



GRANT APPLICATION GUIDE

PURPOSE OF EASTLAND HISTORIC GRANT PROGRAM

- Promote restoration and preservation of historic structures within Eastland's Historic Districts.
- Create incentives for quality historic projects.
- Educate community on importance of preservation and role of historic structures in community identity and economic development & tourism.

WHO CAN APPLY FOR HISTORICAL GRANT

- Any property owner (Business or Individual) of historic structure within Eastland's Historic Districts.

CRITERIA

- Grant funds may be used for structural repairs or exterior restoration only. No interior projects are considered.
- The City of Eastland Historic District Design Guidelines and/or the Secretary of Interior's standards for rehabilitation shall be used as guidance for all projects. (These documents can be found on the City of Eastland's Website.)
- Owners will be required to participate by matching grant funds for projects.
- Projects must be completed and meet inspection approval within the year the grant funds are awarded to be eligible for reimbursement. Timelines may be extended with Historic Board approval.
- Design plans may be broken into "several year projects" to allow owners to apply for grants multiple years in order to provide their matching funds.

Board reserves the right to award grants based on emergency stabilization of historic structures.

HOW IT WORKS

- 1) Beginning June 1 pick-up Grant Application. Owners will be assigned to a Historic Board member to contact should questions arise throughout the process.
- 2) Complete Grant Application and return with supporting documents to a board member or City Hall by August 31.
- 3) Historic Board meets to approve/decline Grants in September. Approved applications will be sent to City Commission for approval in September.
- 4) Applicant and City of Eastland enter into contract for grant to begin in October 1.
- 5) Project commences immediately. Historic Board Member will give quarterly reports on project progress to Historic Board. (December, March, June, September)
- 6) Final Completion of work. Final supporting documentation and invoices turned in to City Hall by September 15.
- 7) Property inspection completed.
- 8) Reimbursement for grant monies awarded.
- 9) City to issue 1099-misc for income reporting.



GRANT APPLICATION

APPLICANT INFORMATION

APPLICANT NAME			
HISTORIC PROPERTY ADDRESS			
MAILING ADDRESS			
TELEPHONE NUMBER(S)			
E-MAIL ADDRESS			
PROJECT TYPE	CIRCLE:	PERSONAL	BUSINESS
501(C)3 OR TEXAS NON PROFIT?	CIRCLE:	YES	NO

PROJECT FINANCE INFORMATION

AMOUNT OF GRANT FUNDS REQUESTED	\$
AMOUNT OF TOTAL PROJECT COST	\$
AMOUNT OF APPLICANT MATCHING FUNDS	\$
PROPERTY TAXES CURRENT	CIRCLE: YES NO

OVERALL PROJECT INFORMATION

BRIEFLY DESCRIBE GRANT PROJECT	
BRIEFLY DESCRIBE NATURE OF BUSINESS	
CHECK BOXES THAT SHOW HOW RECEIVING GRANT BENEFITS EASTLAND	<input type="checkbox"/> ADDING JOBS <input type="checkbox"/> PROVIDING NEW / IMPROVED SERVICE <input type="checkbox"/> IMPROVING ENERGY EFFICIENCY <input type="checkbox"/> COSMETIC <input type="checkbox"/> ADA COMPLIANCE <input type="checkbox"/> SAFETY <input type="checkbox"/> STRUCTURAL MAINTENANCE <input type="checkbox"/> TOURISM <input type="checkbox"/> OTHER _____

DESCRIBE IF THIS IS A PORTION OF A LARGER BUSINESS PLAN OR PROJECT	
WILL YOU BE LIKELY TO ASK FOR GRANT FUNDS IN ADDITIONAL YEARS?	CIRCLE: YES NO
BASED ON HISTORIC GUIDELINES, DOES PROJECT REQUIRE CERTIFICATE OF APPROPRIATENESS?	CIRCLE: YES NO

PROJECT TIMELINE (IF GRANT AWARDED)

ESTIMATED START DATE	
ESTIMATED END DATE	
LIST POSSIBLE CONTINGENCIES THAT MAY AFFECT PROJECT	

ATTACH THE FOLLOWING:

- MAP OF HISTORIC DISTRICT PROPERTY LOCATION. (PRINTABLE)
- PROJECT BUDGET WITH AT LEAST TWO (2) DIFFERENT BIDS FOR PROPOSED WORK. INCLUDE INFORMATION ON TYPE OF MATERIALS THAT WILL BE USED. (PROJECTS WITH TOTAL OF \$5,000 OR MORE MUST INCLUDE A MINIMUM OF TWO (2) BIDS.)
- PHOTOGRAPHS OF EXISTING STRUCTURE.

INITIAL THE FOLLOWING:

_____ *I understand the Historic Preservation Grant must be used in the manner described in this application.*

_____ *I understand that reimbursement is granted upon completion of the project as outlined in this application.*

_____ *Failure to comply with these guidelines or provide evidence of documents for reimbursement may result in forfeiture of grant funds.*

_____ *I agree to allow Eastland Historic Preservation Board to publicize this award.*

Signature of Applicant _____ Date _____

Printed Name and Title _____



HISTORIC PRESERVATION APPLICATION CHECKLIST

Name of Applicant _____

Date Packet Turned In _____

Historic and/or Current Property Name(s) _____

Location _____
Street address

Put an "x" or a check in front of the items included with your application packets. Please place all documents in order with system #1-4 given below.

_____ **Application Checklist (THIS FORM completed, signed, and dated).**

_____ **Attachment #1. 2015 Application Form (completed).**

_____ **Attachment #2. Map(s) showing property location.**

_____ **Attachments #3. Detailed project budget information. Provide necessary explanations if not available within budget. MUST attach Proposals, bids (MINIMUM of 2), and/or related construction drawings.**

_____ **Attachments #4. Photographs or clear color photocopies showing the property and the need for project. Please depict *all* of the following:**
a) Overall setting.
b) Detail views of areas where work is proposed.
c) Historic photograph(s), if available.

_____ **Attachment #5. IRS W-9 FORM (completed & signed by applicant)**

Applicant's Signature

DATE: _____



HISTORIC PRESERVATION GRANT CALENDAR

Grant Application Period Begins: June 1

Applications Due By: August 31

Grants Awarded: October 1

Quarterly Updates Due: December, March, June, September

Grant Period Ends: September 30*
(All receipts and reimbursement requests must be received no later than September 15)

*All projects must be completed and final reimbursements paid no later than September 30.



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

APPLICANT

PLEASE PRINT

Name of Applicant: _____ Date of Application: _____
(Organization, group or individual)

Representative authorized to sign contracts on behalf of the organization: _____

Address: _____ Mailing Address (if different): _____

Phone: _____ Fax: _____ Email: _____

LOCATION

Physical Address of Location: _____

If no address, enter description of the location: _____

Adjacent Properties: _____

Have you reviewed the City of Eastland **Historic Preservation Design Guidelines**? No Yes

PROPOSED WORK

On a second page, enter detailed description of proposed work. Where applicable attach sample materials to be used, photographs of existing property and, if available, drawings of proposed changes.

Does this project require a Building Permit from the City? No Yes * If Yes, has a permit been acquired? No Yes

Does this project follow recommendations from the **Secretary of Interior Standards**? No Yes

SIGNAGE

Does your proposal include signs or lettering? No Yes If yes, complete this section:

Dimensions: _____ Colors: _____

Materials to be used: _____

Method of illumination (if applicable): _____

Attach a scale drawing showing the type of lettering to be used, dimensions and colors.

Does this sign comply with: City Sign Ordinance? No Yes Historic District Sign Ordinance No Yes

APPLICANT SIGNATURE

Applicant: _____ Date: _____

FOR BOARD USE ONLY

Approved Denied (If denied list reasons) _____

Applicant Notified by: _____ Date: _____

Chairman Signature _____ Date _____ Board Member Signature _____



BOARD MEMBER CHECKLIST

NAME OF APPLICANT _____

BOARD MEMBER _____

___ **Application Submission Complete** (Date: _____)

___ **Property Tax Status Verified**
(County Office Date: _____)
(City & E.I.S.D. Date: _____)

___ **Historic Location Eligibility Verified**

___ **C.O.A. Requirement** (Permit # or Initial N/A: _____)

___ **Letter(s) Sent to Applicant of Board Action:**
 ___ Approved
 ___ Denied(reason for denial): _____
 ___ Additional Info Requested (Dates: _____)
 ___ Additional Info Requested (Dates: _____)
 **Always attach copies to this file, please.*

___ **Grant Amount Awarded \$** _____

___ **Historic District Development Grant Agreement Signed** (Date _____)

___ **Work Commencement Date** _____ (as notified by Applicant)

___ **Work Completed Date** _____ (as notified by Applicant)

___ **Follow-up Inspection Complete Date** _____

___ **Total Cost of Project: \$** _____ (Receipts Attached)

___ **Check Issued Date** _____ **Check #** _____



Eastland Historic Preservation

Preserving the past for the future

HISTORIC PRESERVATION GRANT INFORMATION

APPLICANT: _____

ADDRESS: _____

PROJECT DETAILS: _____

TOTAL PROJECT AMOUNT: \$ _____

GRANT REQUEST AMOUNT: \$ _____

APPROVED GRANT MATCH: \$ _____

APPLICANT MATCH: \$ _____

DATE APPROVED: _____

FINAL PAYMENT REQUEST DUE BY: _____

EASTLAND HISTORIC PRESERVATION BOARD CHAIRMAN

CITY OF EASTLAND BOARD OF COMMISSIONERS

PRESENTED TO CITY OF EASTLAND BOARD OF COMMISSIONERS UPON RECOMMENDATION BY EASTLAND HISTORIC PRESERVATION BOARD FOR FINAL APPROVAL

DATE: _____

COMMENTS FROM COMMISSION: _____

APPROVED BY COMMISSION: _____ YES _____ NO - REASON: _____

DATE: _____

CHAIRMAN

Delivered to Finance Director on: _____

By: _____



BOARD MEMBER QUARTERLY REPORT

NAME OF APPLICANT _____

BOARD MEMBER _____

Grant Amount Awarded \$ _____

Work Commencement Date _____

QUARTER This Report:

___ December

___ March

___ June

___ September

Has Project Completed? ___ YES ___ NO

If YES Have All Documents and Reimbursement Requests Been Sent To City Hall?
 ___ YES ___ NO

If NO Please Explain Why: _____

Current Status of Project: _____

(Use back space if needed)

(Attach Photos if available)

Date: _____

Board Member



Historic Preservation Grant Reimbursement Request

All matching grant funds are released once a valid invoice from the contractor and this form is submitted to Eastland City Hall. Please allow up to 7 days from receipt of this form for full reimbursement of the requested funds.

Grant Period: 20____ Date: _____

Grantee Name: _____ Project Amount \$ _____

Approved Grant Amount \$ _____ Percentage of Project _____

Request Amount \$ _____ Invoice Attached? _____ YES _____ NO (WHY?)

Grant Deadline: _____

Approved by: _____ Date: _____

Presented to Finance Director for Payment On: _____

Check Printed: _____ Check # _____ Amount \$ _____

Mailed or Hand Delivered to Grantee On: _____ By: _____