

Community Preservation Act Funding Application For Fiscal Year 2014

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 Organizations

a) _____

b) _____

c) _____

5. INDIVIDUAL RESPONSIBLE FOR PROJECT ADMINISTRATION AND OVERSIGHT:

Name: _____

Address: _____

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

6. TYPE OF PROJECT (Check ALL that apply):

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

Historical Preservation: Sites, landscaping, easements, buildings, signs/markers, historical and archeological surveys, archival 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 loads, 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 _____

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

D. PROJECT COSTS

E.

14. ANTICIPATED FUNDING SOURCES:

	<u>Amount</u>
Community Preservation Funds	\$ _____
Other (Please List)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
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. DOCUMENTED CAPABILITY:

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

<u>Grant Amount</u>	<u>Source</u>	<u>Time Period</u>
_____	_____	_____
<u>Purpose</u>		<u>Contact Information</u>
_____		_____
_____		_____

- 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):**

<u>Grant Name</u>	<u>Funding Agency</u>	<u>Oversight Administered By...</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.