

APPLICATION

PART A: COVER SHEET/CHECKLIST

Applicant: _____

COVER SHEET

The following requirements are conditions for receipt of a Hurricane Sandy Disaster Relief Assistance Grant. Please initial each as an indication that the applicant understands and agrees to the condition. Write N/A for those conditions that are inapplicable:

_____ Project will be carried out under the supervision of a Historical Architect, Archeologist or other qualified professional who meets the Secretary of the Interior's Professional Qualifications Standards as published in the Code of Federal Regulations, 36 CFR Part 61.

_____ The project will comply with the Uniform Fire Prevention and Building Code, the American with Disabilities Act, the State Labor Law, Workers' Compensation Law, State Historic Preservation Law, and all provisions of applicable Local, State and Federal laws and approvals and Executive orders.

_____ All parties with an ownership interest in the property, including lien holders, have been made aware of this application and have agreed to sign project documents. All lien holders agree to subordinate their interests to those of the State.

The undersigned certifies that he/she is authorized to apply for this grant on behalf of the applicant organization and to enter into a contract if the grant is awarded.

Signature: _____

Date _____

CHECKLIST

All the following should be included in each of the 2 hard copies and on each of the 2 CDs in the application package:

Application, including

- Part A. this Cover Sheet (Signed) Part C. Project Narrative – on separate sheet(s)
 Part B. General Information Part D. Project Budget – on separate sheet(s)

Attachments, including:

- Not-for-profit organizations: Grants Gateway Pre-Qualification Status Report
 Authorizing Resolution (Signed and bearing corporate or municipal Seal)
 If property is not listed on the National Register: SHPO Determination of Eligibility
 Ownership Documentation, including, as applicable
 Property deed Lease, management agreement, or other documentation
 Owner's statement granting access (Pre-Development/Planning only)
 Documentation of Property Condition/Needs, including:
 Documentation of prior ground disturbance Archeology study
 Insurance Report Estimates/documentation of costs
 Documentation required by NPS Elevation Guidance
 Other:
 Boundary Map
 Photographs (labeled and keyed to narrative or plan)
 Qualifications/Resumes of Administrative and Professional Staff or Consultants
 Planning Documents
 SEQR documentation, either:
 Municipalities: copy of SEQR documents Not-for-Profits: Environmental Review Form

LEGISLATIVE INFORMATION

Congressional District #

Representative:

NYS Senate District #

Senator:

NYS Assembly District #

Assembly Member:

PROJECT INFORMATION

PROJECT TITLE:

Pre-development (may choose more than one):

Historic Structures Report

HABS Recordation

Conditions Assessment

HAER Recordation

Plans and Specifications

Economic Feasibility Study

Engineering Study

Survey and Damage Assessment

Landscape Study

National Register Nomination

Archeological Survey

Historic Resources Survey

Development/Construction (choose one type):

Archeological Stabilization

Stabilization

Preservation

Landscape Restoration, Rehabilitation,

Restoration

Preservation, or Stabilization

Rehabilitation

Will the proposed work involve any ground disturbance?

no

yes, documentation of prior ground disturbance is attached

yes, an archeological study evaluating project impacts on archeological resources has been completed and is attached

yes, an archeological study is planned as part of the project and the cost is included in the budget

GRANT REQUEST: \$

TOTAL PROJECT COST (if different): \$

Does applicant have full funding for the project available at time of application and restricted for this purpose?

yes

no, applicant has ___ % of the funding in hand currently.

PART D. PROJECT BUDGET

Template for applicant use

Project Schedule – Scope, Budget and Timeframe

PRE-DEVELOPMENT

Component

*Completion Date

Cost

Subtotal:

\$

CONSTRUCTION

Existing Conditions

Proposed Work

*Complete

Cost

* calculated in months from start of project

Subtotal:

\$

ADMINISTRATION

Total Project Cost:

\$

Insurance Proceeds

Grant Request: