of cultural or historic resource survey or other documents
- ___ Copy of current Deed including any encumbrances (if any)
- ___ Current owner(s) name and address (if different)
- ___ Existing land survey map (if available)
- ___ Legible street map with site location clearly indicated
- ___ Photographs of the project site and any associated buildings and/or structures
- ___ Explanation and location of any known environmental &/or public health “areas of concern”
- ___ Accepted Appraisal report(s) and/or state summary review or certification of value (*acquisition of historic properties only*)
- ___ Environmental Assessment (*acquisition of historic properties only*)
- ___ Letters of support from the local historic preservation commission/committee or Municipal Historian and/or Hunterdon County Cultural and Heritage Commission or County Historian and/or State Historic Preservation Officer
- ___ Two sets of plan drawings and one set of specifications (if available)
- ___ Itemized preservation costs, including specifying which costs are sought for Historic Preservation Grant Funds and how they will be utilized

All applications must be complete and supporting information and documents submitted by the applicant before the County will review and evaluate the project’s funding request. Refer to Procedures Manual SECTIONS III & V for all other necessary submissions and requirements

Evaluation Criteria for Hunterdon County Historic Grants

Applications will be measured against the following criteria:

1. Articulated evidence of the value of the project, public benefit, and relevance to local history;
2. Commitment to promoting education in and awareness and appreciation of local history; value of contribution to the greater historic knowledge base;
3. Utilization of best practices in historic preservation;
4. Public accessibility to the property or artifact; [Funds may not be used to benefit private structures or collections.]
5. Indication of strategic planning, short/long range goals, and the ability afforded by the project to expand operational goals;
6. Clearly articulated appropriate budget; projection of realistic costs justifying amount requested;
7. Clear and feasible timeline for completion;
8. Indication of the ability of the organization to plan and carry out the project to completion;
9. Financial soundness and accountability; ability of the organization to complete the project if the grant does not meet the costs;
10. Evidence of depth and breadth of support; number of partners/collaborators and stakeholders; ability of the organization to generate funding.

HCC&HC approved
criteria 3/25/10

**SAMPLE RESOLUTION
COUNTY OF HUNTERDON**

WHEREAS, the Hunterdon County Board of Chosen Freeholders has approved an Open Space, Recreation, Farmland and Historic Preservation Trust Fund and established a Historic Preservation Grant Program to provide County funds in connection with the acquisition of historic properties and the preservation of historic properties, buildings, structures facilities, sites, areas or objects, in Hunterdon County; and

WHEREAS, the _____ (*name of applicant*) desires to further the public interest by obtaining funding in the amount of \$ _____ from the County of Hunterdon to fund the following historic preservation project: (*describe*)

_____ at a cost of _____ (*project cost*);

NOW, THEREFORE, the governing body/board resolves that _____ (*name of authorized official*) or the successor to the office of _____ (*title of authorized official*) is hereby authorized to:

- (a) make application for such Historic Preservation Grant Funds,
- (b) provide additional application information and furnish such documents as may be required, and
- (c) act as the authorized correspondent of the above named applicant; and

WHEREAS, the County of Hunterdon shall determine if the application is complete and in conformance with the scope and intent of the Hunterdon County Open Space, Farmland and Historic Preservation Trust Fund Plan, adopted Freeholder Board Policies and the Procedures Manual for the Historic Preservation Grant Program adopted thereto, and notify the applicant of the amount of the funding award; and

WHEREAS, the applicant is willing to use the County funds in accordance with such adopted Policies and Procedures, and rules, regulations and applicable statutes;

NOW, THEREFORE, BE IT FURTHER RESOLVED, BY THE

_____ (*name of legal body or board*)

1. That the _____ (*title of authorized official*) of the above named body or board is hereby authorized to execute any documents and agreements with the County of Hunterdon known as _____ (*project name*);
2. That the applicant has its share of funds, if required, in the amount of \$ _____;
3. That, in the event the County of Hunterdon's funds are less than the total project cost specified above, the applicant has the balance of funding necessary to complete the project;
4. That the applicant agrees to comply with all applicable federal, state, and local laws, rules, and regulations in its performance of the project; and
 4. That this resolution shall take effect immediately.
 - 5.

CERTIFICATION

I, _____ (*name and title of Secretary, Clerk or equivalent*) do hereby certify that the foregoing is a true copy of a resolution adopted by _____ (*name of legal body or board*) at a meeting held on the _____ day of _____, _____.

IN WITNESS WHEREOF, I have hereunder set my hand and the official seal of this body this _____ day of _____, _____.

(*Signature of Secretary, Clerk or equivalent*)