



# CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2<sup>nd</sup> Fl., Cambridge, Massachusetts 02139  
Telephone: 617 349 4683 Fax: 617 349 6165 TTY: 617 349 6112  
E-mail: histcomm@cambridgema.gov URL: http://www.cambridgema.gov/Historic

## APPLICATION FOR INSTITUTIONAL PRESERVATION GRANT (IPG)

### *Applicant Information*

- Name of Applicant Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name of organization's project coordinator \_\_\_\_\_  
Coordinator's contact information, if different \_\_\_\_\_
- Non-profit status  
501(c)3 Tax identification number \_\_\_\_\_  
If other, please explain \_\_\_\_\_
- Nature of your organization (school, voluntary association, religious organization, etc.):  
\_\_\_\_\_
- Relation of applicant organization to the building to be renovated:  
\_\_\_ Owner  
\_\_\_ Tenant a) attach terms, length, and expiration date of present lease, and  
b) attach written permission from building owner to apply for a grant

### *Project Information*

- Description/name of building: \_\_\_\_\_  
Address \_\_\_\_\_
- List in priority order the capital improvements and/or repairs needed to maintain the integrity of the building. On an attachment, describe each item and the basis for estimating the anticipated cost. Provide photographs or other documentation if available.

<u>Priority</u>	<u>Project</u>	<u>Anticipated Cost</u>	<u>IPG Grant requested</u>
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____
Total		\$ _____	\$ _____

(no more than \$100,000)

3. Provide the name(s) and contact information for the architect, engineer, contractor and/or preservation consultant who has advised your organization on this project, if any.

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***Certification***

The undersigned represents to the best of his/her knowledge that the information provided in this statement accurately describes the proposed project, and agrees to promptly inform the Cambridge Historical Commission of any changes which may occur.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email and phone number

\_\_\_\_\_  
Signature of Tenant's Authorized Representative

\_\_\_\_\_  
Print Name (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email and phone number

Date \_\_\_\_\_

*Office use only*

Historic Name \_\_\_\_\_

Date \_\_\_\_\_ Style \_\_\_\_\_

Architect or Builder \_\_\_\_\_

Significant alterations \_\_\_\_\_

Local designation \_\_\_\_\_ National Register of Historic Places \_\_\_\_\_

Significance \_\_\_\_\_

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