



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**MISSOURI HERITAGE PROPERTIES PROGRAM**  
**GRANT APPLICATION (PAGE 1 OF 5)**

| FOR OFFICE USE ONLY |               |
|---------------------|---------------|
| PROJECT ID NUMBER   | DATE RECEIVED |

**QUESTIONS 1-4: GENERAL INFORMATION**

|   |                           |                    |     |
|---|---------------------------|--------------------|-----|
| 1. NAME OF APPLICANT REQUESTING GRANT FUNDS |                           | RECEIVING OFFICIAL |     |
| ADDRESS                                     | CITY                      | STATE              | ZIP |
| TELEPHONE NUMBER WITH AREA CODE             | FAX NUMBER WITH AREA CODE | EMAIL              |     |
| DUNS NUMBER                                 |                           |                    |     |

2. APPLICATION PREPARER IF SAME AS THE APPLICANT, CHECK HERE AND SKIP TO QUESTION #3

|                                 |                           |       |     |
|---------------------------------|---------------------------|-------|-----|
| APPLICATION PREPARER ADDRESS    | CITY                      | STATE | ZIP |
| TELEPHONE NUMBER WITH AREA CODE | FAX NUMBER WITH AREA CODE | EMAIL |     |

3. CONTACT PERSON FOR APPLICANT

|                                 |                           |       |     |
|---------------------------------|---------------------------|-------|-----|
| CONTACT PERSON ADDRESS          | CITY                      | STATE | ZIP |
| TELEPHONE NUMBER WITH AREA CODE | FAX NUMBER WITH AREA CODE | EMAIL |     |

|   |          |
|---|----------|
| 4. STATE SENATOR (ADD ADDITIONAL SHEETS IF REQUIRED): | DISTRICT |
|---|----------|

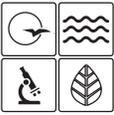
|   |          |
|---|----------|
| STATE REPRESENTATIVE (ADD ADDITIONAL SHEETS IF REQUIRED): | DISTRICT |
|---|----------|

**QUESTIONS 5-6: APPLICANT'S BACKGROUND [UP TO 15 POINTS]**

|  |                             |                              |
|--|-----------------------------|------------------------------|
| 5. HAS THE APPLICANT ADMINISTERED A MISSOURI HERITAGE PROPERTIES PROGRAM (MHPP) OR HISTORIC PRESERVATION FUND (HPF) GRANT IN THE PAST? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| IF YES, DID ANY OF THE GRANT PROJECTS REQUIRE AN EXTENSION TO BE COMPLETED?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| WERE MAJOR REVISIONS TO THE SCOPE OF WORK REQUESTED AFTER RECEIVING GRANT FUNDS?   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| HAS THE APPLICANT HAD TO WITHDRAW A PREVIOUS MHPP OR HPF GRANT PROJECT AND DE-OBLIGATE FUNDING?  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

|  |                             |                              |
|--|-----------------------------|------------------------------|
| DOES THE APPLICANT HAVE ANY ACTIVE MHPP OR HPF GRANTS STILL PENDING?<br>(IF YES, HOW MANY AND WHAT YEAR WERE THE PROJECTS AWARDED? IF THE PROJECT IS ACTIVE, HOW CLOSE IS IT TO COMPLETION?) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
|--|-----------------------------|------------------------------|

|  |
|--|
| 6. PLEASE INDICATE IF THE APPLICANT HAS PREVIOUS EXPERIENCE COMPLETING A HISTORIC BUILDING REHABILITATION. |
|--|



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**QUESTIONS 7-11: PROPERTY INFORMATION [UP TO 10 POINTS]**

7. PROPERTY NAME

8. HISTORIC STATUS OF THE PROPERTY (CHECK ALL THAT APPLY)  
 INDIVIDUALLY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES  
 CONTRIBUTING TO A NATIONAL REGISTER OF HISTORIC PLACES LISTED DISTRICT  
 NATIONAL HISTORIC LANDMARK (INDIVIDUALLY OR CONTRIBUTING TO A HISTORIC DISTRICT)

