

# Vermont Historic Preservation Grants 2025 Application

*Due Monday, October 7, 2024*

## **IMPORTANT INSTRUCTIONS:**

Before beginning this application, please read the *2025 Vermont Historic Preservation Grant Program Application Manual*. It contains more directions to help you respond to each section below. The Manual is available [online](#).

When using this fillable PDF, please do NOT alter the formatting of the application form in any way. Answers must fit within the spaces provided and use the existing format.

Do NOT leave any sections of this application blank. Incomplete applications will not be considered for funding.

Submit completed application forms through our new digital DropOff portal at: <https://gs.anr.vermont.gov/dropoff>. See additional submittal instructions on page 11-12 of this application.

Questions? Email Caitlin Corkins at [caitlin.corkins@vermont.gov](mailto:caitlin.corkins@vermont.gov).

**Applications are due by midnight on October 7, 2024.**

## **1A. APPLICANT**

Organization/Municipality Name:

Address:

City:

State:

Zip Code:

Daytime phone:

Email address:

## **1B. PROJECT CONTACT/ADMINISTRATOR (if different from above)**

Name/Title:

Daytime phone:

Email address:

## **1C. PERSON AUTHORIZED TO EXECUTE CONTRACTS FOR PROJECT**

Name/Title:

Daytime phone:

Email address:

**1D. PROPERTY OWNER** (if different from applicant)

Organization/Municipality Name:

Address:

City:

State:

Zip Code:

**1E. HISTORIC NAME AND LOCATION**

Historic Name:

Physical Address:

Vermont County:

**2. GRANTEE EXPERIENCE**

**2A.** In the last five years, has rehabilitation work on this building been funded with a State Historic Preservation Grant? If yes, please list the year and grant project.

Yes     No

**2B.** Does your organization have experience with the last five years with similar federal or state grant programs? If yes, please list the year and grant project.

Yes     No

**2C.** Does your organization use a manual or automated accounting system?

Manual     Automated

**3. BUILDING INFORMATION**

**3A.** Date(s) of original construction and major additions:

**3B.** Original Building Type:

Church     House     Library     School     Town Hall

Other

**3C.** Is the building listed in the State Register of Historic Places?

Yes     No, but determined eligible     No

**3D.** Is the building listed in the National Register of Historic Places?

Yes     No, but determined eligible     No

**4. HISTORY**

Briefly describe the building/structure and give a short summary of its history. What is the ownership history and what are the original/historic use(s) of the building?

**5. PRESERVATION OF HISTORIC FEATURES**

For each subsection below use the drop-down menu to rate the condition of building elements using the following scale: Excellent, Good, Fair, Poor. Then write a short summary of the work needed to repair/restore this element. If no work is needed in any subsection, say so. ***Do not leave any section blank.*** Indicate how any planned or necessary repairs listed in this section meet the Secretary of the Interior's *Standards for Rehabilitation*, including the methods and materials to be used.

**5A. Roof**

Condition:

Repairs Needed (including methods and materials):

**5B. Frames & Structure**

Condition:

Repairs Needed (including methods and materials):

**5C. Exterior (siding, trim, etc.)**

Condition:

Repairs Needed (including methods and materials):

**5D. Interior (plaster, stenciling, decorative trim, tilework etc.)**

Condition:

Repairs Needed (including methods and materials):

**5E. Windows & Doors**

Condition:

Repairs Needed (including methods and materials):

**5F. Foundation and Site (drainage, etc.; conditions impact the building)**

Condition:

Repairs Needed (including methods and materials):

**5G. Special Features (steeple, cupolas, porches, etc. if applicable)**

Condition:

Repairs Needed (including methods and materials):

## **6. PUBLIC BENEFIT AND LONG-TERM USE**

**6A.** Is the property protected through a preservation or conservation easement through VHCB, the Preservation Trust of Vermont, or another non-profit entity?

Yes     No    If yes, briefly describe.

**6B.** What is the current use of the building(s) and property?

**6C.** What is the planned use of the building following this project? If the building is rehabilitated, will it have a new or expanded use? Describe any changes that will be made to the building to accommodate a new use and whether these changes will impact any historic features.

**6D.** Describe the public benefit of this project. Who will benefit? Is the building visible from public places? Is it important to the history of the community or an important local landmark? Does the community support the project? Are other organizations involved?

## **7. ARCHITECTURAL OR HISTORICAL SIGNIFICANCE**

Briefly describe the architectural and/or historical significance of the building and its site. Is it vulnerable or a rare survivor? Does it have an unusual history or unique features that will be preserved as part of this project? Reference or summarize professional documentation to support your evaluation.

## **8. LONG-TERM PRESERVATION PLANNING AND BUDGET**

**8A.** Describe any substantial rehabilitation, restoration or improvement projects completed on this building in the last five years. Then provide a prioritized list of additional work that needs to be done following completion of this project. How will these projects be funded? What is the plan for routine maintenance and long-term preservation of the building?

**8B.** Briefly summarize the proposed grant project. If estimate(s) included with the application suggest multiple options for completing a project or propose work that is not appropriate, indicate which method is preferred and why and/or how the project will be modified to meet the *Secretary Standards for Rehabilitation*.

**8C.** Briefly list work items for your project in priority order. **Only include those items for which you are seeking grant funding.** If estimates obtained for the project provide a lump sum cost or a “time and materials” cost, include each work item and then enter the total project cost at the bottom of this section. Separate costs for each work item are not required.

