**Scituate Community Preservation Committee Funding Request Form**

DATE and YEAR of Application: September 30, 2015

|  |  |
| --- | --- |
| **APPLICANT INFORMATION** |  |
| Project Sponsor or Organization: Scituate Housing Authority  Contact Name & Address: Kathy DeMarsh  791 Country Way Scituate, MA 02060  Telephone Number: 781 545-3375 | Email: kdemarsh@scituateha.org |
| **PROJECT INFORMATION** |  |

CPA CATEGORY *(check all that apply)*:

OPEN SPACE RECREATION

x

HISTORIC XCOMMUNITY HOUSING

PRESERVATION

NAME OF PROJECT: Renovation of the Rooftop Cupola at Central Park

BRIEF DESCRIPTION OF PROJECT: Renovate the cupola on the roof of the Central Park Elderly/Disabled housing development to make it structurally sound and waterproof. The cupola has deteriorated and is a source of water Infiltration into the building.

*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)\* |
| $ 65,000. | $ 65,000. | 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: September 30, 2015 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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