



GRANT APPLICATION GUIDE

PURPOSE OF EASTLAND HISTORIC GRANT PROGRAM

- Promote restoration and preservation of historic structures within Eastland's Historic District.
- 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 District.

CRITERIA

- Grant funds may be used for structural repairs or exterior restoration only. General maintenance projects and interior projects are not 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 April 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 July 1.
- 3) Historic Board meets with applicant to discuss application at their July board meeting. The board will approve/decline Grants in August. 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 on 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 1. All invoices for reimbursement are to be presented to the City by September 15.
- 7) Property inspection completed.
- 8) Reimbursement for grant monies awarded by September 30.
- 9) City to issue 1099-misc for income reporting.



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:	APRIL 1
Applications Due By:	JULY 1
Grant Review with Applicant Present	At July Historic Board Meeting
Grants Awarded:	At September City Commission Meeting
Grant Begins	OCTOBER 1
Quarterly Updates Due:	December, March, June, September
Grant Period Ends:	September 1*
(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.**



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	\$
AMOUNT OF ANY INSURANCE REIMBURSEMENT	\$
PROPERTY TAXES CURRENT	CIRCLE: YES NO

OVERALL PROJECT INFORMATION

<p>GRANT PROJECT (HISTORIC GRANT FUNDS MAY <u>ONLY</u> BE USED FOR <u>EXTERIOR</u> WORK ON A STRUCTURE LOCATED WITHIN THE DESIGNATED HISTORIC DISTRICT)</p>	<p style="text-align: center;">BRIEF DESCRIPTION:</p> <p style="text-align: center;">*ON <u>PROJECT PAGE</u>, ENTER <u>DETAILED</u> DESCRIPTION OF PROPOSED WORK REQUESTED. WHERE APPLICABLE ATTACH SAMPLE MATERIALS TO BE USED, PHOTOGRAPHS OF EXISTING PROPERTY AND SCALED DRAWINGS OF PROPOSED CHANGES.*</p>
<p>BRIEFLY DESCRIBE NATURE OF BUSINESS</p>	
<p>CHECK BOXES THAT SHOW HOW RECEIVING GRANT BENEFITS EASTLAND</p>	<ul style="list-style-type: none"> <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) DETAIL BIDS** FOR PROPOSED WORK. INCLUDE INFORMATION ON TYPE OF MATERIALS THAT WILL BE USED. (SEE PAGE 3) (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 _____

ATTENTION CONTRACTORS:

All quotes/bids for this project must include detailed descriptions of the proposed work including a complete descriptive materials list. Drawings, photos, samples are encouraged.

Any work to be subcontracted must be noted and the subcontractor/company must be listed with contact information.

ANY deviation from the approved project must be submitted to the Historic Preservation Board for re-approval.



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

APPLICANT

Name of Applicant: _____ PLEASE PRINT 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 _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
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Employer identification number												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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 #** _____



Grant Evaluation Criteria

Applicant: _____

Applications Will Be Scored on the Following Basis:

	MAXIMUM POINTS	
Project has matching funds	20*	_____
Benefits All of the Community of Eastland	20	_____
Develops Tourism	15	_____
Education/Training Skills	5	_____
Historical Preservation	20	_____
Enhances Under Utilized Facilities	10	_____
Quality of Life (Cultural/Fine Arts/Entertainment)	10	_____
TOTAL	100	_____

***Matching Points**

0 points if match is Less than 10%

5 Points if match is from 10-49%

10 Points if match is from 50-99%

15 Points if Match is 100-119%

20 Points if Match is 120% or greater



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 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: _____



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 \$ _____

Mailing Address: _____

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: _____