



**TOWN OF GRAFTON**  
 GRAFTON MEMORIAL MUNICIPAL CENTER  
 30 PROVIDENCE ROAD  
 GRAFTON, MASSACHUSETTS 01519  
 (508) 839-5535 x1180 • (508) 839-4602 FAX  
 www.grafton-ma.gov

**COMMUNITY PRESERVATION COMMITTEE**  
**Application for Community Preservation Funding**  
 (Application Cover Page)

**APPLICANT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SITE INFORMATION**

**PROJECT NAME:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**ASSESSOR'S MAP** \_\_\_\_\_ **LOT#** \_\_\_\_\_

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Deed recorded in the Worcester District Registry of Deeds in Book: \_\_\_\_\_ Page: \_\_\_\_\_

**CPA CATEGORY** (check all that apply)

Open Space       Historic Preservation       Recreation       Community Housing

Total Project Cost \_\_\_\_\_ CPA Funding Request \_\_\_\_\_

Project Summary (a detailed description will be required with your supporting information)

Project Budget

<b>Fiscal Year</b>	<b>Total Project Cost</b>	<b>CPA Funds Requested</b>	<b>Other Funding Sources</b>
2015			
2016			
2017			
2018			
2019			
<i><b>Total</b></i>			

**For Community Preservation Committee Use:**

Received on: \_\_\_\_\_ Reviewed on: \_\_\_\_\_

Approved: \_\_\_\_\_ Town Meeting on: \_\_\_\_\_

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