

## Historic Property Survey Grant Program Application

**Application ID**

**Submitted Date**

**Submitted Time**

The Historic Property Survey Grant Program is a \$400,000 pilot program that will provide grants up to \$125,000 for the preparation of Historic Property Surveys throughout the State.

The program will provide financial assistance in the form of grants for the preparation of Historic Property Surveys throughout the State that include within the defined scope, property/ies located within a Government Restricted Municipality or that would be considered distress asset/s. Projects considered would include historic survey of properties/ resources based on association by location (municipality, county, or defined region), or thematically.

Eligible applicants:

- The program will consider proposed projects by municipal and county governments, and by non-profit organizations who are working on behalf of, in coordination with, or with the support/endorsement of a municipal or county government; or,
- Non-profit applicants must show close co-operation from a government (state, county, municipal) included within the geographic area for the proposed project, demonstrated through letters(s) of support.

To learn more about the program and eligibility requirement, please visit the Historic Property Survey Grant Program at <https://www.njeda.gov/historic-property-survey-grant-program/>

If you have any questions, please contact NJEDA's Historic Preservation Department at [historicpreservation@njeda.gov](mailto:historicpreservation@njeda.gov).

## Language Assistance

**Is English your primary language?**

No

**Please identify which of the following languages is your primary language?**

Po Polsku (Polish)

**UWAGA: Jeśli mówisz po polsku, możesz uzyskać pomoc tłumacza bezpłatnie wysyłając e mail pod adres [languagehelp@njeda.gov](mailto:languagehelp@njeda.gov)**

**If the NJEDA needs to contact you regarding your application, would you be interested in having an EDA provided interpreter in your native language?**

Yes

## Primary Point of Contact

Throughout the life of a project – from application, to approval, to closing, and to certification/servicing – NJEDA will need to engage with various members of your team. This section collects contact information for individuals we may need to speak with as part of this project.

Please provide contact information for the primary point of contact within the applicant that NJEDA will keep updated on the status of this application.

**NOTE:** It is highly recommended that the primary point of contact be the individual that is currently filling out this application.

**Salutation**

**FirstName**

**Middle Initial**

**Last Name**

**Suffix**

**Title**

EXAMPLE

**Email Address**

**Email Address Confirmed**

**Phone Number and Extension (if available)**

**Is the primary point of contact is legally authorized to submit this application on behalf of the applicant?**

Yes

**Is the Primary Point of Contact the Chief Executive Officer/equivalent officer for North America operations, or equivalent highest-ranking executive for the applicant?**

Yes

**Is the Primary Point of Contact authorized to speak to the media on behalf of the applicant?**

Yes

**Primary Point of Contact Address**

## Applicant Organization

In this section, we are collecting information about the primary applicant for this program. We are focused on the primary applicant only. We will collect information on affiliates, parent companies, holding companies, or other related entities in the following sections of the application.

### Applicant Organization Name

test1 hpsgp Org

### Applicant Doing Business As (DBA)

test1 hpsgp DBA

### Certificate of Alternate Name

Please provide a [Certificate of Alternate Name](#) issued by Division of Revenue and Enterprise Services if you have one. Copies can usually be found on the state business records website: [Division of Revenue & Enterprise Services: Business Records Service \(njportal.com\)](#).

### Untitled



### Applicant Entity Type

Government Body

EXAMPLE

**Is the applicant, or any person who controls the applicant or owns or controls more than 1% of the stock of the applicant, an officer or employee of any agency, authority or other instrumentality of the State of New Jersey?**

No

### Date Established

6/5/2023

### Mailing Address

### Applicant Country of Incorporation/Formation

United States

### Applicant State of Incorporation/Formation

New Jersey

### Applicant Federal Employer Identification Number (FEIN)

### Applicant New Jersey Tax ID Number

**Applicant Organization's Phone Number and Extension**

**Applicant Organization's Website**

<https://testwebsite.org>

**Please provide a high-level, 2-3 short paragraph description of the applicant. This may include the type of business you are involved in, your company's mission statement, the markets or customer base the company serves, and any other information about your business that the NJEDA should understand to review your application.**

test1 test1

**If the applicant organization has a Tax Clearance Certificate from the NJ Division of Taxation, please upload it here.**



**Is the applicant involved in religious activities or is religiously affiliated?**

Yes

**Religious Affiliation Form**



**Has the applicant, or any related parties, previously received NJEDA assistance?**

Yes

EXAMPLE

**Please identify the entities who have received NJEDA assistance.**

test1 test1

**Please describe the NJEDA assistance the applicant previously received. Please be as specific as possible in detailing the programs through which you received NJEDA assistance, the facilities or projects associated with that assistance, the timeframes in which the assistance was provided, and the status of any awards or agreements.**

test1 test11

**I certify that the applicant organization is not in default with any other program administered by the State of New Jersey.**

Yes

## Cannabis Questionnaire

**Has the applicant applied for or been issued a license, including a conditional license, from the New Jersey Cannabis Regulatory Commission (NJ-CRC) to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service; or does the applicant employ or intend to employ, or is the applicant itself, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service?**

No

**If the applicant is a property owner, developer, or operator of a project: is the property being used or intended for use, in whole or in part, (1) by or to benefit a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service, (2) to employ a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service, (3) by a person or entity that has applied or intends to apply to the New Jersey Cannabis Regulatory Commission (NJ-CRC) for a license to operate as a cannabis cultivator, cannabis manufacturer, cannabis wholesaler, cannabis distributor, cannabis retailer, or cannabis delivery service or has applied for certification to be, or intends to employ, a certified personal use cannabis handler to perform work for or on behalf of a cannabis establishment, distributor, or delivery service?**

No

## Diversity, Equity, & Inclusion

In this section, we would like more information about the diversity of your organization. Answers have no impact on eligibility for assistance and providing information is optional, to be used for tracking purposes only. Within each of these questions, "Prefer not to answer" can be selected if that is the case OR if the question is not applicable to your organization.

**With which of the following does the majority owner of the applicant organization self-identify (if applicable)?**

Minority  
Woman

**Please indicate the majority owner's race(s):**

American Indian and Alaskan Native  
Asian  
Native Hawaiian or Other Pacific Islander

**Please select the ethnicity or ethnicities that the majority owner most closely identifies with:**

East Asian (e.g. Chinese, Korean)  
Middle Eastern/ Northern African (e.g. Egyptian, Iranian)

**Please select which of the following State of New Jersey certifications the applicant organization currently holds**

Minority-Owned Business Enterprise (MBE)  
Woman-Owned Business Enterprise (WBE)  
Veteran-Owned Business Enterprise (VOB)

## Additional DE&I Information

In this section, we would like more information about any actions your organization has taken or is taking with respect to Diversity, Equity, and Inclusion.

**Please describe whether your organization’s leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).**

**DI 1**

Question is not applicable

**Please describe whether your organization’s Board of Directors is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your Board of Directors as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).**

**DI 2**

Prefer not to answer

**Please describe any diversity initiatives, programs or plans the applicant organization has established.**

test1 test1

**Please upload any documentation detailing diversity initiatives, if available.**



EXAMPLE

**Additional Applicant Information**

**Upload a narrative that describes the following information about the applicant and any strategic partners:**

Information demonstrating the ability of the applicant and its partners to execute the survey as planned. This may include, but is not limited to:

- Experience in successful completion of surveys similar in size and scope to the proposed survey
- Description of experience, capacity, and skills of planning team and/or consultants
- Description of any existing redevelopment plans applicant may have previously worked on
- Description of prior partnership and engagement with the municipality, county, or non-profit entity requesting the survey

**NarrativeApplicantBackground**



**Project Details**

This program will provide financial assistance in the form of grants for the preparation of Historic Property Surveys throughout the state that include within the defined scope, properties located within a Government Restricted Municipality or that would be considered distress asset/s. Projects considered would include historic survey of properties/resources based on association by location (municipal surveys), or thematically.

**Municipal Survey-** Scope of work for survey must consist of the surveying of properties associated by location and all properties must be located within a Government Restricted Municipality (GRM). A Government Restricted Municipality is one of the following cities: Atlantic City, Paterson, or Trenton.

**Thematic Survey-** Scope of work for survey must include the surveying of properties closely associated by a theme such as a historic event/time period, industry, architectural type/style, or group of individuals (race, ethnicity, LGBTQ+, etc.). Geographic boundary for investigation may be regional (municipal or county) or statewide. Unless all properties to be surveyed are located within a GRM, the applicant must demonstrate that at least 10% of properties expected to be surveyed fit the program’s definition of distressed assets by providing a site map showing proposed survey boundaries and location of identified distressed assets with accompanying photographs of buildings to demonstrate condition. A distressed asset is defined as a building that is fully or partially vacant, or that due to deteriorated appearance of its exterior due to deferred maintenance such as deteriorated paint or overgrown vegetation, boarded up door and/or windows, could be seen as a deterrent to economic growth to the surrounding area.

