USE THE SEPARATE, STEP-BY-STEP INSTRUCTIONS TO COMPLETE THIS APPLICATION AT PGPLAN.ORG/GRANTS.

| 1. Historic Property Info   |   |  |
|---|---|--|
| HISTORIC AND/OR CURRENT NAME OF THE PROPERTY, IF APPLICABLE       |   | BLE APPLICANT DESIGNATION  |
|   |   |  |
| STREET ADDRESS  | CITY  | ZIP CODE   |
|   |   |  |
| 2. Photographs  |   |  |
| adequately document the proper pixelated, or too small. Label and | ty and project. Photos can be smaller tha<br>date every image. See page 8 of the Appl | clude a maximum of six single-sided pages of images that in 4x6 inches but should be good quality, not dark, blurry, ication Instructions for an example of how to include and wnloading photo pages at <a href="mailto:pgplan.org/grants">pgplan.org/grants</a> . |
|   |   |  |
|   |   |  |
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|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| 3. Amount Requested   |   |  |
| The maximum award per project                                     | is \$50,000. Do not request an award grea   | ter than this.   |
|   |   |  |
| 4. Applicant Information  |   |  |
| NAME OF APPLICANT   | APPL  | ICANT RELATIONSHIP TO THE PROPERTY   |
| APPLICANT STREET ADDRESS  |   |  |
| APPLICANT CITY  | APPLICANT STATE   | APPLICANT ZIP CODE   |

**APPLICANT EMAIL ADDRESS** 

**APPLICANT PHONE** 

USE THE SEPARATE, STEP-BY-STEP INSTRUCTIONS TO COMPLETE THIS APPLICATION AT PGPLAN.ORG/GRANTS.

5. Project Description

Provide a succinct description of your project in the space provided.

| 6. Budget   |   |                  |                    |                  |                |
|---|---|------------------|--------------------|------------------|----------------|
| Provide your proposed project's w<br>Attach contractor estimate(s) dire | work item/cost breakdown. Sectly after this page. | See the Applicat | ion Instructions f | or how to comple | ete the table. |
|   | APPLICANT CONTRIBUTION                            |                  |                    |                  |                |
|   |   | APPL             | ICANT CONTRIB      | BUTION           |                |
| WORK ITEMS  | GRANT   | APPL<br>CASH     | ICANT CONTRIE      | DONATED          | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| WORK ITEMS  | GRANT   |                  |                    |                  | TOTAL COST     |
| TOTALS  | GRANT   |                  |                    |                  | TOTAL COST     |

project cost

of funding requested

USE THE SEPARATE, STEP-BY-STEP INSTRUCTIONS TO COMPLETE THIS APPLICATION AT <u>PGPLAN.ORG/GRANTS</u>.

| 7. Project Significance [0-10 points]  |
|--|
| Describe the historical and cultural significance of the resource(s). Long answers accepted.   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 8. Project Urgency [0–5 points]  |
| Describe the sense of urgency regarding financial assistance for this project. Long answers accepted.  |
|  |
|  |
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|  |
|  |
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|  |
| 9. Material Retention [0–15 points]  Describe how historically significant material or details will be retained in the project. Long answers accepted. |
| ,  |
|  |

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| 10. Long-term Preservation [0-15 points]   |
|--|
| Describe the provision for long-term resource preservation inherent in the project. Long answers accepted.                         |
|  |
|  |
|  |
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|  |
| 11. Future Preservation Activities [0–5 points]  Describe how the project will stimulate or promote other preservation activities. |
|  |
|  |
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|  |
| 12. Preparation [0–10 points]  |
| Describe your readiness to initiate and complete the project.  |
|  |
|  |

USE THE SEPARATE, STEP-BY-STEP INSTRUCTIONS TO COMPLETE THIS APPLICATION AT PGPLAN.ORG/GRANTS.

| Describe your administrative capability. |  |  |
|--|--|--|
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|  |  |  |
| 14. Community Support                    |  |  |

 $Attach \ up \ to \ five \ letters \ demonstrating \ community \ interest \ and \ support \ of \ this \ project, \ directly \ after \ this \ page. \ Enter \ recommender \ information \ below.$ 

NAME RELATIONSHIP OR OCCUPATION

13. Administration [0–10 points]

USE THE SEPARATE, STEP-BY-STEP INSTRUCTIONS TO COMPLETE THIS APPLICATION AT PGPLAN.ORG/GRANTS.

