

FINAL APPLICATION - COVER SHEET
Due no later than 12:00 noon, on Friday, October 13, 2023
Please submit ten hard copies and one pdf to tisburycpc@gmail.com
TOWN OF TISBURY - COMMUNITY PRESERVATION COMMITTEE
51 SPRING STREET, P.O. BOX 1239, TISBURY, MA 02568 - TEL. (508)687-9286

Applicant: _____

Co-Applicant: (if applicable): _____

Project Name: _____

Project Location/Address/Town Map and Parcel #: _____

Purpose: (Select all that apply):

Open Space ____ Community Housing ____ Historic Preservation ____ Recreation ____

Project Budget:

Amount of CPA Funds Requested: \$ _____

Amount from Other Funding Sources: \$ _____

Total Project Budget: \$ _____

(If multi-year project, note current phase only)

Please check which of the following is included with this Application:

- | | |
|--|---|
| <input type="checkbox"/> One Paragraph Project Summary* | <input type="checkbox"/> Timeline* |
| <input type="checkbox"/> Map (if applicable) | <input type="checkbox"/> Architectural plans, site plans, photos
(if appropriate) |
| <input type="checkbox"/> Narrative* | <input type="checkbox"/> Copy of Audit or most recent Financial
information (non profits only) |
| <input type="checkbox"/> Selection Criteria | <input type="checkbox"/> Letters of Support (if any) |
| <input type="checkbox"/> Detailed Project Budget* | <input type="checkbox"/> *Required Documentation |
| <input type="checkbox"/> Feasibility Assessment, Quotes, Bids* | |
| <input type="checkbox"/> Statement of Sustainability (if applicable) | |

The Contact Person for this Project is: _____

Recipient agrees to prepare brief written reports of project activity for the CPC, outlining progress and any problems encountered, and a final report at the conclusion of the project. Recipients must submit these reports in writing (email is acceptable) and may be required to make verbal presentations at CPC meetings.

All Correspondence should be mailed to: _____

The Contact Person can be reached by phone at: _____ or by email at: _____

Signature of Applicant: _____

Signature of Property Owner (if different): _____

Failure to follow the guidelines within this application, will result in denial of the project.

For Historic Preservation Projects Only - Please check box to acknowledge:

I/We have read the U.S. Secretary of the Interior's Standards for the Treatment of Historic Properties and understand that planning for and execution of this project must meet these standards.