



# Historic Preservation Matching Grant Application

Official Use Only

Application No: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Name of Owner/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Co-Owner/Co-Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Property (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: Block(s): \_\_\_\_\_ Lot (s): \_\_\_\_\_ Subdivision: \_\_\_\_\_

Folio Number: \_\_\_\_\_

Project Type:

- Restoration of building exterior
- Structural or site stabilization
- Electrical, mechanical, and plumbing upgrades/repairs
- Preventative maintenance, including termite damage
- Other, as approved by the HRRB on an individual basis

Estimated Project Cost: \$ \_\_\_\_\_ Requested Amount of Grant Fund: \$ \_\_\_\_\_

Attach the following items:

- |  |   |
|--|---|
| <input type="checkbox"/> Photos of main façade                         | <input type="checkbox"/> Site plan  |
| <input type="checkbox"/> Detail photos of area to undergo improvements | <input type="checkbox"/> Architectural/engineering drawings and specifications          |
| <input type="checkbox"/> Written contract and cost estimate for work   | <input type="checkbox"/> Proof of insurance   |
| <input type="checkbox"/> Proof of financial resources                  | <input type="checkbox"/> Proof of not-for-profit status, for non-residential properties |

By signing below, the undersigned hereby agree(s) that if awarded, this grant shall be used for the restoration of his/her Historic Landmark designated property located within Unincorporated Hillsborough County in accordance with the plans and scope of work reviewed and approved by the County. The undersigned further agree(s) to match 100% of the requested amount of the grant awarded and to provide proof of same, and acknowledges that execution of a Historic Preservation Grant Award Agreement by the undersigned and Hillsborough County will be required.

Owner/Applicant (required) \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner/Co-Applicant (required) \_\_\_\_\_ Date \_\_\_\_\_

Submit completed application and all necessary documents to [HiznayT@HCFLGov.net](mailto:HiznayT@HCFLGov.net)



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Description of the project for which the matching grant fund is requested:

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Owner's description of his/her financial resources for the required matching fund:

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**Official Use Only**

**ACTION TAKEN**

**DATE**

Reviewed

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Approved

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Not approved

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Application meets the criteria

Application does not meet the criteria

Explanation:

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