



COMMUNITY PRESERVATION ELIGIBILITY DETERMINATION FORM

for the
Town of Goshen, Massachusetts

The purpose of this form is to ensure that projects submitted to the Community Preservation Commission for the Town of Goshen are eligible for Community Preservation Act funding.

Project Title :
Project Sponsor / Organization :
Contact Name :
Mailing Address :
Contact Phone # :
E-mail address :

CPA Program Area
<input type="checkbox"/> Open Space
<input type="checkbox"/> Historic Preservation
<input type="checkbox"/> Recreation
<input type="checkbox"/> Community Housing
<input type="checkbox"/> Other

Project purpose
<input type="checkbox"/> Acquisition
<input type="checkbox"/> Creation
<input type="checkbox"/> Preservation
<input type="checkbox"/> Support
<input type="checkbox"/> Rehab / Restoration

Project Summary :

For CPC Use Eligible: _____ Not Eligible _____ Date _____ Reviewer _____
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