

Community Preservation Act Funding Application For Fiscal Year 2025

All individuals and organizations requesting funding for projects under the Community Preservation Act are asked to complete this form. The information provided will be used by the Community Preservation Committee to evaluate each proposal against a number of criteria. Such criteria include, among other factors, the eligibility of the request under the Community Preservation Act and the extent to which the project will benefit the Preservation of Hopkinton.

A. General Project Information

1. Project Name: _____

2. Date of Proposal: _____

3. Amount of CPA Funds requested _____

4. Sponsor (s) : Names and Addresses of Organization

a. _____

b. _____

c. _____

5. Individual Responsible for Project Administration and oversight:

Name _____

Address: _____

Phone: (Home) _____ (Office) _____ (Cell) _____

Email: _____

6. Type of Project (Check ALL that apply)

____ **Open Space:** Agricultural, grasslands, fields, forests, marshes and other wetlands, water frontage, headaches, dunes and coastal lands, scenic vistas and wildlife/nature preserves.

____ **Historical Preservation:** Sites, landscaping, easements, buildings, signs/markers, historical and archeological surveys, historical documents and preservation restrictions

____ **Community Housing:** Conversion of non-residential properties, acquisition of land or buildings for new housing, deed restrictions, grants or soft second loans, refinanced reduced interest rates, accessibility adaptation and revolving guarantee funds.

____ **Passive/Active Recreation:** Community gardens, trails, parks, playgrounds and athletic fields, purchase of land or facilities for municipal use, irrigation and drainage

*** Projects other than those cited above as examples may be eligible for CPA funding

7. Location of Project or Area Served: _____

8. Project Dates: Start _____ End: _____

B. Project Description

9. Please describe the nature of the project, including a clear, concise and factual summary state in the space provided below. Describe how CPA funding, if awarded, will be expended.

a. How the need for the project came to be identified

b. Anticipated Benefit of the project to the community

c. Capability and experience of the proposed provider

d. Timeline for implementation

e. Characteristics of constituents to be served

f. Other strategy for additional funding in the present and future

g. Community support for the project

h. What makes the project or property unique and justifies its preservation

C. Project Benefits

10. How many people will benefit from the project? _____

11. How many of those benefiting are estimated to be of low or moderate income and what is the source of this estimate? _____

12. How many of those benefiting are estimated to be minorities and which minority group will be Assisted? _____

13. Describe how project benefits to groups identified in questions 10 through 12 will be Documented _____

D. Project Costs

14. Anticipated Funding Sources

Amount

Community Preservation Funds

\$ _____

\$ _____

\$ _____

\$ _____

Total Project Cost \$ _____

15. Detailed Project Budget:

<u>Budget Item</u>	<u>Amount from CPA</u>	<u>Amount from other Sources</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Project Cost	\$ _____	\$ _____	\$ _____

E. Document Capability

16. A. Total grant resources received by project sponsor during the past two calendar years:

Grant Amount	Source	Time Period
_____	_____	_____

Purpose	Contact Information
_____	_____
_____	_____

B. Current Performance Evaluation - Identify agencies and individuals (including contact information) and evaluation functions in respect to funding sources cited, as requested in item 16. A.

Grant Name	Funding Agency	Oversight Administered By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Project Support

17. Please document the level of community support for this project. Attach relevant letters, petitions, plans, etc.

G. Signature and Certification Statement

18. On behalf of this organization, I affirm that all activities to be supported with these funds shall comply with the provisions of applicable federal and state statutes, regulations, directives, guidelines, ordinances and orders which encourage the inclusion and participation of all segments of the community and prohibit discrimination against individuals based on race, color, national origin, religion, sex, disability, familial status or age. Under the penalties of perjury, I affirm that the information contained in this proposal is complete and accurate. I represent that the organization has the capacity and resources to carry out the activities and achieve the outcomes cited in this proposal.

Name (Type or print)

Title

Signature

Date

Visit www.communitypreservation.org for more information

Email: Shannon Soares at ssoares@hopkintonma.gov with any questions or to submit applications