

FUNDING REQUEST FORM

Date:

Project Name:

Applicant Name:

Contact Name if Different from Applicant Name:

Mailing Address:

Email Address:

Phone Number:

Funding Amount Request**:

Percentage of Funding Requested:

Check shall be Payable To:

***A W9 Tax Form will need to be submitted along with this request form
if you are not currently a vendor with the Town*

Partnering Entities:

Partnering Entities Approval:

Reports & Inspections:

By signing this **Funding Request Form**, you are agreeing to be the responsible party requesting Community Preservation Funding specifically for the Project listed above. Additional information may be requested by The CPC staff in order to fulfill the release of funds. Checks will be mailed to the mailing address indicated above. If an alternative method of delivery is requested, please be specific. Original **Funding Request Forms** shall be submitted via email to the attention of CPA Project Coordinator at: CommunityPreservationCommittee@town.barnstable.ma.us or via carrier mail to 367 Main Street, 3rd Floor, Growth Management Department, Hyannis, MA 02601.

Please note that payments may take up to thirty (30) days to be released.

Signature:

Print Name:
