

**Morris County Historic Preservation Trust Fund**

**2018 CONSTRUCTION GRANT APPLICATION**



**DEADLINE:** THURSDAY, MARCH 29, 2018, 4:30 P.M. E.S.T.  
**SUBMIT TO:** MORRIS COUNTY HISTORIC PRESERVATION TRUST FUND  
OFFICE OF PLANNING & PRESERVATION  
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? (Complete 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.

	2015		2016		2017
Total Revenues		Total Revenues		Total Revenues	
Total Expenses		Total Expenses		Total Expenses	

**Budget Summary**

Figures must match totals from Budget Table #18.

10. Total Project Cost: \_\_\_\_\_

Match: \_\_\_\_\_

Grant Request: \_\_\_\_\_

Anticipated construction cost: \_\_\_\_\_

**Project Concept**

11. Project Profile

The Morris County Historic Preservation Trust Fund Review Board gives strong preference to those projects for which an approved preservation planning document has been prepared prior to requesting funding for the preparation of Construction Documents or request for construction funding. Please contact the Trust Fund Coordinator to discuss the specific needs of your site.

Based on a:

Preservation Plan  
Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Historic Structure Report  
Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Other study (identify) \_\_\_\_\_  
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):

<b>Exterior</b>	<input type="checkbox"/> Preservation	<input type="checkbox"/> Restoration	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Stabilization	<input type="checkbox"/> No exterior work
<b>Interior</b>	<input type="checkbox"/> Preservation	<input type="checkbox"/> Restoration	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Stabilization	<input type="checkbox"/> No interior work

The current project design status is (check all that apply):

Scope of work  
Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Schematic design/design development  
Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Final construction documents  
Prepared by \_\_\_\_\_ Date \_\_\_\_\_

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

13. Describe the goals of the project. What are the problems and needs of the resource that you will address in your project?

**Scope of Work**

14. Describe concisely the scope of work proposed in this grant request. For non-construction aspects of the work, list task 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 H and completed Professional Services Checklist (Policy H-1).

**Please Note:** Applicants are encouraged to break-down scope of work to identify prioritized and phased implementation to accommodate reduced available construction funding.

15. Provide projected dates (month and year) for each task. e.g. 09/18.

**Note:** No grant-funded activities may commence prior to the execution of a grant agreement. Any work completed prior to the agreement, including professional services, will be ineligible for reimbursement from the Morris County HP Trust Fund.

_____ Complete planning/pre-design	_____ Bid opening
_____ Complete design	_____ Start construction
_____ Identify qualified contractors	_____ Complete construction

**Project Team**

16. 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.

17. Name and date of firm or individual providing cost estimates.

**Note:** All applicants with construction grant requests exceeding \$50,000 must have obtained professional costs estimates from an independent; New Jersey certified cost estimator based upon Construction Documents before they are eligible to apply for funding towards the actual construction.

- Architect: \_\_\_\_\_
- Engineer: \_\_\_\_\_
- Contractor(s): \_\_\_\_\_
- Independent Cost Estimator: \_\_\_\_\_
- Other (identify profession): \_\_\_\_\_

Cost estimates for proposed construction work are based on (check one that best applies):

- Contractor’s proposal
- Preliminary/ballpark estimates based on design professional’s opinion of cost (Not recommended)
- Quantity takeoffs from measured drawings by New Jersey certified cost estimator (required for projects over \$50,000)
- Competitive bids based on construction documents (a minimum of 3 competitive bids are required for all funded applications whose anticipated budget exceeds \$50,000)

Is the preparer of the cost estimate a NJ certified professional estimator?  Yes  No

Does the estimator include escalation that anticipates the date of construction?  Yes  No

**Budget**

18. Grant Project Budget (*Please round up numbers.*)

This grant project includes work on:  A single structure  Multiple structures

If more than one structure, prepare the separate Project Budget page for other structure(s).

**Name of structure / Priority of work:** \_\_\_\_\_

**Note:** All costs must be escalated to assume Grant Agreement execution by October 1<sup>st</sup> with construction activities for most projects beginning the following spring. Budgets for all work must correlate with submitted cost estimates. For grant requests of more than \$150,000, provide breakdown / priority for each area including professional services, exterior work, etc. Use multiple Project Budget pages to describe priorities as necessary for clarity.

**I. PROFESSIONAL SERVICES**

Activity	Total	Local Match	Grant
Bidding / Negotiations	\$	\$	\$
Construction Administration			
Archaeology			
Subtotal, Professional Services	\$	\$	\$

**II. GENERAL CONDITIONS / MOBILIZATION / PROJECT CLOSE-OUT**

Activity	Total	Local Match	Grant
	\$	\$	\$
Subtotal, General Conditions	\$	\$	\$

**III. CONSTRUCTION: EXTERIOR**

Activity	Total	Local Match	Grant
	\$	\$	\$
Subtotal, Construction: Exterior	\$	\$	\$

**IV. CONSTRUCTION: INTERIOR**

Activity	Total	Local Match	Grant
	\$	\$	\$
Subtotal, Construction: Interior	\$	\$	\$
<b>Grand Total Eligible Costs (I + II + III + IV)</b>	\$	\$	\$

CONSTRUCTION GRANT

19. 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 J must contain letters of commitment for any funds not yet on deposit in your account.)

Source of Funds	Status	Amount
	Total	

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



**Public Benefit**

21. Public access to the property:

	Current	At end of Project
Open to the public	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of visitors per years		
How was this number calculated?	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Source of count:

22. Please provide any additional information helpful for review, including interpretive program, innovative design; how project achieves local community revitalization, preservation of the built or natural environment, heritage education, tourism; how project promotes preservation activity and reach new audiences.

23. 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? Will accommodations be improved following the proposed project?

**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 & Preservation, 973-829-8120.)
- F. **Long-Range Maintenance Plan and Budget.** Provide a 5-year maintenance plan and budget.
- G. **Documentation of Research and Planning.** Include design development/final construction documents, which support the project request.
- H. **Documentation of Proposed Construction Work.** Include a clear description of the proposed construction 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.
- I. **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.

- J. **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*).
- K. **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 K
- 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.**