





FY18 Funding Cycle Eligibility Determination Form

Submit an electronic copy (fillable PDF available at www.ava. 20, 2017 to: Kristen Stelljes, kstelljes@somervillema.gov. saved.]						
PROJECT NAME:						
PROJECT LOCATION:						
APPLICANT(S) NAME / ORGANIZATION:						
CONTACT PERSON:						
MAILING ADDRESS:						
PHONE:		Open	Recreational	Historic	Communit	tγ
EMAIL:		Space	Land	Resources	Housing (blended	•
Please indicate (X) all categories that apply to this project (at least one). For more detailed information on	Acquisition				projects only	y)
these categories, refer to the "Community Preservation	Creation					
Act Funding Allowable Uses" chart on the next page.	Preservation					
PROPERTY OWNERSHIP: Legal Property Owner of Record (if applicable):	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 application)	·	must be co	o-applicant on al	l projects on C	ity property	<u> </u>
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?		lo lo
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		More Information Needed				
COMMENTS:								