**STATE HISTORIC PRESERVATION PLAN – APPLICATION FORM**

|  |  |
| --- | --- |
| GENERAL INFORMATION |  |

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT: |  | COUNTY: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Coordinator: |  | Title: |  |
|  |  |  |  |
| Project Team: |  | Title: |  |
|  |  |  |  |
| Project Team: |  | Title: |  |
|  |  |  |  |
| Project Team: |  | Title: |  |
|  |  |  |  |
| Address, City, State, Zip: |  |
|  |  |  |  |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| FUNDING REQUEST |  |

|  |  |  |
| --- | --- | --- |
| Funding request to complete project: | **$**  |  |

|  |  |
| --- | --- |
|  | PROJECT TYPE |

|  |  |  |  |
| --- | --- | --- | --- |
|  | NR/SR Nomination / Listing Revision |  | Publication of Materials |
|  |  |  |  |
|  | Planning  |  | Historic/Archaeological Research |
|  |  |  |  |
|  | Survey |  | Construction, Restoration, Rehab & Stabilization |
|  |  |  |  |
|  | Preservation Education & Outreach |  | Information Management/Information Technology |
|  |  |  |  |
|  | Other | State Historic Preservation Plan |

|  |  |
| --- | --- |
| SIGNATURE |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Authorized Representative: |  |
|  |  |  |
| Title of Authorized Representative: |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature |  | Date |
|  |  |  |