

**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*

FOR COUNTY USE ONLY: DATE RECEIVED: _____  FORWARD INFORMATION TO GRANT REVIEW COMMITTEE: DATE: _____ INITIAL: _____	AMOUNT REQUESTED \$ _____ APPLICATION COMPLETE: DATE: _____ INITIAL: _____ OUTCOME: _____ DATE: _____ INITIAL: _____
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**The application submitted must be complete (including required attachments) and received by 3:00 P.M. local time on May 13, 2019. 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.hcflgov.net/hpcg> prior to completing the application.)**

**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: \_\_\_\_\_

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

<input type="checkbox"/> 1. <u>Rehabilitation/Restoration of Historic Structure(s)</u> <input type="checkbox"/> Structural Stabilization <input type="checkbox"/> Electric, Mechanical, Plumbing other Building Code <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Mothballing of Structure <input type="checkbox"/> Exterior Restoration / Reconstruction of Architectural Details <input type="checkbox"/> Interior Restoration / Reconstruction of Architectural Details <input type="checkbox"/> Security-related Equipment or Improvements <input type="checkbox"/> Soft Costs (GM/Architectural/Engineering, must be specifically approved.) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> 3. <u>Improvements to Historic Site(s) or Grounds</u> <input type="checkbox"/> Restoration/Reuse of non-building historic places <input type="checkbox"/> Construction of Architecturally Appropriate Kiosks, Information facilities or Utility Structures <input type="checkbox"/> Security-related Equipment or Improvements <input type="checkbox"/> Soft Costs (GM/Architectural/Engineering, must be specifically approved.) <input type="checkbox"/> Other (specify): _____ _____
<input type="checkbox"/> 2. <u>Compatible Additions to Historic Structure(s)</u> <input type="checkbox"/> Addition/Alterations to Facilitate Adaptive Reuse <input type="checkbox"/> Reconstruction of Lost Historic Resources <input type="checkbox"/> Construction of Architecturally Appropriate Kiosks, Information facilities or Utility Structures <input type="checkbox"/> Security-related Equipment or Improvements <input type="checkbox"/> Soft Costs (GM/Architectural/Engineering, must be specifically approved.) <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> 4. <u>Heritage Tourism Project</u> <input type="checkbox"/> Development of print or electronic materials <input type="checkbox"/> Interpretive, promotional or way-finding signage <input type="checkbox"/> Exhibit Development <input type="checkbox"/> Tour Development <input type="checkbox"/> Other Non-Construction Promotion of Historic Resources and/or Heritage Tourism (specify): _____ _____ _____

**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.)



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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: \_\_\_\_\_

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.

Task #	Description of Work Task Cost Item	Total Task Budget	Amount of Grant Funds Requested	Amount of Applicant Match	Source of Applicant Matching Funds <sup>1</sup>	Applicant Match Type <sup>2</sup>	Date Applicant Funds Available
1.							
2.							
3.							
4.							
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17.							
18.							
19.							
20.							
	<b>TOTALS</b>						

<sup>1</sup> 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.

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

Explain why Applicant is not able to fund Project from other sources: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_.

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**DETAILED TIMEFRAME TO COMPLETE PROJECT**

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: <http://fl-hillsboroughcounty.civicplus.com/DocumentCenter/Home/View/298> 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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**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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**5. PROMOTION OF HERITAGE TOURISM:**

**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.**

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**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 \_\_\_\_\_

\_\_\_\_\_, the sole owner(s) 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 \_\_\_\_\_, 2019

\_\_\_\_\_  
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.
4. Applicant will comply with the Department of Human Resources Policies and Procedures Manual Policy HR-6.06: <http://coin.hillsboroughcounty.org/index.aspx?nid=388>
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 \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
SIGNED (Property Owner/Agent)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_