

**BERGEN COUNTY**  
**Historic Preservation Trust Fund Grant Program**  
**of the**  
**Bergen County Open Space, Recreation, Floodplain Protection,**  
**Farmland and Historic Preservation Trust Fund**

**2021 Application Form**

DEADLINE: **Friday, May 14<sup>th</sup>, 2021, 4:30 P.M. EDT**  
SUBMIT TO: ELAINE KIERNAN GOLD, GRANTS ADMINISTRATOR  
BERGEN COUNTY DEPARTMENT OF PARKS  
DIVISION OF CULTURAL & HISTORIC AFFAIRS ONE  
BERGEN COUNTY PLAZA, 4TH FLOOR,  
HACKENSACK, NEW JERSEY 07601

Please submit three (3) paper copies and one electronic copy of the following:

- Application forms and attachments
- Consultant's/Contractor's Personnel

Please submit all electronic files on one CD/DVD or thumb drive including:

- Photographs as JPEG images, minimum of 200 dpi at 4" x 6" (500KB)
- Preservation Plans, National Register forms and other large documentation in PDF format
- All other supporting documentation (preferably in PDF format)

Please review the Grant Guidelines and Attachment requirements. No submissions will be accepted via email. Submissions that are incomplete or missing authorizing signatures will not be considered. Please proof-read and collate all submissions. Double-sided printing is encouraged. Paper submittals shall be bound by staple, paper clip or binder clip only. The use of binders, plastic separators, non-recyclable materials, etc. is strongly discouraged. Submissions will not be evaluated on the basis of the aesthetic of the packet.

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED.**

**APPLICANT INFORMATION**

Project Name: \_\_\_\_\_

Name of applicant organization/municipality: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Ext \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2021 BERGEN COUNTY HISTORIC PRESERVATION TRUST FUND APPLICATION**

Relationship of Applicant to the historic resource: (**Attachment A**, required for all applicants)

Applicant owns the property

Applicant leases the property. Owner's Name: \_\_\_\_\_

If the applicant is different than the owner, submit a copy of a valid lease indicating possession and significant control over the property.

Other (describe): \_\_\_\_\_

**(ATTACHMENT B and C Required for Non-Profits)**

**PROPERTY**

Name (Historic, from NR/SR nomination): \_\_\_\_\_

Name (Present): \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Block/Lot: Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Date Built: \_\_\_\_\_

Major addition(s) and date(s): \_\_\_\_\_

Original use: \_\_\_\_\_

Architectural style(s): \_\_\_\_\_

Architect(s), if known: \_\_\_\_\_

Builder(s), if known: \_\_\_\_\_

Register of Historic Places Status (Insert date for all that apply; **Attachment D** required).

National Register of Historic Places: \_\_\_\_\_ individual \_\_\_\_\_ district

NJ Register of Historic Places: \_\_\_\_\_ individual \_\_\_\_\_ district

Certified NJ Eligible: \_\_\_\_\_ individual \_\_\_\_\_ district

Locally designated: \_\_\_\_\_ individual \_\_\_\_\_ district

The property is currently:  Occupied  Unoccupied

Gross square footage of the property \_\_\_\_\_ sq. ft

Describe concisely the architectural, cultural and historical significance of the property.

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Current physical condition of the property:

- Excellent (No visible repair work needed)
- Good (Need for general maintenance)
- Fair (in need of more than routine maintenance)
- Poor (in need of major repairs)

Describe any conditions, inappropriate use threatening the property. If the property is endangered, explain the nature of the threats.

Existing use of the site: \_\_\_\_\_

Proposed use of the site: \_\_\_\_\_

Describe any impact proposed project may have on the existing use of the site.

Provide the following:

- Site location based on Street Map (8 ½ x 11)
- Photographs (**Attachment E**)

Restrictions (Provide copies, if any)

Existing Deed Restrictions: \_\_\_\_\_

Encumbrances (mortgage) and Utility: \_\_\_\_\_

Easements (if any): \_\_\_\_\_

**STEWARDSHIP**

Who is responsible for budgeting, supervising and performing maintenance work?

How will the property be maintained once the funded work is complete? (Provide **Attachment F**)

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Provide the total Operating Budget for the property for the last three years. Include maintenance, operations, programs and special events, and staff salaries.

Year	Total Revenue	Total Expenses
2018		
2019		
2020		

**Budget Summary**

Figures must match totals from the Budget Table (See page 7 of this application)

Total Project Cost: \_\_\_\_\_

Match: \_\_\_\_\_

Grant Request: \_\_\_\_\_

**PROJECT SCOPE OF WORK**

Type of Application: Refer to “Eligible Activities” listed in the Grant Rules and Regulations. Select all that apply.

- Acquisition (fee simple) Note: Applicant must provide a recent appraisal prepared after December 31<sup>st</sup>, 2020.
- Preservation Planning Document (Preservation Plan, Historic Structure report, etc)
- National Register Nomination
- Construction Design Documents
- Construction Project

Describe the goals of the project. What are the problems and needs of the resource that you will address in your project?

Describe the completed research, site/structural investigation and planning that substantiates the project’s preservation goals.

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The Bergen County Historic Preservation Advisory Board strongly encourages applicants to have a historic preservation planning document completed prior to requesting funding for the preparation of construction documents or requesting construction funding.

The proposed project is based on a:

Preservation Plan

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Historic Structure Report

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Other study (please identify): \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

If appropriate, please select the item(s) which best represents the proposed project.

**Exterior:** \_\_\_ Preservation \_\_\_ Restoration \_\_\_ Rehabilitation \_\_\_ Stabilization \_\_\_ No exterior work

**Interior:** \_\_\_ Preservation \_\_\_ Restoration \_\_\_ Rehabilitation \_\_\_ Stabilization \_\_\_ No interior work

At what stage is the project?

\_\_\_ Contract with consultant

\_\_\_ Proposal submitted by Consultant and accepted by Applicant

\_\_\_ Proposals submitted by consultants under consideration

\_\_\_ Request for Proposal (RFP) for consultant services prepared by Applicant

\_\_\_ Other (describe): \_\_\_\_\_

Name and date of firm or individual providing cost estimates.

\_\_\_ Architect: \_\_\_\_\_

\_\_\_ Engineer: \_\_\_\_\_

\_\_\_ Contractor(s): \_\_\_\_\_

\_\_\_ Other (identify profession): \_\_\_\_\_

If known, provide projected dates (Mo./Yr.) for each task, as appropriate to the proposed project. If some work is completed, provide dates work was done. Note: Project activities must be completed within 3 years of the grant award.

_____ Identify qualified professionals	_____ Complete pre-design studies/reports
_____ Complete design	_____ Apply for Historic Preservation Office Authorization
_____ Identify qualified contractors	_____ Start construction
	_____ Complete construction

## **PROJECT GRANT REQUEST**

### **THINGS TO CONSIDER:**

- The line items provided in the grant request should correspond to the work referenced in the PROJECT SCOPE OF WORK.
- If the project encompasses work on several structures, a separate Grant Project Budget must be submitted for each structure and a grant project total page added. A spreadsheet with the content specified the Grant Project Budget with a similar layout may be substituted.
- All non-construction expenses include cost for planning or research directly related to project, such as fees for historic structures reports, preservation plans, materials testing, architectural, engineering or archaeological work, as well as design, construction, and post-construction professional services.
- For construction projects, grant funding for non-construction costs for design, construction, and post construction may not exceed 20% of the construction budget. Therefore, if the project received a previous grant that covered preparation of design documents for this project's activities, this amount should be included when calculating the 20% limit. Planning and research reports & documents are not included in this 20% limit.
- If this project is the **acquisition** of a historic property, provide the amount of the certified appraised value of the property and building(s) and provide a copy with this application. The acquisition total amount cannot exceed the appraisal. The appraisal report should have an appraisal valuation date after December 31<sup>st</sup>, 2020.

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**GRANT PROJECT BUDGET TABLE**

<b>Activities</b>	<b>Project Cost</b>	<b>Match</b>	<b>Grant Request</b>
<b>NON-CONSTRUCTION</b>			
Planning Reports & Documents			
Planning: National Register Nomination Form			
<b>Sub-total, planning documents</b>			
Preparation of Design Documents			
Construction Contract Administration			
Post-Construction Services (identify)			
Other Services (identify)			
<b>Sub-total design, construction, &amp; post construction</b>			
<b>A. Total, Non Construction</b> (Add up the two Sub-totals)			
<b>CONSTRUCTION</b>			
Division 01: General Requirements			
Project Sign, if required			
Permanent Marker/Plaque/Sign, if required			
Division 02: Site Work			
Division 03: Concrete			
Division 04: Masonry			
Division 05: Metals			
Division 06: Wood and Plastic			
Division 07: Thermal/Moisture Protection			
Division 08: Doors/Windows			
Division 09: Finishes			
Division 10: Specialties			
Division 11, 12, 13: Ineligible			
Division 14: Conveying Systems			
Division 15: Mechanical Systems			
Division 16: Electrical Systems			
<b>B. Total, Construction</b>			
<b>C. Grant Total, A + B</b>			

Amount Requested from BCHPTF \$\_\_\_\_\_.

Applicant's match amount \$\_\_\_\_\_. (See Guidelines, Section X.)

Percentage of total project cost for the applicant's match: \_\_\_\_\_%

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**PUBLIC BENEFIT**

**Public Access to the Property**

	<b>Current</b>	<b>At Project completion</b>
Open to the public	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open to the public on a regular basis - # Days/year		
Open to the public on a regular basis - # Hours/day		
Open by appointment only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of visitors per year		
How was this number calculated?	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated Source of count:	

Please provide any additional information helpful for review, including interpretive program, innovative design; how project achieves local community revitalization, preservation of the built or natural environment, heritage education, or tourism; how project promotes preservation activity and reach new audiences.

**Accessibility**

Is the property compliant with the American Disability Act? \_\_\_\_ Yes \_\_\_\_ No

If not, has your organization conducted an ADA Self-Assessment Survey and prepared an ADA compliance plan? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide a copy of ADA Compliance Plan or explain your plans for ADA compliance (Provide **Attachment H**).

How does the facility currently accommodate individuals with disabilities? Will accommodations be improved as a result of the proposed project?



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**Fire Suppression**

Is there a plan for fire suppression? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a copy of the plan (Provide **Attachment I**)

If no fire suppression plan is currently in place OR a copy of an established plan is not available please address how fire suppression, protection and off-site monitoring of the facility will be established and maintained.

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**The applicant certifies the following:**

- a) The filing of this application has been approved by the governing body of the applicant;
- b) A public hearing was held prior to submitting this application;
- c) The facts, figures, and information contained in this application, including all attachments, are true and correct;
- d) Matching funds in the amount of \$ \_\_\_\_\_ are currently available, or will be available by \_\_\_\_\_ (date) for this project;
- e) Sufficient funds will be available when construction is completed to assure effective operation and maintenance of the property;
- f) Any funds received will be expended in accordance with the terms and conditions of the grant agreement;
- g) The individual signing this agreement has been authorized by the organization/municipality to do so on its behalf, and by this signature binds the organization/municipality to statements and representations contained in the application.
- h) This organization/municipality is aware that it must agree to restrictions, in perpetuity, on the lease, sale, exchange or donation of the property for which the grant is to be used, and must, if applicable, also execute an easement agreement with the County as described in Section XIV. A. of the Bergen County Historic Preservation Trust Fund *2018 Guidelines*.

Acting as a duly authorized representative for the applying organization, I am submitting this request for assistance from the *Bergen County Historic Preservation Trust Fund of the Bergen County Open Space, Recreation, Floodplain Protection, Farmland and Historic Preservation Trust Fund*.

_____	_____
Signature of Owner	Signature of Co-owner
_____	_____
Print Name	Print Name
_____	_____
Title	Title
_____	_____
Date	Date

*Attach additional page if property has more than two owners. All owners must sign.*

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HISTORIC PRESERVATION TRUST FUND GRANT PROGRAM  
of the  
Bergen County Open Space, Recreation, Floodplain Protection,  
Farmland and Historic Preservation Trust Fund**

**ADDITIONAL ATTACHMENTS**

The following attachments are required as noted:

**Attachment A – Owner Assurances.** (required for all applicants)

**Attachment B - Organizational Information.** (required for non-profits)

**Attachment C – Applicant’s Personnel.** (required for non-profits) Include a list of Board members and the names, positions, terms of office and occupations of all members of the applicant organization who will be responsible for managing the grant-assisted project.

**Attachment D - State of New Jersey or National Register of Historic Places status.** (required for all applicants).

- If the property is individually listed or part of an individual or thematic property listing, include a copy of the complete nomination form.
- If the property is included in a historic district listing, and is indicated on the nomination as a contributing resource to the historic district, include all relevant pages of the nomination form.
- If the property is not listed in the National or New Jersey Register of Historic Places, include a letter from the New Jersey Historic Preservation Office (NJ-HPO) certifying eligibility for listing of a site in the New Jersey Register. A Certificate of Eligibility must be received from the NJ-HPO at the time of application deadline.

**Attachment E – Photographs.** (required for all applicants). Submit photographs in the form of digital files (on labeled disc) depicting the overall setting of the property and general views of the site and buildings, and conditions that demonstrate the need for the grant. Digital photos should be a minimum of 200 dpi at 4”x6” (500KB). Also please include digital copies of historic photographs, if available. For print copies of the application, color photos printed on standard printer paper are acceptable. If the digital requirement presents a problem, please contact the Grants Administrator, Elaine Kiernan Gold at 201-336-7294 or [egold@co.bergen.nj.us](mailto:egold@co.bergen.nj.us)

**Attachment F – Long-range Maintenance Plan and Budget.** Provide a 5-year maintenance plan and budget, if available. If unavailable, please address the following questions: Who will be responsible for maintaining the property and is there a budget in place? Are you including the preparation of a maintenance plan in your overall project?

**Attachment G – Consultant’s/Contractor’s Personnel.** (required for all applicants) Include a list of the names of the firms and their personnel who will participate directly in the grant-assisted

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project. Submit resumes of all project personnel and sub-consultants. **Note:** Applications without named consultants should include, at a minimum, a statement of professional qualifications needed in the project.

**Attachment – H Americans with Disabilities Act.** Provide a copy of the ADA compliance plan, if available. If unavailable, please explain your plans for compliance and address the following questions: How does the facility currently accommodate individuals with disabilities? Will accommodations be improved as a result of the proposed project?

**Attachment I – Fire Suppression.** Provide a copy of the fire suppression plan, if available. If not available, please address how fire suppression, protection and off-site monitoring of the facility will be established and maintained.

**Attachment J – Documentation of Available Match.** (required for all applicants) Provide letters of commitment specifying amount of matching funds for this project and/or a financial statement showing the amount of available funds. County or municipal governments must provide an approved resolution from the governing body committing to the specified match.

**Attachment K – Applicant’s Long-Range Plan.** (required for all applicants) Include a current strategic or other long-range plan, specific to this site, for your community or organization. Plan can be as short as one page and should state your organization’s goals and plans for implementation including interpretive plans, if appropriate. Non-profits: If your organization does not have a formal long-range plan, explain your long range goals and objectives. Municipalities: Include a copy of the historic preservation element of your municipal master plan and describe how this project contributes to the implementation of that element.

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Attachment A – OWNER ASSURANCES

This attachment must be completed and executed by the owner of record.

Name of Owner \_\_\_\_\_

Name of Co-owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

I/we understand the purpose of the application to be submitted to the County of Bergen and I/we hereby agree to its submission. I/we agree that the listing of the property in the New Jersey or National Registers of Historic Places will be a condition of a grant. (If applicant leases the property) I/we also confirm that a valid lease is in effect and will be in effect for the duration of the grant and easement requirement that accompany the award of this grant.\*

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Co-owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*\*Attach a copy of the lease to this Assurance.*

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### Attachment B - CHARITABLE CONSERVANCY

#### Organization Information

Please submit a copy of each of the following:

- The organization's by-laws ☐
- Proof of qualification as an eligible charitable conservancy\* ☐
- Most recent financial audit
- A Resolution of Acknowledgment (see attached sample)

1. Date of incorporation \_\_\_\_\_ 2. Estimated membership \_\_\_\_\_
3. Number of staff: \_\_\_\_\_ full-time paid \_\_\_\_\_ part-time paid
4. Volunteers: \_\_\_\_\_ full-time \_\_\_\_\_ part-time
5. State the mission of your organization.

#### Project Specific Information

6. Briefly describe why it is important to preserve this resource and how the resource fits into your organization's mission.

7. Explain what would happen to the resource if the charitable conservancy ceased to exist.

\* An eligible charitable conservancy is a corporation or trust whose purpose includes historic preservation of historic properties, structures, facilities, sites, areas or objects, or the acquisition of such properties, structures, facilities, sites, areas or objects for historic preservation purposes. Conservancy is exempt from federal income taxation under paragraph (3) of subsection (c) of section 501 of the Federal Internal Revenue Code of 1986 (26 U.S.C. s.501(c)(3)).

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**SAMPLE MUNICIPAL RESOLUTION OF ACKNOWLEDGEMENT FOR NON-PROFIT APPLICANTS**

**WHEREAS**, the Bergen County Historic Preservation Trust Fund of the Bergen County Open Space, Recreation, Floodplain Protection, Farmland and Historic Preservation Trust Fund provides grants to non-profit organizations for assistance in the preservation of historic buildings, districts, and sites.

**WHEREAS**, as part of the 2021 application by the Applicant's name to the County of Bergen is the requirement that the applicant must obtain a resolution of acknowledgement that the municipality in which the project is located knows that the application is being made.

**WHEREAS**, the Applicant has informed the Borough/Township/City/Village Name of Municipality of its intent to apply for a Bergen County Historic Preservation Trust Fund for assistance in the historic preservation of name of project property located on property known as street address of project; Block     , Lot      on the tax map of the      of     .

**WHEREAS**, the      (*name of the municipality*) does not assume any financial liability or other responsibilities related to the application or the project.

**NOW, THEREFORE, BE IT RESOLVED** that      (*name of the municipality*) acknowledges that applicant's name is applying to the Bergen County Historic Preservation Trust Fund.

I hereby certify that this resolution was adopted at the meeting of the      of the     ,

     day of     , 2021.

Signature of appropriate municipal officials.