



Passaic County Open Space, Farmland,  
& Historic Preservation Trust Fund  
2018 HISTORIC PRESERVATION GRANT APPLICATION

**ATTACHMENT CHECKLIST**

This checklist is enclosed to ensure that you submit a complete application. Before submitting your application, be sure to run through the following checklist:

- Completed Application**
- Maps** – site location maps (legible street or tax maps) outlining boundaries of the site and identifying adjacent land uses
- Photographs**
  - Current Photographs** - photographs of existing structure(s), objects, site, streetscape to include as appropriate to the application: façades, elevations, ancillary structures, amenities, streetscape, overall site setting, current conditions details and other pertinent details and overviews
  - Historic Photographs** – Available historic photographs and/or drawings from local public resources, including but not limited to: the Passaic County Historical Society; the New Jersey State Library, and the State Historic Preservation Office. (if available)
- Reports** – Any existing professional consultation reports, studies, and written testimony, regarding the proposal, to include findings of fact, opinions and recommendations.
- Specifications** – of materials to be used for all aspects of the proposal being reviewed, including but not limited to: catalog cut sheets, sample paint chips, manufacturer product specifications, plan notations, etc. (**Capital Improvement Applications Only**)
- Permit inquiries** – Applicants with projects requiring permits, grants, or other approvals must contact all applicable permitting agencies to secure permit information and application materials prior to the submission of an application. (**Capital Improvement Applications Only**)
- Cost estimate for proposed undertaking** prepared and signed by an authorized, licensed professional
- Resolution** authorizing the municipality or nonprofit to submit the application
- Advertising of public hearing** (for applications over \$100,000)



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- Minutes of public hearing** – portion pertaining to this application only (for applications over \$100,000)
- Letters of Support** for proposed undertaking

**SUBMISSION REQUIREMENTS**

- Please submit **one (1) paper copy and one (1) electronic copy** for the following materials:
  - o Application Forms
  - o Proposals from Professionals, Consultants, Contractors, etc.
- The following materials can be submitted as an electronic copy:
  - o All photos as JPEG images
  - o Prior Preservation Plans, reports, and any other large documentation in PDF format
  - o All other supporting documentation (preferably in PDF format)
- Submittals shall be bound by paper clip or binder clip only. The use of binders, plastic separators, non-recyclable materials, etc. are strongly discouraged. Submittals will not be evaluated on the basis of the aesthetic of the package.
- Please be advised that handwritten submissions of applications will not be accepted. Fillable PDF forms are available online at our website [www.passaiccountynj.org](http://www.passaiccountynj.org) or by emailing the Open Space Coordinator at [kathleenc@passaiccountynj.org](mailto:kathleenc@passaiccountynj.org)
- Completed Historic Preservation Grant Applications and all required materials, shall be submitted to:

**Kelly C. Ruffel, Cultural & Historic Affairs**  
County of Passaic  
Dey Mansion  
199 Totowa Road  
Wayne, NJ 07470

For any questions, please contact Kelly C. Ruffel, Director of Cultural & Historic Affairs [kellyr@passaiccountynj.org](mailto:kellyr@passaiccountynj.org) or 973-706-6640



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Project Name: \_\_\_\_\_ Priority: \_\_\_\_\_

**I. Applicant Information**

Type of Organization:      Local Government Unit      Non-profit

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Municipality: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Relationship of applicant to subject property:**

Owner

Lease (*Please include copy of the lease with your application*)

    If lease, owner's name: \_\_\_\_\_

Management Agreement (*If you are a non-profit restoring a municipal structure, include a copy of Resolution approving the project application from the governing body*)

Other: \_\_\_\_\_



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**II. Project Information**

**Type of Project:**    Capital Improvements                  Planning

**Project Name:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Project Description:**



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**III. History of Property**

**Name (Historic, from NR/SR Nomination Form):** \_\_\_\_\_

**Historic Use:** \_\_\_\_\_

**Existing Use:** \_\_\_\_\_

**Proposed Use of Site:** \_\_\_\_\_

**Date Built:** \_\_\_\_\_

**Major Addition(s) and dates(s):** \_\_\_\_\_

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**Historic Register Status:**

