



Black Heritage Preservation Program Grants Fund Application

Date:			
Organization:			
Address:			
Contact:			
Phone:			
Email:			
Member of Indiana Landmarks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member of Indiana Landmarks affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUESTED USE OF GRANT

(check all that apply)

Building/Site Preservation Project

- Capital costs
- Visioning
- Building use planning
- Feasibility study

Heritage Project

- Historical research
- Grant writing
- Historical marker
- Public education
- Training
- Speaker
- Panel
- Art exhibit
- Augmented reality project
- National Register nomination consultant

Amount requested:		Total project cost:	
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SUBMIT APPLICATION AND SUPPORTING DOCUMENTS TO:	etrotter@indianalandmarks.org	Indiana Landmarks 1201 Central Avenue Indianapolis, Indiana 46202
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BUILDING/SITE PROJECT

(If not a Building/Site Project, please proceed to Heritage Project Category)

Project name:		
Property address:		
What is the purpose of the building/site grant? Please also provide a brief history of this building or site's association with Black heritage.		
Is property endangered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of threat:		
Listed in the National Register of Historic Places?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, is it eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Locally designated as an individual site or located in a locally designated historic district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of district?
Property owner:	NAME: PHONE: EMAIL: ADDRESS:	
Current use:		
Projected use:		
Contractor to complete work:	NAME: PHONE: EMAIL: ADDRESS:	

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HERITAGE PROJECT

Who or what is being recognized?

Please describe how you want to recognize this heritage. (i.e. marker, bench, presentation, public education, exhibits, panel/speaker)

What is the history of this heritage, its importance or significance? Please support with primary sources of information. (Additional pages may be attached)

Contractor to complete work:

NAME:

PHONE:

EMAIL:

ADDRESS:

FOR ALL PROJECTS

Is your organization a 501 (c)(3)?

Yes No

(Please attach verification. If your group is not a 501 (c)(3), a fiduciary agent is allowed. Please attach the fiduciary agent's name, contact information and verification.)

Past recipient of Black Heritage Preservation Program Grant?

Yes No

If so, when?

Please describe your organization's previous grant experience.

List project's other funding sources (use attached page if necessary) including both potential and committed amounts, in-kind services and value of volunteer hours.	SOURCE:	AMOUNT:	COMMITTED:	POTENTIAL:
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
When will work on the project start?		When will work be completed?		

PHOTOS

Please attach up to three photos or renderings of your site or heritage project. JPEG format is preferable. Both historic and high-quality contemporary images will be accepted. Horizontal format is preferred.

Please list the photographer credits and a description of the photo(s):

PHOTO 1:

PHOTO 2:

PHOTO 3:

APPLICANT SIGNATURE:

DATE:

FOR INTERNAL USE ONLY

REGIONAL OFFICER SIGNATURE:

DATE:

BLACK HERITAGE PRESERVATION PROGRAM DIRECTOR SIGNATURE:

DATE:

BLACK HERITAGE PRESERVATION PROGRAM COMMITTEE CHAIR SIGNATURE:

DATE APPROVED:

AMOUNT APPROVED: