



MHS USE ONLY:
DATE RECEIVED: _____
PROJECT NUMBER: _____

STATE CAPITAL PROJECTS GRANTS-IN-AID PROGRAM APPLICATION

1. APPLICANT INFORMATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CITY, COUNTY, STATE, ZIP: _____ TELEPHONE: _____

2. CONTACT INFORMATION

AUTHORIZED OFFICER:

PRINT NAME AND TITLE _____

SIGNATURE _____

DAYTIME PHONE _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) _____

PROJECT DIRECTOR:

PRINT NAME AND TITLE _____

SIGNATURE _____

DAYTIME PHONE _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) _____

3. PROJECT INFORMATION

PROPERTY NAME AND LOCATION:

NAME: _____

ADDRESS: _____

BUDGET INFORMATION

GRANT REQUEST: _____

APPLICANT MATCH*: _____

TOTAL BUDGET: _____

NATIONAL REGISTER STATUS (CHECK ONE):

1. LISTED IN THE NATIONAL REGISTER

2. ELIGIBLE FOR THE NATIONAL REGISTER

BRIEF PROJECT DESCRIPTION

4. BRIEF HISTORY AND SIGNIFICANCE OF PROPERTY: Provide a brief history of the property. Explain why the property is historically or architecturally significant. DO NOT ATTACH THE NATIONAL REGISTER NOMINATION FORM TO YOUR APPLICATION.

5. PHYSICAL DESCRIPTION AND DESCRIPTION OF NEED: Describe the structure and its current physical condition. Summarize the need for the work that is being proposed.

6. PROJECT PLANNING AND TIMETABLE: Describe the planning that has been completed and provide a timetable for the project. Note: Projects cannot begin until the January after the grants are awarded.

7. PROPERTY USE AND FUNDING: Describe how the property is currently used and how it will be used after the completion of the project. Describe the intended long-term use for the property and the source of financial resources for its continued preservation.

8. PUBLIC BENEFIT: Describe how the public will benefit from the project.

11. MATCHING FUNDS: Describe the source of the matching funds and whether they have been approved for use on the project. Be as specific as possible.

1. CASH MATCH:

| <u>Source</u> | <u>Status *(See note below)</u> | <u>Amount</u> |
|---------------|---------------------------------|---------------|
|---------------|---------------------------------|---------------|

TOTAL: _____

*Note: Be specific. Do not use terms such as anticipated or planned. If the funds are not already secured and budgeted, describe how and when they will be.

2. IN-KIND SERVICES :

| <u>Employee/Title</u> | <u>Pay Rate* (See note below)</u> | <u>Hours</u> | <u>Wage Value</u> |
|-----------------------|-----------------------------------|--------------|-------------------|
|-----------------------|-----------------------------------|--------------|-------------------|

TOTAL: _____

*Note: The employee's current wage plus benefits can be claimed.

3. DONATED SERVICES :

| <u>Volunteer/Title</u> | <u>Pay Rate* (See note below)</u> | <u>Hours</u> | <u>Wage Value</u> |
|------------------------|-----------------------------------|--------------|-------------------|
|------------------------|-----------------------------------|--------------|-------------------|

TOTAL: _____

*Note: The current minimum wage should be used for non-skilled general labor. If a volunteer is providing service in the area of his/her training, calculate the value at his/her usual hourly rate of pay.

4. DONATED MATERIALS :

| <u>Item</u> | <u>Value</u> |
|-------------|--------------|
|-------------|--------------|

TOTAL: _____

TOTAL VALUE OF APPLICANT MATCH _____
(Add totals of 1 - 4 above)