



## Application for P.A.C.E. Preservation & Community Enhancement Grant Program

Purpose: Application is hereby made to request funding from the 2025 PACE Program. This application must be filed prior to work beginning on a property located within the City of Madison. This application does not replace the need for approval from the HDBR for properties located downtown or a Building Permit.

### **APPLICANT INFORMATION**

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

Property Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_

Email: \_\_\_\_\_

### **PROJECT INFORMATION**

Street Address: \_\_\_\_\_

Total Cost of Project (include all costs to complete the entire project): \_\_\_\_\_

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

Hilltop

Downtown

### **GRANT INFORMATION**

Rehabilitation (Downtown) Grant       Curb Appeal (Hilltop) Grant       Dilapidated Structures Grant       Dangerous Buildings Grant

Amount of Grant Requested (can be obtained from the office): \_\_\_\_\_

### **A PACE grant application must include the following documents:**

- Complete application
- Photographs of existing conditions of Property
- Project Plans (required if altering footprint or openings)
- Copies of Construction Quotes for the project
- 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 and Recommended for Dilapidated Structures)
- Completed W-9 tax form



# MADISON *Indiana*

## Planning, Preservation and Design

101 W Main St  
Madison, IN 47250  
(812) 265-8324

## DESCRIPTION OF THE PROJECT

Please describe the project and the property's current condition.

Additional pages are attached.

## DETAILED PROJECT SCHEDULE

Show how the project will be completed within a 12-month time period. If the project will take longer than 12 months, please explain.

Additional pages are attached.



## 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. The Detailed Project Budget Worksheet does not replace the need to include copies of construction quotes from a registered contractor. If a copy of quote from a registered contractor is not provided, the application will be deemed incomplete.

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			
	<b>Totals</b>		

Additional pages are attached.

## DETAILED REBUILDING PLAN (ONLY FOR DANGEROUS BUILDINGS GRANT APPLICATIONS)

Please explain what you will be rebuilding after the building is demolished. You must include a timeline for the rebuilding plan.

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Additional pages are attached.



**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 for a Rehabilitation, Dangerous Buildings, or Curb Appeal project is not completed within the original twelve (12) months along with any approved extension by the City of Madison Board of Works and Safety, then all funds previously provided to the Recipient(s) shall be returned to the City of Madison. 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 the grant funds must be used only for the project described in this application. The work for a Dilapidated Structures project is not completed within the original approval period (twelve (12) or twenty-four (24) months) as approved by the Board of Works and Safety along with any approved extension by the City of Madison Board of Works and Safety, then all funds previously provided to the Recipient(s) shall be returned to the City of Madison. 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 I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded 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 understand that if any plans to the project change or if the contractor changes, I must notify the P.A.C.E. Grant Program Staff prior to the project construction continuing.

\_\_\_\_ 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 understand that if I am applying for a Dilapidated Structures Grant, I am required to complete the full renovation exterior of the building including paint.

\_\_\_\_ I understand that if I am applying for a Dangerous Buildings Grant, infill construction must be completed within 2 years after approved funding. Final disbursement of funds will be withheld until such time that construction is completed.

**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.**

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**Applicant(s) Signature**

Documentation Review (Completed by Planning Office)

- Complete application
- Photographs of Property
- Project Plans (If required)
- Copies of Construction Quotes
- COA application filed (If applicable)
- Proof of Property Insurance
- Proof of Ownership (Deed)
- Certificate of Incorporation (If required)
- Unsafe Letter (If required)
- Completed W-9 tax form

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**Date**

Staff Notes