Preservation Alliance of West Virginia

Frontier to Statehood Preservation Fund
Subgrant Program Application Form
info@pawv.org / 304-345-6005

Part 1 - Contact Information

1. **Project Name:**
2. **Applicant Name:**
3. **Type of applicant:**

   Nonprofit organization _____

   Private individual _____

   Private business _____

   State government agency _____

   Local government agency _____

   Educational institution _____

   Religious entity _____

4. **Name of Person completing this form:**
5. **Unique Entity Identifier (UEI) – found SAM.gov registration:**
6. **Applicant Email:**
7. **Applicant Phone Number:**
8. **Project address:**
9. **What is the property's historic status?**

   National Historic Landmark _____

   Individually listed on the National Register of Historic Places _____

   Contributing structure in a National Register historic district _____

10. **Who owns the property?**

Part 2 – Narrative Questions

1. **Provide a brief description of your project and the purpose of the funding request (150 words).**

2. **Share about the history of your building. What year was it built? How does this history relate to early settlement, the American Revolution, or statehood? (500 words)**

3. **How is your building currently being used?**

4. **Is there a covenant or easement currently on this property? Please explain with what agency and for the length of time.**

5. **Do you have a proposed continued use or adaptive reuse for the building? What is it?**

6. **How will the continued or adaptive reuse of your building benefit the public? Who will it serve? Will it strengthen the local and regional tourism economy?**

7. **Who is involved in this project other than you? Are there other partners involved in the project? Please explain.**

8. **What other funding sources will you use or have you recently applied for? Note whether the funds are secured or unsecured.**

9. **What is your maintenance plan for the building?**

10. **Who will manage the project? What is their experience with the Secretary of the Interior's Standards for Rehabilitation?**

Signature of person completing the form

Printed Name

Date