



# 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

- |                                        |                                                |
|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Capital costs | <input type="checkbox"/> Building use planning |
| <input type="checkbox"/> Visioning     | <input type="checkbox"/> Feasibility study     |

### Heritage Project

- |                                              |                                                                  |
|----------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Historical research | <input type="checkbox"/> Speaker                                 |
| <input type="checkbox"/> Grant writing       | <input type="checkbox"/> Panel                                   |
| <input type="checkbox"/> Historical marker   | <input type="checkbox"/> Art exhibit                             |
| <input type="checkbox"/> Public education    | <input type="checkbox"/> Augmented reality project               |
| <input type="checkbox"/> Training            | <input type="checkbox"/> National Register nomination consultant |

|                   |                     |
|-------------------|---------------------|
| Amount requested: | Total project cost: |
|-------------------|---------------------|

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SUBMIT APPLICATION AND  
SUPPORTING DOCUMENTS TO:

[amyers@indianalandmarks.org](mailto:amyers@indianalandmarks.org)

Indiana Landmarks  
1201 Central Avenue  
Indianapolis, Indiana 46202

# 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:<br>PHONE:<br>EMAIL:<br>ADDRESS:                    |                                                                                 |
| Current use:                                                                                                                                    |                                                          |                                                                                 |
| Projected use:                                                                                                                                  |                                                          |                                                                                 |
| Contractor to complete work:                                                                                                                    | NAME:<br>PHONE:<br>EMAIL:<br>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:<br>PHONE:<br>EMAIL:<br>ADDRESS: |

# FOR ALL PROJECTS

|                                                                |                                                          |                                                                                                                                                                                |  |
|----------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Is your organization a 501 (c)(3)?                             | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> |
| 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:          |
| BHPP PROGRAM DIR. SIGNATURE:    | DATE:          |
| BHPP COMMITTEE CHAIR SIGNATURE: | DATE APPROVED: |
| AMOUNT APPROVED:                |                |

|                                                 |                             |                                                                         |
|-------------------------------------------------|-----------------------------|-------------------------------------------------------------------------|
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|-------------------------------------------------|-----------------------------|-------------------------------------------------------------------------|