

**Historic Restoration Fund Grant**

The SHPO strongly recommends contacting Erin Fink at [Erin.Fink@ct.gov](mailto:Erin.Fink@ct.gov) to arrange a site visit or phone call before completing this application.

**Historic Restoration Fund Grant | *Application***

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| **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 Site Information** | | |
| Street Address: |  |  |
| City/Town: |  | ZIP Code: |
| Historic Name of Property: |  |  |
| **Project Information** |  |  |
| 1. Identify the type of project: Rehabilitation Restoration  Archaeological site preservation, protection, or stabilization | | |

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| 2. One sentence explanation of the project: | |
| 3. Grant Amount Request: | Total Project Cost: |
| 4. Identify historic designation status (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: | |
| 5. Brief description of the property’s history: | |
| 6. 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.* | |
| 7. Is this a subsequent phase of a project?: yes no  If yes, explain: | |

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| 8. 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): |
| 9. Has the applicant received other capital grants from the State of Connecticut in the last three years?: yes no  If yes, please list all grants received (include grant type, date awarded, and award amount): |
| 10. Has the applicant read the preservation restriction template and agreed to the terms?: yes no  Has an attorney confirmed that a preservation restriction can be placed on the property?: yes no  *A legal opinion from an attorney must be provided, please see Application Guidelines for more details.*  *The preservation restriction template can be found in the Closeout Guidelines.* |
| 11. Has the property had a preservation restriction in the past?: yes no  If so, identify for what project and the expiration date of the restriction (whether active or expired): |

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| 12. 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  *Please submit a copy of the Certificate of Title or lease and applicable notarized statements.* |
| 13. Is the property insured?  yes no  *Please submit a copy of the Insurance Policy for the property.* |
| 14. Does the applicant have the funding for the entire project available and restricted for the purposes of this project?:  yes no |
| 15. Please identify the consultant on the project: Name:  Firm:  Contact information:  Profession: Historic Architect Structural Engineer Architectural Historian Other:  *Please submit the consultant’s resume.* |
| 16. Is the project shovel ready and does the applicant agree to have the project go out to bid within 120 days of the contract execution?:  yes no |

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| 17. Does the project involve ground disturbance?: yes no  If yes, has the Staff Archaeologist been contacted?: yes no  If yes, outline Staff Archaeologist’s recommendation(s): |
| 18. If the property is located in a Local Historic District, has the applicant received a Certificate of Appropriateness from the Local Historic District Commission?:  yes no N/A  *Please include a copy of the Certificate of Appropriateness.* |
| 19. The applicant must aggressively solicit bids for all contract work from qualified minority and women owned businesses and to meet all other Affirmative Action and procurement requirements as outlined in the Bidding, Contracting and Construction Guidelines.  Does the applicant agree to these terms?: yes no  *The Bidding, Contracting and Construction Guidelines can be found here:*  [*http://www.cultureandtourism.org/cct/cwp/view.asp?a=3933&q=317350*](http://www.cultureandtourism.org/cct/cwp/view.asp?a=3933&amp;q=317350) |
| 20. Does project involve improving accessibility or universal access?: yes no  If yes, explain: |
| 21. All projects funded with this grant program must be visible and open to the public at least twelve days a year on an equitably spaced basis and available by appointment. Does the applicant agree to these public visitation terms?:  yes no  *Please include a proposed schedule outlining the dates and times the property will be open to the public.* |
| 22. Is the project located within a FEMA designated flood zone?:  yes no  *Please include a FEMA FIRM map.* |

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| **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.

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| **Legislative Information** | |
| U.S Representative’s Name: | District #: |
| State Senator’s Name: | District #: |
| State Representatives 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.*

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|  | **Included** | **N/A** | **Comments** |
| Project narrative |  |  |  |
| Scope of work |  |  |  |
| Consultant’s resume *(contingent)* |  |  |  |
| Photographs |  |  |  |
| Construction/project schedule |  |  |  |
| Budget |  |  |  |
| Long-term preservation plan |  |  |  |
| Attorney letter |  |  |  |
| Schedule of Public Visitation |  |  |  |
| Proof of Insurance |  |  |  |
| Certificate of title or long-term lease agreement |  |  |  |
| 501(c)3 or 501(c)13 IRS tax status determination letter  *(contingent)* |  |  |  |
| Certified Resolution |  |  |  |
| FEMA FIRM Map |  |  |  |
| Review letter from Staff Archaeologist *(contingent)* |  |  |  |
| Certificate of Appropriateness from municipal  historical commission *(contingent)* |  |  |  |
| Letters of Support *(optional)* |  |  |  |
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**Project Narrative (1-5 pages)**

Brief description of the organization:

Brief description of the project site:

Overview of the proposed project:

Description of the project need and why it is a priority for the property and applicant. (Ideally this should be based on a previously-conducted preservation plan, capital needs assessment, or conditions assessment. If so, the applicable document(s) should be included.)

**Scope of Work**

Detailed scope of work that meets the Secretary of the Interior’s Standards for the Treatment of Historic Properties. Please include narrative description, material and/or product specifications, and/or design-development architectural drawings no larger than 11x17.

**Consultant’s Resume- please attach.**

If a consultant has been engaged to prepare the scope of work, their resume should be included.

**Photographs- please attach.**

Photographs should be labeled for identification. For buildings or structures—provide photographs of each elevation and detailed photographs of the project area. For landscapes or archaeological site—provide photographs of the entire property and detailed photographs of the project area. Color photographs no smaller than 4x6’’.

**Construction/ Project Schedule**

Detailed schedule of project timeline, including estimated start and completion dates.

**Budget**

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| --- | --- | --- | --- |
|  | Applicant Share | Grant Share | Sub-total |
| General Contracting |  |  |  |
| Materials (please itemize) |  |  |  |
| Labor (please itemize) |  |  |  |
| Contingency |  |  |  |
| Sign creation (required) |  | (Grant share max. $200) |  |
| Other (If applicable, please specify) |  |  |  |
| Total: |  |  |  |

**Long-term Preservation Plan**

Include the preservation plan that guides the organization/s municipality’s stewardship of the subject property.

In lieu of a formal preservation plan, describe major preservation projects undertaken in the last 3-5 years and any projects in the pipeline. If applicable, also describe the maintenance/preservation staff and/or committees responsible for caring for the building.

**Attorney Letter- please attach.**

Provide a legal option for an attorney licensed to practice in the State of Connecticut that identifies the property’s legal owner of record (including name and contact information) and identifies names of other parties holding an interest (including name and contact information) and confirms that a preservation restriction can be placed on the property.

**Schedule of Public Visitation:**

Facilities must be open to the public or work must be visible to the public at least twelve days a year on an equitably spaced basis and available by appointment.

**Proof of Insurance- please attach.**

Provide a declaration page of insurance policy to confirm the property is insured.

**Certificate of title or long-term lease agreement- please attach.**

Certificate of title that identifies the property owner and includes a detailed land description. If the property is leased. The applicant must show evidence of a long-term lease agreement of at least 20 years and notarized statements from the owner(s) of the property that permit the submission of the HRF application and execution of the proposed work.

**501©3 or 501©13 IRS Tax Status Determination Letter- please attach.**

Confirmation from the Internal Revenue Service that your organization is a 501©3 or a 501©13. If you are unsure of your organization’s IRS status, you can look it up here: <https://apps.irs.gov//app/eos/>

**Certified Resolution- please attach.**

Certified resolution authorizing the grant and contract signatory. The resolution must predate the application and the subsequent contract, but not by more than 6 months. A template is included in the grant guidelines as Appendix B.

**FEMA FIRM map- please attach.**

A FEMA FIRM map should be provided that demonstrates whether or not your property is located in a floodplain. The property should be clearly delineated on the map provided. FEMA FIRM maps can be created here: <https://msc.fema/gov/portal>

**Review Letter from Staff Archaeologist (contingent)- please attach.**

If the proposed project involves ground disturbance, place contact Cathy Labadia, Staff Archaeologist, at [Catherine.labadia@ct.gov](mailto:Catherine.labadia@ct.gov) before submitting a grant application as your project may require archaeological monitoring or a survey.

**Certificate of Appropriateness from municipal historic commission (contingent)- please attach.**

If your property is located in a local historic district, you may need to obtain a Certificate of Appropriateness for the proposed work for the municipal historic commission. To find out if your property is located in a local historic district, visit: <https://lhdct.org/maps/overview>.

**Letters of support (optional)- please attach.**

Letters from community members, legislators, or others voicing support for the project.

**Grant Submission**

For questions, contact: Erin Fink, Architectural Preservationist by email at [Erin.Fink@ct.gov](mailto:Erin.Fink@ct.gov)

Mail application to: State Historic Preservation Office, ATTN: Erin Fink, 450 Columbus Boulevard, Suite 5. Hartford, CT. 06103. Or, upload the application to a DropBox of Google Drive folder and share the link.