## **GREENFIELD COMMUNITY PRESERVATION ACT APPLICATION FORM**

Submit this application by November 15, 2023 to:
Greenfield Community Preservation Committee
% Christian LaPlante
14 Court Square
Greenfield, MA 01301
Or by email: cpc@greenfield-ma.gov

Date submitted: by U.S. mail \_\_\_\_\_\_, email \_\_\_\_\_, or in person \_\_\_\_\_\_

Project Title:

Applicant:

Are you an incorporated organization? \_\_\_Y \_\_\_N

If not, who is your fiscal sponsor?

Is this project on city-owned land? \_\_\_Y \_\_\_N

If yes, name the department or commission who is co-sponsoring this project.

Total Project Cost	CPA Funds Requested
\$	\$

Project Location/Address:

Contact Name:

Mailing Address:

Daytime Phone #:

Date of Submission:

**Email Address:** 

## PROJECT DESCRIPTION:

- All of the following must be answered in the space provided
- Include supporting materials as requested or as you believe necessary as attachments

1. Describe the Project
2. What are the goals of the proposed project?
2. What are the goals of the proposed project:
3. Who will benefit from this project and why/how?
4. How will you manager a your custoss?
4. How will you measure your success?

5. How does this project fit with the requirements of the Community Preservation Act? (See attached chart)
6. If appropriate, how does this project fit with existing City plans? (See GCPC Plan <a href="https://greenfield-">https://greenfield-</a>
ma.gov/government/boards and commissions/community preservation committee.php)
7. Have the appropriate city heards and commissions expressed support and/or
7. Have the appropriate city boards and commissions expressed support and/or approved the project? What is the nature and level of community support for this project? Please attach any
letters of support to your application.
letters of support to your application.
8. In the case of partial CPA funding, what would be your next steps?
o. In the case of partial of Attailang, what would be your next steps.

## 9. Budget:

Some definitions:

Personnel: Any paid staffing

Equipment: items with a useful life expectancy of more than one year.

Supplies: items with a useful life of less than one year.

Contractual: any work that is done for a limited period of time by a person/organization with specialized

skills, e.g. lawyer, surveyor, etc.

Construction: all work done on a particular property or building including erecting, altering or remodeling.

Please leave any category blank that does not apply to your project.

Category	CPA Funds	Other Funding Source	In-Kind Value	Total
Personnel				
Equipment				
Supplies				
Contractual				
Construction				
Other				
TOTAL				

Describe the basis for your budget and the sources of information you used.		

## Other Funds:

- Please identify the other sources of funding including federal, state, or local government or any other sources.
- Cash means that the source is providing funds.
- In kind means that the source is going to give labor or goods, but no cash. In kind support still has value. How much would it cost if you were to pay for the labor or goods?
- Confirmed means that the organization or business has made a commitment to supply the items, labor or funds

Organization	Item		Amount or value	Cash (Please check)		In kind (Please check	Confirmed (Y or N)
10. Timeline: Please provide a schedule for p historic documents, etc.	rojed	ct implementation. I	Please include	maj	or tasks, ε	e.g. survey, a	acquisition of
Task		Estimated Start			Estimated	d completio	n
11. Implementation: Please provide the project man	ager	's contact informati	on if different t	fron	n applican	t.	
Project Manager (Paid or volunteer)		Phone			Email		
12. Maintenance (Leave blank i If your project requires ongoing completion? How will that main	g mai	ntenance, who will		for	that for t	he 5 years a	fter

To the best of my knowledge and belief, all data in this application are true and correct. This document has
been duly authorized by the individual or governing body of the applicant.
Name of authorized representative:
Title, if appropriate
Email
Phone number
Signature of Authorized Representative
Date Signed