



# MID-CITY REHABILITATION GRANT PROGRAM APPLICATION

**LOUISIANA**  
*Pick your Passion*

The Mid-City Rehabilitation Grant Program will provide funds for exterior repair and rehabilitation ONLY. All work proposed must comply with the Secretary of the Interior's Standards <http://www.nps.gov/hps/tps/standguide/>

Please submit 1 original application (no copies please). Must be postmarked by **October 14, 2011**.

**1. Property Address: This information MUST be provided.**

Address: \_\_\_\_\_

**Property must be within the Mid City National Register District and be at least 50 years old to qualify for this program.**

Year property was built (if known) \_\_\_\_\_

Name of property (if any) \_\_\_\_\_

Is this property currently owner's primary residence?  YES  NO

How long have you owned the property? \_\_\_\_ Years \_\_\_\_ Months or \_\_\_\_ Days

Will either Federal or State Historic Tax Credits be part of the financing for this project?  YES  NO

**Please mark the location of the subject property on one of the attached maps of the Mid City National Register District in RED INK and attach map to this application.**

Is the property in: Zone 1  Zone 2  Zone 3

**2. Property Owner/Organization Contact Information:**

Name: \_\_\_\_\_ Contact/Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Email \_\_\_\_\_

**3. Former Residence:** Were you displaced from your primary residence (owner or lessee) from either the VA or LSU Medical Center footprints?  YES  NO

Was the subject property relocated from either the VA or LSU Medical Center footprints?  YES  NO

**If you answered Yes to the above question,** please provide your former address and dates of residency at that address within the VA or LSU Medical Center footprints:

Former Address: \_\_\_\_\_

Dates of Residency: \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_ Within MCNRHD boundaries  
\_\_\_\_ Individually Listed      \_\_\_\_ Eligible for Listing

DHP Application #:

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**4. National Register of Historic Places Status:** To qualify, properties must fit within one of the following National Register of Historic Places categories, AND must be within the boundaries of the Mid City National Register Historic District (MCNRHD): **PROPERTIES THAT DO NOT FALL WITHIN ONE OF THE CATEGORIES BELOW WILL NOT QUALIFY FOR A GRANT THROUGH THIS PROGRAM.**

1. Individually listed on the National Register;
2. A contributing historic property (as determined by the Division of Historic Preservation) in the National Register historic district;
3. Individually eligible for the National Register, as determined by the Division of Historic Preservation (DHP);
4. As relocated buildings are generally no longer considered contributing, any buildings relocated as part of the mitigation of the VA and LSU hospital sites must be determined to still be eligible for the National Register after final rehabilitation is complete.

We encourage applicants to check with the Division of Historic Preservation Mid-City Rehabilitation Grant Program regarding National Register status prior to submitting a completed application (contact grant program manager Cynthia J. Steward). Should you wish to learn more about the National Register or review the current listings on-line, go to [www.louisianahp.org](http://www.louisianahp.org)

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**5. Ranking Criteria:**

- A. Project viability and impact to district
    - a. Projects will score higher depending on the degree to which the proposed work will positively affect the historic character of the property and/or its surroundings.
    - b. Although matching funds are not required, they might improve the viability of the overall project.
  - B. Property occupancy, including whether property is occupied by a former resident of the VA/LSU footprints displaced by the hospital projects
  - C. Location of property within the MCNRHD, proximity to hospital footprints and/or density of historic fabric near project location
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**6. Property Use After Repairs:** (check all that apply)

- Primary Residence    Rental Property    Part Primary Residence/Part Rental    Commercial Business  
 Part Commercial/Part Residential    Industrial    Small Business    Non-Profit  
 Other
- 

**DESCRIPTION OF PROPERTY AND PROPOSED PROJECT (please attach additional sheets if necessary):**

**7. Narrative description of Property In Existing Condition:**

Exterior Conditions:

**8. Project Scope of Work/Cost THIS INFORMATION MUST BE PROVIDED ALONG WITH CONTRACTOR'S COST ESTIMATE.**

- Grant requests may not exceed \$20,000.
- Matching funds are not required, but they might improve the viability of the overall project. Please note that all matching funds must be expended prior to disbursement of grant funds.
- Do not add pages to this section.

<b>1</b>	<b>WORK ITEM</b>		
DESCRIBE WORK IN DETAIL BELOW:			
<b>Grant Funds Requested</b>	\$	<b>Matching Funds</b>	\$

<b>2</b>	<b>WORK ITEM</b>		
DESCRIBE WORK IN DETAIL BELOW:			
<b>Grant Funds Requested</b>	\$	<b>Matching Funds</b>	\$

<b>3</b>	<b>WORK ITEM</b>		
DESCRIBE WORK IN DETAIL BELOW:			
<b>Grant Funds Requested</b>	\$	<b>Matching Funds</b>	\$

<b>4</b>	<b>WORK ITEM</b>		
DESCRIBE WORK IN DETAIL BELOW:			
<b>Grant Funds Requested</b>	\$	<b>Matching Funds</b>	\$

<b>5</b>	<b>WORK ITEM</b>		
DESCRIBE WORK IN DETAIL BELOW:			
<b>Grant Funds Requested</b>	\$	<b>Matching Funds</b>	\$

<b>6</b>	<b>WORK ITEM</b>		
DESCRIBE WORK IN DETAIL BELOW:			
<b>Grant Funds Requested</b>	\$	<b>Matching Funds</b>	\$

<b>9</b>	<b>TOTAL GRANT FUNDS REQUESTED</b>	\$	<b>TOTAL MATCHING FUNDS PROVIDED</b>	\$	<b>TOTAL PROJECT FUNDS</b>	\$
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**10. PHOTOGRAPHS:**

You must submit exterior photographs. Digital photographs should be in color and printed on photographic paper; blurry or unclear photographs may prevent approval of your application. Photographs must be 4"x6" minimum and annotated per the attached sample submittal package. All photographs must be mounted on 8½"x11" paper. No more than 2 photographs may be mounted per page. Do not send loose photographs.

- Attach SIX (6) exterior elevation photographs of the property according to the attached photo location diagram and examples;
  1. Front of property
  2. Right side of property
  3. Left side of property
  4. Back of property
  5. Street view including block frontage from right
  6. Street view including block frontage from left
- Submit at least 3-4 detail photographs of each exterior area detailed in the proposed scope of work. Photos should be provided according to the attached photo detail diagram and examples.
- If available, attach photographs of the property prior to damage/alterations proposed for correction.

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**APPLICATION SUBMISSION: COMPLETED APPLICATIONS MUST BE POSTMARKED BY OCTOBER 14, 2011.**

Applications must be submitted in hard copy. Faxed applications and applications submitted electronically will not be accepted. Applications not received by the deadline and incomplete applications will not be considered. Additional materials sent separately from the application will not be considered part of the application and will not be included in evaluation of the application.

**APPLICATION MATERIAL WILL NOT BE RETURNED.**

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**REQUIRED ATTACHMENTS\*\*\*\*\*APPLICATION CHECKLIST:**

- One original full application secured with a paperclip or binder clip (do not staple or bind).
- One set of photographs and corresponding photo diagrams of the property in its current state (Application will not be reviewed without photos).
- Zone map
- If available, one set of photographs of the property prior to damage/alteration.
- Contractor's cost estimates for proposed project (if grantee is a contractor, see Program Requirements section of the Guidelines).
- Original Executed Certification.

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**SEND APPLICATIONS TO:**

**Mid-City Rehabilitation Grant Program  
Division of Historic Preservation  
Department of Culture, Recreation and Tourism  
U.S. Mint State Museum  
400 Esplanade Avenue  
New Orleans, LA 70116**

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You may contact grant program manager, Cynthia J. Steward  
Send a message to [csteward@crt.la.gov](mailto:csteward@crt.la.gov)  
Visit us online at [http://www.crt.state.la.us/hp/grants/NOLA\\_midcity\\_rehabilitation\\_grant\\_program.aspx](http://www.crt.state.la.us/hp/grants/NOLA_midcity_rehabilitation_grant_program.aspx)

DHP APP# VAMC

## Certification

*All signatures must be in blue ink.*

I hereby certify that all the information provided within this application is true and correct to the best of my knowledge. I further certify that funding sought is in no way a duplication of benefits received from any other source, including insurance proceeds, charitable donations of materials or other public funding sources.

I understand that if I am selected to receive a Mid-City Rehabilitation Grant, I will be required to sign a grant agreement requiring compliance with all federal, state and local laws and regulations.

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Print Name of Applicant

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Signature of Applicant (blue ink)

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Date