

Applications due by 4:00pm  
Thursday, April 18, 2024

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PRESERVE NEW JERSEY  
HISTORIC PRESERVATION FUND  
2024 GRANT APPLICATION  
CAPITAL LEVELS I, II, & III

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[www.njht.org](http://www.njht.org)  
[njht@dca.nj.gov](mailto:njht@dca.nj.gov)  
(609) 984-0473



## Instructions

All questions with an \* are *required*. Some questions are only required if you gave a certain answer in a previous question. Those are denoted with a +.

Make sure to adhere to the maximum word limits on all questions. You will not be able to enter more than this in the online application, and evaluators will not consider answers that exceed the limit.

All applicants should read the [Grant Guidelines](#) (PDF) carefully before applying. The guidelines include important information about eligible applicants and activities, criteria for evaluation, schedule for review, and more.

In addition to the application, you will need to submit a USB drive with supporting documentation to the New Jersey Historic Trust's office by the application deadline. A Supporting Documents Checklist is included at the end of this application. The end of each section also has a list of supporting documents for that section.

The [Applicant's Governing Body/Board Resolution and Assurances](#) (Word doc) are required as part of Attachment A on the USB drive. [Owner Approval](#) (Word doc) is required as part of Attachment B for any properties not owned by the applicant. Additionally, for those applicants who do not own the property and do not have a long-term lease (minimum of 15 years), the [Joint Signatory Consent](#) form (Word doc) is required as part of Attachment B.

Whether you are submitting the application online or have been given permission by the New Jersey Historic Trust to submit as a Word document, ***do not wait until the last minute!*** This is a complex application. Start early to avoid missing the deadline.

Applications and USB drives are due to the New Jersey Historic Trust office by **4:00pm on April 18, 2024**, no exceptions.

## Eligibility Statements

The following application is for Capital Level I, II, and III projects. This includes projects such as the rehabilitation, restoration, and preservation of historic structures, visitor amenities, archaeological investigations, structural stabilization, etc. For a full list of eligible projects, please review the [Grant Guidelines](#) or contact New Jersey Historic Trust staff at 609-984-0473.

To be eligible for this grant program:

- The applicant must be an entity of county, municipal, or state government **OR** a 501c tax-exempt organization in compliance with NJ charity registration laws.
- The applicant must own the propert(ies) **OR** have permission from the owner(s) to conduct the proposed activities.
- The resource must be individually listed in the New Jersey or National Register of Historic Places **OR** is a contributing resource to a New Jersey or National Register-listed historic district.

Make sure to review the [Grant Guidelines](#) for all eligibility criteria and contact New Jersey Historic Trust staff with any questions at 609-984-0473 or [njht@dca.nj.gov](mailto:njht@dca.nj.gov).

## Applicant Information

**Organization Type:\***

- Entity of County, Municipal, or State Government  
 501(c) Tax Exempt Organization

**Applicant Organization Name:\***

**Organization Mailing Address:\***

**Organization Website:**

**Organization Socials (Facebook, Instagram, etc.):**

**Federal EIN:\***

*+Required for 501(c) organizations only:*

**[NJ Charitable Registration Number:](#)**

**Primary Contact Person First Name:\***

**Primary Contact Person Last Name:\***

**Primary Contact Person Phone Number:\***

**Primary Contact Person Email:\***

**ATTACHMENTS CHECKLIST FOR THIS SECTION (Attachment A – Applicant Information):**

If applicable, provide the following documentation in a folder labeled "Attachment A" on the USB drive:

1. IRS 501(c) Determination Letter (required for non-profit applicants only)
2. [Applicant's Governing Body/Board Resolution and Assurances](#) (required)
3. Notice of Charities Registration Number (required for non-profit applicants only)

## Property Ownership

**Are all properties owned by the applicant?\***

Yes

No

**+Required if No: For any properties not owned by the applicant, the Owner Approval form must be included on the USB drive as Attachment B. The Owner Approval form can be found at the end of this document.**

**+Required if Owner Approval cannot be obtained by the application deadline: Please explain why not and what the timeline is for obtaining it: (250 word max)**

Please note that if Owner Approval cannot be obtained, your application will be ineligible for funding.

**+Required if property not owned by applicant: For any properties not owned by the applicant, is there a long-term lease (15 years or more) in place that allows the applicant to conduct the proposed project?**

Yes

No

**+Required if Yes: Please include a copy of the signed lease agreement as part of Attachment B on the USB drive.**

**+Required if No: Please explain the current ownership status and the plans to meet the property ownership criteria of this grant program. If you do not have a long-term lease in place, you are required to submit the Joint Signatory Consent form as part of Attachment B. The owner of the property must be an eligible applicant (non-profit organization or entity of municipal, county, or state government) and be willing to co-sign the grant agreement. If the applicant does not own or lease the properties, and you are unable to complete the Joint Signatory Consent form, you may not be eligible for this grant. (250 word max)**

**When and how did the applicant acquire or lease the property?**

### **ATTACHMENTS CHECKLIST FOR THIS SECTION (Attachment B – Property Ownership):**

If applicable, provide the following documentation in a folder labeled "Attachment B" on the USB drive:

1. [Owner Approval](#)
2. Signed Lease Agreement
3. [Joint Signatory Consent](#)

## Resource Information & Historic Significance

To be eligible for a Capital grant, all properties must be individually listed or a contributing resource to a listed historic district in the New Jersey or National Register of Historic Places by **August 1, 2024**.

To determine a property's register status, visit the [State Historic Preservation Office \(SHPO\) website](#). You can also utilize the [LUCY GIS](#) platform, an online viewer for New Jersey's cultural resources inventory. Some National Register nominations have been digitized and can be found in the [National Park Service database](#). If you still cannot find your property, or have questions about register status only, contact the New Jersey Historic Preservation Office at 609-940-4312.

If the property is in a historic district, but not specifically noted as contributing, you must obtain a letter from the State Historic Preservation Office (SHPO) certifying that it is a contributing resource. A certification letter must be requested from the SHPO **at least 45 days before** the application deadline.

If your property is not yet listed on the New Jersey Register but will be presented to the [New Jersey State Review Board for Historic Sites](#) prior to **August 1, 2024** for final approval and listing, please include a letter from SHPO acknowledging the status of your nomination.

If you have questions about the overall eligibility of your proposed project, contact the New Jersey Historic Trust at 609-984-0473.

Over time, historic sites may be known by different names. When referencing your property, please use the name provided on the [State Historic Preservation Office \(SHPO\) website](#).

**Property Name, as listed by the SHPO:\***

**Physical property address:\***

**Property City:\***

**Property County:\***

**Provide a link to the property in [Google Maps](#):\***

**NJ Legislative District of the property ([find your legislator](#)):\***

**US Congressional District of the property ([find your representative](#)):\***

**What is the register status of the resource? Select all that apply.\***

- Individually listed
- Contributing resource to a historic district
- New Jersey Register listed
- National Register listed
- National Historic Landmark
- None of the above

***+Required if none of the above:* Please note that in order to be eligible, all properties must be listed by August 1, 2024. If your property is not yet listed on the New Jersey Register but will be presented to the New Jersey State Review Board for Historic Sites prior to August 1, 2024 for final approval and listing, please include a letter from HPO acknowledging the status of your nomination.**

**Based on the New Jersey or National Register listing, which criteria of significance does your resource(s) or district meet?\***



## Resource Information & Historic Significance

- Criterion A, "Event", the property must be associated with a major pattern of American history.
- Criterion B, "Person", is associated with significant people of the American past.
- Criterion C, "Design/Construction", concerns the distinctive characteristics of the building by its architecture and construction, including having great artistic value or being the work of a master.
- Criterion D, "Information potential", often addressed through archaeology, is satisfied if the property has yielded or may be likely to yield information important to prehistory or history.

**Briefly explain if there have been changes or additions to the significance of the resource since the original nomination and listing.** (100 word max) *Example: Since the original nomination was submitted, we have discovered more information regarding the role of enslaved laborers that lived in the attic spaces of the property.*

**What was the property's historic use? What is the current use? What are the projected future plans for the property? Please include dates when available.** (100 word max)\*

*Example:*

- 1) *Historic use: boarding house (1700-1750); inn (1750-1800); bar (1800-1950),*
- 2) *Current use: house museum and community center (1950-Present),*
- 3) *Future use: house museum and community center (1900-no date)*

**How did the property evolve to meet changing needs? Changes should not be limited to physical alterations.** (100 words max)\*

*Example: Addition added to rear elevation (1820); interior walls removed on second floor to create storage space (approx. 1920); second-floor walls reinstalled to represent layout during period of significance; ADA accessible ramp added to porch (2000); organization's mission changed to adapt to community need for a community center (2005)*

**Is your property endangered? If so, briefly explain the nature of the threats and why they developed?** (100 word max)\*

*Example: The historic resource is located within a FEMA 100-year flood zone and has been harshly impacted by increased rainfall due to climate change. Flooding has made the basement unusable and has resulted in the deterioration of the structure's foundation. The first floor is also full of mold, making the occupation of the building unsafe until the issues with the water and mold are remediated.*

### ATTACHMENTS CHECKLIST FOR THIS SECTION

**(Attachment C – Resource Information & Historic Significance):**

If applicable, provide the following documentation in a folder labeled "Attachment C" on the USB Drive.

