



TOWN OF CONCORD
CONCORD MUNICIPAL AFFORDABLE HOUSING TRUST

Concord, Massachusetts 01742

CMAHT@ConcordMA.gov

Application for CMAHT Funding

Applicant*: _____

Federal Tax Id. No.*: _____

Co-Applicant (if applicable): _____

Project Name*: _____

Project Location/Address (if applicable): _____

Project Budget*:

Amount of CMAHT Funds Requested: \$ _____

Amount from Other Funding Sources: \$ _____

Total Project Budget: \$ _____

Please check which of the following is included with this Application:

- | | |
|--|---|
| <input type="checkbox"/> One Paragraph Project Summary * | <input type="checkbox"/> Architectural plans, site plans, photographs
(if appropriate) |
| <input type="checkbox"/> Map (if applicable) | <input type="checkbox"/> Copy of IRS determination letter (Non-profit
Organizations only)* |
| <input type="checkbox"/> Narrative * | <input type="checkbox"/> Copy of Audit or most recent Financial
Information (<u>Non-profit Organizations</u> only)* |
| <input type="checkbox"/> Selection Criteria and Needs Assessment | <input type="checkbox"/> Letters of Support (if any) |
| <input type="checkbox"/> Detailed Project Budget * | |
| <input type="checkbox"/> Feasibility Assessment | |
| <input type="checkbox"/> Statement of Sustainability (if applicable) | |
| <input type="checkbox"/> Timeline * | |

Project Contact Person*: _____

Project Contact Address*: _____

Project Contact Phone*: _____ Email*: _____

Authorized Signature of Applicant*: _____

Authorized Signature of Property Owner* (if different): _____

*** Required**