

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

**2022**

**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. Have you been awarded a grant for this location/project in 2015 or after?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, matching funds are required. In-kind matches require submission of a Work Plan (see cover letter for details).

Please list the grants received since 2015:

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



---

---

**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: \_\_\_\_\_ Design: \_\_\_\_\_  
Construction: \_\_\_\_\_ 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>
<b>DIVISION 01: General Requirements</b>		
Facilities/Temporary controls	_____	_____
_____	_____	_____
_____	_____	_____
<b>DIVISION 02: Site Work</b>		
Selective Demolition	_____	_____
Improvements	_____	_____
_____	_____	_____
<b>DIVISION 03: Concrete</b>		
_____	_____	_____
_____	_____	_____



---

**DIVISION 04: Masonry  
Restoration**

---

---

Activity

Proposed Budget

Funding Requested from  
Camden County Trust Fund

**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>
<b>DIVISION 14: Conveying Systems</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>DIVISION 15: Mechanical Systems</b>		
Plumbing	_____	_____
HVAC	_____	_____
_____	_____	_____
<b>DIVISION 16: Electrical</b>		
Wiring	_____	_____
Fixtures	_____	_____
_____	_____	_____
<b>TOTAL</b>	_____	_____

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

c) Describe briefly this larger project.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) 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.

<u>Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Date Expended</u>
---------------	------------------------	----------------	----------------------

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.

<u>Amount</u>	<u>Source of Funds</u>	<u>Status</u>
---------------	------------------------	---------------

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 ▶

### 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 **ONE (1) Notarized ORIGINAL** application and **TWO (2) copies** of the attached application to:

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

**Phone: (856) 858-5211**

**Fax: (856) 216-7156**