





ELIGIBILITY DETERMINATION FORM

Submit an electronic copy (fillable PDF available at www.avau.gov. to: Kristen Stelljes, kstelljes@somervillema.gov. saved.]			-	=	=	:r
PROJECT NAME:						
PROJECT LOCATION:						
Applicant(s) Name / Organization:						
CONTACT PERSON:						
MAILING ADDRESS:						
PHONE:		Open	Recreational	Historic	Commui	nity
EMAIL:		Space	Land	Resources	Housir (blende	ng
Please indicate (X) all categories that apply to this project (at least one). For more detailed information on these categories, refer to the "Community Preservation Act Funding Allowable Uses" chart on the next page. PROPERTY OWNERSHIP: Legal Property Owner of Record (if applicable):	Acquisition				projects o	nly)
	Creation					
	Preservation					
	Support					
Is the owner the applicant? Yes No If No, does the applicant have site control or written consent of the property owner to submit an application? Yes (Attach documentation) No (Project will be deemed ineligible for this app		must be co	o-applicant on al	l projects on C	ity proper	ty.
FOR HISTORIC RESOURCES PROJECTS: Is the resource in a Local Historic District and/or listed on (you can check designation at mhc-macris.net) If no, has the Somerville Historic Preservation Commission	_			significant?	Yes Yes	No No
PROJECT SUMMARY:						





	PROJECT STATUS (What community need is this trying to address and what level of planning has already been undertaken to inform the proposed project?):							
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For CPC Use:	Date Received	Date Reviewed	Date Applicant Notified					
	Eligible	Potentially Eligible	Not Eligible	More Information Needed				
COMMENTS:								