



Michigan Historic Preservation Network
MHPN PRESERVATION FUND

INTERVENTION PROGRAM APPLICATION

APPLICANT CONTACT INFORMATION

Contact Name	
Organization (if applicable)	
Street Address	
City, State, Zip Code	
Telephone number	
Fax number	
Email address	

GENERAL PROPERTY INFORMATION

Address of Subject Property	
Parcel Identification Number	
Age of Property/Year of Original Construction	
Type of Property (Res., Comm., Office, etc.)	
Is any part of the property currently occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
Property Owner	
How many years has the owner owned the property?	
Describe major improvements or repairs that have been made to the property in the last 5 years.	



FUNDING REQUEST AND MATCH

Total Estimated Project Cost or Submit Project Budget and quote from a professional licensed contractor.	\$
Requested Intervention Program Funding (\$)	\$
Proposed Cash Match (if applicable) (\$)	\$
Describe Other Proposed Match (i.e. in-kind contributions).	
Describe Applicant's ability to repay the requested funds from MHPN Intervention Program. Attach current financial statements	
Other Funding Sources (Describe)	

GENERAL PROPERTY DESCRIPTION

National/State Register Status - Is the property listed individually in the National Register of Historic Places or the Michigan State Register of Historic Places?	<input type="checkbox"/> Yes National Register <input type="checkbox"/> No National Register <input type="checkbox"/> Yes Michigan State Register <input type="checkbox"/> No Michigan State Register
Is the property a contributing property in a National Register of Historic Places historic district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property designated a National Historic Landmark or is the property a contributing resource in a National Historic Landmark District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property located in a locally designed historic district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the property and its historic significance. Attach photographs, maps, and supporting documentation necessary to describe the subject property (attach additional pages as necessary).	



GENERAL DESCRIPTION OF NECESSARY IMPROVEMENTS

Describe the repairs, stabilization, improvements or rehabilitation that is necessary to address current threats to building's integrity, stability or safety. Attach pictures and available supporting documentation as necessary. [Note: All work must comply with the US Department of the Interior's Standards for Rehabilitation]

Has the proposed work been reviewed and approved by the local Historic District Commission?

- Yes
- No
- Not Applicable

Please attach any existing contractor estimates, architectural drawings or sketches, engineering reports or site plans.

Attached?

- Yes
- No

COMPREHENSIVE HISTORIC PRESERVATION EFFORT

Describe any efforts underway to fully restore and rehabilitate the structure (attach additional pages as necessary).

Describe How the project will impact the surrounding neighborhood or community.

SUPPORT LETTERS

Attach any support letters from local organizations familiar with the circumstances and condition of the property.

Attached?

- Yes
- No



OTHER DOCUMENTATION

Is the property in a 100-year Flood Plain?

- Yes
 No

If the applicant is a local unit of government, a non-profit organization or religious organization, please submit a copy of the governing body's articles of incorporation, bylaws, and list of Board Members.

- Attached?
 Yes
 No
 NA

Ownership Information - submit a copy of the deed, or other evidence of property ownership.

- Attached?
 Yes
 No

Describe any other grants, loans or outside financial support provided to the property owner for property maintenance or improvements in the past 5 years. Attach additional pages if necessary.

- Attached?
 Yes
 No

Are you an MHPN volunteer, or an immediate family member of an MHPN Board or Committee member?

- Yes
 No

I certify that all of the information provided in this application is true and correct to the best of my knowledge

Applicant (print name and title, signature)

Date

PLEASE SUBMIT APPLICATION AND ATTACHED MATERIALS TO:

**MICHIGAN HISTORIC PRESERVATION NETWORK
313 E. GRAND RIVER AVE.
LANSING, MI 48906**

**TEL: 517-371-8080
FAX: 517-371-9090
EMAIL: INFO@MHPN.ORG
WWW.MHPN.ORG**