

**TOWN OF EASTON
COMMUNITY PRESERVATION COMMITTEE**



June 20, 2017

Fred Ames
Oakes Ames Memorial Hall Associations, Inc.
P.O. Box 34
North Easton, MA 02356

RE: Oakes Ames Memorial Hall Association Restoration Project

Dear Mr. Ames,


Congratulations on your Community Preservation Act grant of \$200,000.00 for restoration work to Oakes Ames Memorial Hall, located at 3 Barrows Street, approved at the May 15, 2017 Town Meeting. These funds will be available as of July 1, 2017.

Please be aware that all CPA fund awardees must meet with Town representatives to establish a project schedule and milestones prior to the start of any work. A draft agreement form is enclosed. Please contact Wayne Beitler, Community Housing Planner at 508-230-0639 to set up a meeting.

Please submit the attached form to the Planning Department when you are applying for reimbursement of funds. We suggest you make a copy of the form (or email us for an electronic version) if you will be requesting partial payment of reimbursements.

A team from the Town will need to inspect the work performed to ensure it meets legal and funding requirements. Please contact Wayne Beitler before submitting your reimbursement request to schedule an inspection.

Sincerely,


Jim Lee
Chair

Enclosure

cc: Stephanie Danielson, Director of Planning and Economic Development
Wayne Beitler, Community Housing Planner



**REQUEST for REIMBURSEMENT or
DISBURSEMENT of CPA FUNDS**

Submit to Department of
Planning & Economic
Development

Date: _____

Please ensure all applicable fields are completed.

Name of Project: _____
Appropriation #: _____

Applicant

Recipient of Funds (if different than applicant)

Name

Address

Phone number

E-mail

Name

Address

Phone number

E-mail

Requested grant amount: _____

Approved grant amount: _____

Check one:

- Full payment
- Partial payment- Milestone 1
- Partial payment- Milestone 2
- Partial payment- Milestone 3

Amount paid to date: _____

Amount being requested: _____

Include with request:

- All invoices for work performed
- Evidence of payment if reimbursement request
- (list all other conditions of the grant award)

Applicant's signature

Date

Date Received: _____

Received By: _____

PROJECT MILESTONE DOCUMENTATION FOR REIMBURSEMENT (To be completed by Town Staff)

Milestone _____ (1, 2 or 3) Description:

Milestone _____ (1,2, or 3) Pictures:

NOTES

Assigned Board Member Signature (Historic, Rec, AHT, Conservation)

Date

Planning Director Signature

Date

CPC Chair Signature

Date