



TOWN OF MAYNARD

195 Main Street
Maynard, MA 01754
Tel: 978-897-1302 Fax: 978-897-8489
www.townofmaynard-ma.gov

The **Maynard** Advantage
New England Living for Everyone

Cultural District Enhancement Fund - Application for Award

1. **Date:** _____
2. **Title of proposed project:** _____
3. **Location of proposed project:** _____
4. **Category of proposal**
 - ☐ **Infrastructure improvements**
 - ☐ **Beautification efforts**
 - ☐ **Cultural district programming**
5. **Proposed project description:** *Please provide a separate project description labeled as "Attachment A." This should consist of materials including, but not limited to, detailed project description, surveys, plans, photographs, and any other materials necessary to allow reviewing entities to sufficiently understand and evaluate project. Physical improvements proposed must be for Town-owned property.*
6. **Proposed project budget:** *Please provide a separate line-item budget labeled as "Attachment B."*
7. **Proposed project timeline:** *Please provide a separate project timeline labeled as "Attachment C."*
8. **Plan Consistency:** *Please provide a separate explanation of how this project forwards the goals of the cultural district and is generally consistent with the below plans. This should be labeled as "Attachment D."*
 - a. [Maynard's Master Plan](#)
 - b. [Community Development Principals](#)
 - c. [Local Rapid Recovery Plan](#)
 - d. [Veterans Memorial Park Plan](#)

9. Applicant (primary project contact):

Name: _____

Address: _____

Phone: _____

Email: _____

10. Department or Committee Sponsor

Name: _____

☐ **Applicant acceptance of terms:**

I/we have read and understand the program guidelines, accept the qualifications and conditions and through signature(s) below, certify that I/we are qualified and will abide by such conditions set forth in this application and all reasonable conditions which may be issued by the Town of Maynard in the implementation of this program.

By (Signature): _____

Date: _____

****Below for Staff Use Only****

☐ **Application approved to proceed by the Town Administrators Office.**

By (Signature): _____

Date: _____

☐ **Staff liaison assigned:** _____

☐ **Select Board meeting date:** _____

☐ **Department sign offs required:**

DPW
Building
Police
Fire

Planning
Finance
Conservation
Other

This form should be completed and returned to Town Administrators Office, 195 Main Street Maynard, MA 01754. For additional information, please call (978) 897-1301 or email gwilson@townofmaynard.net