



MHS USE ONLY:  
DATE RECEIVED:  
PROJECT NUMBER:

## STATE CAPITAL PROJECTS GRANTS-IN-AID PROGRAM APPLICATION

### 1. APPLICANT INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, COUNTY, STATE, ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### 2. CONTACT INFORMATION

#### AUTHORIZED OFFICER:

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DAYTIME PHONE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

#### PROJECT DIRECTOR:

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DAYTIME PHONE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

### 3. PROJECT INFORMATION

#### PROPERTY NAME AND LOCATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

#### BUDGET INFORMATION

GRANT REQUEST: \_\_\_\_\_

APPLICANT MATCH\*: \_\_\_\_\_

TOTAL BUDGET: \_\_\_\_\_ \$0

#### NATIONAL REGISTER STATUS (CHECK ONE):

☐ 1. LISTED IN THE NATIONAL REGISTER

☐ 2. ELIGIBLE FOR THE NATIONAL REGISTER

#### BRIEF PROJECT DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. BRIEF HISTORY AND SIGNIFICANCE OF PROPERTY:** Provide a brief history of the property. Explain why the property is historically or architecturally significant. DO NOT ATTACH THE NATIONAL REGISTER NOMINATION FORM TO YOUR APPLICATION.

**5. PHYSICAL DESCRIPTION AND DESCRIPTION OF NEED:** Describe the structure and its current physical condition. Summarize the need for the work that is being proposed.

**6. PROJECT PLANNING AND TIMETABLE:** Describe the planning that has been completed and provide a timetable for the project. Note: Projects cannot begin until the January after the grants are awarded.

**7. PROPERTY USE AND FUNDING:** Describe how the property is currently used and how it will be used after the completion of the project. Describe the intended long-term use for the property and the source of financial resources for its continued preservation.

**8. PUBLIC BENEFIT:** Describe how the public will benefit from the project.

**9. PROVIDE A DETAILED LINE-ITEM BUDGET.** Attach additional pages if necessary.

BUDGET ITEM	GRANT	MATCH**			TOTAL
		CASH	IN-KIND	DONATED	
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
TOTALS:	\$0	\$0	\$0	\$0	\$0

**\*\*Note:** Grants must be matched on at least a one for one basis.

**10. HOW WERE THE ABOVE FIGURES DETERMINED?** ATTACH ANY SUPPORTING DOCUMENTATION.

**11. MATCHING FUNDS:** Describe the source of the matching funds and whether they have been approved for use on the project. Be as specific as possible.

**1. CASH MATCH:**

<u>Source</u>	<u>Status *(See note below)</u>	<u>Amount</u>
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TOTAL: \$0

**\*Note: Be specific. Do not use terms such as anticipated or planned. If the funds are not already secured and budgeted, describe how and when they will be.**

**2. IN-KIND SERVICES :**

<u>Employee/Title</u>	<u>Pay Rate* (See note below)</u>	<u>Hours</u>	<u>Wage Value</u>
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\$0

\$0

\$0

TOTAL: \$0

**\*Note: The employee's current wage plus benefits can be claimed.**

**3. DONATED SERVICES :**

<u>Volunteer/Title</u>	<u>Pay Rate* (See note below)</u>	<u>Hours</u>	<u>Wage Value</u>
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\$0

\$0

\$0

TOTAL: \$0

**\*Note: The current minimum wage should be used for non-skilled general labor. If a volunteer is providing service in the area of his/her training, calculate the value at his/her usual hourly rate of pay.**

**4. DONATED MATERIALS :**

<u>Item</u>	<u>Value</u>
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TOTAL: \$0

**TOTAL VALUE OF APPLICANT MATCH** \$158,830  
(Add totals of 1 - 4 above)