

MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
HISTORIC PRESERVATION FUND GRANT PROGRAM CFDA 15-904
PRE- AND CONSTRUCTION GRANT APPLICATION (PAGE 1 OF 5)

FOR OFFICE USE ONLY	
PROJECT ID NUMBER	DATE RECEIVED
CERTIFIED LOCAL GOVERNMENT IN GOOD STANDING? <input type="checkbox"/> NO <input type="checkbox"/> YES	

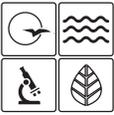
QUESTIONS 1-4: GENERAL INFORMATION

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 <input type="checkbox"/>			
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
U.S. 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? (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 THE 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(S)	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?



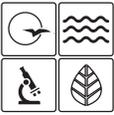
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15. DESCRIPTION/SCOPE OF WORK FOR THE PROJECT: IF CONSTRUCTION, PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT. PLEASE BE SURE TO INCLUDE A LIST OF THE REHABILITATION WORK TO BE COMPLETED, WHO WILL DO THE WORK, HOW THE WORK WILL BE PERFORMED, 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)
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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.

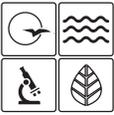
QUESTIONS 21-23: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 10 POINTS]

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 \$50,000, and the minimum match percentage is 40%).

TO DETERMINE PERCENT OF MATCHING FUNDS: A. ADD THE NON-FEDERAL/LOCAL CASH AND NON-FEDERAL/LOCAL IN-KIND AMOUNTS FOR THE TOTAL MATCHING FUNDS. B. DIVIDE THE TOTAL MATCHING FUNDS BY THE TOTAL PROJECT COST. THIS WILL GIVE YOU THE PERCENTAGE OF MATCHING FUNDS. C. INDICATE MATCHING FUNDS PERCENTAGE HERE: _____	MATCHING FUNDS POINT VALUES	
	% MATCH	POINTS
	60% AND UP 50%-59% 40%-49%	10 6 3

COST CATEGORY	FEDERAL (GRANT REQUEST)	NON-FEDERAL/ LOCAL CASH	NON-FEDERAL/ 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: PRE-APPLICATION [5 POINTS]

24. DID THE APPLICANT ADDRESS ALL COMMENTS BY THE STATE HISTORIC PRESERVATION OFFICE NOTED IN THE PRE-APPLICATION? 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 HPF 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.	<input type="checkbox"/> RESOLUTION OR LETTER OF SUPPORT FROM HISTORIC PRESERVATION COMMISSION WITH PRIMARY JURISDICTION WHERE APPLICABLE

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