1. The most recent nomination form for each property or historic district. As a reminder, a letter certifying the resource as a contributing structure to a listed historic district must be requested from the SHPO at least 45 days before the application deadline. *For more information about including nomination and eligibility information see the Supporting Documents Checklist.*
2. If your property is not yet listed on the New Jersey Register, but will be presented to the [New Jersey State Review Board for Historic Sites](#) prior to **August 1, 2024** for final approval and listing, please include a letter from HPO acknowledging the status of your nomination.

## **Resource Information & Historic Significance**

If you need a copy of your nomination form, some National Register nominations have been digitized and can be found in the [National Park Service database](#). If your nomination has not been digitized, or your site is not National Register-listed, and you need a copy, contact the New Jersey Historic Preservation Office at (609) 940-4312.



## Climate Change

**Which of the following climate hazards have the potential to affect the resource based on the county it is located in? Select all that apply. ([Risk Index Map](#))\***

- Avalanche
- Coastal flooding
- Cold wave
- Drought
- Earthquake
- Hail
- Heat wave
- Hurricane
- Ice storm
- Landslide
- Lightning
- Riverine flooding
- Strong wind
- Tornado
- Tsunami
- Volcanic activity
- Wildfire
- Winter weather
- None of the above

**How are you factoring climate change into your preservation efforts? How will this project in particular address climate change? (500 word max)\*** *Example: Our work will include the regrading of the surrounding landscape to aid in proper site drainage and the removal of trees close to the resource that may fall on the structure in heavy storm events.*

**Is the resource located in a flood zone? ([Flood Map](#))\***

- Yes
- No
- Unknown

**Does your resource have flood insurance?\***

- Yes
- No
- Not Required

**+Required if No or Not Required: Please explain why you have not purchased flood insurance or why it is not required for your property. (50 words max)**

**Has the applicant organization attended any events regarding climate change's effects on cultural resources?\***

- Yes
- No

**+Required if Yes: List the relevant climate change events attended by the project team members or applicant organization. Example: Rutgers Climate Change Resource Center, American Association for State and Local History, Northeast Regional Climate Center, NJ Cultural Alliance for Response.**

## Project Concept & Team

**Choose what range your grant request falls under:\***

- Level I (\$5,000 - \$150,000)
- Level II (\$150,001 - \$750,000)
- Level III - Multiphase (\$500,000 - \$750,000 per phase)

***+Required if Level III – Multiphase: The grant request per phase must be at least \$500,000. Each phase must be substantially complete before funding for the next phase will be available. Funding for future phases is based upon future appropriations.***

**Describe the project for which funding is requested in this grant round. Identify the project goals and explain how the overall project addresses the needs of the resource. (500 word max)\***

Download and complete the [Capital Scope of Work Form](#) and include it on the USB drive as part of Attachment D. Using this form, please describe the scope of work for your proposed project by breaking individual work items out by [CSI construction division](#). The items in each division should correspond to the dollar amounts assigned to each division in your Capital Budget Worksheet (found in the following application section, “Project Budget”). For multiphase applicants, you are only required to complete the Capital Scope of Work Form for Phase I of your proposed project.

**How does this project fit into the larger preservation efforts of your organization or preservation goals for the resource? (250 word max)\***

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Level III - Multiphase applicant questions:

**It is strongly recommended that you obtain professionally prepared cost estimates before submitting a multiphase funding request. Have professionally prepared cost estimates been obtained for the entire project?\***

- Yes
- No

**How many phases is the entire project broken into?\***

**How many phases are you requesting funding for?\***

**Explain how your project fits the multiphase program and how the multiphase funding opportunity will benefit your project. (500 word max)\***

