

2017 Grant Round: Applicant: \_\_\_\_\_

## **Old Mill Hill Society Historic Preservation Grant 2017 Application**

The OMHS Historic Preservation Grants Committee can only review grant requests that include an accurately filled out application form and the necessary additional documents. Please read these instructions carefully and be sure that your application package is complete before submitting it.

Committee members can answer any questions about the application process and grant awards.

### **PLEASE NOTE:**

All grant recipients must complete and submit a progress report to the OMHS Grants Committee every six months until the project is completed.

### 2017 OMHS Grants Committee Members

Jean Bickal ([jbickal@gmail.com](mailto:jbickal@gmail.com) )  
Ed Wengryn ([ed32164@comcast.net](mailto:ed32164@comcast.net) )  
Matt Rambaran ([mattrambaran@gmail.com](mailto:mattrambaran@gmail.com))  
Virginia Scataloni ([yscataloni@msn.com](mailto:yscataloni@msn.com))

### **Instructions:**

1. Enter your name on each page of this application.
2. All submissions must include the following:
  - Completed application form, signed and dated
  - Project budget or written estimate from a licensed contractor or architect
  - Statement describing the applicant's (organization's or individual's) financial contribution to the project
  - Photo of project area (required) and diagram/illustration of work to be performed (if possible)
  - Resumes and/or references of those responsible for the work: contractors, architects, or owner, if applicable
3. Use one of the following ways to submit you completed application and the necessary documentation to the OMHS Grants Committee:
  - Mail to:  
Historic Preservation Grants Committee  
c/o Old Mill Hill Society  
P.O. Box 1263  
Trenton, NJ 08607-1263
  - Scan and email to: [jbickal@gmail.com](mailto:jbickal@gmail.com)
  - Hand deliver to a committee member's home- email first for address

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**Date** \_\_/\_\_/2017 **Project Property Address:**

\_\_\_\_\_

**Applicant Information:**

Applicant Name \_\_\_\_\_  
(must be owner of the above property)

Contact Person \_\_\_\_\_

Address (if different than Project Address)  
\_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

**Property Description**

Choose one only

- Single Family Home - Owner Occupied
- Single Family Home - Tenant Occupied
- Multi-Unit Residential Building # of units \_\_\_\_\_
- Multi-Unit Residential, De-conversion to Single Family Home
- Vacant Residential Property, Rehabilitation for Owner Occupancy
- Vacant Residential Property, Rehabilitation for Tenant Occupancy
- Commercial Property, Occupied
- Commercial Property, Vacant
- Other. Please describe \_\_\_\_\_

Project description:

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Add additional pages if necessary

Total Anticipated Project Cost \$ \_\_\_\_\_

Total Grant Amount Requested \$ \_\_\_\_\_

(Please Note: Amount Requested Cannot Exceed 75% of the Total Project Cost)

How will this grant award help with your project?

How does your project relate to the historic preservation/property restoration mission of the OMHS Grants program?

How will your project benefit the Mill Hill neighborhood?

What else would you like the OMHS Grants Committee to know about you or this project?

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Anticipated Start Date \_\_\_/\_\_\_/\_\_\_\_\_

Anticipated Completion Date \_\_\_/\_\_\_/\_\_\_\_\_

Names of contractors and other workers responsible for this project:

**\_\_\_ I have read and accept the Grant Recipient Guidelines and Responsibilities,**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signatsseeure of Applicant Date

**ATTACHMENT CHECKLIST:**

- \_\_\_ Completed application, signed and dated
- \_\_\_ Budget or written estimate for the project from a licensed architect or contractor
- \_\_\_ Statement of the owner's financial contribution to the project
- \_\_\_ Photographs of the project area
- \_\_\_ Architectural drawing or illustrations of work to be performed (if applicable)
- \_\_\_ Resumes and/or references of the project architect and all contractors –  
or-
- \_\_\_ Resume and/or references of applicant (if applicant is doing the work)