Hillsborough County
Historic Preservation Challenge Grant Fund Application
A matching grant program to promote historic preservation, heritage tourism, and related economic development in incorporated and unincorporated Hillsborough County

PART A - INTRODUCTION

1. APPLICANT:

CONTACT PERSON: _______________________________________________ TITLE:________________________
ADDRESS:________________________________________________________________________
DAYTIME PHONE:____________________ FAX: __________________ CELL:__________________ EMAIL:__________________
PROJECT NAME:____________________________________________________________________

2. BUILDING/STRUCTURE SITE ADDRESS (if applicable): ____________________________________________

□ UNINCORPORATED COUNTY  □ CITY OF PLANT CITY  □ CITY OF TAMPA  □ CITY OF TEMPLE TERRACE
ZONING DISTRICT(S): _______  TAX FOLIO NO(S):______________ □ COPY OF DEED TO CURRENT OWNER IS ATTACHED

3. PROPERTY OWNER:

DAYTIME PHONE:____________________ FAX: __________________ CELL:__________________ EMAIL:__________________

4. AUTHORIZED AGENT (if applicable)*:______________________________________________________

COMPANY:______________________________________________________________________________
ADDRESS:______________________________________________________________________________
DAYTIME PHONE:____________________ FAX: __________________ CELL:__________________ EMAIL:__________________

*DESIGNATION OF AN AUTHORIZED AGENT REQUIRES COMPLETION AND SIGNATURE ON EXHIBIT A (page 14) by the Property Owner when not also the Applicant.

5. GRANT AMOUNT REQUESTED: ________________________________

FOR COUNTY USE ONLY:

AMOUNT REQUESTED $________________
APPLICATION COMPLETE: __________________
DATE: ___________ INITIAL: ___________
OUTCOME: ______________ INITIAL: __________
DATE: ___________ INITIAL: ___________

FORWARD INFORMATION TO GRANT REVIEW COMMITTEE:

DATE: ___________ INITIAL: ___________

The application submitted must be complete (including required attachments) and received by 3:00 P.M. local time on May 29, 2020. Applications received after the submission deadline will not be considered. Do not alter application format and page numbers. Please review thoroughly the application general instructions, the BOCC Policy, Section Number 01.31.00.00, Historic Preservation “Challenge Grant” and other materials posted on the website: http://www.hcfl.gov/hpcg prior to completing the application.)

2/17/20
6. PROJECT TYPE: (Check all that apply.) (Final category of award may be modified by the Committee or Staff.)

□ 1. Rehabilitation/Restoration of Historic Structure(s)
   □ Structural Stabilization
   □ Electric, Mechanical, Plumbing other Building Code
   □ Relocation of Structure
   □ Mothballing of Structure
   □ Exterior Restoration / Reconstruction of Architectural Details
   □ Interior Restoration / Reconstruction of Architectural Details
   □ Security-related Equipment or Improvements
   □ Soft Costs (GM/Architectural/Engineering, must be specifically approved.)
   □ Other (specify): ____________________________

□ 2. Compatible Additions to Historic Structure(s)
   □ Addition/Alterations to Facilitate Adaptive Reuse
   □ Reconstruction of Lost Historic Resources
   □ Construction of Architecturally Appropriate Kiosks, Information facilities or Utility Structures
   □ Security-related Equipment or Improvements
   □ Soft Costs (GM/Architectural/Engineering, must be specifically approved.)
   □ Other (specify): ____________________________

□ 3. Improvements to Historic Site(s) or Grounds
   □ Restoration/Reuse of non-building historic places
   □ Construction of Architecturally Appropriate Kiosks, Information facilities or Utility Structures
   □ Security-related Equipment or Improvements
   □ Soft Costs (GM/Architectural/Engineering, must be specifically approved.)
   □ Other (specify): ____________________________

□ 4. Heritage Tourism Project
   □ Development of print or electronic materials
   □ Interpretive, promotional or way-finding signage
   □ Exhibit Development
   □ Tour Development
   □ Other Non-Construction Promotion of Historic Resources and/or Heritage Tourism (specify):
     ____________________________________________
     ____________________________________________
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7. IDENTIFY LOCATION(S) OF PROJECT (FOR PROJECT TYPES 1-3) AND/OR APPLICABLE HISTORIC SUBJECT MATTER OF PROJECT (FOR PROJECT TYPE 4):

