



CONNECTICUT

**STATE HISTORIC PRESERVATION OFFICE**

INVESTING IN PRESERVATION SINCE 1955

## **Survey and Planning Grant**

*Application*

2019

## Survey and Planning Grant | *Application*

### Applicant Information

Municipality/Organization:

Chief Elected Official/Executive Director:

Federal Employer ID Number:

Street Address:

City/Town:

State:

ZIP Code:

### Contact Information

Contact Name:

Email Address:

Phone Number:

Mailing address (if different from above):

City/Town:

State:

ZIP Code:

*This contact information will be used for all questions and mailings related to the grant process.*

### Project Information

Identify the grant activity you applying for:

- Historic Resources Inventory
- Archaeological Survey or Report
- Historic Designation Report or Nomination
- Municipal Historic Preservation Planning Reports
- Pre-development Studies
- Partners In Preservation

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1. Brief description of the project:

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2. Grant Amount Request:

Total Project Cost:

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3. Identify historic designation status of the resource affected by this project (check all that apply):

National Historic Landmark

National Historic Landmark, District: \_\_\_\_\_

National Register of Historic Places

National Register of Historic Places, District: \_\_\_\_\_

State Register of Historic Places

State Register of Historic Places, District: \_\_\_\_\_

Local Historic Property

Local Historic District: \_\_\_\_\_

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4. Identify the applicant:

municipality

501(c)3 nonprofit

501(c)13 nonprofit

*If the applicant is a 501(c)3 or 501(c)13, submit a copy of the IRS Status Determination letter.*

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5. Is this a subsequent phase of a project?

yes  no

If yes, explain:

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6. Has the applicant received previous grants from SHPO?

yes     no

If yes, please list all grants received (include grant type, date awarded, and award amount):

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7. Does the applicant own or lease the property?

own     lease

If the property is leased, does the applicant have a long-term lease of at least 20 years as of the date of the application?

yes     no

If the property is leased, have notarized statements been obtained from the owner/s of the property that permit the applicant to submit this application and complete the project?

yes     no

N/A

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit a copy of the Certificate of Title or lease and applicable notarized statements.*

## Authorization

Name of Authorized Official:

Title:

Signature:

Date:

*The authorized official is the individual identified in the Certified Resolution as empowered to carry out the grant application and associated agreements on behalf of the organization/municipality.*

## Legislative Information

U.S Representative's Name:

District #:

State Senator's Name:

District #:

State Representative's Name:

District #:

## Application Checklist

*This checklist should be submitted with the application. All material listed is required unless otherwise noted. See the Application Guidelines for an explanation of each item.*

	Included	N/A	Comments
A. Project Abstract	<input type="checkbox"/>	<input type="checkbox"/>	
B. Project Narrative	<input type="checkbox"/>	<input type="checkbox"/>	
C. Photographs	<input type="checkbox"/>	<input type="checkbox"/>	
D. Project Timeline	<input type="checkbox"/>	<input type="checkbox"/>	
E. Budget	<input type="checkbox"/>	<input type="checkbox"/>	
F. Budget Narrative	<input type="checkbox"/>	<input type="checkbox"/>	
G. Long-term preservation plan (for pre-dev. Grants)	<input type="checkbox"/>	<input type="checkbox"/>	
H. 501(c)3 or 501(c)13 IRS tax status determination letter ( <i>contingent</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
I. Certified Resolution	<input type="checkbox"/>	<input type="checkbox"/>	
J. Vendor Profile Form and W-9	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of title or long-term lease agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of Support (optional)	<input type="checkbox"/>	<input type="checkbox"/>	