



WASHINGTON STATE HERITAGE BARN INITIATIVE

GRANT PROGRAM APPLICATION

2019 – 2021 BIENNIUM

DEADLINE: OCTOBER 23, 2019

Please carefully review the Heritage Barn Initiative Grant Program **Guidelines & Procedures** before completing this application.

To avoid technical problems, this application is best viewed in and completed with Adobe Reader or Adobe Acrobat. You can download Adobe Reader for free at:

<http://get.adobe.com/reader/>

CONTACT INFORMATION:

Jennifer Mortensen
jmortensen@preservewa.org
206-462-2999





SECTION 1 • PROPERTY INFORMATION

Current Barn/Farm Name: _____

Historic Barn/Farm Name(s): *(if known)* _____

Barn Physical Address: _____ City / State / Zip: _____

Parcel Number: _____ County: _____

Geographic Coordinates: _____

Date(s) of Barn/Farm Construction: *(approximate dates acceptable)* _____

SECTION 2 • OWNER INFORMATION

Owner Name: _____

Mailing Address: _____ City / State / Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

SECTION 3 • APPLICANT/CONTACT INFORMATION (IF DIFFERENT FROM OWNER)

Applicant/Contact Name: _____

Mailing Address: _____ City / State / Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

SECTION 4 • PROJECT SUMMARY

Provide a brief summary description overall of the proposed project:

SECTION 5 • BUDGET SUMMARY

After completing your budget in Section 10a, this information will auto-populate from the worksheet boxes outlined in yellow.

Total Grant Amount Requested:

Total Project Budget:

SECTION 6 · HISTORICAL AND CULTURAL SIGNIFICANCE

Please describe the relative historical and cultural significance of the barn or farmstead for which grant funds are being requested. The relative historical and cultural significance of the barn or farmstead as a whole is a primary consideration of the Barn Advisory Committee as they review grant applications.

SECTION 7 · STATUS OF PROPERTY

Historical Designation of Barn/Farmstead (*check all that apply*)

- National Register of Historic Places
- Heritage Barn Register
- Local Designation

Is the property protected through a conservation easement, transfer of development rights, or any other program providing conservation / preservation incentives?

- No Yes If yes, explain. For easements, provide the name of the easement holder and the easement term:

SECTION 8 · BUILDING DESCRIPTION

Overall dimensions: Length: _____ Width: _____ Height: _____

Original/historic use:

Current use:

*Note: Funding priority is given to buildings still in agricultural use. If your barn and/or the surrounding land is currently used for agricultural purposes, be sure to **thoroughly describe that current agriculture-related use here.***

Using the checklist below, indicate the relative condition for each building element. Rank the top five elements in terms of priority/urgency (1 being the most urgent). The project that you describe in "Section 9: Project Work" should address those building elements with the highest ranking in terms of priority.

| Building Element | Good | Fair | Poor | Failing <i>(needs replacement)</i> | Priority Ranking |
|-------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|---------------------|
| Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Foundation Sill Plates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Roof Sheathing/Cladding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Rafters/Roof Structure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Structural Posts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Structural Beams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Exterior wall framing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Exterior siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Outbuildings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>Other:</i> | | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Describe any major repair work or restoration projects that you have completed on this property in the last 5 years and the approximate cost of those major projects.

SECTION 9 · PROPOSED WORK

Based on your contractor's estimate and the priorities listed in the chart in Section 8, please break your project down into no more than six project phases. For example, a project phase might be "Structural Stabilization", "Roof Repair/Replacement", "Window & Door Repair/Replacement", etc. Enter each phase* and its estimated cost** on the line where indicated and in the space below, thoroughly describe the steps, techniques, and materials to be used in the rehabilitation work.

The emphasis of this program is historic preservation, so **original materials should be repaired if possible**. The project phase descriptions below should give **detailed information** about the condition of the original materials and the applicant's plans for working with them. If materials are deteriorated to the point that partial or full replacement is necessary, new materials must identically match the original. All work must comply with the *Secretary of the Interior's Standards for the Rehabilitation of Historic Properties*.

