

Scituate Community Preservation Committee Funding Request Form

DATE and YEAR of Application: _____

APPLICANT INFORMATION

Project Sponsor or Organization: _____

Contact Name & Address: _____

Telephone Number: _____ Email: _____

PROJECT INFORMATION

CPA CATEGORY *(check all that apply)*:

OPEN SPACE

RECREATION

HISTORIC PRESERVATION

COMMUNITY HOUSING

NAME OF PROJECT: _____

BRIEF DESCRIPTION OF PROJECT: _____

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

Project Location or Address: _____

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

If Open Space or Community Housing:

Assessor's Map Page, Block & Lot Number: _____

Number of acres in parcel: _____

Current Zoning Classification: _____

Assessed Value: _____

Title in name of: _____ Title Abstract Date: _____

Number of housing units proposed: _____

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

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)*
\$	\$		\$	
			\$	
			\$	
			\$	
			\$	

** 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: _____ Signature: _____

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: _____
