

**CITY OF HOLYOKE, MASSACHUSETTS
COMMUNITY PRESERVATION ACT COMMITTEE**

PROJECT ELIGIBILITY DETERMINATION FORM

Please refer to website for all Submission Deadlines and for Application Timeline.

PROJECT NAME: _____

PROJECT LOCATION: _____

APPLICANT(S) NAME / ORGANIZATION: _____

CO-APPLICANT(S) NAME / ORGANIZATION: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

Please indicate (X) all categories that apply to this project (at least one). For more detailed information on these categories, refer to the "Community Preservation Act Funding Allowable Uses" chart.

	Open Space	Recreational Land	Historic Resources	Community Housing
Acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation/ Restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY OWNERSHIP:

Legal Property Owner of Record (if applicable):

Click or tap here to enter text.

Is the owner the applicant? Yes No

If No, does the applicant have site control or written consent of the property owner to submit an application?

Yes (Attach documentation)

No (Project will be deemed ineligible for this applicant)

FOR HISTORIC RESOURCES PROJECTS:

Is the resource in a Local Historic District and/or listed on the State Register of Historic Place

Yes No

If no, has the Holyoke Historical Commission made a determination that the resource is significant?

Yes No

(Documentation of Holyoke Historical Commission determination must be provided in full application. See application instructions for further information.)

TO SUBMIT: After you complete this form, **save it with the name of your project.** Then email this application to Amy Landau, CPA Project Manager at Landaua@holyoke.org with the subject "**FY21 Application**" + **the name of your project.**

PROJECT SUMMARY (Please ensure that ALL text is readable (at least 9 font) and viewable when this document is printed):

PROJECT STATUS (What community need is this trying to address; what level of planning has been undertaken to inform the proposed project? (Please ensure that ALL text is readable (at least 9 font) and viewable when this document is printed):

ESTIMATED CPA FUNDING REQUEST (Add the dollar amount).

You may adjust this amount later as needed.

Eligible Potentially Eligible Not eligible More info needed

CPC COMMENTS: