

2017 Vermont Historic Preservation Grant Application

Due Monday, October 3, 2016

IMPORTANT INSTRUCTIONS:

Please refer to the *2017 Vermont Historic Preservation Grant Application Manual* **before** completing your application. The manual contains directions to help you respond to each section below and clarifies what information is required. The manual is available [online](#) or you may request a paper copy by sending an email to debra.sayers@vermont.gov or by calling 802-828-3213.

1A. APPLICANT

Name: [Town of Georgia](#)

Address: [47 Town Common Rd North](#)

City: [Georgia](#)

State: [Vermont](#) Zip Code: [05478](#)

Daytime phone: [802-524-3524](#)

Email address: georgiatown@comcast.net

1B. PERSON AUTHORIZED TO EXECUTE CONTRACTS FOR APPLICANT

Name: [Michael McCarthy \(Town Administrator\)](#)

Address: [47 Town Common Rd North](#)

City: [Georgia](#)

State: [Vt.](#)

Zip Code: [05478](#)

Daytime phone: [802-524-3524](#)

Email address: georgia_admin@comcast.net

1C. PERSON AUTHORIZED TO ADMINISTER THE PROJECT

Name/Title: [Michael McCarthy \(Town Administrator\)](#)

Address: [47 Town Common Rd North](#)

City: [Georgia](#)

State: [Vt.](#)

Zip Code: [05478](#)

Daytime phone: [802-524-3524](#)

Email address: georgia_admin@comcast.net

1D. PROPERTY OWNER (if different from applicant)

Name:

Address:

City:

State:

Zip Code:

Ownership Status: (check one) Municipality Non-Profit

1E. HISTORIC NAME AND LOCATION

Historic Name: [Brick School House Museum](#)

Physical Address: [4127 Ethan Allen Highway, Georgia Vermont 05478](#)

2. GRANTEE EXPERIENCE

2A. Has any previous rehabilitation work on this building been funded with a State Historic Preservation Grant? If yes, please list the year and purposed of the grant.

Yes No If yes, please comment:

2B. Does your organization have experience with similar federal or state grant programs?

Yes No If yes, please comment:

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

Manual Automated

3. BUILDING INFORMATION

You can determine whether a building is listed or has been determined eligible for listing in the State or National Register by looking at the Vermont Division for Historic Preservation's **Online Resource Center**, available at <http://www.orc.vermont.gov/Resource/Show-Resource-Table.aspx>.

3A. Date(s) of Original Construction, Major Additions (can be approximate) [1891](#)

3B. Original Building Type:

House Barn Church Town Hall School Commercial

Other (explain)

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

CRITERION 4. PRESERVATION OF HISTORIC FEATURES

For each subsection below rate the condition of building elements (excellent, good, fair, poor). Then write a short summary of the work needed to repair/restore this element including methods of repair and materials to be used. If no work is needed in any subsection, say do. Do not leave sections blank. For each section where funding is sought through this grant application, check the "Grant Funds Requested" box for that section.

Note: Please see attached "Diagnostic Report for The Brick School Museum" Prepared for the Town of Georgia by Arnold & Scangas Architects. Report includes photographs of all areas mentioned below.

4A. Roof

Condition:

Good (Pre-finished corrugated metal)

Repairs Needed:

None

Grant Funds Requested

4B. Frames & Structure

Condition:

Good (Framed with wood sheathing)

Repairs Needed:

None

Grant Funds Requested

4C. Exterior (siding, trim, etc.)

Condition:

Poor condition in several areas (Brick veneer)

Repairs Needed:

Replacement bricks in several areas.

Brick repointing in many areas.

Re-tie brick veneer to frame in some places.

Grant Funds Requested

4D. Interior (plaster, trim, rooms etc.)

Condition:

Good condition.

Repairs Needed:

None

Grant Funds Requested

4E. Windows & Doors

Condition:

Poor condition (East, west and north facing windows) Potential water seepage and creating wood rot and possible valuable historical content damage.

Repairs Needed:

Wall facing East – Replace 3 window sills and rebuild sashes. Remove existing glaze. and reapply glaze. Remove paint, caulk and seal joints and repaint.

Wall facing North – Replace one existing sill, rebuild two lower and two center window sashes. Replace glaze, caulk/seal/strip and repaint.

Wall facing West – Complete restoration of (1) 24' x 24' window including sill.

Grant Funds Requested

4F. Foundation (masonry)

Condition:

Fair

Repairs Needed:

Cracks need to be removed, patched and refilled with new concrete. Replace 50% of sloped tops, apply stucco finish to exposed concrete facing.

Grant Funds Requested

4G. Special Features (steeple, cupolas, porches, etc.)

Condition:

None

Repairs Needed:

None

Grant Funds Requested

4H. Site (drainage, roads, sidewalks, etc.; conditions that cause damage to the building)

Condition:

Good

Repairs Needed:

None

Grant Funds Requested

CRITERION 5: LONG TERM USE

5A. Briefly describe the building and give a short summary of the building's history. What was the original use of the building and what is the building's current use?

The Georgia Brick School Museum was constructed in 1891 and its initial use was as a one room school house serving grades 1 through 8. The use as a school was discontinued with the construction of a Central Elementary School in 1962. The new school is located a short distance north of the Brick School. The building was sold in 1973 to a local resident and was donated back to the Town. The building currently is being used by the Georgia Historical Society and houses Historical artifacts as well as a site for educational presentations and tours.

5B. Describe any substantial work that has been performed on the building in the last five years:

The windows on the South and West facing walls have been rebuilt, glazed, sealed and repainted. Extensive wood rot became evident in these areas from water leakage. This condition has elevated the priority of repairing the rest of the windows prior to other repairs needed.

