

**SPRINGFIELD COMMUNITY PRESERVATION
FULL APPLICATION COVER SHEET**

I. PROJECT INFORMATION

CPA program area - check all that apply:

community housing historic preservation open space recreation

Project/Program Title:

Brief Project/Program Summary:

estimated start date: _____ estimated completion date: _____

II. APPLICANT INFORMATION

Type of Applicant - check one:

City of Springfield Non-Profit Organization For-Profit Business Individual

Name of Organization:

Name of Contact Person:

Mailing Address:

Mailing City/State/Zip:

Phone:

Fax:

Email:

Website:

III. BUDGET SUMMARY

Estimated Project Budget:

CPA Funding Request:

Will you be seeking multi-year funding Yes No

CPA Request as Percentage of Total Project/Program Budget:

List Other Secured Funding Sources:

List Other Prospective Funding Sources:

Applicant Signature: _____ Date Submitted: _____