Scituate Community Preservation Committee
Funding Request Form

DATE and YEAR of Application: <u>February 17, 2022</u>

Project Sponsor or Organization: <u>Scituate Historical Commission</u>

Contact Name & Address: <u>Doug Smith 691 Country Way Scituate, MA 02066</u>

Telephone Number: <u>781-545-0373</u>   Email: <u>historicalcommission@scituatema.go</u> v

<u>djs545djs@verizon.net</u>

PROJECT INFORMATION

CPA CATEGORY *(check all that apply)*:

☐ OPEN SPACE   ☐ RECREATION

☑ HISTORIC PRESERVATION   ☐ COMMUNITY HOUSING

NAME OF PROJECT: <u>Historical Survey and Planning Project</u>

BRIEF DESCRIPTION OF PROJECT: <u>Survey and documentation of historic buildings and areas of</u>

<u>and submission of documentation into the on-line searchable Massachusetts Cultural Resource</u>

<u>Information System (MACRIS)</u>

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

Project Location or Address: <u>Various areas of Scituate</u>

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.

 Provides documentation of historic assets in town for preservation and planning purposes

_____

_____

PERMITS ANDAPPROVALS

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.

 The Scituate Historical Commission is applying to the Massachusetts Historical Commission for a Survey and Planning grant in the amount of $10,000. There is a 50/50 match requirement and we are seeking funding the Scituate CPC for $10,000 as a match to the MHC Surveying and Planning grant. There are currently 1,018 Scituate buildings in the MACRIS database and additional funding will for the surveying of 100-150 buildings that are being identified, but not yet recorded. The surveys provide researched data and historical analysis to determine historical significance of a building and a permanent record with the Massachusetts Historical Commission.

_____

This is an update to the original application requesting $5,000 additional CPC funds due the larger grant award

_____

Proposed Funding

Total Project Cost	CPC Funds Requested	Sources of Funds other than CPA	Amount	Funding Secured? (Y/N)*
$ 30,000	$ 5,000	MHC survey grant	$ 15,000	In process
		Previous CPC award	$ 10,000	Y
			$	
			$	
			$	

* 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.

    If the Scituate Historical Commission is unsuccessful in securing the grant from
 the Massachusetts Historical Commission we recind our request to the Scituate CPC

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.

Douglas J Smith

Date: February 17, 2022   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: