



*A place where families and businesses thrive.*



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## HISTORIC PRESERVATION GRANT APPLICATION

Please Print or Type Clearly

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

Applicant Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Site Address: \_\_\_\_\_ Historic Name (if known): \_\_\_\_\_

Historic Date (if known): \_\_\_\_\_ Architectural Style: \_\_\_\_\_

Tax Assessor Map and Parcel Number: \_\_\_\_\_

**Treatment** (check one) (From the *Secretary of the Interior's Standards for the Treatment of Historic Properties*):

**PRESERVATION** focuses on the maintenance and repair of existing historic materials and retention of a property's form as it has evolved over time. (Protection and Stabilization have now been consolidated under this treatment.)

**REHABILITATION** acknowledges the need to alter or add to a historic property to meet continuing or changing uses while retaining the property's historic character.

**RESTORATION** depicts a property at a particular period of time in its history, while removing evidence of other periods.

**RECONSTRUCTION** re-creates vanished or non-surviving portions of a property for interpretive purposes.

**Project Description:** Briefly explain the proposed work and materials to be used.

**NOTE: SOME ALTERATIONS MAY REQUIRE HISTORIC REVIEW AND/OR BUILDING PERMITS. CONTACT THE CITY PLANNER AT (503) 992-3233 FOR DETAILS.**

**Historicity or Preservation Significance:** Describe how the project will enhance the historical nature of, or preserve, renovate, or rebuild the historical aspects of the structure.

**Historical Documentation:** Indicate any physical evidence such as old paint lines, original moldings, historic photographs, etc. that support your request to alter the exterior.

**Photographs:** Submit a “before” photo of the project site. An “after” photograph is required upon completion of the project. *Digital photos should be submitted on disk or via an e-mail attachment in high-resolution, JPG format.*

**Project Costs:** Attach the contractor’s bids or a list of detailed estimates for materials. (Example: Paint: 10 gallons @ \$25/each = \$250; Siding (drop lap): 600 feet, 1" x 6" @ \$1/foot = \$600). Eligible labor costs are limited to those performed by a licensed contractor. Therefore, for DIY projects, grant funding only covers up to 50% of the cost of *materials* or \$1,000, whichever is less. Property owners planning DIY projects must also submit an invoice showing cost of materials in addition to at least two bids from licensed contractors.

Materials and Labor	Cost Estimate
_____	_____
_____	_____
_____	_____
_____	_____
	Total: _____
	Total amount requested: _____

- *All projects are eligible to receive up to a \$750 grant or 50% of the project cost, whichever is less.*
  - Have you applied to other grant sources for this project? Circle one:            Yes            No
- If yes, indicate the grant source(s) and amount: \_\_\_\_\_

**Project Scheduling:**

Beginning Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Since funding is limited, you must contact the City Planner at (503) 992-3233 for a possible extension if you cannot start your project within 90 days or complete it within 180 days of when the grant is awarded. Funds are distributed to the owner (not the contractor) upon, completion, inspection, and approval of the project.

If you are approved for a Historic Preservation Grant, you must contact the City Planner when you actually begin the proposed work and when you finish the project. A member of the Board then inspects the work when the project is completed. Once the project passes inspection, the City Planner sends you the grant amount in the form of a check issued by City of Forest Grove.

*I have read all pertinent sections of the [Historic District Design Guidelines as per Section V of the City of Forest Grove Design Review Handbook](#) and agree to complete the project as approved within 180 days of the application. I will notify the City Planner at (503) 992-3233 when I begin the project and when the project is completed.*

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

**Race/Ethnicity (Optional)**

In right-hand column, please enter number of applicants who identify with as many Races/Ethnicities as apply in left-hand column:

Race/Ethnicity	Number of Applicants Who Identify with Each Race/Ethnicity Listed
African American, Black	
Asian	
Caucasian, White	
Hispanic, Latino	
Native American	
Pacific Islander	