**WORK ITEMS IN PRIORITY ORDER**

**1. Estimated Cost: \$**

**2. Estimated Cost: \$**

**3. Estimated Cost: \$**

**4. Estimated Cost: \$**

**5. Estimated Cost: \$**

**6. Estimated Cost: \$**

**7. Estimated Cost: \$**

**8. Estimated Cost: \$**

**9. Estimated Cost: \$**

**10. Estimated Cost: \$**

**TOTAL COST: \$**

**8D. GRANT REQUEST**

The *maximum* grant amount you may request is **\$20,000.00**. The Grant Request cannot exceed 50% of the total estimated project cost.

GRANT AMOUNT REQUESTED: \$

**8E. MATCHING AMOUNT SUMMARY**

List sources of matching funding below. Matching funds that equal the grant request *must* be in-hand at the time of application and the total amount of matching funds should match, but not exceed the grant amount requested.

SOURCE: AMOUNT: \$

SOURCE: AMOUNT: \$

SOURCE: AMOUNT: \$

SOURCE: AMOUNT: \$

TOTAL AMOUNT OF MATCHING FUNDING: \$

**8F. SOURCES OF ADDITIONAL FUNDS**

List additional sources of funds over and above your grant request that will be used to pay for the project work prior to reimbursement. Indicate whether these funds are in hand or must still be raised.

**8G. PARTIAL AWARD**

Could your organization accept a partial award to successfully complete a phase of this project?  Yes  No

If yes, describe what funds are necessary to support each discrete portion of the project. Be specific about how much funding is required to complete each phase.

## 9. ACCESSIBILITY FOR PERSONS WITH DISABILITIES

**9A.** Is the building **fully** compliant with the Americans with Disabilities Act (ADA)?

Yes     No

**9B.** If the building is not ADA compliant, describe plans to make it accessible.

## 10. REQUIRED ATTACHMENTS

1. Contractor Estimate(s). See the *2025 Vermont Historic Preservation Grant Application Manual* for additional instructions.
2. Photographs. See the *2025 Vermont Historic Preservation Grant Application Manual* for additional instructions.
3. Non-profit Applicants: Proof of non-profit status – IRS 501 (c)(3) certification is preferred. Municipal applicants are not required to submit proof of non-profit status.
4. **\*OPTIONAL** Preservation plans, reports, evaluations, or maintenance plans completed within the last five years that are applicable to your grant request.
5. **\*OPTIONAL** If your building is currently vacant or underutilized, you may provide 1-2 letters of support with your application. These letters should provide evidence of a commitment for future use/expanded use of the building. This could be from your municipality, an organizational partner, or a future renter/user of the space. Do **NOT** provide more than two letters of support. Do **NOT** provide letters of support if the use of your building will not change/expand because of this project.

**CERTIFICATION:**

Please complete section A or section B below as applicable. If you are unable to submit your application digitally you may submit a paper copy to the address listed in the *2025 Grants Application Manual*. Mailed applications must be typed. We no longer accept handwritten applications.

**A. Before submitting your application via our DropOff portal, check the box below to certify your application. If submitting digitally, you do NOT need to complete section B.**

*I am submitting this Application digitally. I am applying for a 2025 Vermont Historic Preservation Grant and am authorized to submit this application on behalf of the Applicant. I certify that the information presented in this Application is complete and accurate and I am authorizing the Vermont Division for Historic Preservation to accept the submittal for review and potential award. I understand that upon submission to the State, I relinquish sole rights to ownership or control over the photographs and digital images I am submitting and that the photographs shall become the property of the State upon receipt by the State.*

**B. If you are unable to submit your application digitally and are submitting a paper copy of the application, you MUST sign and enter the date in the box below. Mailed applications must be postmarked by October 7, 2024.**

*By signing this application, I certify I am applying for a 2025 Vermont Historic Preservation Grant and am authorized to submit this application on behalf of the Applicant. I certify that the information presented in this Application is complete and accurate and I am authorizing the Vermont Division for Historic Preservation to accept the submittal for review and potential award. I understand that upon submission to the State, I relinquish sole rights to ownership or control over the photographs and digital images I am submitting and that the photographs shall become the property of the State upon receipt by the State.*

APPLICANT NAME:	
SIGNATURE:	DATE:

**Submit Complete Applications at <https://gs.anr.vermont.gov/dropoff> by midnight on October 7, 2024.**

Direct any questions about this application to Caitlin Corkins at [caitlin.corkins@vermont.gov](mailto:caitlin.corkins@vermont.gov) or at 802-828-3047.

**Thank you for applying for a State Historic Preservation Grant!**

# James Strattner Restoration Specialist

472 Green Road  
Whitingham, VT 05361  
802-368-2490

Whitingham Historical Society  
13 Stimpson Hill Road  
Whitingham, VT 05361

October 4, 2024

## Price quote for repairs of Green Mountain Hall:

Reglaze and paint 6 large 6/6 sash and 3 small 2/2 sash windows	\$8,000.00
Remove and replace one warped window sill, paint	600.00
Miscellaneous siding and trim repairs	1,500.00
Build 4 new steeple louvers to match existing (cupola/bell tower)	3,200.00
Slate roof repairs	1,250.00
Strip existing asphalt shingles and install new slate roof on front porch	5,500.00
Install and paint new ceiling over existing on stage	1,500.00
Repaint sign	<u>500.00</u>
Total	\$22,050.00