

**HISTORIC CEMETERY PRESERVATION CAPITAL GRANT
PROGRAM APPLICATION
2017 - 2019 BIENNIUM**

SECTION 1 • CEMETERY INFORMATION

Cemetery Name (on sign): _____
Cemetery Name (others): _____
Nearest City/Town/Area: _____
Description (address or directions to cemetery): _____
State Legislative District: _____ County: _____
Cemetery acreage: _____ Latitude & Longitude: _____
Year Officially Established: _____ Earliest Burial Date: _____ Latest Burial Date: _____
of burials in cemetery _____ % of military burials _____%

SECTION 2 • OWNER INFORMATION*

Name: _____
Primary Contact (if owner is organization or local government): _____
Mailing Address: _____
City / State / Zip: _____
Daytime Phone: _____ Evening Phone: _____
Email: _____

SECTION 3 • APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name: _____
Primary Contact (if applicant is organization or local government): _____
Mailing Address: _____
City / State / Zip: _____
Daytime Phone: _____ Evening Phone: _____
Email: _____

Is the property protected or accessed through an easement?

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

*If the cemetery is abandoned, you must provide a Care and Maintenance Certificate from the Department of Archaeology and Historic Preservation with your application to show you are authorized to undertake the project.

SECTION 4 • PROJECT SUMMARY

Project Title (clear and short): _____

Project Category (check all that apply to your scope):

Protection & Security Restoration & Preservation Interpretative Displays

Provide a brief description of the proposed project. Further detail is requested in Section 8.

SECTION 5 • BUDGET SUMMARY

Who is the designated contact for reimbursement?

The numbers in this section should be taken from the budget amounts listed on the budget worksheet.

Budget for each project scope:

Protection & Security: _____

Restoration & Preservation: _____

Interpretative Displays: _____

Project Totals:

Total Grant Amount Requested: _____

Total Project Budget: _____

SECTION 6 • HISTORIC SIGNIFICANCE OF CEMETERY

Historical Designation of Cemetery (check all that apply)

- National Register of Historic Places (individual)
- National Register of Historic Places (within a district)
- Washington Heritage Register
- Local Designation (individual)
- Local Designation (within a district)
- None
- Unknown

CEMETERY DESCRIPTION AND SIGNIFICANCE

Describe the historic and cultural significance of the cemetery. If a comprehensive history exists in another document, please summarize the significance here and include the supplemental history as an attachment to your application. Consider if the cemetery contains burials of persons of transcendent importance (including veterans and others of great eminence in their field of endeavor or had a great impact upon the history of their community, state, or nation); the relative age in a particular geographic or cultural context (example: oldest cemetery associated with a town or community's original settlement period); if there are distinctive design features; or if the cemetery is associated with historic events.

Describe the existing conditions of the cemetery and any significant changes (site size, etc) over its history. Explain the cemetery's present value to the local community or organization. Please describe any known military burials and monuments.

SECTION 7 • PROPOSED WORK

Please organize your project according to the four project scopes: Protection & Security, Restoration & Preservation, and Interpretive Displays. For each element of your project, please describe in as much detail as possible:

- the need for the project and why it is important;
- project goals, measurable outcomes and deliverables;
- the time line and milestones;
- the techniques and materials to be used in the work;
- who will perform the work;
- how the project will be maintained (if applicable);
- the project's role in the long term preservation and stewardship of the cemetery; and
- any community involvement (funding leverage, volunteers, veteran and student engagement, etc).

The emphasis of this program is historic preservation, so original landscape elements should be maintained and materials should be repaired if possible. All state and federal laws pertaining to cemeteries and human remains must be followed.

SECTION 7 • PROPOSED WORK (Continued)

SECTION 8 • EXPERIENCE & QUALIFICATION

Describe similar projects that you (or the applicant organization) have completed in the past ten years with special attention to previous projects involving historic cemeteries or historic preservation projects. Describe prior experience managing grant awards or projects of a similar size that help the Advisory Committee understand your qualifications related to delivering a successful project. If volunteers will conduct a significant amount of work, please indicate your experience managing volunteer projects. If you are hiring a consultant or contractor, please include a summary of their experience and qualifications working on historic cemeteries as an attachment. If work will be performed by multiple people, please indicate the scope they will work on.

SECTION 9 • PROPOSED PROJECT TIME LINE & READINESS TO PROCEED

List each scope element as identified in “Section 8: Proposed Work” and outline your proposed starting and completion dates. Indicate if scopes are sequential or concurrent. If additional funding outside of the grant request is needed to complete the project, explain when funding is expected. Please note that projects must be complete by June 30, 2019

SECTION 10 • PROJECT BUDGET

Please complete the attached budget worksheet (Excel document). In the worksheet, you will break down your budget by project scope, then billing category. For each element, list the total cost in the "Expenses" section. Under the "Income" section, list how you plan to cover those expenses with grant funds.

<BUDGET WORKSHEET IS INCLUDED AS AN EXCEL DOCUMENT>

SECTION 11 • PUBLIC BENEFIT

One of the purposes of this program is to promote and preserve Washington State's historic cemeteries and honor our military veterans through historic preservation for the benefit of the public. This can include long term preservation and protection, improved memorial identification and interpretation, and / or occasional public access for special events or tours.

A. Is the cemetery accessible to family members and the public? Has it been included in public tours, hosted school groups, or provided other educational opportunities?

B. Describe future plans to maintain the cemetery and all work or purchases funded by this grant for a period of at least 10 years:

C. If a grant is awarded to a private property owner, the owner will be required to enter into an easement on the property to ensure the cemetery is not adversely impacted by future action. The term of the easement will be 10 years.

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

SECTION 12 • ADDITIONAL INFORMATION

Please add any additional information pertaining to the proposed scope of work and the overall preservation of the cemetery

SECTION 13 • ATTACHMENTS

Please include the following with your application:

1. A completed project budget worksheet
2. Any bids, cost estimates, maintenance plans, capital needs or condition assessments, etc. used to develop your proposal
3. Resume and summary of experience working with historic cemeteries for selected contractors, etc.,
4. Cemetery Images - Up to 8 high-resolution digital images illustrating the overall condition and landscape of the cemetery
5. Project 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
6. Image Captions (on images or separate document)
7. At least one high-resolution digital image showing the view of the cemetery from a public right of way
8. Supplemental history documents (optional)

For local government applicants, please include:

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

For non-profit organization applicants, please include:

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

SECTION 14 • CERTIFICATION

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

Owner's Signature

Date

Co-owner's Signature (if applicable)

Date

Print Names:

Owner: _____

Co-owner: _____

Applicant's Signature (if different from owner)

Date

Print Name:

Applicant: _____

Note: Application will not be accepted without original signatures.

ATTACHMENT 1: Project budget worksheet

Historic Cemetery Preservation Grants

GRANT APPLICATION - BUDGET WORKSHEET

Applicant Name: Example Cemetery

Name: Example Cemetery

Project Title: Example Cemetery Historic Preservation Project

Enter the estimated cost of each work element. (Costs should correspond to a bid from a contractor or consultant, estimates or invoices for items to be purchased, etc.)

Enter the amount of grant funds you plan to put toward each work element.

Organize your budget to correspond to the appropriate project scope identified in "Section 8 - Proposed Work" of the application.

		EXPENSES	INCOME
		ESTIMATED COST	GRANT REQUEST
Project Scope		Estimate for each Project Scope	Grant Funds
1	Protection & Security	\$11,139.52	\$11,139.52
	Labor: Contractor/Consultant	\$4,813.02	\$4,813.02
	Materials & Equipment	\$2,994.17	\$2,994.17
	Other:	\$3,332.33	\$3,332.33
2	Restoration & Preservation	\$13,902.73	\$13,902.73
	Contractor/Consultant	\$13,902.73	\$13,902.73
	Materials & Equipment		
	Other:		
3	Interpretative Displays	\$6,993.55	\$6,993.55
	Contractor/Consultant	\$5,325.00	\$5,325.00
	Materials & Equipment	\$1,668.55	\$1,668.55
	Other:		
4	Other:	\$0.00	\$0.00
	Contractor/Consultant		
	Materials & Equipment		
	Other:		
		\$32,035.80	\$32,035.80

Total Project Cost: \$32,035.80

Total Grant Amount Requested: \$32,035.80