

**Warren County
Municipal & Charitable Conservancy Trust Fund**

2016 STABILIZATION/RESTORATION PROJECT APPLICATION

A. APPLICANT INFORMATION

Applicant: _____
Full Address: _____
Project Title: _____
Chief Executive Officer: _____
Contact Person: _____ Phone Number: _____
Email Address: _____ Fax: _____
Partners, If Any: _____

***NOTE:** Nonprofit organizations must submit copies of: (1) Certificate of Incorporation, Articles of Association, or other formation instrument; (2) Bylaws or other operating instrument, including the names of current Directors, Trustees, or other managing members; and (3) Proof of current 501(c)(3) designation as attachments to this application.

B. PROPERTY CHARACTERISTICS

Municipality: _____
Location of Site: _____
Street Address: _____
Block(s)/Lot(s): _____

***NOTE:** Attach a Tax Map outlining boundaries of the site
***NOTE:** Attach a Street Map showing project location (GIS, Google, or Similar Map).

C. CURRENT OWNER DESCRIPTION

Name: _____
Address: _____
Appraisal of Property: \$ _____
Tax Assessed Value \$ _____

***NOTE:** Attach either a copy of the current deed evidencing ownership, or a 25+ year lease evidencing extended possession.

D. PROJECT COSTS

Soft Costs (Professional Fees):	\$ _____	Balance Source: (check all that apply)	
Stabilization/Restoration Costs:	\$ _____	<input type="checkbox"/> State Funding:	\$ _____
Total Costs:	\$ _____	<input type="checkbox"/> Municipal Funding:	\$ _____
County MCCT Funds Requested:	\$ _____	<input type="checkbox"/> Nonprofit Funding:	\$ _____
Balance:	\$ _____	<input type="checkbox"/> Other Grants or Donations:	\$ _____

***NOTE:** Attach formal estimates from professionals and contractors for all anticipated project costs.

E. MATCHING REQUIREMENTS

Does this application meet the matching requirements set forth below? Yes No

***NOTE:** Attach written proof that matching funds are either in hand or otherwise available.

Grant Type:	Trust Fund will pay:	Applicant must pay:
Historic Restoration	75%	25%
Historic Acquisition	50%	50%
Open Space Acquisition	50%	50%

F. PRIOR MCCTFC GRANTS

Please list any and all prior MCCTFC grants which have been awarded to you:

Date Awarded	Project Name	Amount Awarded	Amount Disbursed

***NOTE:** Continue list of prior grant awards on additional pages if necessary.

G. PROJECT NARRATIVE

On a separate page, please explain why this project is a high priority for your organization or town, and for the County. This is an opportunity for you to make a case for your project and to convey the importance of the site which may not be adequately conveyed elsewhere in the application. Please limit this narrative to one (1) page, single spaced, 1-inch margins, 12 point Times New Roman font, and not to exceed 500 words. Narratives exceeding one page will not be accepted.

Please confirm that the following has been described in the application narrative:

- What is the natural, historical, or agricultural significance of the property?
- How will the public benefit by preserving this property?
- How will this property be sustainably managed, maintained, and financed going forward?
- How is this property consistent with formal municipal, county, and/or state preservation plans?

H. Additional Project Information (please limit responses to the space provided)

Funding Questions

Does this project utilize State Historic Preservation Funding? Yes No

If no, why not? _____

Does this project utilize other municipal or nonprofit funding? Yes No

If no, why not? _____

Historic Significance Questions

	Yes	No
Has this property been: (please check all that apply)		
• Listed in the National Register of Historic Places?	<input type="checkbox"/>	<input type="checkbox"/>
• If no, do you have proof that the property is eligible to be listed in the National Register? (<i>Please attach proof of eligibility</i>)	<input type="checkbox"/>	<input type="checkbox"/>
• Is the property associated with events that have made a significant contribution to the broad patterns of our past?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the property associated with the lives of persons significant in our past?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the property embody the distinctive characteristics of a type, period, or method of construction?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the property possess high artistic values?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the property yielded, or may be likely to yield, information important historical information?	<input type="checkbox"/>	<input type="checkbox"/>
• Listed in the New Jersey Register of Historic Places?	<input type="checkbox"/>	<input type="checkbox"/>
• If no, do you have a Certificate of Eligibility from the State Historic Preservation Office? (<i>Please attach proof of eligibility</i>)	<input type="checkbox"/>	<input type="checkbox"/>
• Is the property at least 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the property historically or architecturally significant on the national, state, or local level?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the property retain features from its period of significance which convey a strong sense of its historic qualities?	<input type="checkbox"/>	<input type="checkbox"/>
• Located within a municipal Historic District?	<input type="checkbox"/>	<input type="checkbox"/>

