



# ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY

INSTITUTIONAL GRANT PROGRAM FOR REHABILITATION OF HISTORIC, INSTITUTIONALLY-OWNED STRUCTURES WITHIN THE LINCOLNVILLE COMMUNITY REDEVELOPMENT AREA



## APPLICATION

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ | EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED AGENT NAME: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ | EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

★ *A LETTER OF AUTHORIZATION MUST BE SUBMITTED IF THE PROPERTY OWNER IS DELEGATING TO AN AUTHORIZED AGENT THE AUTHORITY TO SUBMIT THIS APPLICATION.*

PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EXPLANATION OF REPAIRS/REHABILITATION REQUESTED AND THE ASSOCIATED FUNDING CHALLENGES, INCLUDING OTHER GRANTS APPLIED FOR OR RECEIVED (*ATTACH ADDITIONAL PAGES IF NEEDED*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ❖ ATTACH PROOF OF OWNERSHIP OF PROPERTY (*I.E. PROPERTY DEED*)
- ❖ ATTACH AGENT'S AUTHORIZATION IF OWNER HAS AUTHORIZED AN AGENT TO ACT ON ITS BEHALF
- ❖ ATTACH CURRENT PHOTOGRAPHS OF THE STRUCTURE (*INTERIOR AND EXTERIOR*)
- ❖ ATTACH DOCUMENTATION AND PHOTOGRAPHS RELATED TO THE HISTORICAL BACKGROUND OF THE STRUCTURE FOR WHICH YOU ARE REQUESTING REHABILITATION ASSISTANCE

The Institutional Grant Program contains some key conditions and restrictions. These include:

- The project is a City/CRA controlled construction project. The City/CRA will contract with the contractor and direct the construction. No funds will be disbursed to the owner or its agent.
- A covenant and lien will be placed on the property for a period of time from five (5) years to twenty (20) years depending on the value of the grant(s) awarded. Multi-phased grants will require cumulative covenants and liens for each phase, if appropriated and budgeted by the City/CRA.
- The lien will not need to be paid back if all the conditions of the program are met.
- The restored structure must continue to be preserved by the owner.
- The grant is for preservation and restoration of significant physical structures that tell the story of St. Augustine. It is not for religious operations.
- Failure to cooperate with the City/CRA during construction may lead to the suspension or termination of the grant.
- The City/CRA will review all applications with staff recommendations based on approved budget.
- Projects will be evaluated in terms of historic and/or cultural significance, endangerment, and quality of preservation treatment within the scope of work.
- If there are competitive projects, additional items that will be considered include educational benefits and opportunities for public access to the property.

★ All related documents should be read and understood before submitting this application.

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**INSTITUTIONAL PROPERTIES** (excerpt from the *Lincolnville Community Redevelopment Area Plan*)

Lincolnville contains numerous historic churches and other institutionally owned structures. It is the intent that the Rehabilitation Program to also provide funding to institutions that have difficulties in securing alternate funding for historic building rehabilitation. Funds would be provided in the form of a grant whose implementation procedures would be similar as residential grants. Prior to grant approval, proposed scope of work and cost estimates<sup>16</sup> will be submitted to staff for approval. The minimum level of rehabilitation would be the shell building without fixtures and interior finishes. Rehabilitation work<sup>17</sup> should use the Secretary of Interior Standards for Rehabilitation as a guideline to repair where possible and replace with matching or compatible materials. All mechanical, electrical, and plumbing systems should also be up to code. Progress reports and final staff approval will be required before the final payment.

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**I HEREBY ACKNOWLEDGE THAT SHOULD I BE SELECTED TO RECEIVE GRANT FUNDS I WILL BE REQUIRED TO EXECUTE AN HISTORIC PRESERVATION COVENANT, A SECURITY AGREEMENT/MORTGAGE LIEN, AND A RELEASE & WAIVER, ALL OF WHICH I HAVE READ AND UNDERSTAND.**

**SIGNATURE:** \_\_\_\_\_

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<sup>16</sup> To be performed by licensed contractor with historic preservation experience

<sup>17</sup> To be performed by licensed contractor with historic preservation experience