



Open Space, Farmland, Recreation, and Historic Preservation Trust Fund

2019

Application for Historic Preservation Funding

APPLICANT INFORMATION

DATE _____

1. Name of Project Site _____

Name of applicant _____
(Borough/Organization)

Street Address _____

City _____ State _____ Zip _____

Amount of Funding Requested: \$ _____

Brief Description of Project (in a sentence) _____

2. Contact person for this application _____

Title _____

Land Phone # _____ Cell Phone # _____

Email _____ Fax # _____

Best time to contact _____

3. Is this the first application submitted for this location since 2014?

___ Yes ___ No

If "No", matching funds are required. In-kind matches require submission of a Work Plan (See cover letter for details).

If "Yes", number of previous grants awarded for this site:

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

4. Application organization status: ___ Municipal Government ___ Tax-exempt nonprofit organization (Attach both IRS and New Jersey charitable registration letters.) If not a designated 501 C (3) organization, explain tax-exempt status:

PROPERTY INFORMATION

5. Common name of property _____
Address _____
City _____ State _____ Zip _____
Present Zoning _____ Block No. _____ Lot No. _____

Amount of funding requested from the Camden County Open Space Trust Fund (maximum \$50,000) \$ _____

6. Briefly describe the tasks to be performed using these funds, i.e. exterior painting; replacement of roof, etc.

7. a) The applicant: ____ owns ____ leases the property
(Attach a copy of the lease)

b) Year first owned or leased _____

c) If leased, years remaining on the lease _____

d) Owner (if other than applicant):

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

e) Lessor (if different from the owner):

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

PROJECT BACKGROUND

8. Is the property subject to review by the local or municipal Historic Preservation Commission? Yes No
9. a) Estimate the number of visitors to the property each year. _____
- b) Estimate the number of people who will benefit annually from this project after completion. _____
- c) From which geographical area(s) do/will you attract most visitors?

10. a) How will this project enhance understanding and appreciation of Camden County's history?
- b) How will this project affect the surrounding community?

SIGNIFICANCE OF THE PROPERTY

11. Date Built: _____
Major addition(s) & date(s) _____
Architectural style(s) _____
Architect (if known) _____
Builder (if known) _____

12. Describe concisely the architectural, cultural, and/or historical significance of the property.

13. State/National Register of Historic Places Information

a) Property is listed in the:

- National Register
- New Jersey Register
- Municipal or County Historic Survey (attach copy of survey page)
- Property not listed

b) Category: *National Register:*

- Individual
- District
- Thematic

NJ Register:

- Individual
- District
- Thematic

c) Date listed:

National Register: _____

New Jersey Register: _____

Municipal or County Historic Survey: _____

d) Provide the name of the property and, if applicable, the name of the district or thematic listing _____

e) Is this property a National Historic Landmark?

Yes No

Date Listed: _____

PROPERTY STATUS AND CONDITIONS

14. a) Is the property, or will it be, open to the public? Yes No

b) If yes, list hours and days the property is/will be open and any fees charged.

c) If no, please explain. (Give proposed schedule for opening and hours of operation.)

15. a) Is the property currently occupied? Yes No

b) Describe the current use of the property.

c) Describe the proposed use of the property (*if different from (b) above*).

16. The current condition of the property is:

Excellent Good Fair Poor

17. a) Is the property currently endangered due to:

- pending demolition
- immediate threat of collapse
- inappropriate development of surrounding area
- general neglect/code violation

(specify):

other (specify):

b) If the property is endangered, explain why or how this occurred.

PROJECT DESCRIPTION

18. **Briefly describe the overall objective of the project.**
19. **Why is it important to fund this project now?**
20. **Check the preservation activity(ies) which apply to the project:**
 Restoration **Stabilization/Preservation**
 Rehabilitation **Reconstruction**
21. **What research, investigation, or other documentation substantiates the preservation approach you have chosen for this project?**

22. Describe concisely, in the space provided, the scope of work proposed for funding. *Work described must be referenced in the "proposed" column of the project budget.*

23. If known, please provide projected dates (Mo./Yr.) for completion of each phase of work.

Pre-Design: _____
Construction: _____

Design: _____
Post-Construction: _____

24. If public funds have been used in this project, has the work been, or is it being, reviewed under the NJ Register of Historic Places Act or Section 106 of the National Historic Preservation Act? ___ Yes ___ No

25. Describe any completed work. Describe materials and features that were repaired, replaced, or reconstructed. Provide relevant date and submit supporting documentation, including "before" and "after" photographs.

PROJECT GRANT REQUEST

Name of Structure (if more than one): _____
 (if the project encompasses work on several structures, a separate budget must be submitted for each structure.)

26. Give names of all firms or individuals providing cost estimates:

Architect _____
 Engineer _____
 Contractor _____
 Other (specify) _____

27. CONSTRUCTION

Provide estimates for costs relating to the following items. If a more detailed budget is available, attach to application. Construction items correspond to the Construction Specifications Institute (CSI) format, the industry standard.

<u>Activity</u>	<u>Proposed Budget</u>	<u>Funding Requested from Camden County Trust Fund</u>
DIVISION 01: General Requirements		
Facilities/Temporary controls	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 02: Site Work		
Selective Demolition	_____	_____
Improvements	_____	_____
_____	_____	_____
DIVISION 03: Concrete		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 04: Masonry		
Restoration	_____	_____
_____	_____	_____
_____	_____	_____

<u>Activity</u>	<u>Proposed Budget</u>	<u>Funding Requested from Camden County Trust Fund</u>
DIVISION 05: Metals		
Ornamental Metals	_____	_____
Structural Metals	_____	_____
_____	_____	_____
DIVISION 06: Wood and Plastics		
Rough Framing	_____	_____
Finish Carpentry	_____	_____
_____	_____	_____
DIVISION 07: Thermal/Moisture Protection Roofing		
_____	_____	_____
_____	_____	_____
DIVISION 08: Doors/Windows		
Door Restoration/Repair	_____	_____
Window Restoration/Repair	_____	_____
_____	_____	_____
DIVISION 09: Finishes		
Exterior Finishes	_____	_____
Interior Finishes	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 10: Specialties		
Directional or interpretive signs/displays	_____	_____
Pest Control	_____	_____
_____	_____	_____

DIVISIONS 11 through 13 (Equipment, Furnishings, and Special Construction) are generally not eligible activities.

<u>Activity</u>	<u>Proposed Budget</u>	<u>Funding Requested from Camden County Trust Fund</u>
DIVISION 14: Conveying Systems		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 15: Mechanical Systems		
Plumbing	_____	_____
HVAC	_____	_____
_____	_____	_____
DIVISION 16: Electrical		
Wiring	_____	_____
Fixtures	_____	_____
_____	_____	_____
TOTAL	_____	_____

If providing an in-kind match please submit a Work Plan identifying volunteer hours needed and anticipated donated material for the project and their value.

28. a) Is the project for which grant funds are requested part of a larger overall capital project?

___ Yes ___ No

b) Describe briefly this larger project.

c) Total project cost of all work on the property, whether included in the grant request or not. \$ _____

FINANCIAL INFORMATION

29. a) **Funds expended: List all funds expended on this project to date. Indicate the source, the amount and purpose of funding.**

Amount Source of Funds Purpose Date Expended

Total \$ _____

b) **Funds proposed: List all proposed funds that will be used on this project, excepting funds requested from the Camden County Trust Fund herein. Indicate the source, the amount and the status of commitment, i.e. spent, in-hand, committed, etc. Attach letters of commitment for these funds.**

Amount Source of Funds Status

Total \$ _____

- c) If all funds for the project are not expended or in-hand, describe the steps that will be taken and the timetable for securing these funds.

30. Please complete the following:

Government Organizations: Provide operational budget for this project property for the last three fiscal years.

2016	\$	_____
2017	\$	_____
2018	\$	_____

Nonprofit Organization: Provide organizational budget for the past three fiscal years. (*Attach a copy of the most recent year's organizational budget or most current financial audit.*)

2016	\$	_____
2017	\$	_____
2018	\$	_____

31. **Restricted funds:** Give name and current balance of any special funds, accounts, or endowment monies which pertain to this project property.

APPLICANT PROFILE

32. Describe the mission of your organization and the audience it reaches.
33. a) Date Incorporated _____ (if unincorporated, date formed)
- b) Number of staff (specify full-time or part-time)
- Professional _____ Support _____ Volunteer _____
34. Membership Organizations, complete the following:
- a) Number of members _____
- b) Membership policy, fees or dues:
35. List those responsible for this project from your organization and any consultants or professionals, if any, who have been engaged in this project.
(Attach resumes)

- 36. How will the site be preserved once funded work is completed? Who is responsible for maintaining the property?**
- 37. Describe briefly how this preservation project fits into your organization's long-range plans.**

ASSURANCES

The applicant certifies the following:

- a. the filing of this application has been approved by the governing body of the applicant, if applicable;
- 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 _____ for this project; (if no matching funds are available write N/A in blanks)
- d. sufficient funds will be available when construction is completed to assure effective operation and maintenance of the facility;
- e. any funds received will be expended in accord with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*, the terms and conditions of the New Jersey Register of Historic Places Rules (NJAC 7:4-1.1 et seq.) and the grant agreement;
- f. the individual signing this agreement 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 duly authorized representative for the applying organization, I am submitting this request for assistance from the Camden County Open Space, Recreation, Farmland and Historic Preservation Trust Fund Trust. (PLEASE NOTE, SIGNATURE MUST BE NOTARIZED).

Signature of Individual

Date

Typed Name and Title of Signatory

Title

Signature of Property Owner
(if property is leased to applicant)

Date

Name of Property Owner (typed or printed)

NOTARY:

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**Open Space, Farmland, Recreation, and Historic
Preservation Trust Fund**

Please return **FIVE (5) copies** of the attached application & the W9 form to:

**Camden County
Division of Open Space and Farmland Preservation
1301 Park Blvd.
Cherry Hill, NJ 08002**

**Phone: (856) 858-5241
Fax: (856) 216-7156**