Interpretive and Educational Resource Questions

• Will this property be improved with interpretive and educational signs which will be maintained thereafter?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does your organization/township:		
• Have staff and/or volunteers currently available for such programs and activities?	<input type="checkbox"/>	<input type="checkbox"/>
• Approximately how many: _____		
• Have funding for such programs and activities?	<input type="checkbox"/>	<input type="checkbox"/>
• How often will this property be open to the public?		
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly/Seasonally <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
• When will this property be opened to the public?		
<input type="checkbox"/> Immediately <input type="checkbox"/> Within 1-year <input type="checkbox"/> Within 2-years <input type="checkbox"/> Within 3-years <input type="checkbox"/> More than 3-years		

Anticipated Site Usage Questions

	Yes	No
Will this site: (please check all that apply)		
A. Provide adequate visitor parking?	<input type="checkbox"/>	<input type="checkbox"/>
B. Be maintained by paid staff?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, does your organization/township have staff currently available for maintenance, improvement, and restoration projects? If so, how many: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Be maintained by volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, does your organization/township have volunteers currently available for maintenance, improvement, and restoration projects? If so, how many: _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Likely be used by municipal and county residents?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, how many municipal and county residents per year are estimated: _____		
E. Likely be used by visitors from outside the county?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, how many visitors from outside the county per year are estimated: _____		

Physical Condition Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Is the property located in the Highlands Preservation Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the property located in the Highlands Planning Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| • What is the current zoning? _____ | | |
| • What is the current use? _____ | | |
| • Does the property currently have a functioning well or water service? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the property currently have a functioning sewer or septic service? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the property currently have functioning electric service? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the property currently have a functioning heating system? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the property subject to any known environmental contamination? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a threat of immediate collapse, demolition, or inappropriate use? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there significant deterioration requiring stabilization? | <input type="checkbox"/> | <input type="checkbox"/> |

Scope of Work Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Is the proposed work immediately necessary for preventing further deterioration? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will the proposed work accurately depict the form, features, and character of a property as it appeared during a particular period of time? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will distinctive materials, features, finishes, and construction techniques or examples of craftsmanship that characterize the period of significance be preserved? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will the proposed work be completed in conformance with the United States Secretary of Interior’s Standards for Historic Preservation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the proposed work include restoration which is not essential to preserving the site’s historic value? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the proposed work include upgrading the mechanical, electrical, plumbing, HVAC, or other code-required work to make the site functional?
If yes, please describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the proposed work include ordinary maintenance items?
If yes, please describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are any new additions or extensive alterations to the structure planned?
If yes, please describe plan: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Project Team and Planning Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Will your project team include a qualified architect, engineer, or other professionals? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does this site have a historic preservation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does this site have a formal Preservation Plan, Structures Report, Historic Landscape Report, or Conservation Assessment?
If yes, please describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does this project have formal construction documents prepared?
If yes, please describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Public Support Questions:

- | | | |
|--|--------------------------|--------------------------|
| • Has the community demonstrated support for this project?
If yes, please explain how: _____
If no, please explain why not: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the municipality demonstrated support for this project?
If yes, please explain how: _____
If no, please explain why not: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

MCCTFC APPLICATION ATTACHMENTS

A. Application Information

For Nonprofit Applicants Only:

- 1) Certificate of Incorporation, Articles of Association, or other formation instrument
- 2) Bylaws or other operating instrument, including the names of current Directors, Trustees, or other managing members
- 3) Proof of current 501(c)(3) designation as attachments to this application

B. Property Characteristics

- 1) Tax Map outlining boundaries of the project site
- 2) Street Map showing the project location (GIS, Google, or similar type map)

C. Current Owner Description

- 1) Current Deed evidencing ownership, or 25+ year lease evidencing extended possession

D. Project Costs

- 1) Formal estimates from professionals and contractors for all anticipated project costs
Note: Applicants are encouraged to obtain and submit multiple competing estimates

E. Matching Requirements

- 1) Proof that matching funds are either in hand or otherwise available
(e.g., copy of bank statement, commitment letter from grantor/donor, etc.)

F. Prior MCCTFC Grants

- 1) Continued list of prior grant awards, if necessary

G. Project Narrative

- 1) One page, single-spaced, 1-inch margins, 12 point Times New Roman, 500 words or less

H. Additional Project Information

- 1) Proof that the property is listed on, or is eligible to be listed on, the National Register of Historic Places, if applicable
- 2) Proof that the property is listed on, or is eligible to be listed on, the New Jersey Register of Historic Places, if applicable
- 3) Any formal Preservation Plan, Structures Report, Historic Landscape Report, or Conservation Assessments
- 4) Any formal Construction Documents
- 5) Proof of Community Support, optional (e.g., Letters of Support)
- 6) Proof of Municipal Support, optional (e.g., Letter of Support or Municipal Resolution of Support)

I. Photos

- 1) You may attach up to three (3) pages of photos of the property/structure, optional

J. ADDITIONAL REQUIREMENTS *(Not required to be submitted with this application)*

- 1) 8–Minute Oral Presentation (DVD or PowerPoint Presentation)
- 2) Site Visit by Committee with representative of applicant