5C. What is the planned use of the building following this project? If the building is rehabilitated, will it have a new use? Describe changes that will be made to the building in order to accommodate this new use. Will these changes impact historic features?

Use of the building will continue as a historical society exhibit facility. Interior will house many historical Georgia artifacts as well as exhibits associated with Vermont's unique One Room School House History.

5D. Describe any additional work that needs to be done following the completion of this project. Do you have a plan for routine maintenance and long-term preservation of the building?

Upon completion of window repairs, the next area of focus will be on the exterior brick restoration.

General maintenance including yearly condition inspections, glass glazing, painting and sealing as well as minor repairs completed as needed.

CRITERION 6: PUBLIC BENEFIT

6A. Is the building open to and/or used by the public? Yes No

If yes, please describe:

- Museum open on Saturdays from 1-4 pm, July through October
- Special Programs sponsored by the Georgia Historical Society
- Visits by school groups

If no, please describe any plans for public use:

6B. Describe the public benefit of this project. Is the building easily visible from public places? Is it important to the history of the community or an important local symbol or landmark?

The history of Vermont One Room School Houses remains an important element of Vermont's educational system. The evolution of the educational process, both pros and cons, must remain visible to help with the improvements needed for our current students.

The museum also provides a continuing view of Georgia's past using historical artifacts and documents.

The building is located on the main highway through Georgia and is close to the modern elementary school.

6C. Does the community support the project? Are other organizations involved in the project?

The Georgia Historical Society has taken the lead in preserving the building and promoting the building use. The Society is governed by a twelve-member board of directors, consisting of dedicated community members. The Historical Society provides programs and building availability for tours with dedicated volunteers.

CRITERION 7: BUDGET

7A. Summarize items from Section 4 that will be funded through this grant request. **Please only include items for which you are seeking grant funding through this program.** You may add more lines if necessary.

WORK DESCRIPTION IN PRIORITY ORDER

1. Complete restoration of (6) 36' X 104" windows. This restoration will prevent damage to the structure both internally as well as externally.

Estimated Cost: \$12,700

2. Complete restoration of (1) 24" X 24" window. This restoration will prevent damage to the structure both internally as well as externally.

Estimated Cost: \$700

Note: Items 1 & 2 will complete the needed window restorations for the building.

TOTAL ESTIMATED GRANT PROJECT COST: \$ 13,000

7B. GRANT REQUEST

REMINDER: the *maximum* grant amount you may request is **\$20,000.00**

GRANT AMOUNT REQUESTED: \$6,600

7C. MATCHING AMOUNT SUMMARY

List all sources of matching funding below. Matching funds that equal your grant request *must* be in-hand at the time of application. You may add more lines if necessary.

SOURCE: Town of Georgia

AMOUNT: \$6,600

TOTAL AMOUNT OF MATCHING FUNDING: \$6,600

(Should match grant request)

7D. SOURCES OF ADDITIONAL FUNDS

Tell us about any sources of additional funds in addition to matching funds that will be used to pay for work prior to reimbursement. Indicate whether these funds are in hand or must still be raised. You may add more lines if necessary.

7E. PARTIAL AWARD

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

Describe what funds are necessary to support each discrete portion of the project.

\$ 700 for 24" X24" window restoration
\$ 6,250 for 3 of 6 of the 36" X 104" window restoration

7F. ADDITIONAL BUDGET COMMENTS

CRITERION 8: ACCESSIBILITY FOR PERSONS WITH DISABILITIES

8A. Is the building handicapped accessible? Yes No

If yes, please describe:

If no, please describe any plans to make it accessible.

.
Historical society will be discussing the addition of a ramp next to existing entry following the completion of the window restorations.

CRITERION 9: DESIGNATED DOWNTOWNS AND VILLAGE CENTERS

9A. Is your building in a Designated Downtown or Village Center under the Downtown Development Act?

Yes No

10. REQUIRED ATTACHMENTS

The following attachments are **required** parts of the grant application. See Grant Manual for a full description of each item. Check off the boxes to make sure you have included all the required attachments. **Incomplete applications will not be considered.**

Project Estimate(s)

Location Map

Sketch Map

Proof of non-profit status [IRS 501 (c)(3) certification] (for non-profit, tax-exempt organizations)

CD of .jpg images

(OPTIONAL) Preservation Plans, Reports, Evaluations, or Maintenance Plans of the building

11. LEGISLATORS

Please list your State Senators and Representatives

Representative: Carolyn Branagan

Franklin County Senators (2) Dustin Degree; Vacant

12. CERTIFICATION:

A. If you are submitting your application via email you MUST check the box below to certify your application.

I am submitting this Application digitally. I am applying for a 2017 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 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 submitting a paper copy of the application you MUST sign and enter the date in the box below.

By signing this application, I certify I am applying for a 2017 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 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: Michael R. McCarthy	
SIGNATURE: Michael R. McCarthy	DATE: (mm/dd/yyyy) 09/08/2016

Applications are to be submitted via e-mail to accd.hpgrants@vermont.gov by midnight October 3, 2016.

If you are unable to submit your application via e-mail you may submit a paper copy to the address below. **Applications must be postmarked or hand-delivered by 4:30 on October 3, 2016.**

Vermont Division for Historic Preservation
Attention: Caitlin Corkins
One National Life Drive
Davis Building, 6th Floor
Montpelier, VT 05620-0501

**Thank you for applying to the
Vermont Division for Historic Preservation's
Historic Preservation Grant Program!**