A. □ LOCAL LANDMARK DESIGNATED BY: □ HILLSBOROUGH COUNTY □ PLANT CITY □ CITY OF TAMPA
   (At present, Temple Terrace does not have a certified local government historic preservation program)
   □ ON NATIONAL REGISTER OF HISTORIC PLACES

B. FOR BUILDING(S) OR STRUCTURE(S) NOT ON THE NATIONAL REGISTER OR LOCALLY DESIGNATED, PROVIDE AGE OF BUILDING(S)/STRUCTURE(S):
   ____________________________________________
   □ IN NATIONAL REGISTER HISTORIC DISTRICT: □ HYDE PARK □ YBOR CITY □ TAMPA HEIGHTS □ W. TAMPA
   □ SEMINOLE HEIGHTS □ HAMPTON TERRACE □ N. FRANKLIN ST. □ DOWNTOWN PLANT CITY - COMMERCIAL
   □ DOWNTOWN PLANT CITY - RESIDENTIAL □ NORTH PLANT CITY- RESIDENTIAL □ OTHER: __________________
   □ IN LOCALLY DESIGNATED HISTORIC DISTRICT: □ HYDE PARK □ YBOR CITY □ TAMPA HEIGHTS
   □ NORTH FRANKLIN □ OTHER: __________________AND A CONTRIBUTING STRUCTURE: □ YES □ NO

C. □ NONE OF THE ABOVE, BUT PROJECT MEETS NATIONAL REGISTER LISTING CRITERIA (Supporting information must be attached to the application, or it will not be accepted.)
8. DESCRIBE THE PROJECT FOR WHICH FUNDING IS REQUESTED. Provide as much detail and attach additional visual information as appropriate to clearly explain the project, such as photos, site plans, schematics, etc.

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□ Additional supporting information is attached on _____________________________.

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9. FOR CONSTRUCTION PROJECTS: 1) Please describe the historical significance of the property and how the property meets the Secretary of the Interior’s criteria for the National Register of Historic Places; and 2) Please describe the property, it’s setting and present condition.

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□ Additional supporting information is attached on ________________________.
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FINANCIAL ELEMENTS
OVERALL PROJECT BUDGET & TIMELINE/SCHEDULE TO COMPLETE

Project Name: _________________________________________

10. List all major tasks necessary to complete the proposed Project, the matching grant amount requested, the amount and source of matching funds to be provided by the Applicant, any other sources of income and the expenditures necessary to accomplish the Project, including in-kind contributions and voluntary labor. The HPCG grant is a reimbursement on cash outlays by Grantee, only.

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<th>Task #</th>
<th>Description of Work Task Cost Item</th>
<th>Total Task Budget</th>
<th>Amount of Grant Funds Requested</th>
<th>Amount of Applicant Match</th>
<th>Source of Applicant Matching Funds¹</th>
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☐ ¹ Must attach Documentary proof (a commitment letter or similar) to evidence each source of Applicant’s matching funding necessary to complete the Project (except for the funding being sought through this grant application) if completed.

☐ ² Must attach for “in-kind” contributions, documentation supporting the estimated value of the “in-kind” contribution if completed.

10. B. Explain why Applicant is not able to fund Project from other Sources: ____________________________________________

10. C. Indicate the circumstances/consequences if partial funding is awarded for this project: ____________________________________________

Authorized Signature for Project ____________________________ Title ____________________________ Date ____________________________

Print Name ____________________________________________

☐ Additional supporting information is attached on ____________________________.

2/17/20
DETAILED TIMEFRAME TO COMPLETE PROJECT

11. Show how the project will be completed within a 12 month time period. If the project will take longer than 12 months, please explain.

