

**FY 2025 Municipal Community Mitigation Fund Grant Application**

Application Instructions:

1. All applications must be received by the Massachusetts Gaming Commission by

January 31st, 2024, at 11:59 p.m. to be considered for funding for the FY 2025 grant round.

1. Each Municipality may only submit ONE application as a Word Document.
2. Each project must have its own form within the appropriate category. Forms can be found below as Parts A-E. If there is more than one project in a category, please copy the form. Provide a form and attachments for each project. All attachments should directly follow the relevant project form.
3. Be sure to fill in all the information requested on the application. Applications that are left incomplete will not be accepted.
4. The application must be signed by the municipal administrator or an individual with signatory authority.
5. Submit this completed form as well as any relevant attachments to

[MGCCMF@Massgaming.gov](mailto:MGCCMF@Massgaming.gov) or as a response to the COMMBUYS BID BD24-1068- 1068C-1068L-95061

For more detailed instructions as well as the full FY 2025 Application Guidelines visit <https://massgaming.com/about/community-mitigation-fund/>

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| --- |
| Municipal Grant Manager Information: |
| Applicant: |
| Vendor Code: |
| Name: |
| Title: |
| Email Address: |
| Telephone: |
| Address: |

Grant Budget Summary

Your community’s FY 2025 proposed allocation can be found at

[https://massgaming.com/about/community-mitigation-fund/.](https://massgaming.com/about/community-mitigation-fund/) Use the space below to total all requests by category. Please clarify how many discreet projects your community plans to undertake per category.

|  |  |  |
| --- | --- | --- |
| Total FY 2025 Allocation: | | |
| Application Totals by Category | # of  Projects | Requested  Amount |
| A. Community Planning |  |  |
| B. Public Safety |  |  |
| C. Transportation |  |  |
| D. Gambling Harm Reduction |  |  |
| E. Specific Impact |  |  |
| TOTAL |  | $ |

* 1. Are you requesting a waiver for any program requirement? Yes

☐

No

☐

* 1. If yes, you must fill out a CMF Municipal Waiver Form. The Waiver form can be found as Appendix E to the RFR on COMMBUYS or online at

[https://massgaming.com/about/community-mitigation-fund/forms/.](https://massgaming.com/about/community-mitigation-fund/forms/) Applications without a completed waiver form will not be considered for a waiver.

Budget Category Summary

Use the below space to provide an overview of all projects to be covered by this funding. You

may add as many items as is pertinent to your application (you can add rows by right clicking on the row and selecting “add row”). Please provide a category, name, brief description, and

amount for each item.

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| --- | --- | --- | --- |
| Category | Project Name | Description | Amount |
| A. Community  Planning |  |  |  |
| B. Public Safety |  |  |  |
| C. Transportation |  |  |  |
| D. Gambling Harm  Reduction |  |  |  |
| E. Specific Impact |  |  |  |

Applicant Certification

On behalf of the aforementioned applicant, I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this application.

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| --- | --- | --- |
| Signature: |  | Date: |
| Name and Title of Signatory: |  |  |

**Part A-Community Planning**

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| --- | --- | --- | --- | --- |
| **Project Name:** | | | | |
| Please provide below the contact information for the individual managing this aspect of the  grant. | | | | |
| **Project Contact** | | **Additional Project Contact** *(if applicable)* | | |
| Name: | | Name: | | |
| Title: | | Title: | | |
| Department: | | Department: | | |
| Email Address: | | Email Address: | | |
| Telephone: | | Telephone: | | |
| Address: | | Address: | | |
| I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 8-9). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or  evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.) | | | | |
|  | | | | |
| II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps  required for project completion. | | | | |
| ‘ | | | | |
| **Proposed MGC Grant Budget**  Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with  the mitigation. | | | | |
| **Description of Purchase/Work** | **Timeline** | | **QTY** | **Budget** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  | **TOTAL:** | |  |  |

**Part B- Transportation**

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| --- | --- |
| **Project Name:** | |
| Please provide below the contact information for the individual managing this aspect of the grant. If there are multiple people involved in the grants management, please add more lines  to accommodate their information. | |
| **Project Contact** | **Additional Project Contact** *(if applicable)* |
| Name: | Name: |
| Title: | Title: |
| Department: | Department: |
| Email Address: | Email Address: |
| Telephone: | Telephone: |
| Address: | Address: |
| I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 10-11). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming  facility caused or is causing the impact (i.e., surveys, data, reports, etc.) | |
|  | |
| II. Please describe the project in detail and how the proposed project will address the  impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps  required for project completion. | |
|  | |

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| --- | --- | --- | --- |
| **Proposed MGC Grant Budget**  Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with  the mitigation. | | | |
| **Description of Purchase/Work** | **Timeline** | **QTY** | **Budget** |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL:** |  |  |

**Part C- Public Safety**

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| --- | --- | --- | --- | --- |
| **Project Name:** | | | | |
| Please provide below the contact information for the individual managing this aspect of the  grant | | | | |
| **Project Contact** | | **Additional Project Contact** *(if applicable)* | | |
| Name: | | Name: | | |
| Title: | | Title: | | |
| Department: | | Department: | | |
| Email Address: | | Email Address: | | |
| Telephone: | | Telephone: | | |
| Address: | | Address: | | |
| I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 12-13). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.) | | | | |
|  | | | | |
| II. Please describe the project in detail and how the proposed project will address the  impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps  required for project completion. | | | | |
|  | | | | |
| **Proposed MGC Grant Budget**  Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with  the mitigation. | | | | |
| **Description of Purchase/Work** | **Timeline** | | **QTY** | **Budget** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  | **TOTAL:** | |  |  |

**Part D- Gambling Harm Reduction**

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| **Project Name:** | | | | |
| Please provide below the contact information for the individual managing this aspect of the  grant | | | | |
| **Project Contact** | | **Additional Project Contact** *(if applicable)* | | |
| Name: | | Name: | | |
| Title: | | Title: | | |
| Department: | | Department: | | |
| Email Address: | | Email Address: | | |
| Telephone: | | Telephone: | | |
| Address: | | Address: | | |
| I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 14-15). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or  evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.) | | | | |
|  | | | | |
| II. Please describe the project in detail and how the proposed project will address the  impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps  required for project completion. | | | | |
|  | | | | |
| **Proposed MGC Grant Budget**  Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with  the mitigation. | | | | |
| **Description of Purchase/Work** | **Timeline** | | **QTY** | **Budget** |
|  |  | |  |  |
|  |  | |  |  |
|  | **TOTAL:** | |  |  |

**Part E- Specific Impact**

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| --- | --- | --- | --- | --- |
| **Project Name:** | | | | |
| Please provide below the contact information for the individual managing this aspect of the  grant. | | | | |
| **Project Contact** | | **Additional Project Contact** *(if applicable)* | | |
| Name: | | Name: | | |
| Title: | | Title: | | |
| Department: | | Department: | | |
| Email Address: | | Email Address: | | |
| Telephone: | | Telephone: | | |
| Address: | | Address: | | |
| I. Please use the space below to identify the impact of the gaming establishment on your municipality. This category is for projects that do not fit in any other category but may use any impacts identified in the FY 2025 Guidelines that are relevant. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.) | | | | |
|  | | | | |
| II. Please describe the project in detail and how the proposed project will address the  impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion. | | | | |
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| **Proposed MGC Grant Budget**  Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with  the mitigation. | | | | |
| **Description of Purchase/Work** | **Timeline** | | **QTY** | **Budget** |
|  |  | |  |  |
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| --- | --- | --- | --- |
|  | **TOTAL:** |  |  |