**Morris County Historic Preservation Trust Fund**

# 2016 CONSTRUCTION DOCUMENTS GRANT APPLICATION

DEADLINE: **THURSDAY, MARCH 31, 2016, 4:30 P.M. E.S.T.**

SUBMIT TO: MORRIS COUNTY HISTORIC PRESERVATION TRUST FUND
DEPT. OF PLANNING & PUBLIC WORKS
PO BOX 900, MORRISTOWN, NJ 07963-0900
973-829-8120

Please do not attach any materials which are not expressly requested in this application as these materials will not be accepted.

Please submit two paper copies and one electronic copy for the following:

1. Application Forms
2. Proposals from Professionals, Consultants, Contractors

Please submit all electronic files on one CD / DVD, including:

1. All photos as JPEG images, minimum 200 dpi at 4"x6" (500 KB)
2. Preservation Plans and other large documentation in PDF format (with prior County approval)
3. All other supporting documentation (preferably in PDF format)

No submissions will be accepted via e-mail. Please collate all submissions. Double-sided printing is encouraged. Paper submittals shall be bound by staple, paper clip or binder clip only. The use of binders, plastic separators, non-recyclable materials, etc. are strongly discouraged. Submittals will not be evaluated on the basis of the aesthetic of the package.

If submitting more than one application, please prioritize each project.

PLEASE BE ADVISED THAT HANDWRITTEN SUBMISSIONS OF APPLICATION WILL NOT BE ACCEPTED.

**Name of Project:** _____ **Priority:** _____
(If more than one application)

## Applicant

1. Name: _____
(Attachments A and C required for Charitable Conservancy)

   Street Address: _____

   Town/State/Zip: _____

   Chief Executive Officer: _____

2. Contact Person: _____

   Phone: Work _____ Ext _____ Home/Mobile _____

   Fax Number: _____

   E-Mail: _____

3. Relationship of applicant to historic resource: (Attachment B required for all applicants)
   - ☐ Applicant owns property
   - ☐ Applicant leases property. Owner's Name: _____
     If applicant is different than owner, submit copy of valid lease indicating possession and significant control over property.
   - ☐ Other (describe): _____

**Property**

4. Name (Historic, from NR/SR nomination): _____

   Name (Present): _____

   Street Address: _____

   Municipality: _____ State _____ Zip _____

   Block/Lot: Block _____ Lot _____

5. Date Built: _____

   Major addition(s) and date(s): _____

   Original use: _____

   Architectural style(s): _____

   Architect(s), if known: _____

   Builder(s), if known: _____

6. Register of Historic Places Status (Insert date for all that apply; Attachment D required). Note: Preference will be given to Register-listed properties
   - ☐ National Register of Historic Places _____ individual _____district
   - ☐ NJ Register of Historic Places _____ individual _____district
   - ☐ Certified NJ Eligible _____ individual _____district
   - ☐ Locally designated _____ individual _____district

   The property is currently: ☐ Occupied ☐ Unoccupied

   Gross square footage of the property _____ sq. ft.

7. Describe concisely the architectural, cultural and historical significance of the property.

8. Current physical condition of the property:

☐ Excellent (No visible repair work needed)

☐ Good (Need for general maintenance)

☐ Fair (In need of more than routine maintenance)

☐ Poor (In need of major repairs)

Describe any conditions, inappropriate use or preservation need threatening the property. If it is endangered, explain the nature of the threats.

Existing Use of Site: _____

Proposed Use of Site: _____

Describe any impact of proposed project on existing use of site:

☐ Site location based on Street Map (8 1/2 x 11)

☐ Photographs (Attachment E)

Existing Deed Restrictions _____

Encumbrances and Utility _____

Easements (if any) _____

9. Stewardship: Who is responsible for budgeting, supervising and performing maintenance work?

How will the property be maintained once the funded work is complete? (For construction projects with anticipated cost equal to or greater than $50,000, provide a 5-year maintenance plan and budget. Attachment F.)

Provide the total operating budget for the property for the last three years. Include maintenance, operations, programs and special events, and staff salaries.

| | 2013 |
|---|---|
| Total Revenues | |
| Total Expenses | |

| | 2014 |
|---|---|
| Total Revenues | |
| Total Expenses | |

| | 2015 |
|---|---|
| Total Revenues | |
| Total Expenses | |

## Budget Summary

Figures must match Budget Table, #16; Full Construction Documents including detailed drawings and specifications must be submitted for all projects with an anticipated construction value of over $50,000.

