

Town of Wellfleet
Application for Community Preservation Funding

Please submit 10 copies to:
Wellfleet Community Preservation Committee
220 West Main Street, Wellfleet, MA 02667
508-349-0323

Date: _____

Project Title: _____

Project Sponsor/Organization: _____

Contact Name: _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Federal Tax Identification number (if nonprofit): _____

CPA Category (circle all that apply):

Open Space

Historic Preservation

Recreation

Community Housing

CPA Funding Requested: _____ **Total Project Cost:** _____

Project Description: Please answer the following questions, keeping answers brief but complete. Include supporting materials as necessary.

1. **Goals:** What are the goals of this project? How does this project benefit Wellfleet and meet the goals of the Community Preservation Act?
2. **Community Need:** Why is this project needed? Does it address needs identified in existing Town plans?
3. **Community Support:** What is the nature and level of support for this project?
4. **Timeline:** What is the schedule for project implementation?
5. **Implementation:** Who will be responsible for implementing and overseeing this project?
6. **Success Factors:** How will the success of this project be measured?
7. **Budget:** What is the total budget for the project and how will CPA funds be spent?
8. **Other Funding:** What additional funding sources are available, committed, or under consideration? Include copies of commitment letters, if available.
9. **Maintenance:** If ongoing maintenance is required, who will be responsible and how will it be funded?
10. **Other information:** Any additional information that might benefit the CPC in consideration of this project.

*****FOR CPC USE ONLY*****

File # _____

Date Received _____

Determination _____
