**Scituate Community Preservation Committee Funding Request Form**

DATE and YEAR of Application: March 8, 2022

& October 1, 2022

|  |  |
| --- | --- |
| **APPLICANT INFORMATION** |  |
| Project Sponsor or Organization: Scituate Housing Authority  Contact Name & Address: Kathy DeMarsh  791 Country Way Scituate, MA 02066  Telephone Number: 781 545-3375 x5 | Email: kdemarsh@scituateha.org |
| **PROJECT INFORMATION** |  |

CPA CATEGORY *(check all that apply)*:

OPEN SPACE RECREATION

X

HISTORIC X COMMUNITY HOUSING

PRESERVATION

NAME OF PROJECT: Windows Replacement – Wheeler Park II

BRIEF DESCRIPTION OF PROJECT: Replace the existing windows in the Wheeler Park II

Elderly/Disabled housing development. (See attached Summary Addenda)

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

Project Location or Address: Wheeler 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 49-1-2-0

Number of acres in parcel:

Current Zoning Classification: Public Housing

Assessed Value: $13,301,200.

Title in name of: Scituate Housing Authority Title Abstract Date: 01/01/1967

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.)*

***The only permit anticipated for this project is a standard building permit which will be applied for by the general contractor awarded the project.***

Notes:

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

***No additional non-financial support is expected for this window replacement project.***

**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.

***Scituate Housing Authority (SHA) is seeking CPC funding as the primary funding source for this window replacement project. Given recent market increases, we have based our project cost on 3 estimates for materials only. Labor costs were estimated using prevailing wages and including labor burden, overhead, profit and contingency. Finally, soft costs for non-construction costs, including designer costs, advertising, and bidding costs, of 27% were added. Based on the middle estimate we are requesting funding for a Total Development Cost (TDC) = $548,924.48. (Please refer to attached spreadsheet for estimates and window types)***

**Proposed Funding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Project Cost | CPC Funds Requested | Sources of Funds other than CPA | Amount | Funding Secured? (Y/N)\* |
| $ 548,924.48 | $548,924.48 | 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: March 8, 2022 Signature: Kathy DeMarsh

& October 1, 2022

***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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