9. LEGAL DESCRIPTION

HAS A COPY OF THE OFFICIAL LEGAL DESCRIPTION BEEN ATTACHED TO THE APPLICATION?  NO  YES

HAS DOCUMENTATION OF OWNERSHIP BEEN PROVIDED (E.G. DEED TO THE PROPERTY)?  NO  YES

ARE THERE ANY ENCUMBRANCES (E.G. LIENS) ON THIS PROPERTY? (IF YES, PLEASE INCLUDE IN THE APPLICATION)  NO  YES

10. HAS THE PROPERTY BEEN A RECIPIENT OF FINANCIAL ASSISTANCE FROM THE STATE HISTORIC PRESERVATION OFFICE IN THE PAST 10 YEARS?  NO  YES

| IF YES, WHAT YEAR(S) | GRANT NUMBER | HOW MUCH? |
|----------------------|--------------|-----------|
|                      |              |           |

11. DOES THE PROPERTY HAVE A HISTORIC MAINTENANCE AND TREATMENT PLAN, FEASIBILITY STUDY, MASTER PLAN, OR OTHER SIMILAR DOCUMENT THAT IS LESS THAN 10 YEARS OLD? IF YES, PLEASE PROVIDE A COPY OF THE DOCUMENT.  NO  YES

IF YES, DID THE STATE HISTORIC PRESERVATION OFFICE REVIEW AND APPROVE THE DOCUMENT?  NO  YES

**QUESTION 12-16: PROJECT SUMMARY AND DESCRIPTION [UP TO 40 POINTS]**

12. PROJECT TYPE (CHECK ONE):  PRE-CONSTRUCTION (PLANNING)  CONSTRUCTION (DEVELOPMENT)

13. EXISTING CONDITION OF THE PROPERTY: PLEASE PROVIDE A DETAILED DESCRIPTION OF THE CURRENT CONDITION OF THE PROPERTY INCLUDING ALL WORK ITEMS THAT REQUIRE REHABILITATION. INCLUDE PHOTOGRAPHS OF THE INTERIOR AND EXTERIOR OF THE BUILDING, AS WELL AS DETAILS OF THE AREAS THAT NEED REHABILITATION THAT ARE KEYED TO A FLOORPLAN OF THE BUILDING.

14. IF GRANT FUNDING WERE AWARDED, WHICH OF THESE WORK ITEMS WOULD BE ADDRESSED? IF PRE-CONSTRUCTION, WHAT IS THE PURPOSE OF THE DOCUMENT?



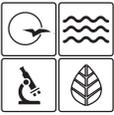
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15. DESCRIPTION/SCOPE OF WORK FOR THE PROJECT: IF CONSTRUCTION, PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT. PLEASE BE SURE TO INCLUDE A LIST OF THE REHABILITATION WORK TO BE COMPLETED, WHO WILL DO THE WORK, HOW THE WORK WILL BE PERFORMED, AND WHAT THE TIMELINE WILL BE FOR COMPLETING THE PROJECT. PLEASE MAKE SURE THAT THE TIME ESTIMATE INCLUDES ALL PHASES OF THE PROJECT (PROCUREMENT TO COMPLETION INCLUDING PAYMENT OF ALL BILLS, INSPECTIONS AND THE GRANT REIMBURSEMENT.)  
IF PRE-CONSTRUCTION, PLEASE INDICATE WHAT TYPE OF DOCUMENT (E.G. FEASIBILITY STUDY OR MASTER PLAN), IF THIS IS AN UPDATE OR NEW DOCUMENT AND HOW IT WILL BE USED BY THE OWNER.

**NOTE: RESPONSE SECTION ON THIS QUESTION NEEDS TO FILL A WHOLE PAGE**

16. DOES THE SCOPE OF WORK MEET THE SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION?  
<https://www.nps.gov/tps/standards/four-treatments/treatment-rehabilitation.htm>

NO  YES



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**QUESTION 17-20: PROJECT PLANNING AND IMPLEMENTATION [UP TO 10 POINTS]**

17. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN THE STATEWIDE COMPREHENSIVE HISTORIC PRESERVATION PLAN AND/OR A LOCAL OR REGIONAL MASTER PLAN? IF THERE IS A LOCAL OR REGIONAL PLAN, PLEASE PROVIDE A COPY OR LINK TO THE RELEVANT SECTION.

18. DID THE APPLICANT SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS?

|  |   |
|--|---|
| <input type="checkbox"/> YES (IF YES, DESCRIBE HOW AND PROVIDE THE DOCUMENTATION OUTLINED IN THE SUPPORTING DOCUMENTATION CHECKLIST) | <input type="checkbox"/> NO (IF NO, INDICATE IF THE PUBLIC WILL BE GIVEN AN OPPORTUNITY TO COMMENT AND HOW) |
|--|---|

19. PLEASE DESCRIBE ANY ONGOING EFFORTS TO PRESERVE THE BUILDING (INCLUDING ANY SPECIAL FUNDING SOURCES, COMMUNITY SUPPORT GROUPS, ETC.)

20. IS THE PROPERTY ENDANGERED? PLEASE LIST ANY FAILURES OR NON-COMPLIANCE WITH FEDERAL OR STATE REQUIREMENTS AND ATTACH SUPPORTING DOCUMENTATION SUCH AS CODE ENFORCEMENTS, REPORTS, OR VIOLATIONS.

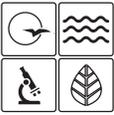
**QUESTIONS 21-23: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 10 POINTS]**

21. FOR EACH COST CATEGORY, FILL OUT THE BUDGET TABLE (BELOW) WITH THE GRANT AMOUNT REQUESTED AND THE MATCHING AMOUNT PROVIDED BY THE APPLICANT AND/OR DONOR. (USE WHOLE DOLLAR AMOUNTS ONLY. THE GRANT AWARD GENERALLY WILL NOT EXCEED \$150,000, AND THE MINIMUM MATCH PERCENTAGE IS 30%).

|   |                                  |              |
|---|----------------------------------|--------------|
| TO DETERMINE PERCENT OF MATCHING FUNDS:<br>A. ADD THE NON-STATE/LOCAL CASH AND NON-STATE/LOCAL IN-KIND AMOUNTS FOR THE TOTAL MATCHING FUNDS.<br>B. DIVIDE THE TOTAL MATCHING FUNDS BY THE TOTAL PROJECT COST. THIS WILL GIVE YOU THE PERCENTAGE OF MATCHING FUNDS.<br>C. INDICATE MATCHING FUNDS PERCENTAGE HERE: _____ | MATCHING FUNDS POINT VALUES      |              |
|   | % MATCH                          | POINTS       |
|   | 50% AND UP<br>40%-49%<br>30%-39% | 10<br>6<br>3 |

| COST CATEGORY          | STATE (GRANT REQUEST) | NON-STATE/LOCAL CASH | NON-STATE/LOCAL INKIND | TOTAL |
|------------------------|-----------------------|----------------------|------------------------|-------|
| CONTRACTOR             | \$                    | \$                   | \$                     | \$    |
| PERSONNEL              | \$                    | \$                   | \$                     | \$    |
| SUPPLIES               | \$                    | \$                   | \$                     | \$    |
| EQUIPMENT              | \$                    | \$                   | \$                     | \$    |
| TRAVEL/LODGING         | \$                    | \$                   | \$                     | \$    |
| OTHER (PLEASE SPECIFY) | \$                    | \$                   | \$                     | \$    |
| OTHER (PLEASE SPECIFY) | \$                    | \$                   | \$                     | \$    |
| TOTAL                  | \$                    | \$                   | \$                     | \$    |

22. PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH COST CATEGORY



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23. PROVIDE THE SOURCE OF MATCH. PROVIDE A COPY OF THE APPLICANT'S RESOLUTION OR LETTER AUTHORIZING IT TO MAKE APPLICATION FOR THE GRANT AND THE NAME AND LETTER OF INTENT (INCLUDING AMOUNT) OF ALL OTHER DONORS PROVIDING MATCH.

| DONORS | CONTRIBUTION |
|--------|--------------|
|        |              |
|        |              |
|        |              |
|        |              |
|        |              |

**QUESTION 24: MHPP APPLICATION WORKSHOP ATTENDANCE [5 POINTS]**

24. DID THE APPLICANT ATTEND THE MHPP GRANT APPLICATION WORKSHOP THIS YEAR?  NO [0 POINTS]  YES [5 POINTS]

**DISCRETIONARY BOARD MEMBER CRITERIA [UP TO 10 POINTS]**

AT LEAST FOUR MEMBERS OF THE STAFF WILL REVIEW AND SCORE THE MHPP GRANT APPLICATIONS. THE SCORING TEAM MAY AWARD THE PROJECT ADDITIONAL POINTS BASED UPON THEIR SUBJECTIVE EVALUATION OF THE APPLICATION, NOTABLY THE DETAILS PROVIDED IN THE "PROJECT SUMMARY AND DESCRIPTION" AND "PROJECT PLANNING AND IMPLEMENTATION" SECTIONS.

**SUPPORTING DOCUMENTATION CHECKLIST**

USE THE BELOW CHECKLIST TO ENSURE THE PROJECT APPLICATION IS COMPLETE (FOR MORE INFORMATION SPECIFIC TO EACH ITEM, REFER TO THE APPLICATION INSTRUCTIONS)

|  |  |
|--|--|
| <input type="checkbox"/> OFFICIAL LEGAL DESCRIPTION & DOCUMENTATION OF OWNERSHIP (E.G. DEED)       | <input type="checkbox"/> HISTORIC MAINTENANCE AND TREATMENT PLAN, FEASIBILITY STUDY, MASTER PLAN OR SIMILAR DOCUMENT |
| <input type="checkbox"/> COPY OF ANY ENCUMBRANCES ON THE PROPERTY (E.G. LIENS)                     | <input type="checkbox"/> RESOLUTION OR APPLICANT'S LETTER OF SUPPORT   |
| <input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE                          | <input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT   |
| <input type="checkbox"/> PHOTOGRAPHS OF THE BUILDING (INTERIOR AND EXTERIOR) KEYED TO A FLOOR PLAN | <input type="checkbox"/> AERIAL PHOTO OF THE BUILDING  |
| <input type="checkbox"/> DRAWINGS OR SPECIFICATIONS (IF APPLICABLE)                                | <input type="checkbox"/> DOCUMENTATION THAT THE BUILDING IS ENDANGERED IF THAT IS THE CASE                           |
| <input type="checkbox"/> COPY OF LOCAL OR REGIONAL PLAN REFERENCED IN QUESTION 17.                 |  |

**CERTIFICATION OF RESPONSIBLE PERSON**

A RESPONSIBLE OFFICIAL FROM THE APPLICANT'S ORGANIZATION MUST SIGN AND DATE THE APPLICATION. APPLICATIONS WITHOUT SIGNATURE WILL NOT BE SCORED.

"I hereby certify that the information contained in this application packet is true and correct to the best of my knowledge. I understand that the application will be rated solely on the information provided on the application and in the enclosed supporting documentation. The submission of incorrect information and the lack of required documentation can result in this application being withdrawn from consideration for funding."

|              |       |
|--------------|-------|
| SIGNATURE    | TITLE |
| PRINTED NAME | DATE  |

**MAIL COMPLETED APPLICATION**

MAIL TWO COPIES OF COMPLETED APPLICATION TO:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 MISSOURI STATE PARKS  
 ATTN: PRESERVATION PLANNER & GRANTS MANAGER  
 PO BOX 176  
 JEFFERSON CITY, MO 65102-0176