



Community Preservation Act Funding Eligibility Form

Adam Baacke
Chairman

Submit 10 copies of the application and attachments.

The following form is made for the City of Lowell Community Preservation Committee to ensure that proposed projects meet eligibility requirements pursuant to Section 5.2 of the Massachusetts Community Preservation Act. This form must be submitted and approved prior to the acceptance of your application. Please visit the City of Lowell Community Preservation Committee website (<https://www.lowellma.gov/1532/Community-Preservation-Committee>) for the meeting schedule and filing deadlines.

Project Title: _____

Project Address: _____

Applicant Name/Organization: _____

Project Budget:

Estimate Total Project Budget: \$ _____

Estimated CPA Funds Requested: \$ _____

Estimated Funding from Alternative Sources: \$ _____

Contact Name: _____

Phone: _____

Email: _____

Mailing Address: _____

Do you own the subject property?* Yes: _____ No: _____

*if subject property is City owned, please contact Serena Gonzalez at (978) 674-1472

If no, do you have permission from the current owner to use the property? Yes: _____ No: _____

Will you be utilizing CPA funds to acquire the property? Yes: _____ No: _____

Do you have experience completing similar projects? Yes: _____ No: _____

If no, are you working with an architect, engineer, or contractor? Yes: _____ No: _____

If yes, who? _____

Have you contacted a relevant City Department for input? Yes: ___ No: ___

If yes, which Department? _____

CPA Eligibility Chart:

	Open Space	Historic	Recreation	Housing
Acquire	Yes	Yes	Yes	Yes
Create	Yes	No	Yes	Yes
Preserve	Yes	Yes	Yes	Yes
Support	No	No	No	Yes
Rehabilitate and/or Restore	No (unless acquired or created with CPA \$\$)	Yes	Yes	No (unless acquired or created with CPA \$\$)

CPA Program Area (choose one):

Historic Preservation: ___ Open Space: ___ Recreation: ___ Community Housing: ___

Project Purpose (choose one):

Acquire: ___ Create: ___ Preserve: ___ Support: ___ Rehab/Restore: ___

Project Summary (Provide a brief description of project):

Please make sure you have carefully reviewed the eligibility requirements for Community Preservation Act projects as outlined in the City of Lowell Community Preservation Plan. You may attach any additional information pertinent to this project that may assist in determining eligibility. Forms can be submitted to Serena Gonzalez by email at SGonzalez@lowellma.gov or at 375 Merrimack Street, Room 51, Lowell, MA 01852.

For CPC Use: Eligible: ___ Not Eligible: ___ Date: _____ Reviewer: _____