



**OLYMPIA FIELDS COUNTRY CLUB
HISTORIC LANDMARK PRESERVATION FOUNDATION
GRANT APPLICATION (Page 1 of 3)**

Submit To:

**Olympia Fields Country Club Historic Landmark Preservation Foundation
2800 Country Club Drive
Olympia Fields, IL 60461**

Property Name: _____
Address: _____

Property Contact
Name: _____
Address: _____
Phone: _____, Fax: _____, E-Mail: _____

Is the property listed individually on the National Registry of Historic Places? Yes No
If yes, date listed: _____

If the property is not listed on the National Registry of Historic Places describe in this space the historic significance of the property as well as its current and intended use. _____

Property Owner (Name): _____
Address: _____
Phone: _____, Fax: _____, E-Mail: _____
Federal I.D./Tax Number: _____

If property is currently occupied by someone other than the property owner
Tenants Name: _____
Phone: _____, Fax: _____, E-Mail: _____

DESCRIPTION OF PROJECT

Clearly describe in this space the scope of work of the project and its relevance to the preservation of the historical property. Specific reference should be made to The Secretary of the Interior's Standards for the Treatment of Historic Properties (the Standards) and the four treatment standards: Preservation, Rehabilitation, Restoration or Reconstruction as they relate to the application request. If the project involves a structural component (eg. HVAC, electrical, plumbing, etc.) reference should also be made to the pertinent technical guidance on the maintenance and preservation of historic properties issued by the office of Technical Preservation Services (TPS) of the National Park Service.



**OLYMPIA FIELDS COUNTRY CLUB
HISTORIC LANDMARK PRESERVATION FOUNDATION
GRANT APPLICATION - Page Two**

WITH RESPECT TO THE PROJECT (explain answers on the third page of this application as required)

Does the project involve the removal of historic materials or alteration of features and spaces that characterize the historic significance of the property? If yes, explain. Yes No

Does the project involve preservation of the distinctive features, finishes and construction techniques or examples of craftsmanship that characterize the property? If no, explain. Yes No

Where the severity of deterioration of the historic features requires replacement of a distinctive feature, does the new feature match the old design, color texture and other visual qualities without altering the architectural character of the building? If no, explain. Yes No N/A

If the project involves new additions, exterior alterations or related new construction, is the resulting work compatible with the massing, size, scale and architectural features to protect the historic integrity of the property? If no, explain. Yes No N/A

Does documentary and physical evidence (eg. original blueprints, period photographs), exist to permit the most accurate preservation/rehabilitation/restoration/reconstruction of the historic features? If no, explain. Yes No

Has the applicant consulted with a qualified historic architectural professional in connection with this application? If no, explain. Yes No

	Amount
GRANT REQUEST	\$ _____
Other Sources (explain) _____	\$ _____
TOTAL PROJECT COST	\$ _____

GRANT APPROVED AMOUNT: \$ _____

PROJECT START DATE: _____

PROJECT COMPLETION DATE: _____

By signing this application request the applicant/recipient agrees to furnish additional information as requested by the Foundation and to comply with the “Grant Conditions” contained in the attached sample approval letter.

Application Submitted By:

Signature: _____

Name Printed/Typed _____

Date: _____

Contact: Phone _____ **E-Mail** _____

