



Town of West Boylston

Community Preservation Committee

140 Worcester Street, West Boylston, MA 01583

Phone: 774-261-4020; Email: community-preservation@westboylston-ma.gov

CPA Project Application Form

GENERAL INFORMATION

PROJECT NAME: _____ APPLICATION DATE: _____

CPA FUNDING REQUESTED: \$ _____ TOTAL PROJECT COST: \$ _____

FUNDING SOURCE: ☐ HISTORICAL ☐ HOUSING ☐ OPEN SPACE ☐ RECREATION

PROJECT SPONSOR: _____

CONTACT NAME: _____ SIGNATURE: _____

SPONSOR ADDRESS: _____

CONTACT PHONE: _____ EMAIL: _____

PROPERTY INFORMATION

SITE LOCATION: _____ ASSESSOR MAP/PARCEL: _____ / _____

PARCEL ACREAGE: _____ OWNER: _____

FISCAL YEAR	CPA FUNDS	OTHER FUNDS	TOTAL COST	MAINT. COSTS
FY20	\$	\$	\$	\$

For Office Use Only:

DATE RECEIVED: _____ DATE DISTRIBUTED TO CPC: _____

PROVIDE AN OVERVIEW OF THE PROPOSED PROJECT:

PROVIDE A TIMELINE OR PROJECT SCHEDULE FOR COMPLETION OF THE PROJECT:

DESCRIBE BASIS (QUOTES) FOR REQUESTED AMOUNTS:

SPECIFIC GOALS FROM THE WB COMMUNITY PRESERVATION PLAN MET:

LIST OTHER GRANTS/FUNDING SOURCES TO WHICH YOU HAVE APPLIED AND AMOUNTS:

DESCRIBE ANY ATTACHED PLANS OR MAPS OF THE PROJECT:

IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS