

# CITY OF ISSAQUAH HISTORIC PROPERTY GRANT PROGRAM

## DEADLINE: **APRIL 17, 2020**

*To avoid technical problems, this application is best viewed in and completed with  
Adobe Reader or Adobe Acrobat. You can download Adobe Reader for free at:*

*<http://get.adobe.com/reader/>*

### CONTACT INFORMATION:

Jennifer Mortensen  
jmortensen@preservewa.org  
206-624-9449



## PROGRAM GUIDELINES

This grant program is supported by funds provided by the City of Issaquah in satisfaction of stipulations of a Memorandum of Agreement to resolve Adverse Effects to the Anderson Farmstead, dated May 4, 2015.

Each applicant is permitted to request between \$5,000-\$50,000 in grant funds. Funding will be provided on a reimbursement basis only.

- Subject property must be located within the Issaquah municipal limits.
- Subject property must be either a designated City of Issaquah Landmark or have a "determination of eligibility" letter from the King County Historic Preservation Office (KCHPO) in order to apply. *(For information regarding a property's eligibility as a City of Issaquah Landmark, contact Todd Scott with the KCHPO at 206-477-4545 or todd.scott@kingcounty.gov)*
- Project must be "bricks-and-mortar" and must contribute to the preservation of the property.
- All proposed work must comply with the *Secretary of the Interior Standards for the Treatment of Historic Properties*. For more information, please visit: <https://www.nps.gov/tps/standards/rehabilitation.htm>
- All proposed work must be reviewed by the King County Historic Preservation Office and receive a Certificate of Appropriateness as needed.
- The applicant must match at least 50% of the grant amount requested with cash and/or donated labor or materials.
- Any expenses incurred on or after June 1, 2019 are eligible to be reimbursed through grant funding or counted as match.
- Expenses must be properly documented to receive grant reimbursement, and the project must be completed before funding is disbursed. *(Progress payments distributed prior to full project completion may be possible on a case-by-case basis.)*
- Subject property must receive designation as a City of Issaquah Landmark before funding is disbursed.
- Projects must be completed by June 20, 2021.

## ELIGIBLE EXPENSES

Expenses **eligible for grant funding** include:

- Construction costs
- Building materials
- Permitting fees

Expenses **eligible as match** include the above and:

- Design services (architectural, structural, etc.)
- Preservation consulting (for property assessment, landmark nomination, etc.)
- Value of in-kind (donated) labor or materials

*Note: Grant funds may not be used for property acquisition. Applicants must demonstrate site control.*

## APPLICATION DEADLINE & SUBMITTAL INFORMATION

### Application Deadline

**Friday, April 17, 2020, 5:00pm**

### What to Submit

The City of Issaquah Historic Property Grant Program requires that materials be sent in hardcopy and digital versions:

#### **Hardcopy materials:**

- Original grant application with original signatures and all applicable attachments *(excluding images)*
- Copy of grant application with all applicable attachments *(excluding images)*

#### **Digital materials:**

- Digital copy of grant application with all applicable attachments *(signatures on this copy not required)*
- High-resolution digital images with image captions document

## How to Submit

All hardcopy application materials must be postmarked or received in person by the deadline at the mailing address listed below. If you are submitting digital materials with a CD or flashdrive/thumbdrive, those items must also be postmarked or received in person by the deadline at the mailing address listed below.

All materials sent digitally must be sent to the email address listed below or uploaded through the website link listed below, no later than the deadline.

**Contact:** Jennifer Mortensen,  
Outreach Director  
Washington Trust for Historic Preservation  
206-462-2999

**Email address:** [jmortensen@preservewa.org](mailto:jmortensen@preservewa.org)

**Website submissions:** [www.preservewa.org/issaquah-grant-materials](http://www.preservewa.org/issaquah-grant-materials)

**Mailing address:** 1204 Minor Avenue  
Seattle, WA 98101

## APPLICATION CHECKLIST

- Grant application form
- All bids, cost estimates, or condition assessments used to develop the proposal
- One-page summary description of professional experience with historic buildings of selected architect, engineer, or contractor (*if applicable*)
- Text document with image captions/descriptions that correspond to image file names
- Building images - *Up to 8 high-resolution digital images showing all four sides of the building*
- Detail images - *Up to 15 high-resolution digital images clearly illustrating the condition of the area(s) of the proposed work and the need for/urgency of repair*
- Context image(s) - *At least one high-resolution digital image showing the view of the building from a public right of way*
- Letter of consent from property owner (*if applicable*)

*For non-profit organization applicants:*

- A list of board members and their affiliations
- Annual operating budget for most recently completed fiscal year.

## SECTION 1 • PROPERTY INFORMATION

Current Property Name: \_\_\_\_\_

Historic / Common Property Name: *(if applicable)* \_\_\_\_\_

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

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

*(Note: subject property MUST be within the municipal limits of the City of Issaquah.)*

Date(s) of Construction: *(approximate dates acceptable)* \_\_\_\_\_

Architect/Engineer/Designer: *(if known)* \_\_\_\_\_

## SECTION 2 • OWNER INFORMATION

Name: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

## SECTION 3 • APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

*(Note: If applicant is different from owner, please provide a letter from the owner indicating consent, support for the project, and site control for the duration of the project as specified in "Section 16: Attachments".)*

## SECTION 4 • PROJECT SUMMARY

Provide a brief summary description of the proposed project:

## SECTION 5 • BUDGET SUMMARY

*After completing the budget worksheet in Section 10, these boxes should auto-populate from boxes outlined in blue and yellow:*

Grant Amount Requested: \$ \_\_\_\_\_

Total Project Budget: \$ \_\_\_\_\_

## SECTION 6 · STATUS OF PROPERTY

Historical designation of property (check all that apply)

- National Register of Historic Places
- Washington Heritage Register
- City of Issaquah Landmark
- Determined eligible to become City of Issaquah Landmark

## SECTION 7 · BUILDING DESCRIPTION

Original/historic use:

Current use:

Using the checklist below, indicate the relative condition for each building element. Rank the top five elements in terms of priority/urgency (1 being the most urgent). The description of the project in "Section 9: Proposed Work" should directly address those building elements with the highest ranking in terms of priority.

Building Element	Good	Fair	Poor	Deteriorated <i>(needs replacement)</i>	Priority
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structure/Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roof Sheathing/Cladding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior (siding, ornamentation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows & Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior Finishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical/Plumbing/HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Auxiliary Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Site Work (landscaping, paving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Other:</i>					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## **SECTION 8 · HISTORICAL AND CULTURAL SIGNIFICANCE**

With as much detail as possible, please describe the relative historical and cultural significance of the property for which grant funds are being requested.

## SECTION 9 · PROPOSED WORK

Based on the contractor's estimate and the priorities listed in Section 7, please break the project down into no more than six individual project phases. For example, a project phase might be "Structural Stabilization", "Roof Repair/Replacement", "Window & Door Repair/Replacement", etc. Enter each element on the line where indicated and in the space below, describe in as much detail as possible the techniques and materials to be used in the rehabilitation work.

The emphasis of this program is historic preservation, so original materials should be repaired if possible. If replacement is necessary, new materials should match the original as closely as possible. All work must comply with the *Secretary of the Interior's Standards for the Rehabilitation of Historic Properties*. For more information on the *Secretary of the Interior Standards*, please visit: <https://www.nps.gov/tps/standards/rehabilitation.htm>

Project Phase 1: \_\_\_\_\_

Project Phase 2: \_\_\_\_\_

Project Phase 3: \_\_\_\_\_

Project Phase 4: \_\_\_\_\_

Project Phase 5: \_\_\_\_\_

Project Phase 6: \_\_\_\_\_

## SECTION 10 - PROJECT BUDGET

Fill out the following budget worksheet. First, list each project phase identified in Section 9. For each project phase, list its total estimated cost under “Expenses” and under the “Income” section, list how you plan to cover those expenses with any combination of grant funds, cash, in-kind labor, or in-kind materials.

*Please Note:* Grant funds may only be used for hard costs related to construction (materials, labor). Expenses related to soft costs (such as architectural designs, structural investigation, permitting, etc.) should only be covered by cash matching or in-kind matching.

		Enter the estimated cost of each project phase.	Enter the amount of grant funds you plan to allocate to each project phase.	Enter the amount of personal cash you plan to put toward each project phase.	Enter the dollar value of the in-kind contribution you plan to put toward each project phase.	Briefly describe what type of in-kind contribution you plan to make to each phase
		EXPENSES	INCOME			
		ESTIMATED COST	GRANT REQUEST	CASH MATCHING	IN-KIND MATCHING	
Project phase:		Total cost of each project phase:	Grant funds:	Cash contributed by applicant / owner:	Dollar value of in-kind contributions:	Brief summary/description of in-kind contribution type(s)
1.	_____					
2.	_____					
3.	_____					
4.	_____					
5.	_____					
6.	_____					

Total Grant Amount Requested

Total Value of Match (Cash + In-kind) *The total value of the match **must be at least 50%** of the “Total Grant Amount Requested”*

Total Project Budget *This number should match the total estimated project cost in the red box.*

## SECTION 11 - PROPOSED PROJECT TIMELINE & READINESS TO PROCEED

List each individual project phase as identified in "Section 9: Proposed Work" and outline the proposed starting and completion dates. Then, indicate whether or not the funds for each element are currently committed.

Project Phase:	Estimated Start Date:	Estimated Completion Date:	Are funds currently committed?	
1 _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If funds are not presently available, briefly explain the proposed plan for securing the funds necessary to implement the project before the proposed start date of the project.

## SECTION 12 - EXPERIENCE & QUALIFICATION

Describe any major repair work or restoration projects that you have managed or completed in the past ten years on this or similar properties. *(If you have talked with or selected an architect, structural engineer, or construction contractor for the project, please include a one-page summary of their experience working on historic buildings as specified in "Section 16: Attachments".)*

## SECTION 13 - FINANCIAL NEED

How critical is this grant in terms of completing this project? How would you proceed if you receive a reduced grant? How would you proceed if you receive no grant?

## SECTION 14 · PUBLIC BENEFIT

One of the purposes of this program is to promote and preserve Issaquah's historic and cultural heritage through historic preservation for the benefit of the public. This can include long term preservation, visibility of the buildings from public roads and right of ways, and/or occasional public access for special events or tours.

A. Is the building visible from public roads, trails or other public places? If yes, provide the name of the public road providing the best vantage point for the building. *Please also include a photo illustrating the view of the property from the road, as specified in "Section 16: Attachments".*

B. Is the property regularly or occasionally open to the public? Has the property been included in public tours, hosted school groups, or provided other educational opportunities?

C. Describe the plan in place to maintain the property for a period of at least 10 years and how this project will contribute to this plan:

## SECTION 15 - **ADDITIONAL INFORMATION**

If needed, please provide any additional information pertaining to the proposed project, scope of work, and the overall preservation of the property.

## SECTION 16 - **ATTACHMENTS**

**Please include the following with your application:**

1. Any bids, cost estimates or condition assessments, etc. used to develop the project proposal
2. A one-page summary of experience working with historic buildings for selected architects, engineers, contractors, etc.
3. Text document with image captions/descriptions that correspond to image file names
4. Building images - *Up to 8 high-resolution digital images showing all four sides of the building*
5. Detail images - *Up to 15 high-resolution digital images clearly illustrating the condition of the area(s) of the proposed work and the need for/urgency of repair*
6. Context image(s) - *At least one high-resolution digital image showing the view of the building from a public right of way*
7. If the property owner is not the applicant, please include a letter from the property owner indicating consent, support for the project, and site control for the duration of the project.

**For non-profit organization applicants, please include:**

8. A list of board members and their affiliations
9. Annual operating budget for most recently completed fiscal year

## SECTION 17 - CERTIFICATION

I certify to the best of my knowledge that the information provided in this application is complete and accurate.

### Owner

*If the legal owner of the property is an individual(s):*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Printed Name: \_\_\_\_\_

Co-owner's Signature: *(if applicable)* \_\_\_\_\_ Date: \_\_\_\_\_

Co-owner's Printed Name: \_\_\_\_\_

*If the legal owning entity of the property is an LLC or other organization/entity:*

Name of Owning Entity: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative's Title: \_\_\_\_\_

Representative's Printed Name: \_\_\_\_\_

### Applicant

*If the person submitting this application is different than the legal owner:*

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

Applicant Printed Name: \_\_\_\_\_

Applicant's Relationship to Owner: \_\_\_\_\_

*Note: Application will not be accepted without original signatures.*