SHAKER HEIGHTS

# 2027 MORELAND MODEL BLOCK GRANT PROGRAM

This matching grant assists homeowners in Moreland to:

- Enhance the exterior curb appeal of their homes as visible from the street.
- Build community through neighbor-to-neighbor collaborations.

*Connect with neighbors on your block to build relationships and increase access to grant funding. Property owners on the same block can apply together for a higher percentage of grant funds, even if they choose different projects or contractors.*

**Eligibility:**

- Property must be located within the Moreland neighborhood and owner-occupied.
- Grant programs cannot be used to address Point-of-Sale violations.
- Property taxes must be current, or the property must be enrolled in a County-approved payment plan.
- Property must not be the subject of a pending mortgage or tax foreclosure, or an active bankruptcy.
- For condominium properties, the unit must be owner-occupied and proposed work must comply with the condominium association's governing documents and requirements. Certain repairs or replacements may be the condominium association's responsibility under its governing documents. The City cannot fund repair work that the association is responsible for or prohibits.
- Click here for more details

**Financial Contribution:**

- In 2027, the City will contribute up to $3,500 to each approved project as a match percentage (see below). Properties previously approved for funding that did not utilize the maximum funding available that year may apply for the balance of funds in 2027 (up to $3,500 cumulatively).
- Each homeowner's match percentage is dependent upon the number of *property owners applying together who live on the same block*.

| Number of *Neighbors* Participating Together | % of Each Project Paid by the City | % of Each Project by the Homeowner |
|---|---|---|
| 1 | 70% | 30% |
| 2+ | 90% | 10% |

**Please Note:**

- *Each homeowner* must submit a complete application and schedule and attend a site visit with the grant administrator.
- Grant applications will be reviewed on a first-come, first-served basis. Funds are limited.
- Only one grant will be awarded per property. Properties are eligible once every five years.
- Properties that utilized the full grant amount in the past years are not eligible for additional funding.
- At least 2 estimates are required for any project over $700.
- Grant funds are paid directly to your chosen contractor; contractors must be registered with the City.
- **Work cannot commence until a Notice to Proceed is issued**; funds are reserved at that time.
- If previous exterior violations exist, those that are street-visible must be addressed first. (*See page 3*)

**Questions? Call 216-491-1333**

**CITY OF SHAKER HEIGHTS** | *Economic Development*
3400 Lee Road Shaker Heights, Ohio 44120 **P** 216.491.1334 Ohio Relay Service 711
**www.shakerheightsoh.gov www.shaker.life**

**APPLICANT INFORMATION**

**NAME OF HOMEOWNER(S):** _____ **DATE:** ____/____/____

**PROPERTY ADDRESS:** _____ **ZIP:** _____

**PHONE #:** _____ **CELL #:** _____ **E-MAIL:** _____

**TYPE OF HOME:** □ Single-family □ Multi-family (if so, is the rental unit currently occupied? _____)

**EMERGENCY CONTACT NAME** _____ **PHONE#** _____

**ARE YOU APPLYING WITH NEIGHBORS?** *Select one below.*

☐ **No, just me:** City pays 70% of your project up to $3,500. You pay the remaining (minimum 30%).

☐ **Me + Neighbor(s):** City pays 90% of your project up to $3,500. You pay the remaining (minimum 10%).

Neighbor and address: _____

Neighbor and address: _____

Neighbor and address: _____

**PROPOSED PROJECT INFORMATION - Describe the project(s) you would like to complete using this grant.**
*Projects must be visible from the street. Examples: roof repair or replacement, steps, sidewalks, chimney, porch repair, gutters, tuck-pointing, driveway, painting, windows, doors, yard, and more.*

☐ Existing exterior violations:

☐ Other project(s):

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that any false statement will be grounds for the immediate termination of my application and may subject me to civil and criminal liability.

**SIGNATURE**: _____ **DATE:** ____/____/____

**SIGNATURE**: _____ **DATE:** ____/____/____

## HOMEOWNER RESPONSIBILITIES

1. **Phase 1: Site Visit**
   - Contact one or more neighbors to apply with you.
   - Schedule a site visit with your neighbors and the *Neighborhood and Housing Specialist* (216-491-1333) to discuss your potential projects.

2. **Phase 2: Application & Approval**
   - Submit your application and supporting documents (each household submits individually) to the Home Repair Resource Center by
     - **Mail:** 2520 Noble Road, Cleveland Heights, Ohio 44121
     - **Email:** Carolyn Ostrom at costrom@hrrc-ch.org
     - **Questions?** Call Carolyn Ostrom at 216-381-6100 ext. 10 (dial *8 then 10)
   - If approved, you will receive a written notification that includes the match percentage you are eligible for (based on the number of applicants in your group).
   - Obtain two (2) estimates for review (if a project is under $700, only one estimate is required).
   - Select your contractor and inform Carolyn Ostrom of your selection.
     - *Always check references first! Contact BBB at 216-241-7678 or **request contractor references**.*
     - The selected contractor must be registered with the City prior to work commencing.
   - Ensure that the contractor returns needed paperwork to the Home Repair Resource Center.
   - Wait for written Notice to Proceed from the Home Repair Resource Center. Funds are reserved at this point. **Work cannot commence before a Notice to Proceed is issued.**

3. **Phase 3: Construction**
   - Set up a work start date with the contractor.
   - Make sure the contractor has all the needed permits and approvals before work starts.
   - **Monitor work!** Remember, it is your responsibility to be on-site and oversee work. Call Carolyn Ostrom at 216-381-6100 ext. 10 if you have any concerns. ***Don't wait until the job is complete!***

4. **Phase 4: Payment**
   - Once work is complete, it needs to be inspected:
     - Contact Carolyn Ostrom to schedule an inspection. Payment to the contractor is contingent upon successfully passing inspection.
     - Did the work require a permit? If so, the City's Building Department will need to inspect.
     - Did the work correct a violation? If so, a City Housing Inspector will need to inspect.
   - AFTER all inspections pass, pay your portion of the job cost to the contractor.
   - Have the contractor submit their invoice to the Home Repair Resource Center showing proof of your paid portion.

**I have read and understand my responsibilities to participate in the Moreland Model Block Grant program.**

_____ _____ ____/____/____

**Print Name** **Signature** **Date**

_____ _____ ____/____/____

**Print Name** **Signature** **Date**

## SUPPORTING DOCUMENTS CHECKLIST

**You must provide one item from each category:**

- ☐ **Signed application** (enclosed) with all information completed
- ☐ **Signed Homeowner Responsibilities Checklist** (enclosed)
- ☐ **Signed Notification of Lead form** (enclosed)
- ☐ **ID**: copy of license or state-issued ID; must show applicant name, picture, and address
- ☐ **Proof of Residence**: copy of most recent gas, electric, or phone bill; must show your name and address
- ☐ **Proof of Homeowner's Insurance** OR Most Recent Mortgage Statement

## LEAD CERTIFICATION FORM

**NAME OF HOMEOWNER(S):** _____ **DATE:** ____/____/____

**PROPERTY ADDRESS:** _____ **ZIP:** _____

**TYPE OF HOME:** ☐ Single-family ☐ Multi-family

***Lead-based Paint Warning: "Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to children and pregnant women."***

Year house built: _____ Is this before 1978? ☐ Yes ☐ No

Are there children in the household age 5 or younger? ☐ Yes ☐ No

Has paint testing, a lead inspection, or a risk assessment been performed at the property?

Paint testing ☐ Yes ☐ No

Lead Inspection ☐ Yes ☐ No

Risk Assessment ☐ Yes ☐ No

1. Child's name_____

(If age 5 or younger) Has testing been done? ☐ Yes ☐ No

Existing elevated blood lead level? ☐ Yes ☐ No

**(For any "yes" response, a copy of the report must be provided to Home Repair Resource Center as part of the application.)**

***To Home Repair Resource Center:***
***I/we certify that the above information is true; that I/we have been told about the dangers of lead-based paint and have been given a copy of the booklet "Protect Your Family from Lead in Your Home" from the EPA; and that there are children in the household age 5 or younger.***

**SIGNATURE**: _____ **DATE:** ____ /____ /____