



**FY20 CPA FUNDING APPLICATION**  
**DUE: NO LATER THAN 6:00 PM, Monday September 30, 2019**

**SECTION 1: APPLICANT INFORMATION**

APPLICANT NAME/ ORGANIZATION	
CO-APPLICANT (if applicable)	
CONTACT PERSON	
MAILING ADDRESS	
PHONE	
EMAIL	

**SECTION 2: PROJECT INFORMATION**

PROJECT NAME	
PROJECT ADDRESS	
ASSESSOR'S PARCEL ID	

Interested Municipal Party or Community Organizations (if any): \_\_\_\_\_

Will this project be independent or is it part of another existing project? Please explain:

\_\_\_\_\_

Brief Project Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: SITE INFORMATION**

Lot Size (Sq Ft): \_\_\_\_\_

Zoning District(s): \_\_\_\_\_

Ward: \_\_\_\_\_

Do you have site control (e.g. Purchase and Sales Agreement, option to purchase, deed)?  Yes  No

*Note: Community Preservation Fund applicants are required to submit evidence of site control with the application. City of Malden must be co-applicant on all projects on City property.*

Does the applicant have written consent of the property owner to submit an application?  Yes  No

*If yes, please include letter of consent with application.*

If applicable, explain what zoning relief is required (e.g. a zoning variance, special permit) and why:

\_\_\_\_\_  
\_\_\_\_\_

If applicable, describe any anticipated environmental issues/concerns with the site. If the site contains known environmental hazards, please attach a remediation plan:

\_\_\_\_\_  
\_\_\_\_\_

Is the property listed in the National Register of Historic Places, located in a historic district, National Register Historic District, or otherwise eligible for listing in the National Register?

Yes  No

If yes, please identify: \_\_\_\_\_

If applicable, how old is the existing building (or buildings)? \_\_\_\_\_

Are there (or will there be) children under the age of seven living on the premises?  Yes  No

Will the project temporarily or permanently displace or require the relocation of existing tenants?

Yes  No

If yes, please describe any outreach efforts and/or notifications to residents to date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: FOR HOUSING APPLICANTS ONLY** *(All other applicants proceed to Section 5.)*

<b>DEVELOPER</b>	
<b>DEVELOPER CONTACT</b>	
<b>DEVELOPER MAILING ADDRESS</b>	
<b>DEVELOPER PHONE</b>	
<b>DEVELOPER EMAIL</b>	

**TYPE OF HOUSING (CHECK ALL THAT APPLY AND PROVIDE # OF UNITS)**

<b>HOUSING TARGET CLASS</b>	<b>HOUSING TARGET</b>	<b># OF UNITS</b>
<b>Homeownership</b>	<input type="checkbox"/> Single Family	
	<input type="checkbox"/> Condominium	
	<input type="checkbox"/> Cooperative	
	<input type="checkbox"/> Other <i>(Please Explain)</i>	
<b>Rental</b>	<input type="checkbox"/> Individual/Family	
	<input type="checkbox"/> Group Home/Congregate	
	<input type="checkbox"/> Other <i>(Please Explain)</i>	
<b>Targeted Population</b>	<input type="checkbox"/> Individual/Family	
	<input type="checkbox"/> Special Needs/Identify Needs	
	<input type="checkbox"/> Elderly	
	<input type="checkbox"/> Homeless	
	<input type="checkbox"/> At Risk of Homelessness	
	<input type="checkbox"/> Other <i>(Please Explain)</i>	

**SECTION 5: PROJECT MILESTONE TIMELINE**

*Provide a schedule for project implementation, including a timeline for major milestones. Examples are included below.*

DATE	MILESTONE
	Inform Ward Councilors and immediate abutters of proposed plans
	Acquisition
	Pre-development (design, zoning, permitting)
	Marketing/Outreach
	Rehabilitation/Construction
	Expected Date of Project Completion
	Full Occupancy/Public Use
	<i>[Other Significant Milestones to Implementation]</i>

**SECTION 6: BUDGET SUMMARY**

*Please include a complete, itemized budget of all project expenses with this application.*

Total Project Cost	CPA Funds Requested	Cost Share Amount	Cost Share Percent
\$	\$	\$	%

**NOTE: CPA FUNDING FOR ANY CATEGORY REQUIRES COMPETITIVE BIDDING** unless applicant can provide a sole source justification for any category not competitively bid.  
 \*\*Attach 3 bids (preferable) and a minimum of one recent bid\*\*

<b>Maintenance Budget</b> (if necessary) -Reminder: CPC cannot fund the maintenance costs for any CPC projects. CPC prioritizes projects with no maintenance required. Please identify the source of maintenance funding, if required.				
Year 1	Year 2	Year 3	Year 4	Year 5
\$	\$	\$	\$	\$

*Budget Summary Continues on Next Page*

<b>Budget Cost Sharing</b> - Identify the amount of cost sharing for this project. Sources include private, federal, state, or local government, or any other sources. If more space is needed, add additional page.
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Organization	Secured Y/N	Amount	Type (cash, in-kind, etc.) and Status if not secured

**SECTION 7: SIGNATURES**

<b>TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE INDIVIDUAL OR GOVERNING BODY OF THE APPLICANT.</b>	
Applicant Signature	Date Signed
Applicant First Name	Applicant Last Name
Applicant Title/Organization	
Property Owner Signature (if different)	Date Signed
Property Owner First Name	Property Owner Last Name

**SECTION 8: FOR CPC USE ONLY**

Date Received	
Category	
Date Reviewed	
Date Applicant Notified of Decision	

RANKING		DECISION	
High		Recommended for Funding	
Medium		Denied with Invitation to Resubmit for Future Funding Cycle	
Low		Denied for Funding	