- National Register of Historic Places
- New Jersey Register of Historic Places
- Certified as eligible by the State Historic Preservation Office
- Local/Municipal Designation

**Describe the cultural, architectural, and historic significance of the property:**

**Current physical condition of the property:**

- Excellent (no visible repair work needed)
- Good (need for general maintenance)
- Fair (in need of more than routine maintenance)
- Poor (in need of major repairs)



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**IV. Project Budget**

Soft Costs: \$ \_\_\_\_\_

Construction Costs: \$ \_\_\_\_\_

Equipment Costs: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**V. Other Sources of Funding**

NJ Historic Trust: \$ \_\_\_\_\_

Passaic County Open Space Trust Fund Grant(s): \$ \_\_\_\_\_

Local Government Unit Open Space Trust Fund: \$ \_\_\_\_\_

Local Government Unit Funds: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**VI. Unexpended Funds from previous Passaic County Open Space,  
Farmland, & Historic Preservation Trust Fund Grant Awards**

Project Name	Grant Year	Amount Awarded	Amount Expended	Amount Unexpended



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**VII. Certification**

**The applicant certifies the following:**

- a. The filing of this application has been approved by the governing body of the applicant;
- b. The facts, figures, and information contained in this application, including all attachments, are true and correct;
- c. Any funds received will be expended in accordance with the grant agreement to be executed with the County of Passaic; and
- d. The individual signing 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 a duly authorized representative for the applicant organization, I am submitting this request for assistance from the Passaic County Open Space, Farmland, and Historic Preservation Trust Fund.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_



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SAMPLE RESOLUTION

A RESOLUTION AUTHORIZING A GRANT APPLICATION TO THE PASSAIC COUNTY OPEN SPACE, FARMLAND, AND HISTORIC PRESERVATION TRUST FUND FOR THE INSERT NAME OF PROJECT BY THE INSERT NAME OF APPLICANT

WHEREAS, the Passaic County Board of Chosen Freeholders (hereafter "Board") provide grants to municipalities and qualified non-profit corporations for the assistance in acquisition, development, stewardship, and historic preservation from the Passaic County Open Space, Farmland, and Historic Preservation Trust Fund (hereafter "Trust Fund"); and

WHEREAS, the INSERT NAME OF APPLICANT desires to further the public interest by obtaining funding in the amount of INSERT DOLLAR AMOUNT from the Board for the County to fund DESCRIBE THE PROJECT at a cost of INSERT DOLLAR AMOUNT; and

WHEREAS, the Board shall determine if the application is complete and in conformance with the scope and intent of the Trust Fund program and the rules and regulations established pursuant to R20170349, and any subsequent Resolutions passed by the Board governing the administration of the Trust Fund; and

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF INSERT NAME AS FOLLOWS:

- 1. The INSERT NAME OF AUTHORIZED OFFICIAL is authorized to make application, provide all required information and documents as required, and correspond as necessary for a grant to the Passaic County Open Space, Farmland, and Historic Preservation Trust Fund;
2. That the INSERT NAME OF AUTHORIZED OFFICIAL is hereby authorized to execute a grant agreement and any amendment there with the County of Passaic for the INSERT NAME OF PROJECT;
3. That, if the funds provided by the County are less than the total project cost specified above, the applicant has the balance of funding necessary to complete the project; and
4. That, the applicant agrees to comply with all applicable federal, State, County, and local laws, rules, and regulations in its performance of the project; and
5. That this Resolution shall take effect immediately.

CERTIFICATION

I, \_\_\_\_\_(name and title of Secretary or equivalent) do hereby certify that the foregoing is a true copy of a resolution adopted by \_\_\_\_\_(name of legal body or board) at a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

IN WITNESS WHEREOF, I have hereunder set my hand and the official seal of this body this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(name and title of Secretary or equivalent)