



# Project Eligibility Form

## Community Preservation Committee

### Bridgewater, MA

Please email this form **to the CPC Chair and Administrative Assistant no later than the third Wednesday of the month for the CPC's review at their regularly scheduled meeting on the fourth Wednesday.** Forms received after this date will be discussed at the following month's meeting.

This form is **OPTIONAL BUT STRONGLY ENCOURAGED** to help determine whether projects are eligible for CPA funding. Please refer to Appendix A in the *Community Preservation Plan* (<https://www.bridgewaterma.org/DocumentCenter/View/2928/Community-Preservation-Committee-Plan>) when filling out this form. Email the form to [CPC@BridgewaterMA.org](mailto:CPC@BridgewaterMA.org) for consideration.

Please use the information in the CPA Eligibility Matrix below to determine if the project may be eligible for CPA funds, paying close attention to the verbs (i.e., purpose) in the left column and the category(s) to which these pertain (top line).

CPA Eligibility Matrix

Category \ Purpose	Open Space	Historic Preservation	Recreation	Housing
Acquire	Y	Y	Y	Y
Create	Y		Y	Y
Preserve	Y	Y	Y	Y
Support				Y
Rehabilitate and/or Restore	If acquired or created using CPA funds	Y	(as of 2012)	If acquired or created using CPA funds

Chart adapted from "Recent Developments in Municipal Law," Massachusetts Department of Revenue, October 2012

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

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

Check One:  Town Committee/Department     Public Charity/Non-Profit     Private Group/Individual

Project Description: *(Note the project must demonstrate a public benefit.)*

Estimated Project Cost: \_\_\_\_\_ Estimated CPA Contribution : \_\_\_\_\_

Submission Date: \_\_\_\_\_ Project Contact Person/Title \_\_\_\_\_

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

Signature: \_\_\_\_\_ Submission Date: : \_\_\_\_\_

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**Supporting Organization(s)/Person(s):**

Organization/Name/ Position: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For CPC Use Only. Do not write below this line.**

CPA Program Area *(check all that apply)*:

Open Space  Historic Preservation  Community Housing  Recreation

Project Purpose *(check all that apply) (Refer to CPA eligibility matrix for guidance)*:

Acquire  Create  Preserve  Support  Rehabilitate/Restore

CPC Determination:

Eligible  Potentially Eligible  Not Eligible  More Information Needed

\_\_\_\_\_  
Signature CPC Chair

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