**Grant Request for Phase I\***

**Total Project Costs for Phase I\***

**Expected Start Date for Phase I\***

**Expected Completion Date for Phase I\***

**Brief Description of Proposed Work for Phase I (500 word max)\***

**Grant Request for Phase II\***

**Total Project Costs for Phase II\***

**Expected Start Date for Phase II\***

**Expected Completion Date for Phase II\***

**Description of Proposed Work for Phase II (500 word max)\***

**Grant Request for Phase III**

## Project Concept & Team

**Total Project Costs for Phase III**

**Expected Start Date for Phase III**

**Expected Completion Date for Phase III**

**Description of Proposed Work for Phase III (500 word max)**

**Grant Request for Phase IV**

**Total Project Costs for Phase IV**

**Expected Start Date for Phase IV**

**Expected Completion Date for Phase IV**

**Description of Proposed Work for Phase IV (500 word max)**

**Grant Request for Phase V**

**Total Project Costs for Phase V**

**Expected Start Date for Phase V**

**Expected Completion Date for Phase V**

**Description of Proposed Work for Phase V (500 word max)**

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All applicant questions:

**Work proposed in this project is for (select all that apply):\***

- Interior
- Exterior
- Site

**What is the predominant [historic preservation treatment, as noted in the Secretary of the Interior's Standards for Historic Preservation](#), being applied in this project?\***

- Preservation
- Rehabilitation
- Restoration
- Reconstruction (Please see the [Grant Guidelines](#) for additional information regarding this project type)

**Other activities included in this project (select all that apply):\***

- Archaeology
- Conservation
- ADA Accessibility
- Interpretive materials
- Planning documents (HSR, Preservation Plan, Conditions Assessment, Materials Analysis, etc.)
- Preparation of Design Documents (schematic, construction, or HABS documents, specifications, etc.)
- Construction Administration
- Improvements
- New construction
- Visitor Amenities
- Other:

## Project Concept & Team

Please note that archaeological consideration will be required for all projects that involve ground disturbance. Historic Structure Reports, Preservation Plans, and updates to these documents should follow the formatting and guidelines in the [HSRs & Preservation Plans: A Preparation Guide, 2nd Edition](#).

**List the planning documents that substantiate the work proposed in this project, including the year the document was completed. If part of this grant proposal includes preparation of or updates to planning documents, please note that. (250 word max)\***

**Current project status (select all that apply):\***

- Project not started yet
- Preliminary Scope of Work prepared
- Request for Proposal (RFP) for consultant services prepared
- Proposals submitted
- Consultant selected
- Consultant under contract
- Schematic/design development
- Construction documents complete
- Bid package prepared
- Project out to bid
- Contractor selected
- Construction underway
- Other

**+Required if consultant selected: Please provide the name of the consulting firm and outline the role that they will perform within the bounds of the overall project:**

**+Required if contractor selected: Please provide the name of each contractor and outline the role that they will perform within the bounds of the overall project:**

**If applicable, please provide the names of additional consultants (engineers, archaeologists, etc.) that will be involved in the project and the roles that they will perform within the bounds of the overall project:**

**Proposed project schedule including major milestones: (100 words max)\***

*Example:      Develop Construction Documents – 2 Months After Award Announcement  
                  Kick-off meeting with selected contractor – 2 Months After Grant Agreement Executed  
                  Groundbreaking – 1 Month After Kick-Off Meeting  
                  Construction complete – 18 Months After Groundbreaking  
                  Grand Re-Opening – 1 Month After Completion of Construction*

## Project Concept & Team

### ATTACHMENTS CHECKLIST FOR THIS SECTION (Attachment D – Project Concept & Team):

If applicable, provide the following documentation in a folder labeled "Attachment D" on the USB drive:

1. Scope of work, Request for Proposals, proposals received and/or selected, signed contracts
2. [Capital Scope of Work Form](#) (narrative description of proposed capital work, broken out by [CSI construction division](#))
3. Proposed fees and construction estimates for the entire project (for multiphase proposals, provide fees and estimates broken down by individual phases as well as for the entire project)
4. Design documents, construction documents, bid documents
5. Planning documents that substantiate the proposed work
6. Resume/credentials of proposed and/or selected consultant and/or contractor

## Project Budget

To determine the minimum match for Level I grants, first determine your total project costs. If total project costs are between \$5,000 and \$250,000 multiply the project total by 0.4. For example, if the project total is \$100,000, the required match is \$40,000. If total project costs are between \$250,000 and \$300,000 you will subtract the maximum grant award of \$150,000 from your total project cost to determine the minimum match required. For example, if the project total is \$274,500 the required match is \$124,500. ( $\$274,500 - \$150,000$ ).

The minimum match for Level II is the same number as the grant request, since it is a 1:1 match. For example, if the grant request is \$500,000, the required match is \$500,000 for a total project cost of at least \$1,000,000.

