

APPLICATION FOR DETERMINATION OF ELIGIBILITY FOR COMMUNITY PRESERVATION FUNDING

	Date:
Project Title:	
Name of Applicant/Contact Person(s):	
Name of Organization:	
Address:	
Telephone:	Email:
CPA Category (circle all that apply):	Open Space Historic Preservation
	Recreation Community Housing
Total Project Cost: \$	CPA Funding Requested: \$
Has this project sought CPA funding professional (If Yes, include date(s) and detail.)	rior to this application? Y / N
• •	rief project description below (or on a separate sheet). Include a omplishes the goals of the CPA and include an estimated als as necessary.

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		e request to ensure eligibility, CPA ion for Funding must be completed.	
Date Received	Date Reviewed	Determination of Eligibility Y / N	