SHELBURNE COMMUNITY PRESERVATION ACT (SCPCA) APPLICATION FORM

Complete all pertinent information**.** For application deadlines see CPA application instructions.

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 town-owned land? ☐ Y ☐ N If yes, name the department or commission who is co-sponsoring this project.
Project Location/Address: Please attach a map of the proposed project with the site labeled. Map attached? (circle one) ☐ Yes ☐ No
Map & Lot # Deed Description:
Legal Owner of the Project location, or Evidence of Site Authority (Example: Letter from Owner, or Lease Agreement.
Contact Name:
Mailing Address:
Daytime Phone #:
Email Address:
Date of Submission:

Total Project Cost	CPA Funds Requested
$	$

PROJECT DESCRIPTION:

- All of the following must be answered in the space provided.
- Include supporting materials as attachments.

1. Describe the Project.

2. What are the goals of the proposed project?

3. Who will benefit from this project and why/how?

4. How does this project fit with existing Town plans? See town goals sheet

5. Have the appropriate town 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.

6. In the case of partial CPA funding, what would your next steps be to secure further funding?

7. Budget: Please provide as much detail as possible, so that we can understand how CPA funds will be used to support your project.

Some definitions:
Personnel: Any staffing for the project
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.
In-Kind Value: donated time by volunteers, etc.

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. Attach any quotes associated with the project.

Other Funds:

- Please identify the other sources of funding including federal, state, 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)

8. Timeline:
Please provide a schedule for project implementation. Please include major tasks, e.g. survey, acquisition of historic documents, etc. Funds are typically approved by voters at Town Meeting in May following a CPA recommendation.

Task	Estimated Start	Estimated completion

9. Risk: What Could Go Wrong?
Please identify any potential obstacles or risks that might keep your project from being completed?

10. Implementation:
Please provide the project manager's contact information, if different from the applicant. Also, please provide the professional qualifications of the Project Manager.

Project Manager (Paid or volunteer)	Phone	Email

Qualifications:

11. Maintenance (Leave blank if not applicable to your project)
If your project requires ongoing maintenance, who will be responsible for that for the 5 years after completion? How will that maintenance be funded?

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