

HISTORIC PRESERVATION FUND GRANT APPLICATION FORM

CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

NAME & LOCATION OF NATIONAL REGISTER PROJECT SITE:

Name_____
Physical Address_____
City, State_____
County

OWNER'S NAME: _____

IS THIS PROPERTY MORTGAGED? _____

PROJECT PERIOD: Beginning Date: _____ Completion Date: _____

FEDERAL FUNDS REQUESTED _____

CASH MATCH _____

TOTAL PROJECT COST: _____

I certify that I have read the Society's Historic Preservation Fund Development Grant Guidelines and do understand the terms and conditions relating to the use of HPF grant funds. I understand that I may not proceed with any project work for which reimbursement is expected until I sign a contract with the State Historical Society of North Dakota and receive written notification from the State Historical Society of North Dakota to begin. I also certify that I, or the organization I represent, have sufficient resources to satisfy the proposed matching share.

Applicant Signature_____
Title_____
Date