The minimum match for Level III - Multiphase is the same number as the grant request, since it is a 1:1 match (please list the minimum match requirement for Phase I below). For example, if the grant request for each phase is \$750,000 for three phases, the match would be \$750,000 for each phase, for a total project cost of \$2,250,000.

Matching funds derived from other Corporate Business Tax (CBT) funds, or from special appropriations awarded by the Legislature, shall not be used as the matching share of project costs by nonprofit organizations or local government units. If Federal funds are used as a match, additional documentation may be required.

**Total project cost:\***

**Grant request:\***

*+Required if pursuing a Level III - Multiphase grant:*

**Grant Request for Phase I:\***

**Grant Request for Phase II:\***

**Grant Request for Phase III:**

**Grant Request for Phase IV:**

**Grant Request for Phase V:**

**Match required to complete project (subtract grant request from total project cost):\***

**Amount of match already raised (match-in-hand):\***

**Remaining match needed (subtract match-in-hand from match required to complete project):\***

For capital grants, up to 25% of the total grant funded project cost can be claimed as “match expended.” To qualify, the match must have been spent within two years of the application deadline (between April 18, 2022 and April 18, 2024) **AND** the work must meet the [Secretary of the Interior's Standards](#). Example: *The total grant funded project cost is \$1,000,000. Up to \$250,000 can be claimed as “match expended.” With a grant request of \$500,000, the remaining match would be \$250,000.*

For capital grants, up to 20% of the total grant funded project cost can be utilized for non-construction costs. Example: *The total grant funded project cost is \$1,000,000. Up to \$200,000 can be utilized for non-construction costs. Note: The 25% “match expended” and 20% non-construction limits are not exclusive of each other. If non-construction costs are being used as “match expended,” that amount cannot exceed 20%. So, if the total grant funded project cost is \$1,000,000, and \$200,000 is being used for non-construction “match expended” costs, only an additional \$50,000 could be claimed as match expended.*

## Project Budget

Does your project have any match expended?\*

- Yes
- No

**+Required if Yes: Match expended amount (should not be more than 25% of total grant funded project cost):**

**+Required if Yes: Itemize all work items that are considered "match expended." Include a brief description of the item, when work was begun and completed, and the cost. (500 word max)\***

**Do you have any expenses that are ineligible for reimbursement but are necessary to complete your project? See the [Grant Guidelines](#) for a list of ineligible activities.\***

- Yes
- No

**+Required if Yes: Explain what the ineligible expenses are and how you will fund these costs.**

*Example: Some ineligible activities include non-construction costs in excess of 20% of the grant funded total project cost, furnishings, and administrative costs. (500 word max)*

**Cost estimates for the project are based on:\***

- Architect's estimate
- Engineer's estimate
- Contractor's proposal
- Preliminary estimates from a design professional
- Quantity take-offs from measured drawings
- Competitive bids based on construction drawings
- Other:

Itemized project budget: Download and complete the [Capital Project Budget Worksheet \(Excel\)](#) and include it on the USB drive as Attachment E. If your project includes multiple structures, fill out one structure per tab. Add more tabs as needed.

For Level III - Multiphase applicants, download and complete the [Capital Multiphase Budget Worksheet \(Excel\)](#) and include it on the USB drive as Attachment E.

Construction work is broken out by CSI divisions. [Click here for a list of CSI divisions.](#)

**ATTACHMENTS CHECKLIST FOR THESE SECTIONS (Attachment E – Project Budget):**

If applicable, include the following documentation in a folder labeled "Attachment E" on the USB drive:

1. Documentation of match expended (including contracts with professionals, invoices, proof of payment, before and after photos, and SHPO authorization for government owned resources)
2. [Capital Project Budget Worksheet](#) or [Capital Multiphase Budget Worksheet](#)



## Organizational Ability

**Describe your organization, its mission, and the audience it reaches. Explain the role that your resource plays in the mission of your organization. (500 word max)\***

**Explain how both cyclical and long-term maintenance of the resource are addressed. Include information about any organizational structure such as a building/maintenance committee or other individuals responsible to make decisions regarding the resource's preservation and maintenance. Identify any planning documents that help guide maintenance decisions. (500 word max)\***

**Have any staff, board, volunteers, or project team members attended the following professional development activities in the past 2 years? Select all that apply.**

- New Jersey Historic Trust & New Jersey Historical Commission Best Practices Workshops
- New Jersey History & Historic Preservation Conference
- Historic Preservation Commission Trainings
- Continuing Education in Historic Preservation classes at Rutgers Camden (M.A.R.C.H)
- Other

