

Scituate Community Preservation Committee Funding Request Form

DATE and YEAR of Application: June 9, 2017

APPLICANT INFORMATION

Project Sponsor or Organization: Scituate Housing Authority

Contact Name & Address: Kathy DeMarsh

Email: kdemarsh@scituateha.org

791 Country Way Scituate, MA 02060

Telephone Number: 781 545-3375

PROJECT INFORMATION

CPA

CATEGORY (check all that apply):

☐

OPEN SPACE

☐

RECREATION

☐

HISTORIC

☒

COMMUNITY HOUSING

PRESERVATION

NAME OF PROJECT: Window Replacement – Central Park – PHASE 2

BRIEF DESCRIPTION OF PROJECT:

Replace the remaining windows and siding not completed by the CPC funded "PHASE 1". "PHASE 2" will include any remaining first floor windows and siding not completed in "PHASE 1", all windows and siding on the second floor, Units 46-51 on the South side of Central Park, common area windows on the first and second floor of the north side of Central Park and the rear center stairwell windows on the west side of Central Park. Central Park is a fifty-one (51) unit Elderly/Disabled public housing development.

Attach additional pages including summary, budget, estimated timeline and justification of need.

Project Location or Address: 0 Central Park Drive

Include map, photo and other imagery for ALL category projects.

If Open Space or Community Housing:

Assessor's Map Page, Block & Lot Number: Parcel ID 38-1-16-0

Number of acres in parcel: 4.93

Current Zoning Classification: Public Housing

Assessed Value: \$6,575,100.

Title in name of: Scituate Housing Authority Title Abstract Date: 08/10/1982

Number of housing units proposed: N/A

Summarize how this request benefits the Town of Scituate and meets the goals of the Community Preservation Act.

This request will help preserve a valuable affordable housing development for the elderly and disabled population in Scituate.

PERMITS AND APPROVALS

What permits and approvals are required? Have they been obtained or have you filed for them?

Name of Permit	Filed? (Y/N)	Filed (Date)	Obtained (Date)

Have you met with any other Town Boards or committees? If so, what were the outcomes of those meetings? *(Letters of support from other Boards and committees should be included in the application or supplied at a later date.)*

Notes: _____

What non-financial support and services are necessary, and how will these be provided?

FUNDING

Describe the proposed funding for this project. Identify other sources you are seeking funds from, and whether those funds are secured. Identify any funds you or your organizations are willing to provide.

Proposed Funding

Total Project Cost	CPC Funds Requested	Sources of Funds other than CPA	Amount	Funding Secured? (Y/N)*
\$ 277,665.	\$ 277,665.	None	\$ 0.	N
			\$	
			\$	
			\$	
			\$	

** If the request is still outstanding, when do you expect to hear a decision?*

OTHER COMMENTS

Provide any other information you think the CPC should be aware of in evaluating your request for funding.

By signing below, the Applicant represents he/she is duly authorized, agrees to the terms and conditions and all other requirements of this Application and agrees to be bound thereby if funding is granted for the Project.

Date: June 9, 2017 Signature: Kathy DeMarsh

FOR COMMUNITY PRESERVATION COMMITTEE USE

This request received by Scituate CPC on _____

Copies provided to CPC Members on _____ Additional information required: _____

Committee Vote

Votes:	Yes / No	Votes: Y/N/Abstain	Date
Recommend to Town Meeting			

Other: _____
