CONNECTICUT
STATE HISTORIC PRESERVATION OFFICE
INVESTING IN PRESERVATION SINCE 1955

Survey and Planning Grant
Application
State Fiscal Year 2025

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:

Mailing Address if different from above:

Contact Information

Contact Name:

Email Address:

Phone Number:

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

Project Information

Please Identify the grant activity you are applying for:

☐ Historic Resources Inventory

☐ Archaeological Survey or Report

☐ Geophysical Survey for Human Burials (max grant. $5,000)

☐ Historic Designation Report or Nomination

☐ Municipal Historic Preservation Planning Reports

☐ Pre-development Studies

☐ Partners In Preservation

1. Brief description of the project:

_____

2. Street Address of the project resource   _____

3. Date of Construction of the project resource _____

4. Grant Amount Request:	Total Project Cost:

_____

5. 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: _____

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:

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 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	☐	☐	
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	☐	☐	
H. Vendor Direct Deposit (ACH) Election Form	☐	☐	
Certificate of title or long-term lease agreement (if applicable)	☐	☐	
Letters of Support (optional)	☐	☐	
Applicant has read SEEC Form 11 (see website)	☐	☐	

Applicant has required match in place