



FY24 FUNDING CYCLE PRE-APPLICATION FORM

Submit an electronic copy no later than **11:59 PM the first Tuesday in June** via the web-form (<https://form.jotform.com/220888141966062>) or email to maldencpc@cityofmalden.org.

PROJECT NAME: _____

PROJECT LOCATION/ADDRESS: _____

APPLICANT(S) NAME & TITLE/ORGANIZATION: _____

CO-APPLICANT (IF APPLICABLE) _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE: _____

In the chart below please check 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 in the application instructions.

	Open Space	Recreational Land	Historic Resources	Community Housing
Acquisition				
Creation				
Preservation				
Support				
Rehabilitation/ Restoration				

Signatures Required for projects entailing City-owned property:

For purposes of coordination; does not indicate approval or endorsement of project.

Mayor

Assigned to staff liaison _____

Signature of staff liaison _____

Have you reviewed the Malden CPC Plan? _____ Yes _____ No
Have you attended a CPA informational session in Malden or surrounding cities? ____ Yes ____ No
Have you spoken with any boards, commissions, community organizations, or elected officials about your project? _____ Yes _____ No

If yes, please list here: _____

PROPERTY OWNERSHIP

Legal Property Owner of Record: _____

Is the owner the Applicant? _____ Yes _____ No

Does this project proposal entail City-owned property _____ Yes _____ No

For all projects on City property, The City Department with Care, Custody and Control must be the Applicant or project will be deemed ineligible for this Applicant.

If applicable, please list the City Department with Care, Custody and Control: _____

If the Applicant is not the owner, does the Applicant have site control or written consent of the property owner to submit an application? _____ Yes _____ No

If Yes, please attach written documentation. If No, project will be deemed ineligible for this Applicant.

PROJECT FUNDING

Have you identified other potential funding sources? _____ Yes _____ No

If yes, please list the potential funding sources here: _____

PROJECT DESCRIPTION: *(Please describe the community needs this project is addressing and how this project aligns with CPC goals)*

PROJECT STATUS: *(Please describe what level of planning, research and discussions have already been undertaken to inform this proposal)*

FOR HISTORIC RESOURCES PROJECTS:

Is the resource listed on the State Register of Historic Places? _____ Yes _____ No
(You can check designation at mhc-macris.net)

If no, has the Malden Historical Commission determined that the resource is significant? ____ Yes ____ No
(Please submit documentation of State Register listing or MHS letter of determination.)

FOR CPC USE: Date Received _____ Eligible _____
 Date Reviewed _____ Potentially Eligible _____
 Date Applicant Notified _____ Not Eligible _____
 ID# _____ More Information Needed _____

COMMENTS:

Applicant Signature: _____