



CITY OF MADISON, INDIANA  
P.A.C.E. Preservation & Community  
Enhancement Grant Program

APPLICATION

**APPLICATION CHECKLIST**

All items on the checklist are required to submit your application. Incomplete applications will not be considered for funding.

- \_\_\_\_\_ **Part A: Introduction**
- \_\_\_\_\_ **Part B: Description of the Project** (This description should include as much detail about the project and the work that is to be conducted as possible)
  - \_\_\_\_\_ **Project Schedule**
  - \_\_\_\_\_ **Attachment: Photographs of existing conditions of Property**
  - \_\_\_\_\_ **Attachment: Project Plans** (Site plan, floor plans, elevations, etc.)
- \_\_\_\_\_ **Part C: Financial Elements**
  - \_\_\_\_\_ **Detailed Project Budget** (This should list all materials and labor costs)
  - \_\_\_\_\_ **Attachment: Copies of Construction Quotes for the project**
- \_\_\_\_\_ **Part D: Required Supporting Documents (Attachments)**
  - \_\_\_\_\_ **Certificate of Appropriateness (COA)** (If applicable)
  - \_\_\_\_\_ **Proof of Property Insurance**
  - \_\_\_\_\_ **Proof of Ownership** (Deed)
  - \_\_\_\_\_ **Certificate of Incorporation** (if organization/business)
  - \_\_\_\_\_ **Unsafe Letter** (Required for Dangerous Structures Grant)

**RETURN COMPLETE APPLICATION TO:**  
City of Madison, Office of Planning and Preservation  
101 W. Main Street, Madison, IN 47250  
Make check (\$10.00) payable to: City of Madison

**For Staff use:**

Process/Step	Date	Staff Initial
Applicant met with Preservation Coordinator at least 10 days prior to filing deadline		
Complete application received by the office by posted quarterly deadline		
\$10.00 application fee collected (Check made payable to: City of Madison)		



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**Part A: Introduction**

Applicant's Name \_\_\_\_\_

Owner or Business Name (If different than applicant) \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Project Overview:**

Property Physical Address \_\_\_\_\_, Madison, IN 47250

Total Cost of Project: \_\_\_\_\_ Amount of Grant Requested: \_\_\_\_\_

Estimated Date of Completion of Work: \_\_\_\_\_

Rehabilitation Grant  Dilapidated Structures Grant  Dangerous Buildings Grant

**Applicant must read and initial the following:**

\_\_\_\_\_ I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

\_\_\_\_\_ I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

\_\_\_\_\_ I understand that if any plans to the project change, I must notify the Preservation Coordinator.

\_\_\_\_\_ I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Date







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**PART C: FINANCIAL ELEMENTS  
 DETAILED PROJECT BUDGET WORKSHEET**

List all major tasks necessary to complete the proposed Project, the total budget, and the matching grant amount requested. The P.A.C.E. Grant Program funds materials and labor. Please separate materials from labor.

Task #	Description of Work and/or Material Please Reference Appropriate Quote (Must be attached)	Total Task Budget	Amount of Grant Funds (50% max)
	SAMPLE: Lumber and supplies per sales ad from Lowe's	\$1,076	\$538.00
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
	<b>Totals</b>		

Additional supporting information is attached.