

# Town of Wellfleet

## Application for Community Preservation Funding

Please submit 10 copies to:  
Wellfleet Community Preservation Committee  
300 Main Street  
Wellfleet, MA 02667  
508-349-0330

Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Sponsor/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax Identification number (if nonprofit): \_\_\_\_\_

CPA Category (circle all that apply after notifying appropriate boards):

**Community Housing    Historic Preservation    Open Space    Recreation**

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 will be 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 \_\_\_\_\_

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