**Who will be managing this project? List their names, their relationship to the organization, and their role in the project. List any relevant examples of grants managed by the organization in the past five years. (250 word max)\***

**Does your organization currently have any open grants with the New Jersey Historic Trust?\***

- Yes
- No

**+Required if Yes: Explain the status of your open grants and how your organization has the capacity to manage more than one open grant at a time. (100 word max)\***

**List any relevant examples of the organization's experience working with consultants and/or contractors. Include the firm name, service provided, contract amount, project start and end date, and project manager. (100 word max)\***

**If applicable, explain how you will raise the remaining matching funds for this project or for additional preservation efforts being completed by your organization or at the resource. Include grants you have applied for or plan to apply for and the expected time frame for raising the match. (500 word max)**

**List any recent relevant examples of the organization's experience with successful fundraising campaigns including approximate amounts raised and/or any upcoming planned fundraising campaigns including goal amounts. (250 word max)\***

*Example:*

*Capital campaign – Roof replacement:*

*Fall 2022 Halloween Ghost Tours - \$7,500*

*Summer 2023 Fireworks Festival - \$10,000*

*Winter 2023 Holiday Gala - (Upcoming, Goal \$30,000)*

*Spring 2024 Home and Garden Tours - (Planned, Goal \$10,000)*

## Organizational Ability

### **ATTACHMENTS CHECKLIST FOR THESE SECTIONS (Attachment F – Organizational Ability):**

If applicable, include the following documentation in a folder labeled "Attachment F" on the USB drive:

1. Cyclical Maintenance Plan
2. Resume/credentials of project manager/project team
3. Documentation of match-in-hand
  - Non-profit organizations must provide account statements or letters of funding commitment showing the amount of available funds
  - County or municipal government applicants must provide a governing body resolution committing specific matching funds
  - Multiphase applicants must provide documentation of match-in-hand for this phase and subsequent phases
4. Organization's current year-to-date balance sheet showing income and expenses to date and past year's summary balance sheet showing income and expenses (required for non-profit applicants only)

## Public Access & Benefit

**Explain how your resource is interpreted to the public.** (500 word max)\*

**How does your organization assess the needs of the community and work to address them? Please further demonstrate this in Attachment G, “Organizational Ability.”** (500 word max)\*

**Is the resource compliant with the [Americans with Disabilities Act \(ADA\)](#)? If so, to what extent? If not, explain how you plan to improve accessibility.** (500 word max)\*

**Is the resource located within a Certified Local Government (CLG) municipality?** ([List of CLGs](#))\*

Yes

No

**Is the resource open to the public on a regular basis?\***

Yes

No

**+Required if No: Explain why not.** (100 word max)

**Current hours of operation:** (100 words max)\* *Example: The first and third Saturday of each month from 11AM – 4PM*

**Do you have plans to expand your hours of operation?** (100 word max)\*

**Number of days/year the site is open:** (50 words max)\*

**Are visitation numbers collected?\***

Yes

No

**+Required if Yes: Number of visitors/year (based on visitation records):** (100 words max)\*

Special consideration will be given to grant proposals that address the following themes:

**The 250<sup>th</sup> Anniversary of the American Revolution.** The United States Semiquincentennial will be celebrated in 2026 to commemorate the 250<sup>th</sup> anniversary of the nation and its victory in the American Revolution. Grant proposals that aim to promote New Jersey’s role in the Revolutionary War are encouraged.

**Underrepresented Histories.** In keeping with the [New Jersey Comprehensive Statewide Historic Preservation Plan](#) (2023-2028), the New Jersey Historic Trust (NJHT) seeks to expand representation of marginalized groups and empower meaningful involvement of minority constituencies in the identification, preservation, and interpretation of historic resources. NJHT encourages applications demonstrating efforts and/or initiatives that consider and engage with underrepresented histories including, but not limited to, Black history, civil rights history, women’s history, disability history, Indigenous history, Latinx history, LGBTQ+ history, or the history of any marginalized group. To learn more about the initiative, [click here](#).

**Does your project address either of these themes? (select all that apply)**

250<sup>th</sup> Anniversary of the American Revolution

## Public Access & Benefit

Underrepresented Histories

+Required if Yes: Please explain how your project addresses one or both of the special initiatives.  
(500 word max)

**State and Federal Initiatives – select all that apply. Click the links for more information and to see if your resource is part of the initiative.**

- [National Park Initiatives](#)
- [Scenic Byways](#)
- [Coastal Heritage Trail](#)
- [New Jersey Women's Heritage Trail](#)
- [Delaware River Heritage Trail](#)
- [Federal Opportunity Zones](#)
- [Urban Enterprise Zone](#)
- [Transit Village](#)
- [Journey Through Jersey](#)
- [Main Street Community](#)
- [Crossroads of the American Revolution Heritage Area](#)

### **ATTACHMENTS CHECKLIST FOR THIS SECTION (Attachment G – Public Access & Benefit):**

If applicable, include the following documentation in a folder labeled "Attachment G" on the USB drive:

1. Letters of Support

- Letters of Support from people and/or groups that benefit from your resource and/or programming
- Legislative Letters of Support

2. Documentation of community support/engagement such as press releases, news articles, flyers, programs, etc. This includes documentation that supports your efforts to participate in one or both of the special initiatives.

## Supporting Documents Checklist - Capital

Below is a list of all supporting documents that should be included on your USB drive (note that some attachments are required while others may not apply to you). Please organize all supporting documents into corresponding folders labeled by Attachment. You must also include a table of contents that lists all documents included on the USB. Below is a checklist of all documents that should be included as well as a screenshot of how the documents should be organized.

Check off all the documents that you have included:

- Table of Contents

### **Attachment A – Applicant Information**

- IRS 501(c) Determination Letter (required for non-profit applicants only)
- [Applicant's Governing Body/Board Resolution and Assurances](#) (required)
- Notice of Charities Registration Number (required for non-profit applicants only)
- None of the above

### **Attachment B – Property Ownership**

- [Owner Approval](#)
- Signed Lease Agreement
- [Joint Signatory Consent](#)
- None of the above

### **Attachment C – Resource Information & Historic Significance**

- Most recent nomination form or eligibility statement
  - If the property is individually listed in the New Jersey or National Register of Historic Places, include a copy of the **complete** nomination form (not just the HPO list showing that your resource is listed in the State or National Registers). **OR**
  - If the property is included in a historic district listing as contributing to the district, include all relevant pages of the nomination form. If the property is located in a historic district, but not specifically noted as contributing, submit all relevant pages and a letter from the State Historic Preservation Office (SHPO) certifying that it is a contributing resource. A certification letter must be requested from the SHPO **at least 45 days before** the application deadline. **OR**
  - If the property is not yet listed in the State or New Jersey Register of Historic Places, include a letter from HPO acknowledging the presentation of the nomination to the New Jersey State Review Board for Historic Sites prior to August 1, 2024 .OR
- None of the above

### **Attachment D – Scope of Work**

## Supporting Documents Checklist - Capital

- Scope Statement (Scope of work, Request for Proposals (RFPs), proposals received and/or selected, signed contracts)
- [Capital Scope of Work Form](#) (narrative description of proposed capital work, broken out by [CSI construction division](#). Please note, this should align with the figures you present in your Capital Budget Worksheet under Attachment E—Project Budget & Organizational Ability)
- Proposed fees and construction estimates for the entire project (multiphase applicants should submit fees and estimates for the project as a whole and broken down by individual phases)
- Design documents, construction documents, bid documents
- Planning documents that substantiate the proposed work
- Resume/credentials of proposed and/or selected consultant and/or contractor
- None of the above

### **Attachment E – Project Budget**

- Documentation of match expended
- Documentation of work completed (including contracts with professionals, invoices, proof of payment, before and after photos, and SHPO authorization for government owned resources)
- [Capital Project Budget Worksheet](#) or [Capital Multiphase Budget Worksheet](#)

### **Attachment F – Organizational Ability**

- Cyclical Maintenance Plan
- Resume/Credentials of Project Manager/Project Team
- Documentation of match-in-hand:
  - Non-profit organizations must provide account statements or letters of funding commitment showing the amount of available funds
  - County or municipal government applicants must provide a governing body resolution committing specific matching funds
  - Multiphase applicants must provide documentation of match-in-hand for this phase *and* for subsequent phases
- Organization's current year-to-date balance sheet showing income and expenses to date and past year's summary balance sheet showing income and expenses (required for non-profit applicants only)
- None of the above

### **Attachment G – Public Access & Benefit**

- Letters of Support
  - Letters of Support from individuals and/or groups that benefit from your resource and/or programming
  - Legislative Letters of Support
- Documentation of community support/engagement (press releases, news articles, flyers, programs, etc.). This includes documentation that supports your efforts to participate in one or both of the special initiatives
- None of the above

