

# NATIONAL REGISTER NOMINATION GRANT APPLICATION

## I. APPLICANT INFORMATION

Organization's **Federal Identification Number**: \_\_\_\_\_

A. Applicant Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

B. Is the applicant the owner of the property proposed for documentation under this grant program?

☐ Yes

☐ No

How was ownership verified? \_\_\_\_\_

If not, provide the owner(s)' name, address and phone  
number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is the owner aware of this grant application?

☐ Yes

☐ No

If the owner is not aware, please explain  
why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. PROPERTY TO BE NOMINATED

A. Property Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

County: \_\_\_\_\_

B. Is the property endangered? ☐ Yes ☐ No

If it is, please explain below:

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C. Why is the property eligible for nomination to the National Register of Historic Places?

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D. Have you included photographs with this application? ☐ Yes ☐ No

### III. GRANT REQUEST AND MATCH

(Note: The maximum grant request is \$3,000. If you request \$3,000, the nonfederal matching share required is \$2,000. Please be aware that consultant fees may exceed the total of \$5,000, depending on the nature of your historic property. Therefore, the applicant will be responsible for providing any additional funding that might be needed.)

A. Total Grant Amount Requested: \$ \_\_\_\_\_

B. Total Cash Match Available: \$ \_\_\_\_\_

List the source(s) and amount(s) of the matching funds:

Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

### IV. CERTIFICATION

**I hereby certify that all information provided as a part of this application is, to the best of my knowledge, accurate and complete.**

\_\_\_\_\_  
Signature (Type name as you would sign it)

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_