

**DEPARTMENT OF PLANNING AND NATURAL RESOURCES (DPNR) | VI STATE HISTORIC PRESERVATION OFFICE (VISHPO)  
EMERGENCY SUPPLEMENTAL HISTORIC PRESERVATION FUND (ESHPPF)  
HURRICANES IRMA AND MARIA DISASTER RECOVERY PROGRAM - FUNDED BY NATIONAL PARK SERVICE (NPS)**

**HONORABLE COMMISSIONER JEAN-PIERRE L. ORIOLE**

This questionnaire is step 1, intended only to provide preliminary site information about the property to DPNR-VISHPO.

**Extended Deadline March 31, 2021 at 5:00 p.m. via submission at [historic.recovery@dpr.vi.gov](mailto:historic.recovery@dpr.vi.gov) or hand delivery at VISHPO Offices.**

**Note:** Grant Funds are available to impacted historic resources listed or eligible for listing in the National Register of Historic Places. Please check here for verification purposes <https://www.nps.gov/subjects/nationalregister/database-research.htm>

**Name & Location of Property (Govt. Non Profit, Homeowner, Other, etc.)**

**Name & Address of Owner, Consultant, or Building Facility Manager**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am seeking reimbursement for historic preservation repairs that were completed after Hurricanes Irma and Maria.

Yes or  No Owner Signature and Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Type: Development (Building Repair/Rehabilitation, Stabilization Archaeological, Landscape Preservation, Not sure)**

Building Repair and Rehabilitation  Stabilization Archaeological  Landscape Preservation  Not Sure. Advice Required

**Project Type: Pre -Development and Planning (Historic Structures Report, Conditions Assessment including materials/analysis, Architectural/Engineering Plans, Engineering Study, Landscape Study, National Register Nominations eligibility/Economic Feasibility Study)**

Historic Structures Report  Conditions Assessment  Architectural Engineering Plans  Engineering Study  Landscape Study  National Register Nominations eligibility

**Property Type:**

Archeological or Historic Site  Residential Building  Commercial Building  A National Historic Landmark  Non-Profit Building  Government/Public Building

Project Title: \_\_\_\_\_ Estimated Project Cost: \_\_\_\_\_ Which Storm: Hurricane Irma, Maria or Both? \_\_\_\_\_

**Capacity of Applicant to manage project:** (List organization's history, mission, or list if you are a private property owner) (Limit is 250 - 400 words) Please use an extra sheet of paper if needed.

**Historic property explanation of damages received from Hurricanes.** Describe the general condition of the building that was damaged by Hurricanes Irma, Maria or both. Also, provide one photo and a general explanation of what repairs will be done if awarded a sub-grant. (Limit is 250 - 400 words) Please use an extra sheet of paper if needed.

**Certification and Submission:**

- I certify that the information in this application is accurate to the best of my knowledge, and that I am authorized to make this request. I agree to abide by all the terms and conditions set forth in this application and accompanying instructions, if selected for a Sub-Grant Award Agreement.
- I certify that no overlap or duplication exists between the proposed project in this application and any other active or anticipated project in terms of activities, costs, or time commitment of key personnel, including any application that was submitted for funding consideration to any other potential funding source, Federal or non – Federal.

Date: \_\_\_\_\_

**Submitter's Name and Address or (Permission by owner to submit this form, if name is not the same as listed above).**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

This Section for Department of Planning and Natural Resources - (DPNR)  
 Internal Use Only

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Reviewer's Record

Date Reviewed: \_\_\_\_\_

Reviewer's Remarks: \_\_\_\_\_

Preliminary Site Questionnaire: ( ) Approved ( ) Disapproved

Reviewer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Commissioner  
 DPNR

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Date