

Open Space, Farmland, Recreation, and Historic
Preservation Trust Fund

2026

Application for Historic Preservation Funding

APPLICANT INFORMATION

DATE _____

1. Name of Project Site _____

Name of Applicant _____
(Borough/Organization)

Street Address _____

City _____ State _____ Zip _____

Amount of Funding Requested: \$ _____

Brief description of project (in a sentence)

2. Contact person for this application _____

Title _____

Land Phone # _____ Cell Phone # _____

Email _____ Fax # _____

Best time to contact _____

3. Have you been awarded a grant for this location/project in 2015 or after?

_____ Yes _____ No

If "Yes", matching funds are required. In-kind matches require submission of a Work Plan (see cover letter for details).

Please list the grants received since 2015:

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

Round _____ Amount \$ _____

4. Application organization status: _____ Municipal Government
_____ Tax-exempt nonprofit organization
(Attach both IRS and New Jersey charitable registration letters.)

If not a designated 501 C (3) organization, explain tax-exempt status:

PROPERTY INFORMATION

5. Common name of property _____

Street Address _____

City _____ State _____ Zip _____

Present Zoning _____ Block No. _____ Lot No. _____

6. Briefly describe the tasks to be performed using these funds, i.e. exterior painting; replacement of roof, etc. Note: Any wood roof or siding being replaced must be done using Eastern White Cedar shakes or shingles.

***Provide photos of project site (scanned, printed or on a flash drive) with application. Photos must clearly show the area(s) that will be improved with funding from the grant.**

7. a) The applicant: ____ owns ____ leases the property
(Attach a copy of the lease)

b) Year first owned or leased _____

c) If leased, years remaining on the lease _____

d) Owner (if other than applicant):

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

e) Lessor (if different from the owner):

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

8. Is there currently a recorded preservation easement on this property?

____ Yes ____ No

* If your response is "Yes" submit a copy of the recorded easement for review with your application. If your response is "No", the property owner must, execute the County's Deed of Historic Preservation Easement, included with the application packet. **Please Note:** No language changes are permitted. The executed preservation easement must be provided to the County for review and recording within 45 days of the County's award notification to the Grantor. If accepted, the County will record the preservation easement and provide a copy of the recorded easement to the property owner and the applicant.

PROJECT BACKGROUND

9. Is the property subject to review by the local or municipal Historic Preservation Commission? ____ Yes ____ No

10. a) Estimated number of visitors to the property each year _____

b) Estimated number of people who will benefit annually from this project after completion _____

c) From which geographical area(s) do/will you attract most visitors?

11. a) How will this project enhance understanding and appreciation of Camden County's history?

- b) How will this project affect the surrounding community?

SIGNIFICANCE OF THE PROPERTY

12. **Date Built:** _____
Major addition(s) & date(s) _____
Architectural style(s) _____
Architect (if known) _____
Builder (if known) _____

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

14. State/National Register of Historic Places Information

- a) Property is listed in the:
_____ National Register
_____ New Jersey Register
_____ Municipal or County Historic Survey (attach copy of survey page)
_____ Property not listed

- b) Category: _____ *National Register:* _____ *NJ Register:*
Individual _____ Individual _____
District _____ District _____
Thematic _____ Thematic _____

- c) Date listed: National Register: _____
New Jersey Register: _____
Municipal or County Historic Survey: _____

d) Provide the name of the property and, if applicable, the name of the district or thematic listing

e) Is this property a National Historic Landmark?

_____ Yes _____ No Date Listed: _____

15. Has the project been approved by any of the following:

_____ State Preservation of Historic Sites Council

_____ State Secretary of Interior Standards

a) If not, please explain.

PROPERTY STATUS AND CONDITIONS

16. Is the property, or will it be, open to the public? _____ Yes _____ No

a) If yes, list hours and days the property is/will be open and any fees charged. _____

b) If not, please explain. *(Give proposed schedule for opening and hours of operation.)* _____

17. Is the property currently occupied? _____ Yes _____ No

a) Describe the current use of the property.

b) Describe the proposed use of the property *(if different from (a) above)*.

18. The current condition of the property is:

___ Excellent ___ Good ___ Fair ___ Poor

19. a) Is the property currently endangered due to:
- pending demolition
 - immediate threat of collapse
 - inappropriate development of surrounding area
 - general neglect/code violation (specify): _____
 - other (specify): _____
- b) If the property is endangered, explain why or how this occurred.
- _____
- _____
- _____

PROJECT DESCRIPTION

20. Briefly describe the overall objective of the project.
- _____
- _____
- _____
21. Why is it important to fund this project now?
- _____
- _____
- _____
22. Check the preservation activity(ies) which apply to the project:
- Restoration Stabilization/Preservation
- Rehabilitation Reconstruction
23. What research, investigation, or other documentation substantiates the preservation approach you have chosen for this project?
- _____
- _____
- _____
- _____
24. Describe concisely, in the space provided, the scope of work proposed for funding. *Work described must be referenced in the “proposed” column of the project budget.*
- _____
- _____
- _____
- _____
- _____

25. If known, please provide projected dates (Mo./Yr.) for completion of each phase of work.

Pre-Design: _____ Design: _____
Construction: _____ Post-Construction: _____

26. If public funds have been used on this project, has the work been, or is it being, reviewed under the NJ Register of Historic Places Act or Section 106 of the National Historic Preservation Act? ___ Yes ___ No

27. Describe any completed work. Describe materials and features that were repaired, replaced, or reconstructed. Provide relevant date and submit supporting documentation, including “before” and “after” photographs.

PROJECT GRANT REQUEST

Name of Structure (if more than one): _____
(If the project encompasses work on several structures, a separate budget must be submitted for each structure.)

28. Give names of all firms or individuals providing cost estimates:

Architect _____
Engineer _____
Contractor _____
Other (specify) _____

29. **CONSTRUCTION**
Provide estimates for costs relating to the following items. If a more detailed budget is available attach to application. Construction items correspond to the Construction Specifications Institute (CSI) format, the industry standard.

<u>Activity</u>	<u>Proposed Budget</u>	<u>Funding Requested from Camden County Trust Fund</u>
DIVISION 01: General Requirements Facilities/Temporary controls		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 02: Site Work Selective Demolition Improvements		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 03: Concrete		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 04: Masonry Restoration		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 05: Metals, Ornamental Metals, Structural Metals		
_____	_____	_____
_____	_____	_____
_____	_____	_____
DIVISION 06: Wood and Plastics, Rough Framing, Finish Carpentry		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Activity

Proposed Budget

Funding Requested from
Camden County Trust Fund

DIVISION 07: Thermal/Moisture, Protection Roofing

_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVISION 08: Doors/Windows, Door Restoration/Repair, Window Restoration/Repair

_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVISION 09: Finishes, Exterior Finishes, Interior Finishes

_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVISION 10: Specialties, Directional or interpretive signs/displays, Pest Control

_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

DIVISIONS 11 through 13 (Equipment, Furnishings, and Special Construction) are generally not eligible activities.

Activity

Proposed Budget

Funding Requested from
Camden County Trust Fund

DIVISION 14: Conveying Systems

_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVISION 15: Mechanical Systems, Plumbing, HVAC

_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Activity</u>	<u>Proposed Budget</u>	<u>Funding Requested from Camden County Trust Fund</u>
DIVISION 16: Electrical, Wiring, Fixtures		
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

If providing an in-kind match please submit a Work Plan identifying volunteer hours needed and anticipated donated material for the project and their value.

30. a) Is the project for which grant funds are requested part of a larger overall capital project? _____ Yes _____ No
- b) Describe, briefly, this larger project.

- c) Total project cost of all work on the property, whether included in the grant request or not. \$ _____

FINANCIAL INFORMATION

31. a) Funds expended: List all funds expended on this project to date. Indicate the source, the amount and purpose of funding.

<u>Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Date Expended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

b) **Funds proposed:** List all proposed funds that will be used on this project, excepting funds requested from the Camden County Trust Fund herein. Indicate the source, the amount and the status of commitment, i.e. spent, in-hand, committed, etc. Attach letters of commitment for these funds.

<u>Amount</u>	<u>Source of Funds</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

c) **If all funds for the project are not expended or in-hand, describe the steps that will be taken and the timetable for securing these funds.**

32. **Please complete the following:**

Government Organizations: Provide operational budget for this project property for the last three fiscal years.

2022 \$ _____

2023 \$ _____

2024 \$ _____

Non-profit Organization: Provide the organizational budget for the past three fiscal years. *(Attach a copy of the most recent year's organizational budget or most current financial audit.)*

2022 \$ _____

2023 \$ _____

2024 \$ _____

33. **Restricted funds:** Give name and current balance of any special funds, accounts, or endowment monies which pertain to this project property.

APPLICANT PROFILE

34. Describe the mission of your organization and the audience it reaches.

35. a) Date Incorporated _____ (if unincorporated, date formed)

b) Number of staff (specify full-time or part-time)

Professional _____

Support _____

Volunteer _____

36. Membership Organizations, complete the following:

a) Number of members _____

b) Membership policy, fees or dues:

37. List those responsible for this project from your organization and any consultants or professionals, if any, who have been engaged in this project.
(Attach resumes)

38. How will the site be preserved once funded work is completed? Who is responsible for maintaining the property?

39. Describe briefly how this preservation project fits into your organization's long-range plans.

ASSURANCES

The applicant certifies the following:

- a. the filing of this application has been approved by the governing body of the applicant, if applicable;
- b. the facts, figures, and information contained in this application, including all attachments, are true and correct;
- c. matching funds in the amount of \$ _____ are currently available, or will be available by _____ for this project; (if no matching funds are available write N/A in blanks)
- d. sufficient funds will be available when construction is completed to ensure effective operation and maintenance of the facility;
- e. any funds received will be expended in accord with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*, the terms and conditions of the New Jersey Register of Historic Places Rules (NJAC 7:4-1.1 et seq.) and the grant agreement;
- f. the individual signing this agreement has been authorized by the organization to do so, on its behalf, and by his/her signature binds the organization to the statements and representations contained in the application.

Acting as duly authorized representative for the applying organization, I am submitting this request for assistance from the Camden County Open Space, Recreation, Farmland and Historic Preservation Trust Fund Trust. (PLEASE NOTE, SIGNATURE MUST BE NOTARIZED).

Signature of Individual

Date

Typed Name and Title of Signatory

Title

**Signature of Property Owner
(If property is leased to applicant)**

Date

Name of Property Owner (typed or printed)

NOTARY:

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**Open Space, Farmland, Recreation, and Historic
Preservation Trust Fund**

Please mail or hand deliver
a complete notarized application (see 2026 cover letter) to:

**Camden County
Division of Open Space and Farmland Preservation
1301 Park Blvd.
Cherry Hill, NJ 08002**

AND

Email A PDF* file of the same to:

Janina.Nelson@camdencounty.com

***PDF may also be delivered on a flash drive**