



CITY OF MADISON, INDIANA
APPLICATION for P.A.C.E. PROGRAM GRANT
Preservation and Community Enhancement Program

APPLICATION CHECKLIST

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

TWO (2) COMPLETE SET OF THE APPLICATION AND RELATED DOCUMENTS ARE REQUIRED FOR SUBMITTAL

- _____ **Original Application**
- _____ **Detailed Project Description** (This description should include as much detail about the project and the work that is to be conducted as possible)
- _____ **Detailed Project Budget Worksheet** (This should list all materials and labor costs)
- _____ **Copies of cost estimates for the project** (For all work proposed)
- _____ **Project Questions**
- _____ **Photographs of existing conditions of Property** (Includes at least eight (8) photos: a picture of each façade of the building and four (4) detailed pictures of the area(s) being affected by the project.)
- _____ **Project Plans** (Drawings of the proposed work should be included in the final application. Any supporting visual documentation, such as, but not limited to, window schedules, cut sheets, site plans, and proposed elevation plans are acceptable. Professionally drawn plans are not required, sketches are mandatory.)
- _____ **Certificate of Appropriateness (COA) issued by the Historic District Board of Review** (If applicable)
- _____ **Proof of Insurance** (The applicant must provide proof of insurance on the project building)
- _____ **Proof of Ownership** (The applicant must provide proof that they are the legal owner of the property.)



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APPLICATION FORM

Applicant's Name _____
(Last) (First) (MI)

Property Physical Address _____, Madison, IN 47250

Business Name (If applicable) _____

Mailing Address _____

Date: (mm/dd/year) _____ Phone _____

E-mail _____ Fax _____

Project Overview:

Amount of P.A.C.E Grant Requested (Line 13 of Detailed Project Budget Worksheet) _____

Total Estimated Cost of Project: (Line 10 of Detailed Project Budget Worksheet) _____

Estimated Date of Completion of Work: _____

Detailed Project Description: (On attached sheet(s) describe your proposed project: provide as much detail about the project and the work that is to be conducted as possible. This is where the applicant may explain why their project should be considered for the grant)

Please check that the following related documents are included with Application:

- Detailed Project Description
- Detailed Project Budget Worksheet
- Copies of cost estimates for the project
- Project Questions
- Photographs of existing conditions of Property (Minimum of 8 photographs)
- Project Plans (Professionally drawn plans aren't required, sketches required if plans not included)
- Certificate of Appropriateness (COA) issued by Historic District Board of Review (If applicable)
- Proof of Insurance
- Proof of Ownership

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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P.A.C.E. is a matching grant program with a maximum grant award up to seven thousand five hundred dollars (\$7,500.00).

Fifty percent (50%) of the funds will be provided to Recipient(s) after fifty percent (50%) of the project is completed, and the balance of the grant funds will be provided to Recipient(s) following the projects total completion.

Applicant must read and initial the following:

_____ I have read, understand, and agree with the terms of the P.A.C.E. program guidelines as well as the P.A.C.E. Program Grant Ordinance.

_____ 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 for a period not to exceed twelve (12) months by the City of Madison Board of Works and Safety.

_____ I understand that not later than forty-five (45) days following the inspection and approved completion of the project by the City of Madison; Recipient(s) is required to submit a detailed list of all expenditures that was specific to the approved project. Supporting documents such as vendor invoices, proof of payment, etc. may be required as listed on the Final Report Checklist.

_____ I understand that should the actual expenditure by Recipient(s) be less than the project estimate, then a repayment and a grant adjustment will be necessary. Should Recipient(s) fail to make this restitution within sixty (60) days of notification, the City of Madison, Indiana may place a lien on the property in order to recover grant monies.

_____ 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 certify that the project description, as attached, includes all the work to be performed at the following address: _____ Madison, IN 47250.

_____ 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 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.

Recipient(s)

Date

City of Madison

Date



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STEPS FOR APPLYING FOR A P.A.C.E. PROGRAM GRANT

1. Meet with Preservation Coordinator no later than 10 days prior to the filing deadline
2. If applicable, the applicant must submit an application to bring proposed project to the next Historic District Board of Review (HDBR) meeting which is due the first Tuesday of each month.
3. If applicable, a Certificate of Appropriateness (COA) must be granted by the HDBR in order to continue on with the P.A.C.E. Program Application.
4. The complete P.A.C.E. Program Application must be turned into the City's Preservation Coordinator by the quarterly deadline. Please see the City's website for the listing of the current application cycle deadlines.
5. Approximately every 90 days, the P.A.C.E. Review Committee will review applications for the P.A.C.E. Program.
6. The P.A.C.E. Review Committee approves or denies the application.
7. The P.A.C.E. Review Committee sends the applications they approve to the Mayor of the City of Madison, IN.
8. The Mayor brings the approved applications before the Board of Public Works for final and official approval.
9. The Board of Public Works approves or denies the applications.

RETURN COMPLETE APPLICATION TO:

City of Madison, Office of Historic Preservation
 101 W. Main Street, Madison, IN 47250

Make check (\$10.00) payable to: City of Madison Plan Commission

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 Office of Historic Preservation by posted quarterly deadline		
\$10.00 application fee collected (Check made payable to: City of Madison)		
Contact applicant with status of application		



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PROJECT QUESTIONS

This is a required attachment for the P.A.C.E. Program Grant Application

Attach additional sheets as needed

Project Question 1: How do you feel that your project will enhance our neighborhood?

Project Question 2: How does your proposed project meet the P.A.C.E. Program's guidelines and priorities?



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DETAILED PROJECT BUDGET WORKSHEET

This is a required attachment for the P.A.C.E Program Grant Application

Attach additional sheets as needed

Description of Work and/or Material Please Reference Appropriate Quote	Category (Circle One)	Dollar Amount	
SAMPLE: Lumber and supplies per sales ad from Lowe's	Materials Labor Other	\$538.00	
	Materials Labor Other		Line 1
	Materials Labor Other		Line 2
	Materials Labor Other		Line 3
	Materials Labor Other		Line 4
	Materials Labor Other		Line 5
	Materials Labor Other		Line 6
	Materials Labor Other		Line 7
	Materials Labor Other		Line 8
	Materials Labor Other		Line 9
Total Lines 1 through 9			Line 10
Divide Line 10 By 2			Line 11
Maximum Allowed		\$7,500.00	Line 12
Enter lesser of Line 11 and Line 12			Line 13

I certify that the amount listed in Line 10 above is the full cost of the work to be completed at _____ Madison, IN 47250.

Signed by Contractor and/or person completing work

Date