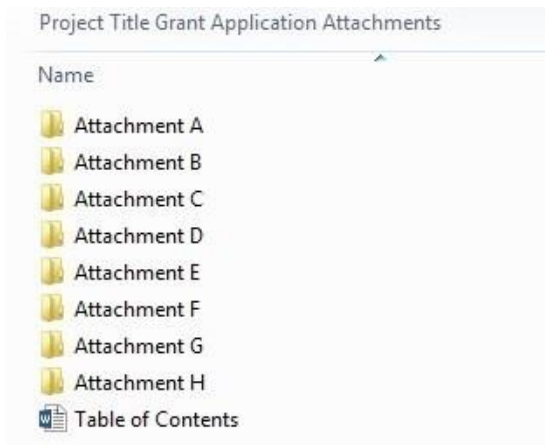
## Supporting Documents Checklist - Capital

### **Attachment H – Photographs**

- Labeled Photos and Photo Identification Sheet\* (photographs must be uploaded as JPEG files, not as PDFs)
  - Photo Identification Sheet that identifies the included photos by number and briefly describes each photograph
  - Photographs showing each elevation (i.e., north, south, east, and west) of the resource
  - Photograph of the resource as a whole (i.e., an overall shot that shows the resource in its context or setting)
  - Photographs of details that show areas of concern
- Any additional miscellaneous documents (including any completed research that supports the project request)
- None of the above

### **Sample Screenshot of how the USB Folders should be organized:**

\* please only label the attachment folders as shown below (Attachment A, Attachment B, etc.). Do not use additional information to label the Attachment folders.





**Applicant's Governing Body/Board Resolution and Assurances\*  
(required)**

The governing body/board authorizes submission of this application for assistance from the New Jersey Historic Trust.

The governing body/board further authorizes \_\_\_\_\_ ( Name and title of person) to complete and sign application documents on behalf of the organization.

The governing body/board further authorizes that, if awarded the grant, matching funds in the amount of \$\_\_\_\_\_ are committed to complete this project within the required time frame.

The governing body/board further resolves and acknowledges:

- a. The facts, figures and information contained in this application, including all attachments, are true and correct;
- b. Any funds received will be expended in accord with the terms and conditions of N.J.A.C. 5:101 and the grant agreement to be executed with the New Jersey Historic Trust; and
- c. The organization agrees to abide by the time frame set forth in the grant guidelines.

Introduces and passed *(date)* \_\_\_\_\_

Ayes: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Approved on this date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Board Chair, Mayor, or Commissioner Director)

Typed Name and Title: \_\_\_\_\_

Attested: \_\_\_\_\_  
(Signature of Municipal or County Clerk or Board Secretary)

Name & Title \_\_\_\_\_

**Owner Approval**

**Resources not owned or leased by the applicant must submit the following signed Owner Approval.**

The property owner certifies that:

- 1) He/She understands the purpose and the proposed scope of work of this application, and agrees to its submission to the New Jersey Historic Trust; AND
- 2) He/She agrees that the listing of the property in the New Jersey or National Registers of Historic Places may be a condition of a grant.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Typed Name & Title \_\_\_\_\_

Signature of Co-Owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Typed Name & Title \_\_\_\_\_

**JOINT SIGNATORY CONSENT**  
**For Leases under 15 Years**

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**Whereas,** \_\_\_\_\_ is owner of the property located at \_\_\_\_\_, also known as \_\_\_\_\_;

**Whereas,** \_\_\_\_\_, is a non-profit organization that leases said property from \_\_\_\_\_ and has applied to the New Jersey Historic Trust (TRUST) for a 20\_\_ Preserve New Jersey capital historic preservation grant;

**Whereas** the TRUST requires that a minimum of fifteen (15) years remain on the term of the lease at the date a grant is awarded;

**Whereas,** \_\_\_\_\_ has \_\_\_\_\_ years remaining on its lease and does not meet the minimum lease requirement of the TRUST; and

**Whereas,** \_\_\_\_\_ is the owner of \_\_\_\_\_ and meets the TRUST'S grant eligibility requirements as either a non-profit organization or an agency of government.

**Now, Therefore,** if \_\_\_\_\_ is awarded and accepts said 20\_\_ Preserve New Jersey capital historic preservation grant from the TRUST, \_\_\_\_\_ agrees to be a joint signatory to the grant and will abide by its terms.

Acting a duly authorize representative for the property owner, I am submitting this acknowledgement of grant responsibility (if awarded and accepted) to the New Jersey Historic Trust.

Signature of authorized individual \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title: