

**SHELBURNE COMMUNITY PRESERVATION ACT (SCPCA) APPLICATION FORM**

Submit this application by November 19, 2024. The completed Application is due on or before **November 19, 2024** at 5 p.m., please submit **1 copy of your application** to: Shelburne Community Preservation Committee by mail, email or hand delivery.

- a. Mail should be addressed to Shelburne Community Preservation Committee c/o Town Office, 51 Bridge Street, Shelburne Falls, MA 01370 and must be postmarked by 5 p.m. on November 19, 2024.
- b. Email applications must be sent to: [Communitypreservation@townofshelburnema.gov](mailto:Communitypreservation@townofshelburnema.gov) and received by 5PM,
- c. Hand delivery must be received made to Town Office, 51 Bridge Street, Shelburne Falls, MA and received by a Town employee. You are responsible for confirming Town Office hours for hand delivery.

Complete all pertinent information.

Date submitted: by U.S. mail \_\_\_\_\_, email \_\_\_\_\_, or in person \_\_\_\_\_

Project Title:
Applicant:
Are you an incorporated organization? ___Y ___N  If not, who is your fiscal sponsor?
Is this project on town-owned land? ___Y ___N  If yes, name the department or commission who is co-sponsoring this project.
Project Location/Address:  Please attach a map of the proposed project with the site labeled. Map attached(circle one )?                      Yes                      No
Map & Lot #
Deed Description:
Legal Owner of the Project location:
Evidence of site control:
Contact Name:
Mailing Address:
Daytime Phone #:
Email Address:

Date of Submission:

Total Project Cost	CPA Funds Requested
\$	\$

**PROJECT DESCRIPTION:**

- All of the following must be answered in the space provided
- Include supporting materials as requested or as you believe necessary as attachments

**1. Describe the Project**

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**2. What are the goals of the proposed project?**

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**3. Who will benefit from this project and why/how?**

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4. How does this project fit with existing Town plans? See SCPC Plan <https://townofshelburne.com/g/61/Community-Preservation-Committee>

5. Have the appropriate town boards and commissions expressed support and/or approved the project? What is the nature and level of community support for this project? Please attach any letters of support to your application.

6. In the case of partial CPA funding, what would be your next steps?

7. Budget: Please provide as much detail as possible, so the CPC can understand how CPA funds will be utilized to support your project.

Some definitions:

Personnel: Any staffing for the project

Equipment: items with a useful life expectancy of more than one year.

Supplies: items with a useful life of less than one year.

Contractual: any work that is done for a limited period of time by a person/organization with specialized skills, e.g. lawyer, surveyor, etc.

Construction: all work done on a particular property or building including erecting, altering or remodeling.  
 In-kind value: donated time by volunteers, etc.

Please leave any category blank that does not apply to your project.

Category	CPA Funds	Other Funding Source	In-Kind Value	Total
Personnel				
Equipment				
Supplies				
Contractual				
Construction				
Other				
<b>TOTAL</b>				

Describe the basis for your budget and the sources of information you used. Attach any quotes associated with the project.

**Other Funds:**

- Please identify the other sources of funding including federal, state, or local government or any other sources.
- Cash means that the source is providing funds.
- In kind means that the source is going to give labor or goods, but no cash. In kind support still has value. How much would it cost if you were to pay for the labor or goods?
- Confirmed means that the organization or business has made a commitment to supply the items, labor or funds

Organization	Item	Amount or value	Cash (Please check)	In kind (Please check)	Confirmed (Y or N)

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**8. Timeline:**

Please provide a schedule for project implementation. Please include major tasks, e.g. survey, acquisition of historic documents, etc. Funds are typically approved by voters at Town Meeting in the May following a CPA recommendation.

Task	Estimated Start	Estimated completion

**11. Implementation:**

Please provide the project manager’s contact information if different from applicant.

Project Manager (Paid or volunteer)	Phone	Email

**12. Maintenance (Leave blank if not applicable to your project)**

If your project requires ongoing maintenance, who will be responsible for that for the 5 years after completion? How will that maintenance be funded?

To the best of my knowledge and belief, all data in this application are true and correct. This document has been duly authorized by the individual or governing body of the applicant.

Name of authorized representative:

Title, if appropriate

Email
Phone number
Signature of Authorized Representative
Date Signed