



Rhode Island Historical Preservation & Heritage Commission  
**STATE PRESERVATION GRANTS**  
**2016 Application**



5/2016

**Section A. Applicant Information and Application Summary**

<b>1. Name of applicant organization</b>											
<b>2. Mailing address</b>											
<b>3. City</b>			<b>4. State</b>			<b>5. ZIP</b>					
<b>6. Phone</b>			<b>7. Website</b>								
<b>8. Name of building</b>											
<b>9. Street address</b>											
<b>10. City</b>			<b>11. State</b>			<b>12. ZIP</b>					
<b>13. Type of organization</b>		Non-Profit 501(c)(3)	Municipal agency		State agency	Federally- recognized tribe		<b>14. Previous SPG recipient</b>		Yes	No
<b>15. Building function</b>		Museum			Cultural Arts Center			Public Historic Site			
<b>16. Project contact person's name</b> <i>(Person to contacted with questions regarding this application)</i>											
<b>17. Contact person's phone</b>				<b>18. Contact person's e-mail</b>							
<b>19. Mailing address</b>											
<b>20. City</b>			<b>21. State</b>			<b>22. ZIP</b>					
<b>23. One sentence summary of the State Preservation Grant Project</b>											
<b>24. Did you receive a State Cultural Facilities Grant (from the Rhode Island State Council on the Arts) in 2015?</b>								Yes		No	
<b>25. If yes, indicate completion status of SCFG project</b>				Not started	<50% complete		>50% complete		Complete		
<b>26. Do you plan to submit an application in 2016 for a State Cultural Facilities Grant?</b>								Yes		No	
<b>27. If yes, provide a one sentence summary of the SCFG project.</b>											

<b>FOR RIHPHC OFFICE USE ONLY:</b>				
<b>Application Number:</b>			<b>Received:</b>	
<b>NR Status:</b>				
<b>Entire project</b>	\$	<b>Grant project</b>		\$
<b>Grant request</b>	\$	<b>Match required</b>		\$
<b>Match available</b>	\$	<b>Match deficit</b>		\$



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**Section B. Building Information**

<b>1. Date built</b>		<b>2. Original use</b>		
<b>3. Builder(s)</b>		<b>4. Architect(s)</b>		
<b>5. Describe the architectural, cultural, and historic significance of the building.</b>				
<b>6. Describe the current physical conditions of the building. Explain any significant risks, hazards, or preservation needs facing the building. If building is endangered, explain causes and how they developed.</b>				
<b>7. Is the building accessible to the public as required by the Americans with Disabilities Act (ADA)?</b>			Yes	No
<b>8. Describe current strategies to provide access, any barriers to achieving ADA compliance, and/or future plans and schedule for providing access.</b>				
<b>9. Relationship of applicant to building</b>		Applicant owns building	Applicant leases or has a written agreement to use building	
<b>10. Year building acquired (if owned)</b>		<b>11. Years remaining on current lease (if leased)</b>		
<b>12. Owner's name</b>		<b>13. Owner's phone</b>		
<b>14. Owner's address</b>		<b>15. City</b>	<b>16. State</b>	<b>17. ZIP</b>



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**Section C. Project Information**

<b>1. Describe the Grant Project.</b> <i>The Grant Project includes all activities funded by the grant request + matching share. How will you use these funds and what do you hope to accomplish?</i>						
<b>2. Is the Grant Project part of a larger project, i.e. will other capital improvements be taking place concurrently?</b>					Yes	No
<b>3. If yes, describe the other activities that make up the Entire Project.</b> <i>Explain how the Grant Project relates to the Entire Project.</i>						
<b>4. Current design status of project</b>		.....Not started .....Preliminary scope of work .....Schematic design/design development .....Final construction documents				
<b>5. Provide projected completion dates (mm/yyyy) for each task.</b>		<b>Planning and design</b>	<b>Identify qualified contractors</b>	<b>Select contractor</b>	<b>Start construction</b>	<b>Finish construction</b>
<b>6. The project is based on a:</b>		.....Preservation plan .....Historic structure report .....Perceived need .....Construction professional's recommendation .....Other study (identify):				
<b>7. Summarize up to 3 documents used to develop this project, e.g. Historic Structure Report, preliminary design documents, plans &amp; specifications, etc.</b> <i>Documents cited here must be submitted with application. (Attachment E)</i>		<b>Year</b>	<b>Author/consultant</b>	<b>Document title and one-sentence summary</b>		
		<b>Year</b>	<b>Author/consultant</b>	<b>Document title and one-sentence summary</b>		
		<b>Year</b>	<b>Author/consultant</b>	<b>Document title and one-sentence summary</b>		



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**Section C. Project Information (Continued)**

<p><b>8. Project costs are based on:</b></p> <p><i>Documents cited here must be submitted with application.</i>          (Attachment E)</p>	<p>.....Price estimate provided by a construction professional</p> <p>.....Written proposal or contract signed by a construction professional</p> <p>.....Competitive bids based on construction documents</p> <p>.....Other (Identify): <input style="width: 400px; height: 20px;" type="text"/></p>
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<p><b>9. Provide contact information for firm or individual providing cost estimates.</b></p>	Name	<input style="width: 95%; height: 20px;" type="text"/>			Title	<input style="width: 95%; height: 20px;" type="text"/>	
	Mailing address	<input style="width: 95%; height: 20px;" type="text"/>					
	City	<input style="width: 95%; height: 20px;" type="text"/>	State	<input style="width: 95%; height: 20px;" type="text"/>	ZIP	<input style="width: 95%; height: 20px;" type="text"/>	Phone

**Section D. Fiscal Capacity of Applicant**

<p><b>1. Describe any major fiscal challenges, achievements, or changes to your organization's budget within the past three years.</b></p>	
<p><b>2. Provide a brief description of a successful grant project managed by your organization within the past five years. Include grant amount, funding source, and date completed.</b></p>	
<p><b>3. Describe previous experience your organization has had with capital projects within the past five years. Describe work completed, why the project was undertaken, how much the project cost, and when it was completed.</b></p>	



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Section E. Project Impact				
<b>1. Is the applicant a membership organization?</b>	Yes	No	<b>2. Number of members</b>	
<b>3. Describe paid and unpaid personnel.</b> <i>Include number of full-time paid staff and total amount of personnel costs budgeted per year. If your organization has zero paid staff, describe responsibilities managed by volunteers and number of volunteers.</i>				
<b>4. Who are your primary audiences?</b>	Local	Statewide	Out-of-state	
<b>5. Describe the current use of the building as a museum, cultural art center, or public historic site.</b> <i>Include information about your organizational mission and the audiences you serve. How does use of the building contribute to the cultural vitality of your community?</i>				
<b>6. Complete as indicated below.</b>  <b>MUSEUMS:</b> <i>describe permanent collection and ongoing and planned exhibits.</i>  <b>CULTURAL ART CENTER/PUBLIC HISTORIC SITES:</b> <i>describe ongoing and planned programs and activities.</i>				
<b>7. Provide information about visitation and public access to the building, including number of days open and exhibit/program/schedule highlights for the last three years.</b>	<b>Year</b>	<b># of visitors</b>	<b># of days open</b>	<b>Highlights</b>
	2014			
	2015			
	2016			



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**Section E. Project Impact (continued)**

**8. Explain the impact of the proposed project on the operation of your organization.**

*How does the preservation of the building fit into the organization's long-range plans and how will the completed project serve current and/or new audiences and the community at large? Will completion of this project allow you to expand programming or increase your organizational capacity?*

**9. Describe any anticipated impact of the proposed project on the local and/or state economy.**

*For example, will this project increase revenue, attract new visitors/audiences, or have other impacts on the local or state economy?*

**10. Explain your organization's building maintenance program.**

*Address how the organization monitors the condition of the property, how the organization oversees and pays for maintenance work, and if there is a maintenance reserve budgeted annually.*



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**Applicant Assurances**

I have read the information contained in the grant application package, and I am willing to follow the rules and requirements of the State Preservation Grants. I certify that:

- a. The governing board of this organization has voted to carry out this project; has authorized the individual signing this agreement to do so in its behalf; and by his/her signature binds the organization to the statements and representations contained in the application;
- b. The facts, figures, and information contained in this application, including any attachments, are true and correct to the best of my knowledge;
- c. Matching funds in the amount of \$\_\_\_\_\_ are currently available, or will be available by \_\_\_\_\_ for this project;
- d. Any funds received will be expended in accord with the terms and conditions of the grant agreement to be executed with the Rhode Island Historical Preservation & Heritage Commission;
- e. If this property is owned by a city or town, this is the only application of a city- or town-owned property from the city/town of \_\_\_\_\_;
- f. If this organization previously received a State Preservation Grant, that project has been completed and closed out;
- g. If this organization was a "named recipient" of the Creative and Cultural Economy Bonds funds, the project for which those funds were designated has been completed and closed out.
- h. If this organization previously received a State Cultural Facilities Grant, the organization has completed and closed out or made substantial progress towards completion of the project.

<b>Signature of authorized individual</b>			
<b>Printed name</b>			
<b>Title</b>			
<b>Date</b>			

**Owner Assurances**

*If the property is not owned by the applicant, the owner must sign these assurances.*

I have read the information contained in the grant application package, and I am willing to follow the rules and requirements of the State Preservation Grants. I certify that:

- a. I understand the purpose of this application, and agree to its submission to the Rhode Island Historical Preservation & Heritage Commission; and
- b. A valid lease or written agreement conforming to the requirements of the Rhode Island Historical Preservation & Heritage Commission must be in effect with the applicant as a condition of a grant award for this property; and
- c. I will sign a historic preservation easement, thereby agreeing to preserve and maintain the rehabilitated property for a term of years based upon the grant amount; and
- d. If this property is owned by a city or town, this is the only application of a city- or town-owned property from the city/town of \_\_\_\_\_.

<b>Signature of owner</b>			
<b>Printed name</b>		<b>Date</b>	
<b>Signature of co-owner (if applicable)</b>			
<b>Printed name</b>		<b>Date</b>	