



City of Tampa Interstate Historic Preservation Trust Fund Matching Grant Program

A Revolving Loan & Grant Program for Historic Districts Impacted by Interstate Construction

EXHIBIT A

For City of Tampa Use:

DATE RECEIVED: _____	PROPERTY OWNERSHIP VERIFICATION: _____	DATE: _____	INITIAL: _____
VERIFICATION LEGAL DESCRIPTION: _____	VERIFICATION OF ELIGIBILITY: _____	OUTCOME: _____	
DATE: _____ INITIAL: _____	DATE: _____ INITIAL: _____	DATE: _____ INITIAL: _____	

PART I

The application submitted must be completely filled out and include all required attachments and exhibits.

BUILDING/PROPERTY ADDRESS: _____

NOTE: In order to be eligible for the Interstate Historic Preservation Trust Fund Matching Grant Program, the property for which funding is requested must be a historic structure that was relocated under the parameters of the Memorandum of Agreement between the City of Tampa and the Florida Department of Transportation District Seven relating to the mitigation of the Interstate highway expansion project to Ybor City National Historic Landmark District, the West Tampa National Register Historic District and the Tampa Heights National Register Historic District, pursuant to Resolution No. 2002-0155, passed and adopted on February 7, 2002, by the City Council of the City of Tampa and be owned by a not-for-profit organization.

PROPERTY OWNER OF RECORD: _____

DAYTIME PHONE: _____

CONTACT PERSON: _____

CELL: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

AUTHORIZED AGENT: _____

DAYTIME PHONE: _____

COMPANY: _____

CELL: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

CURRENT USE: _____ **PROPOSED USE:** _____ **TAX FOLIO NUMBER:** _____

LEGAL: Block: _____ **Lot:** _____ **Subdivision:** _____

Si usted necesita ayuda en español, llame a 813-274-3100.



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6. **APPLICANT'S FUNDING HISTORY:** If the Applicant has received previous loan or grant assistance from the City of Tampa, specify the Year, Source, Project Type, and Amount awarded.

Year	Source of Funding	Project Type	Amount

7. **Project Budget Information Worksheet**

<u>Project Budget</u>	<u>Sub-Total Cost</u>
Construction Estimate (Attach Project Estimate)	\$.00
Other (i.e., permitting fees)	\$.00
<u>Total Cost of Project</u>	\$.00

<u>Project Funding</u>	<u>Sub-Total</u>
Owner's Matching Funds	\$.00
*Matching in-kind Professional Services (10% maximum)	\$.00
*Matching in-kind Materials/Labor (100% maximum)	\$.00
<u>Requested Matching Grant Amount</u>	\$.00
<u>Total Project Funding</u>	\$.00

*Inclusion of Matching in-kind Professional Services, Materials Donations, and Labor Donations must be accompanied by an itemized breakdown of such services and donations to validate assessed value. Attach itemization on letterhead or invoicing documents from the company or supply source providing the donation.

8. **ATTACH A 3" X 5" PHOTOGRAPH OF THE FRONT ELEVATION OF THE PROPERTY.**

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I understand that, in accordance with Chapter 119 of the Florida Statutes, and, except as may be provided by Chapter 119 of the Florida Statutes and other applicable State and Federal Laws, all applicants should be aware that the application and the responses thereto are in the public domain and are available for public inspection.

I understand that funds and awards also require that application will be made to the Architectural Review Commission (ARC) or Barrio Latino Commission (BLC), as appropriate, when the Certificate of Appropriateness process applies. The applicant will be required to pay appropriate ARC and BLC submittal fees.

All appropriate permits for construction must be obtained.

All applications must adhere to the City of Tampa Ethics Code as referenced in the Interstate Historic Preservation Trust Fund Procedures and Standards.

The property owner agrees to provide reasonable access to the property to allow for a visual inspection of the project to ensure compliance with the *Secretary of the Interior's Standards*.

Agreement to Execute Restrictive Covenant

Grant applicants of the Interstate Historic Preservation Trust Fund Matching Grant Program are required to sign the following statement indicating agreement to execute a 5-year restrictive covenant to run with the property deed, should a grant award be made.

"I, the undersigned, am the property owner, or duly authorized representative of the property owner, identified under Part 1 on Page 1 of this application, subsequent to completion of the project for which funding is requested. I hereby indicate agreement to execute a restrictive covenant through which I commit to the maintenance of the project described in this application in accordance with good preservation practice and the applicable standards and guidelines of the Secretary of the Interior for a period of five years. I further agree that any modifications made to the approved project will be designed and executed in a manner consistent with the applicable standards and guidelines of the Secretary of the Interior."

I hereby certify that the information on this application is true and complete, and I understand the intent of the Trust Fund.

SIGNED (Property Owner/Agent)

SIGNED (Property Owner/Agent)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this _____ day of _____, 20____ by the above named Property Owner(s)/Agent(s). Such person(s) is/are personally known to me or produced identification: Type of Identification Produced: _____.

[AFFIX NOTARY PUBLIC SEAL]

Printed Name: _____
Notary Public, State of Florida
My commission expires: _____
Serial No if any: _____

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Interstate Historic Preservation Trust Fund
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**EXHIBIT B
AFFIDAVIT TO AUTHORIZE AGENT**

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

_____ who reside(s) at
(NAME OF ALL PROPERTY OWNERS)

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

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

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property:
Address or General location _____

2. That this property constitutes the property for which a request for a: (NATURE OF REQUEST)

_____ is being applied to the Interstate Historic Preservation Trust Fund, Tampa, Florida;

3. That the undersigned (has/have) appointed and (does/do) appoint: Name _____
Address _____ Phone (_____) _____ as (his/their)
agent(s) to execute any petitions or other documents necessary to affect such petition;

4. That this affidavit has been executed to induce the City of Tampa, 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)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this _____ day of _____, 20____ by the above named Property Owner(s)/Agent(s). Such person(s) is/are personally known to me or produced identification: Type of Identification Produced: _____.

[AFFIX NOTARY PUBLIC SEAL]

Printed Name: _____
Notary Public, State of Florida
My commission expires: _____
Serial No if any: _____

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