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MARKETING AND BUSINESS PLANS

IF GRANT FUNDS WILL BE UTILIZED TO SUPPORT OR ENHANCE A PUBLIC OR PRIVATE COMMERCIAL VENTURE OR BUSINESS, PROVIDE A BUSINESS PLAN WITH A DESCRIPTION OF THE BUSINESS AND HOW THE PROPOSED GRANT WILL AFFECT THE BUSINESS OPERATIONS. FOR PROJECTS SEEKING A COUNTY MATCHING GRANT OF $100,000 OR MORE, APPLICANT MUST COMPLY WITH THE REQUIREMENTS OF BOCC Policy, Section Number 04.05.00.00 regarding Capital Funding for Outside Agencies INCLUDING WITHOUT LIMITATION THE FOLLOWING SPECIFIC REQUIREMENTS RELATING TO A BUSINESS PLAN.

The business plan will include a discussion of how the applicant proposes to meet annual operating and maintenance cost requirements, and will provide a sensitivity analysis for the applicant’s anticipated ability to meet ongoing cost commitments at various revenue levels. It should identify any other anticipated funding sources (actual or proposed) and the estimated amount from each source. The business plan format is available on the Management and Budget Department website at: Hillsborough County Capital Funding for Outside Agencies and will include the following:

a. Organization application cover sheet
b. State of Florida Certificate of Incorporation
c. Internal Revenue Service’s 501(c) Status Certification
d. Executive Summary
e. Organization Profile
f. Community Need
g. Scope of Service
h. Program Goals and Objectives
i. Evaluation Plan
j. Leverage of other Resources
k. Financial Capabilities
l. Latest Financial Audit Report
m. Budget Information including Pro Forma Scenarios
n. Capital Funding Request Form (See link in first paragraph above for Form.)
o. Proof of Insurance

For projects with a county grant request of less than $100,000, a business plan (if applicable) shall at a minimum contain the following items:

a. Organizational structure of business.
b. Description of the type of business and services to be provided and/or sold.
c. Description of the due diligence efforts taken by applicant to appraise financial results of the venture, including competitive market analysis and supporting revenues and expenses.
d. Description of how grant will support sustainability of the venture.
e. Description of any long term expenditures which may be required to continue the operation and anticipated source of such funding.

For projects that include a marketing component, the application must include a marketing plan for the proposed activity, and the applicant should explain how the marketing plan supports the project for which funding is being requested. The marketing plan should include the list of vendors for each product and the estimated expense to each to support the total project cost.

☐ The Applicant’s Business Plan is attached.

☐ The Applicant’s Marketing Plan is attached.

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PART B – REVIEW CRITERIA

DESCRIBE HOW THE PROJECT MEETS AND/OR EXCEEDS EACH OF THE APPLICABLE REVIEW CRITERIA.

1. DESCRIBE HOW THE PROJECT PROMOTES HISTORIC PRESERVATION:

For projects including construction elements, does project alleviate or prevent endangerment of the historic property? What is the importance of the structure as related to its historic and/or architectural significance?

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2. **LEVERAGING:**

Describe how the project leverages matching fund grant in terms of financing, expertise and networking; demonstrates monetary leverage of county matching funds of 1:1 or greater; and/or demonstrates a collaborative and synergistic approach, including with other preservation/heritage tourism or economic development projects.

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3. ECONOMIC DEVELOPMENT IMPACT:

Describe how the project demonstrates a well-thought out idea and model that has the potential to be sustainable and generate economic development in the community. Examples may include the creation of permanent local jobs and potential for sustained economic impact and growth; creation of construction jobs; the use of local contractors, the use of local suppliers/materials; contribution to tax base (for profit applicants and properties); generation of local business; and general value to the local economy.
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4. QUALITY OF PROJECT (for Construction/Rehabilitation Projects Only)

Explain how the project: demonstrates appropriate design and quality of proposed materials, demonstrates the ability to achieve a successful project result, addresses structure of particular historic and/or architectural significance; creates/expands public use of historic space and visibility in the community; and/or alleviates or prevents endangerment of a historic property.
5. QUALITY OF PROJECT TEAM:

Describe the qualifications, track record, and ability of the applicant and professionals composing the project team to successfully complete the project.

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6. PROMOTION OF HERITAGE TOURISM (for Heritage Tourism Projects only):

Describe how the project creates a heritage tourism impact in the community or region; enhances heritage tourism experience by visitors and residents; utilizes other heritage tourism resources; develops site-based (location specific) heritage tourism; promotes or develops educational programs or materials for tourists; protects an existing historic property or site; enhances commercial use of existing historical resources; increases community participation/accessibility to a larger number of users/visitors; and/or demonstrates educational or cultural value.
7. PERFORMANCE EVALUATION:

Give details on how the applicant will measure the success of the project. Provide a description of any metrics that will be used.