10. Total Project Cost: _____

    Match: _____

    Grant Request: _____

    Anticipated construction cost: _____

## Project Concept

11. The current project design status is:

    ☐ Scope of work
    Prepared by _____ Date _____

    ☐ Schematic design / design development
    Prepared by _____ Date _____

    The predominant treatment(s) in this project (Refer to "Eligible Activities" listed in the Grant Rules and Regulations; Check the one that best characterizes the project):

| | | | | | |
|---|---|---|---|---|---|
| **Exterior** | ☐ Preservation | ☐ Restoration | ☐ Rehabilitation | ☐ Stabilization | ☐ No exterior work |
| **Interior** | ☐ Preservation | ☐ Restoration | ☐ Rehabilitation | ☐ Stabilization | ☐ No interior work |

12. Describe the research, investigation and planning you have completed that substantiates the preservation objectives of the project. (Attachment G)

## Scope of Work

13. Describe concisely the scope of work proposed in this grant request. List tasks and include a copy of a fee proposal on consultant's and each sub-consultant's letterhead that clearly identifies each task to be completed by each firm (Professional fees under $5,000 can be described in the principal consultant's proposal). Also include Attachment G and completed Professional Services Checklist (Policy H-1).

    **Please Note:** Applicants are encouraged to develop Construction Documents to allow for prioritized and phased implementation based upon available construction funding.

14. At what stage is the project?

    ☐ Contract with consultant

    ☐ Proposal submitted by Consultant and accepted by Applicant

    ☐ Proposals submitted by consultants under consideration

    ☐ Request for Proposal (RFP) for consultant services prepared by Applicant

    ☐ Other (describe): _____

## Project Team

15. Name(s) of proposed consultant(s) or contractor(s). Attach statement of credentials for each proposed firm and key personnel. Include Attachment H and completed Professional Services Checklist (Policy H-1).

    **Note:** Applicants are encouraged to meet The Secretary of the Interior's Historic Preservation Professional Qualification Standards (available under Application link on the Morris County Historic Preservation Trust Fund web site) for their related discipline. If the principal team leader does not meet the requirements as outlined above, include an explanation as to why the selected principal consultant is well suited for the project.

## Budget

16. Grant Request Worksheet (Please round up numbers.)
    No work completed prior to the execution of the Grant Agreement shall be eligible for funding.

| ***Eligible Costs***<br>***a.*** For multiple buildings, list in order of priority and provide cost associated with each. Strong preference will be given to priority building / site / structure. | **Dollar Amount** | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ***b. Total, Eligible Costs*** (all buildings) | | | |
| ***c. MATCH REQUIRED*** Enter the product of line b<br>x 50% for acquisition;<br>x 0% if request </= $5,000;<br>x minimum 20% if request > $5,000. | | | |
| ***d. GRANT REQUEST*** Enter the product of line b<br>x 50% for acquisition;<br>x 100% if request </= $5,000;<br>x maximum 80% if request > $5,000. | | | |

17. Cash-in-hand matching funds: Itemize and describe the source and status of funds that will be used to match the County grant requested. Indicate under "status" the date the funds were received or are expected. (Attachment I must contain letters of commitment for any funds not yet on deposit in your account.)

| Source of Funds | Status | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | Total | |

18. If adequate matching funds are not currently available, explain your plans and schedule for raising the matching funds.

## Public Benefit

19. Public access to the property:

| | Current | At end of Project |
|---|---|---|
| Open to the public | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Open to the public on a regular basis - # Days/yr | | |
| Open to the public on a regular basis - # Hrs/day | | |
| Open by appointment only | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No |
| Number of visitors per years | | |
| How was this number calculated? | ☐ Actual<br>☐ Estimated | Source of count: |

20. Please provide any additional information helpful for review, including interpretive program, innovative design; how project promotes preservation activity or related cultural or economic activity and reach new audiences.

21. Accessibility

Is the property compliant with the American Disabilities Act? ☐ Yes ☐ No

If not, has your organization prepared an "ADA Self-Assessment Survey and Planning Tool"?
☐ Yes ☐ No

If not, when will your organization conduct an "ADA Self-Assessment Survey and Planning Tool"?

Month / Year _____

How does the facility currently accommodate individuals with disabilities?

**The applicant certifies the following:**

a. The filing of this application has been approved by the governing body of the applicant;

b. The facts, figures, and information contained in this application, including all attachments, are true and correct;

c. Matching funds in the amount of $ _____ are currently available, or will be available by _____ (date) for this project;

d. Any funds received will be expended in accordance with the grant agreement to be executed with the Morris County Historic Preservation Trust Fund;

e. The individual signing this agreements has been authorized by the organization to do so in its behalf, and by his/her signature binds the organization to the statements and representations contained in the application.

Acting as a duly authorized representative for the applicant organization, I am submitting this request for assistance from the Morris County Historic Preservation Trust Fund.

Name: _____

Title: _____

Signature of Individual _____ Date _____

## CHARITABLE CONSERVANCY – Attachment A

**Organization Information**

Please submit a copy of each of the following:

- ☐ The organization's by-laws
- ☐ Proof of qualification as an eligible charitable conservancy*
- ☐ Most recent financial audit

1. Date of incorporation _____
2. Estimated membership _____
3. Number of staff: _____ full-time paid _____ part-time paid
4. Volunteers: _____ full-time paid _____ part-time paid
5. State the mission of your organization.

