

FY 2025 Regional Agency 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 Agency may only submit ONE application as a Word Document.
2. Each project must have its own form within the appropriate category. 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 agency’s CEO or an individual with signatory authority.
5. The Regional Agency Grant is broken into three segments. Please only fill out the section relevant to your application.
   1. Part A – Regional Planning
   2. Part B – Regional Public Safety
   3. Part C – Regional Workforce Development
6. 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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| --- |
| Grant Manager Information: |
| Applicant: |
| Vendor Code: |
| Name: |
| Title: |
| Email Address: |
| Telephone: |
| Address: |

Budget 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. Please use the appropriate category below for your agency.

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Project Name | Description | Amount |
| A. Regional  Planning |  |  |  |
| B. Regional  Public Safety |  |  |  |
| C. Workforce  Development |  |  |  |
| Total Request | | |  |

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

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☐

No

1. If yes, you must fill out a CMF Regional Agency Waiver Form. The waiver form can be found as Appendix F 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.

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-Regional 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 region. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact  and that the issue is regional in nature (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-Regional 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 region. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. 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., casino related crime statistics, other relevant 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 C- Workforce Development

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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 region. Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. 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. Please describe the deliverables, including the number of individuals to be served, number of hours, projected outcomes, location of program, cities  and towns served. | | | | |
|  | | | | |
| 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: | |  |  |