

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:

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

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

III. GRANT REQUEST AND MATCH

(Note: The maximum grant request is \$1,000. If you request \$1,000, the nonfederal matching share required is \$700. Please be aware that consultant fees may exceed the total of \$1,700, 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: _____