



NH LAND AND COMMUNITY HERITAGE INVESTMENT PROGRAM Grant Round 16 (2017) Historic Resource Project INTENT TO APPLY

Project Name

Grant Request

Resource Location

Total Project Cost

Applicant

Tax ID #

Mailing Address

Organization Type

(Use arrow to select)

Contact

Phone

E-mail

1. Who is the property owner?
2. In what year was the structure built?
3. Is the structure listed, or determined eligible to be listed, on the State or National Register? Check all that apply.

	Listed	DOE	No
State Register			
National Register			

4. Project Type
- | | | |
|--------------------|-----------------------------------|-----------------------|
| Acquisition | Rehabilitation/Restoration | Planning Study |
|--------------------|-----------------------------------|-----------------------|

5. Does the applicant and/or property owner understand that all Historic Resource projects must comply with the Secretary of the Interior's Standards for the Treatment of Historic Properties?

YES	NO
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6. Has a building assessment or similar study, been completed?

YES	NO
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 - a. If so, by whom, when?

7. Please provide a BRIEF description of the significance of the resource. (MAX 500 characters)

8. Please provide a BRIEF description of what the proposed project will accomplish. (MAX 750 characters)