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EXHIBIT A

AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA
COUNTY OF ______________________

(NAME OF ALL PROPERTY OWNERS)

(ADDRESS: STREET, CITY, STATE, ZIP) (PHONE NUMBER)

Being first duly sworn, depose(s) and say(s):

1. That the above named parties are the sole owner(s) and record title holder(s) of the following described property:
   Address, folio # or general location: ______________________________________________

2. That this property constitutes the property for which a request for grant funding is being made to the Hillsborough County Challenge Grant Fund, Tampa, Florida;

3. That the undersigned (has/have) appointed and (does/do) appoint:
   Name: ____________________________________________
   Address: _________________________________________
   Phone (_____) __________________________ Email: ________________________________

   as agent(s) to execute any petitions or other documents necessary to affect such petition;

4. That this affidavit has been executed to induce Hillsborough County, Florida to consider an act on the above described property;

5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

SIGNED (Property Owner) SIGNED (Property Owner)

SIGNED (Property Owner) SIGNED (Property Owner)

Sworn to and subscribed before me this ______ day of __________________, 2020

__________________________  ____________________________
Notary Public, State of Florida

My Commission Expires: ____________________________
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CERTIFICATION

As Applicant, I hereby acknowledge and certify as follows:

With respect to Projects involving Construction:
1. Funds and awards for construction projects will require that application will be made to the Architectural Review Commission (ARC) or Barrio Latino Commission (BLC), Plant City Historic Resources Board or Hillsborough County Historic Resource Board, as applicable, when the Certificate of Appropriateness process applies. The applicant will be required to pay applicable submittal fees. In the absence of a certified local government historic preservation program or applicable design criteria for the Project under such program, the Project must meet applicable Secretary of Interior Standards for Rehabilitation as determined by the Hillsborough County Historic Resource Board.
2. Prior to distribution of any grant funds for construction projects, all building plans must be approved by the reviewing agencies with jurisdiction over the Project and all other required permits, licenses, approvals required for the Project must be obtained.
3. Physical construction to be subject to Challenge Grant funding may not be commenced prior to grant award (unless otherwise specified in the Agreement).
4. All work must be performed by qualified professionals and Florida licensed contractors (as required by law).
5. Funds cannot be used for Project operating expenses or property acquisition.
6. Real estate taxes and assessments on the property that is the subject of this application are current.
7. Title to the property is free from liens with the exception of mortgage liens.

With respect to all Projects (involving Construction or non-Construction elements):
1. In accordance with Chapter 119 of the Florida Statutes, the application and the responses thereto are public records and are available for public inspection.
2. All work that is the subject of this application will be completed within twelve (12) months of execution of a funding agreement between the County and grant awardee (unless otherwise specified in the Agreement).
3. Projects with grant funding of $100,000 or more also must satisfy all requirements set forth in Board Policy Section Number 04.05.00.00 regarding Capital Funding for Outside Agencies.
5. Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. Applicant understands that any willful misstatement of information will be grounds for disqualification. Applicant agrees to provide any documentation needed to assist in determining eligibility and is aware that all information and documents provided are a matter of public record.
6. Applicant acknowledges that the County staff will review this application for program eligibility, and that any application deemed incomplete or ineligible may be rejected.
7. Applicant certifies that the information on this application is true, correct and complete in all material respects.
8. The Applicant would not be able to fully fund this Project without the proposed Grant funding.

NOTE: For Projects with grant funding of $100,000, or more: if the Applicant is an agency or corporate entity, the application must be signed by the head (chief executive officer) or chief financial officer attesting to the accuracy of the information.

Signed (Property Owner/Agent)

Sworn to and subscribed before me this ____day of __________, 2020

________________________
Notary Public, State of Florida
My Commission Expires:________________________

Signed (Property Owner/Agent)

Sworn to and subscribed before me this ____day of __________, 2020

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Notary Public, State of Florida
My Commission Expires:________________________