



Community Preservation Act - City/State Agency Authorization Letter

Date:

The **(City/State Agency)** grants authorization to **(Name of Group or Organization)** to submit a City of Boston CPA Application for the aforementioned project. If funded, the project responsibilities and CPA funding shall be transferred to **(City/State Agency)**.

Project Name:

Project Location:

City/State Agency:

City/State Contact Name:

Email:

Telephone number:

Mailing Address:

If you have any questions or need additional information, Please feel free to contact **(City/State Agency contact name & number)**.

Authorized Name of City/State Agency - (Head of Department)

Authorized Signature of City/State Agency - (Head of Department)