

**Survey and Planning Grant** 

**Application** 2022

## Survey and Planning Grant | Application

Applicant Information					
Municipality/Organization:					
Chief Elected Official/Executive Director:					
Federal Employer ID Number:	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 qu	uestions and mailings related	d 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					

. Brief description of the project:	
. Street Address of the project resource	
. Date of Construction of the project resource	
. Grant Amount Request:	Total Project Cost:
. Identify historic designation status of the reso	ource 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, Dis	strict:
State Register of Historic Places	
State Register of Historic Places, Distric	t:
Local Historic Property	
Local Historic District:	
. Identify the applicant:	
municipality 501(c)3 non	profit 501(c)13 nonprofit

7. Is this a subsequent phase of a project?
☐ yes ☐ no
If yes, explain:
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. 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 the application?	20 years as of the date of
ges no	
If the property is leased, have notarized statements been obtained from the contract 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 n	otarized statements.
Authorization	
Name of Authorized Official:	
Title:	
Signature:	Date:
The authorized official is the individual identified in the Certified Reso carry out the grant application and associated agreements o 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			
B. Project Narrative			
C. Photographs			
D. Project Timeline			
E. Budget			
F. Budget Narrative			
G. Long-term preservation plan (for pre-dev. Grants)			
H. 501(c)3 or 501(c)13 IRS tax status determination letter (contingent)			
I. Certified Resolution			
J. Vendor Profile Form and W-9			
Certificate of title or long-term lease agreement (if applicable)			
Letters of Support (optional)			