Applicants must include as attachments to this application a detailed contractor's bid/estimate for the proposed project work described in this section as well as images or product pages to demonstrate any proposed new materials that will be used.

Project phase 1: _____ Estimated cost: _____

Project phase 2: _____ Estimated cost: _____

* *The project phase title you enter here will automatically populate the phase title in Sections 10a, 10b, and 11 and vice-versa. If you change the project phase title in one area of the application, they will all change.*

** *The estimated cost you enter here will automatically populate the estimated cost column of the budget table in Section 10a and vice versa. If you change the information in the budget table, the estimates listed here will also change.*

Project phase 3: _____ Estimated cost: _____

Project phase 4: _____ Estimated cost: _____

Project phase 5: _____ Estimated cost: _____

Project phase 6: _____ Estimated cost: _____

SECTION 10a · PROJECT BUDGET

For the following budget worksheet, list each project phase you identified in Section 9. For each project phase, list its total estimated cost and how you plan to cover those expenses with any combination of grant funds, cash match, or in-kind match. *Be sure that your total match (cash and in-kind together) is equal or greater to the amount of grant you are requesting.*

Grant Request: Grant funds from the state may only be used for direct hard costs related to construction such as purchasing materials, hiring contractors, etc.

Cash Match: Funds from the owner/applicant which can go toward both hard costs (purchasing materials, hiring contractors) and soft costs (architectural designs, structural assessment, permitting, etc.).

In-kind Match: Any labor, materials, or equipment that are donated to the project.

- **In-kind Labor:** Any work donated to the project by the owner or other volunteers (valued at \$25/hr) or donated professional services that can be valued at the appropriate professional rate.
- **In-kind Materials:** Any materials already on hand that are donated to the project. To count materials as in-kind match, documentation (such as a product page from a website) must be provided to demonstrate the value of those donated materials.
- **In-kind Equipment:** Any major equipment already on hand that is donated for use during the project that would otherwise have to have been rented, such as crane, scissor lifts, electric planer, etc. To count equipment as in-kind match, documentation (such as a product rental page from a website) must be provided to demonstrate what the equipment would have cost if it had been rented.

| Project Phase: | Estimated Cost <i>Cost of each project phase from contractor's bid</i> | State | Owner/Applicant | |
|----------------|---|--|--|---|
| | | Grant Request <i>Amount of grant funds requested for each project phase</i> | Cash Match <i>Cash provided by applicant / owner for each phase</i> | In-kind Match* <i>Totals from in-kind donation worksheet</i> |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| 6. _____ | | | | |
| | Total Project Cost | Total Grant Request | Total Match Provided | |
| | | | | |

Maximum amount of grant that can be requested according to proposed project costs:

** If proposing in-kind match, please fill out the in-kind donation worksheet on the next page and the in-kind totals should populate in this column automatically.*

SECTION 10b · IN-KIND DONATION WORKSHEET

If you are proposing in-kind labor, materials, or equipment for your project, please fill out the following worksheet. For each phase, list the dollar value of in-kind labor, materials, and/or equipment you are donating and provide a short description in the box below, such as "100 hours of volunteer labor at \$25/hr and 1 week rental of a scissor lift valued at \$200/day."

If you are not proposing any in-kind match, you may skip this page.

| Project Phase: | Dollar value of in-kind labor | Dollar value of in-kind materials | Dollar value of in-kind equipment | In-kind Total* |
|---|-------------------------------|-----------------------------------|-----------------------------------|----------------|
| 1. _____ Description of in-kind donation(s): | | | | |
| 2. _____ Description of in-kind donation(s): | | | | |
| 3. _____ Description of in-kind donation(s): | | | | |
| 4. _____ Description of in-kind donation(s): | | | | |
| 5. _____ Description of in-kind donation(s): | | | | |
| 6. _____ Description of in-kind donation(s): | | | | |

* These totals should calculate automatically and populate automatically into the "In-kind Match" column in the full budget on Page 6.

SECTION 11 • PROPOSED PROJECT TIMELINE & READINESS TO PROCEED

Please list the estimated start and completion dates for each project phase and indicate whether or not the funds for each phase are currently committed. Grant funds are reimbursement only, meaning applicants must expend costs associated with the project and *then* request reimbursement for eligible costs covered by the grant award. Commitment of funds means that the applicant has the cash on hand (or has an agreement with a lender to acquire the necessary funds) to complete the project and then request reimbursement.

| Project phase: | Estimated Start Date: | Estimated Completion Date: | Are funds currently committed? | |
|----------------|-----------------------|----------------------------|--------------------------------|-----------------------------|
| 1 _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you marked “no” for any of the project phases, briefly explain your plan for securing the funds necessary to implement the project before the proposed start date of that phase.

SECTION 12 • EXPERIENCE & QUALIFICATIONS

If you are planning to complete the project work yourself, please describe your experience renovating or restoring this or any other historic properties in the last ten years. If you plan to employ a contractor or other professional for your project, please provide their contact information here and include a one-page summary of their experience working on historic buildings as an attachment.

SECTION 13 • FINANCIAL NEED

How critical is a Heritage Barn Grant in terms of completing this project? How will you proceed if you receive a reduced grant or no grant this year?

SECTION 14 · PUBLIC BENEFIT

One of the purposes of this program is to promote and preserve Washington State's agricultural heritage through historic preservation for the benefit of the public. This can include long term preservation, visibility of the farm buildings from public roads, and / or occasional public access for special events or tours.

- A. Is the building visible from public roads, trails, or other publicly accessible places? If yes, provide the name of the public road providing the best vantage point for the building. **Please note that applicants must include a photo illustrating the view of the building from the public right-of-way as an attachment.**
- B. If a grant is awarded, the owner will be *required* to enter into an easement on the property to ensure the building is not adversely impacted by future action, such as demolition or inappropriate alteration. The term of the easement will be 5-15 years, depending on the amount of the grant award.

If awarded a grant, will you agree to enter into this easement? Yes No

- C. Is the property regularly or occasionally open to the public? Has the property been included in public farm tours, hosted school groups, or provided other educational opportunities?

- D. Describe the plan in place to maintain the property for a period of at least 10 years and how this project will contribute to this plan.

SECTION 15 · ADDITIONAL INFORMATION

Please add any additional information pertaining to the proposed scope of work and the overall preservation of your barn or farm that you were unable to include in other sections.

SECTION 16 · ATTACHMENTS

Please include the following with this application form:

1. Any contractor bids, cost estimates or condition assessments, etc. used to develop your proposal
2. Images of or product pages for proposed materials for the project work
3. A one-page summary of experience working with historic buildings for selected architects, engineers, contractors, etc.
4. Text document with image captions/descriptions that correspond to image file names
5. Building images — *At least four (4) high-resolution digital images showing **each side** of the building*
6. Detail images — *Up to 15 high-resolution digital images clearly illustrating the condition of the area(s) of the proposed work and the need for/urgency of repair*
7. Context image(s) — *At least one high-resolution digital image showing the view of the building from a public right-of-way*

For local government applicants, please include:

8. A brief profile of department mission, lead staff, and annual budget

For non-profit organization applicants, please include:

9. A list of board members and their affiliations
10. Annual operating budget for most recently completed fiscal year

SECTION 17 · CERTIFICATION

I certify to the best of my knowledge that the information provided in this application is complete and accurate.

Owner

If the legal owner of the property is an individual(s):

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

Co-owner's Signature: *(if applicable)* _____ Date: _____

Co-owner's Printed Name: _____

If the legal owning entity of the property is an LLC or other organization:

Name of Owning Entity: _____

Representative's Signature: _____ Date: _____

Representative's Title: _____

Representative's Printed Name: _____

Applicant

If the person submitting this application is different than the legal owner:

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Applicant's Relationship to Owner: _____

Note: Application will not be accepted without original signatures.