

**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 at [holyokecpac.org](http://holyokecpac.org) website.*

	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):

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)

Is this property owned by the City of Holyoke? Yes No

If you checked "Yes" above and you are not from a City dept, please be aware that if this project is eligible for CPA funding, the Mayor of Holyoke must sign off on your full application (the next phase) and assign a City Liaison to the project.

**FOR HISTORIC RESOURCES PROJECTS:**

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

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 form to Amy Landau, CPA Administrator at [Landaua@holyoke.org](mailto:Landaua@holyoke.org) with the subject "**FY23 Eligibility**" + 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:**