

2022-23 Maintenance and Repair funding for Religious Organizations: PRE-APPLICATION **preview**

Full Name of Applicant Organization *

Is the Applicant Organization a 501 (c) (3)? *

- ☐ Yes
☐ No

Federal EIN number (Tax ID) PLEASE DO NOT INCLUDE HYPHEN

Web address for the site/organization

List other organizations/groups that use the facility *

Number of parish members *

Organizational Contact Name *

First

Last

Organizational Contact Phone *

Alternative phone number

Organizational Contact Email Address *

Alternative Email Address

Contact/Organizational mailing address (must fill each field) *

Address Line 1

City

State

Zip Code

Physical address of project site (must fill each field) *

Address Line 1

City

State

Zip Code

Which preservation category best fits the project for which you are applying? Select all that apply: *

- ☐ exterior painting
- ☐ finishes and surface restoration
- ☐ fire detection
- ☐ lightning protection
- ☐ security systems
- ☐ repairs to/restoration of porches
- ☐ repairs to/restoration of roofs
- ☐ repairs to/restoration of windows
- ☐ repairs to foundation and sills
- ☐ repairs to chimney
- ☐ masonry repointing

Brief explanation of project scope *

Why is this project a priority for the project site? What studies, reports, or observations (i.e. condition assessment, maintenance plan, preservation plan, etc.) were used to draw this conclusion? *

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Has the applicant received a Maintenance and Repair Grant from Preservation Connecticut for the project site? *

- ☐ Yes
- ☐ No

If Yes, please list the project(s)

Please list any other major preservation projects that have been undertaken at the project site in the last 10 years. *

Amount of the request (up to \$15,000) *

Total amount of matching funds that will be in place by time of application *

Resource's historic designation. Property must be listed on the State or National Register of Historic Places to qualify. *

- ☐ National Register of Historic Places
- ☐ National Register of Historic Places, District
- ☐ State Register of Historic Places
- ☐ State Register of Historic Places, District

Name of District

Briefly explain the importance of the project site for the community. *

Does any Government entity or organization hold an easement or preservation restriction which will require review of the proposed project?*

- ☐ Yes
☐ No

If yes, name easement holder

Will this project require review and/or a Certificate of Appropriateness (COA) from a Local Historic District Commission or other regulatory body? *

- ☐ Yes
☐ No

If yes, name review body

Upload a general view of the exterior or project site *

(1/2) Please upload a photograph that represents the project (for example, the entire roof or an entire room with water damage on the ceiling) *

(2/2) Please upload a photograph that represents the project (for example, the entire roof or an entire room with water damage on the ceiling) *

If this project is informed by a condition assessment, preservation or maintenance plan, please upload a PDF copy of the report.