

Note: This application enables the CPC to review the request to ensure eligibility and Date: _____
Offer guidance. If eligible, an Application for Funding will be requested by the Committee.



Town of Milton

Application for Community Preservation Eligibility

Project Title: _____

Name of Contact: _____

Name of Organization: _____

Address: _____

Telephone: _____

Email: _____

CPA Category (check all that apply): Community Housing Recreation
 Historic Preservation Open Space

CPA Funding Requested: \$ _____ Total Project Cost: \$ _____

Project Description: Please provide a brief description below on how your project accomplishes the goals of the CPA and include an estimated budget. Please include any preliminary supporting materials as attachments.