#### 15. Certification (please read carefully)

The information submitted with this application is correct to the best understanding of the Applicant and Property Owner. The Applicant and Property Owner hereby certify that they will comply with the conditions set forth in this application and the instructions. In the event grant funds are received, the applicant agrees to the conditions and procedures outlined in this application, the Prince George's County Historic Property Grant Program Guidelines, and the instructions, specifically the requirement for timing specifications, Historic Site Designation, the conveyance of a perpetual preservation easement to The Maryland-National Capital Park and Planning Commission, oversight of the project by M-NCPPC staff, and adherence to citation requirements. See "Award Conditions" in the Application Instructions for details. This certification is a material condition of any grant award.

If the property owner differs from the applicant, the undersigned Property Owner(s) consents to the submittal and review of this application.

| APPLICANT                                    |                         |                          |                 |
|--|-------------------------|--------------------------|-----------------|
| SIGNATURE OF APPLICANT                       | NAME OF APPLICANT       | DATE SIGNED              | _               |
|  |                         |                          |                 |
| STREET ADDRESS                               |                         | CITY ST                  | ATE ZIP CODE    |
|  |                         |                          |                 |
| PHONE  | EMAIL ADDRESS           | APPLICANT ETHNIC ORIGIN* |                 |
|  |                         | OPTIONAL                 |                 |
| DDODEDT/ OWNER 1                             |                         | OPTIONAL                 |                 |
| PROPERTY OWNER 1 SIGNATURE OF PROPERTY OWNER | NAME OF PROPERTY OWNER  | DATE SIGNED              |                 |
| SIGNATURE OF PROPERTY OWNER                  | NAME OF PROPERTY OWNER  | DATE GIGINED             |                 |
| STREET ADDRESS                               | (print legibly or type) | CITY ST                  | ATE ZIP CODE    |
|  |                         |                          |                 |
| PHONE  | EMAIL ADDRESS           | PROPERTY OWNDER          | ETHNIC ORIGIN*  |
|  |                         |                          |                 |
|  |                         | OPTIONAL                 |                 |
| PROPERTY OWNER 2 (if applicable)             |                         |                          |                 |
| SIGNATURE OF PROPERTY OWNER                  | NAME OF PROPERTY OWNER  | DATE SIGNED              |                 |
|  | (print legibly or type) |                          |                 |
| STREET ADDRESS                               | (print legibly of type) | CITY ST                  | ATE ZIP CODE    |
| DUONE  | EMAIL ADDRESS           | PROPERTY OWNDER          | ETUNIC ODICINI± |
| PHONE  | EIVIAIL AUUKESS         | PROPERIT OWNDER          | EI HNIC OKIGIN* |

OPTIONAL

<sup>\*</sup>Ethnic origin designations are categorized by the Federal Equal Employment Opportunity Commission.

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### 16. Corporate Resolution

Complete this section only if you are signing on behalf of a corporation. The applicant as below is also authorized and directed to make or cause to be made and to execute and deliver on behalf of the applicant such certificates and statements and any and all other papers, instruments, or documents which may be necessary, convenient, or desirable to complete the transaction of a grant award in the name and on behalf of the applicant and under its corporate seal.

#### NAME OF CORPORATION

| SIGNATURE OF AUTHORIZED OFFICER      | NAME OF AUTHORIZED OFFICER | DATE SIGNED |  |  |
|--------------------------------------|----------------------------|-------------|--|--|
| STREET ADDRESS OF ORGANIZATION       | (print legibly or type)    |             |  |  |
| CITY                                 | STATE                      | ZIP CODE    |  |  |
| PHONE                                | EMAIL ADDRESS              |             |  |  |
| ETHNIC ORIGIN OF AUTHORIZED OFFICER* |                            |             |  |  |
| OPTIONAL                             |                            |             |  |  |

<sup>\*</sup>Ethnic origin designations are categorized by the Federal Equal Employment Opportunity Commission.