



Historic Resource Project

INTENT TO APPLY

Date Submitted:

Project Name

Grant Request

Resource Location

(Street, City/Town, County)

Total Project Cost

Applicant

Organization Type

(Use arrow to select)

Mailing Address

E-mail

Contact

Phone

Has a representative attended an LCHIP Grant Orientation Workshop within the last five years? Yes Not yet

1. Who is the property owner?
2. To what year does the resource date?
3. Is the resource 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 **Rehabilitation/Restoration** **Planning Study** **Acquisition**

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
6. Has an Historic Structure Report or similar planning study, been completed? Yes No
 - a. If so, list names and titles of authors, and date of report – and submit report with this form

7. Please provide a BRIEF description of the significance of the resource. (MAX 550 characters)

8. Please provide a BRIEF description of what the proposed project will accomplish. (MAX 650 characters)