**Project Specific Information**

6. Briefly describe why it is important to preserve this resource and how the resource fits into your organization's mission. (Attachment J)

7. Explain what would happen to the resource if the charitable conservancy ceased to exist?

* An eligible charitable conservancy is a corporation or trust whose purpose includes historic preservation of historic properties, structures, facilities, sites, areas or objects, or the acquisition of such properties, structures, facilities, sites, areas or objects for historic preservation purposes. Conservancy is exempt from federal income taxation under paragraph (3) of subsection (c) of section 501 of the Federal Internal Revenue Code of 1986 (26 U.S.C. s.501(c)(3).

**OWNER ASSURANCES – Attachment B**

*This attachment must be completed and executed by the owner of record.*

| | | | |
|---|---|---|---|
| Name of Owner: | _____ | Name of Co-Owner: | _____ |
| Mailing Address: | _____ | Mailing Address: | _____ |
| | _____ | | _____ |
| City: | _____ | City | _____ |
| State | _____ Zip _____ | State | _____ Zip _____ |
| Phone number: | _____ | Phone number: | _____ |

I/we understand the purpose of the application to be submitted to the County of Morris and I/we hereby agree to its submission. I/we agree that the listing of the property in the New Jersey or National Registers of Historic Places will be a condition of a grant. (If applicant leases the property) I/we also confirm that a valid lease is in effect*.

| | |
|---|---|
| _____ | _____ |
| Signature of Owner | Signature of Co-owner |
| _____ | _____ |
| Print Name | Print Name |
| _____ | _____ |
| Title | Title |
| _____ | _____ |
| Date | Date |

* Attach a copy of the lease to this Assurance.

## ADDITIONAL ATTACHMENTS

C. **Applicant's Personnel**. Include a list of Board members and the names, positions, terms of office and occupations of all members of the applicant organization who will be responsible for managing the grant-assisted project (*required for non profits*).

D. **State of New Jersey Register of Historic Places status** (*required for all applicants*).

- ☐ If the property is an individually listed or part of an individual or thematic property listing, include a copy of the complete nomination form.
- ☐ If the property is included in a historic district listing, and indicated on the nomination as a contributing resource to the historic district, include all relevant pages of the nomination form.
- ☐ If the property is not listed in the National or New Jersey Register of Historic Places, include a letter from the Deputy State Historic Preservation Officer (DSHPO) certifying eligibility for listing of a site in the New Jersey Register. A certification letter must be received from the DSHPO at the time of application deadline.

E. **Photographs**. Submit photographs in the form of digital files (on labeled disc) depicting the overall setting of the property and general views of the site and buildings, and conditions that demonstrate the need for the grant. Also, please include historic photographs (digital) if available. All photographic materials should be clearly labeled and dated (*required for all applicants*). (If the digital requirement presents a problem, call the office of Planning & Public Works, 973-829-8120.)

F. **Long-Range Maintenance Plan and Budget**. For construction projects with anticipated cost equal to or greater than $50,000, provide a 5-year maintenance plan and budget.

G. **Documentation of Proposed Work.** Include a clear description of the proposed work in as many of the following documents that apply to your project *(required for all applicants)*:

- ☐ A request for proposal (RFP) for consultant services prepared by the applicant;
- ☐ A proposal addressed to the applicant on the letterhead of the consultant selected for the project;
- ☐ A copy of a signed agreement between the applicant and consultant;
- ☐ Current plans and specification;
- ☐ If the project is ready for bidding, a brief description of how you are soliciting bids.

H. **Consultant's/Contractor's Personnel**. Include a list of the names of the firms and their personnel who will participate directly in the grant-assisted project (required for all applicants). **Note:** Submit resumes of all project personnel and subconsultants. Applications without named consultants should include, at a minimum, a statement of professional qualifications needed in the project.

I. **Documentation of available match.** Provide letters of commitment specifying amount of matching funds for this project and/or a financial statement showing the amount of available funds. County or municipal governments must provide a resolution of the governing body committing to the specified match (*required for all applicants*).

J. **Applicant's Long-Range Plan**. Include a current strategic or other long-range plan, specific to this site, for your community or organization (*required*). Plan can be as short as one page and should state your organization's goals and plans for implementation.

## APPLICANT CHECKLIST

This checklist is enclosed to ensure that you submit a complete application. Before submitting your application, run through the following checklist. Do not return this form with the application.

- ☐ Completed application
- ☐ Organization's By-Laws
- ☐ Proof of qualification as a charitable conservancy
- ☐ Site Plan **(8 1/2 x 11)** Include a site plan if the project is part of a complex of historic properties.
- ☐ Photographs – digital, with each photo clearly labeled and dated.
- ☐ Attachments A through J
- ☐ If applicable, a completed and signed "Professional Services Checklist" (Policy H-1)

**THIS PAGE IS FOR THE APPLICANT'S USE.**
**DO NOT RETURN WITH APPLICATION.**