**Project Title**

proj title1

**Is the proposed project survey for a Municipal Survey or Thematic Survey?**

Municipal Survey

**Which Government Restricted Municipality (GRM) is the proposed project survey located within?**

Trenton

EXAMPLE

**Upload a full and current proposal (dated no earlier than 1 month prior to application submission prepared by a professional or consultant meeting the professional qualifications for either “Historian” or “Architectural Historian” as outlined in the Secretary of the Interior’s Standards and Guidelines for Archeology and Historic Preservation, 48 Fed.Reg.44716, as updated and revised by the National Park Service, which are currently defined and used by the National Park Service, and as previously published in 36 CFR Part 61. Proposal must include all project specific requirements as outlined in the Program Requirement section of the program specifications. Click here to download a copy of the Historic Property Survey Grant Program Specifications.**



**Please upload the resume(s) including contact information for the Historian or Architectural Historian who prepared the full and current proposal. If there was more than one consultant working on the proposal, please upload the resume/contact information of all consultants who worked on the proposal.**



**Total cost of survey**

\$209.00

**Grant Amount Requested**

\$10.20

**A minimum contribution by the applicant of 10% of the total cost of the project will be required. Please upload the required proper documentation to demonstrate that funds equaling at least 10% of the total cost of the investigation, as identified within the proposal, will be available at time of approval. Proof of in-kind contributions will also be accepted.**



## Scoring Criteria

**Within the last 20 years, has an existing survey for the proposed survey area or survey theme been completed?**

Yes

**Please provide a letter of support from at least one municipality or county government within the proposed survey area indicating that the survey will be a tool that is desired and will be used by the government entity for future planning purposes.**



**Does the applicant have community support for the project from a community organization located within a geographic area to be included within the proposed survey project?**

Yes

EXAMPLE

**Please upload at least one letter of support from a community organization located within a geographic area to be included within the proposed survey project.**



**Will the investigation include surveying of properties within a New Jersey municipality that is ranked among the top 50 municipalities under the 2023 Municipal Revitalization Index (MRI) as established by the NJDCA? If yes, list municipality(s) below. If no, please write "Not applicable".**

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**If applicable, please upload a narrative that provides the applicant's intent for the survey to focus on the identification of resources representing underrepresented groups or periods of history to be surveyed (such as minority groups and communities, LGBTQ+, women history, or the civil rights movement).**



## Acknowledgement of Program Requirements

Applicants that are approved for grant funding must agree to share ownership of deliverables with the Authority. The information collected will be made publicly available for the advancement of Statewide knowledge regarding existing historic resources (many of which may be identified as distressed assets), and as a planning tool to be use as part of the State's future comprehensive economic development plans.

The applicant must acknowledge:



- that projects submitted for consideration must, at a minimum, document all potential resources included within a distinctly defined area/community, municipality, and/or county. For thematic surveys, applicant must show larger areas of study (such as county or statewide) that will allow for a better understanding of the proposed theme.
- that projects must include detailed written historic background and context information that addresses all resources included.
- that the survey must be completed following NJDEP's Historic Preservation Office's (HPO) Guidelines for Architectural Survey. Survey forms and guidelines can be found on HPO's website at: [Architectural Survey\\_\(nj.gov\)](https://www.nj.gov/hpo/architectural-survey/).
- that the deliverable requirements are as follows:
  - Scope of work for all projects submitted for consideration shall require submission of one hard copy of the final survey (including all survey forms) to be submitted to NJDEP's Historic Preservation Office, and a corresponding electronic version (also inclusive of all forms) in PDF format. The final electronic copy must be submitted to both NJ Historic Preservation Office and NJEDA. The hard copy must be a high-quality print (not a photocopy) with all text clearly legible and clear photographs.
  - Final deliverables must include GIS data consistent with the NJDEP's Historic Preservation Office's approved formats, and minimum requirements as specified in NJDEP's Mapping and Digital Data Standards. Final GIS data must be submitted to NJ HPO and NJEDA.
  - Unless a time extension for project completion is sought and is granted, the Applicant's draft survey report with all survey forms and necessary attachments must be completed and submitted within one year from execution of grant agreement. Any request for a time extension (of no longer than six months beyond the original one year) must be submitted in writing to the Authority. Draft report will be reviewed by the NJEDA and/or HPO.
- If applicable, all non-profit applicants must include a certification stating that in addition to the deliverable requirements outlined above, the government entity with whom the applicant has a close co-operation agreement with will:
  1. Receive, at a minimum, one hard copy of the entire, completed and approved survey, and an electronic copy of the completed survey and all data collected as part of the investigation. Hard copy must be a high-quality print (not a photocopy) with all text clearly legible and clear photographs.
  2. Have full authorized use of the final survey completed and all data collected a part of the investigation.
- that the NJEDA, in coordination with the HPO, will issue comments as needed to address any deficiencies of draft report, forms, and any attachments. The grantee will have 60 calendar days to address comments and submit a final historic survey report (including all survey forms and necessary attachments) to HPO for final acceptance. HPO will confirm acceptance of final report to NJEDA.
- that a requirement of this program is that if approved I, the applicant, will be required to contribute a minimum of 10% of the total cost of the project.

**I, the applicant, have read and understand the program requirements.**

Yes

## **Certification of Non-Involvement in Prohibited Activities in Russia or Belarus**

**Program Name: Historic Property Survey Grant Program**

**Applicant Name: test1 hpsgp Org**

**Applicant Doing Business As: test1 hpsgp DBA**

Pursuant to N.J.S.A. 52:32-60.1, et seq. (P.L. 2022, c.3) any person or entity (hereinafter 'Applicant') that seeks to be approved for or continue to receive an economic development subsidy from the New Jersey Economic Development Authority must complete the certification below indicating whether or not the Applicant is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List, available here: <https://sanctionssearch.ofac.treas.gov/>. If the New Jersey Economic Development Authority finds that an Applicant has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party. By signing this certification, Applicant agrees that it has an affirmative ongoing obligation to disclose to NJEDA whether it appears on the OFAC list for any reason, during the application process and the agreement term.

**Certification**

I, the undersigned, have read and reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify (must check one appropriate box and complete the Authorized Signature section below):

**Certification**

C. That I am unable to certify as to "A" or "B" above because the Applicant, though identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus, is engaged in activities in Russia or Belarus consistent with federal law, regulation, license or exemption. A detailed, accurate and precise description of how the Applicant's activity related to Russia and/or Belarus is consistent with federal law is set forth below, including a copy of the license or listing the exemption.

**If Option C is selected, please attach to this form a detailed, accurate and precise description of how the Applicant's activity related to Russia and/or Belarus is consistent with federal law. If applicable, please also attach a copy of the license.**

EXAMPLE



**Authorized Signature**

I understand that if the above statements are willfully false, I shall be subject to penalty.

**Name of Applicant Authorized Representative**

test1 hpsgp test1

**Title of Applicant Authorized Representative**

setest1 hpsgp

**Applicant FEIN or Taxpayer ID**

**Signature**

**Date**

6/4/2024

### Definitions

“Economic Development subsidy” means the provision of an amount of funds to a recipient with a value of greater than \$25,000 for the purpose of stimulating economic development in New Jersey, including, but not limited to, any investment, bond, grant, loan, loan guarantee, matching fund, tax credit, or other tax expenditure.

## Applicant Certifications

### PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority (NJEDA) is determined by the information presented in this application. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

**I, test1 hpsgp test1, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:**

**I affirm, represent, and warrant that the information contained in this application and in all associated attachments submitted herewith is to the best of my knowledge true and complete and that the funding applied for herein is not for personal, family, or household purposes.**

Yes

**I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJEDA which may at its option terminate its financial assistance.**

Yes

**I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJEDA.**

Yes

**I authorize the NJEDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the NJEDA.**

Yes

**I certify my understanding that an electronic signature of this Application and any Approval Letter or Agreement shall be a binding on the parties.**

Yes

EXAMPLE

## Fee Acknowledgment

You have identified that you are applying on behalf of a governmental entity. Please be advised that under this program, government entities representing a municipality listed in the top 10% of the 2020 Municipal Revitalization Index (MRI) may request a hardship fee waiver. NJEDA will review the request and supporting documentation to verify that the applicant meets the requirements of the fee waiver.

Please select one of the following options:

### Waiver Option (1)

I am applying on behalf of a governmental entity that is listed in the top 10% of the 2020 Municipal Revitalization Index (MRI), and I wish to request a hardship fee waiver. The request is subject to the review of the NJEDA, and should NJEDA deem my request ineligible, I acknowledge that there is a \$1,000 non-refundable application fee payable to NJEDA prior to this application being reviewed.

### Waiver Option (2)

## Electronic Signature

I agree to be bound by electronic signatures.

Yes

I am an Authorized Signer for this organization and I accept the above terms and conditions.

Yes

EXAMPLE

Full Name

test1 hpsgp test1

Title

setest1 hpsgp

Signature

Date

6/4/2024

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## Application Submission

Thank you for your interest in the Historic Property Survey Grant Program. Your application is now complete.

If you are ready to submit this application to the NJEDA for review, please click the Submit button.

If you would like to make any changes to the application at this point, please click the Back button.

**If there is any additional supporting documentation that you would like to provide, please use the upload button below.**



**Full Name**

test1 hpsgp est1

**Title**

setest1 hpsgp

**Date**

6/4/2024

**Document Status**

EXAMPLE