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| **2015 COMMUNITY MITIGATION FUND APPLICATION** |

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| **CHECK BOX IF REQUESTING THE CREATION OF A MITIGATION RESERVE FUND FOR A COMMUNITY** |  |

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| **APPLICATIONS DUE NO LATER THAN FEBRUARY 2, 2015.**  ***For anyone with specific impacts, please complete the gray boxes 1-4 beginning on page 2. If you are not applying for mitigation of specific impacts by February 2, 2015, you do not need to complete grayed boxes 1-4.*** |

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|  | **NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT** |
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|  | **DEPARTMENT RECEIVING FUNDS** |
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|  | **NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS** |
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|  | **ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS** |
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|  | **PHONE # AND EMAIL ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS** |
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|  | **NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY** |
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|  | **ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY** |
|  |  |
|  | **PHONE # AND EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY** |
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|  | **NAME OF GAMING LICENSEE** |

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| 1. IMPACT DESCRIPTION |
| **Please describe in detail the impact that is attributed to the construction of a gaming facility. Please provide support for the determination that the construction of the gaming facility caused or is causing the impact**. |
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| 1. PROPOSED MITIGATION |
| **Please identify below the manner in which the funds are proposed to be used. Please provide documentation (e.g. - invoices, proposals, estimates, etc.) adequate for the Commission to ensure that the funds will be used for the cost of mitigating the impact from the construction of a proposed gaming establishment. Please describe how the mitigation request will address the specific impact indicated. Please attach additional sheets/supplemental materials if necessary**. |
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| 1. IMPACT CONTROLS/ADMINISTRATION OF IMPACT FUNDS |
| **Please provide detail regarding the controls that will be used to ensure that funds will only be used to address the specific impact. If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.** |
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| 1. RELEVANT EXCERPTS FROM HOST OR   **SURROUNDING COMMUNITY AGREEMENTS** |
| **Please describe and include excerpts from any relevant sections of any Host or Surrounding Community Agreement. Please explain how this impact was either anticipated or not anticipated in that Agreement.** |
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| **CERTIFICATION BY MUNICIPALITY/GOVERNMENTAL ENTITY** | | |
| On behalf of the aforementioned municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application. | | |
| **Signature of Responsible Municipal Official/Governmental Entity** |  | **Date** |

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| **APPROVAL OF THE MASSACHUSETTS GAMING COMMISSION** | | |
| On behalf of the Massachusetts Gaming Commission, the Commission hereby authorizes the payment from the Community Mitigation Fund in accordance with M.G.L. c. 23K as outlined in this Application. | | |
| **Executive Director** |  | **Date** |
| **Ombudsman** |  | **Date** |

**INSTRUCTIONS FOR FILING FOR**

**2015 COMMUNITY MITIGATION FUND APPLICATION**

If a Community is filing for a mitigation reserve fund only, **please check the box on page 1** and fill out all the boxes in blue. **Skip grayed boxes 1-4. Detail regarding the use of the reserve fund can be provided to the Commission on a rolling basis upon consultation with the Commission (See Guidelines on page 6).**

If a Community or other Applicant has a specific impact, **please fill out entire application form.**

If a Community or other Applicant is requesting both a reserve fund and has a specific impact**, please fill out the entire application form.**

**Any questions contact: John S. Ziemba, Ombudsman**

**101 Federal Street, 23rd Floor, Boston, MA 02110**

**(617) 979-8423**

[**john.s.ziemba@state.ma.us**](mailto:john.s.ziemba@state.ma.us)

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Applications must be sent electronically **and** via regular mail. An application received by the Commission either electronically or via regular mail by February 2, 2015 will meet the application deadline.

**Applications should be sent to the:**

**Massachusetts Gaming Commission**

**2015 Community Mitigation Fund**

**Attn: Ombudsman John Ziemba**

**101 Federal Street, 23rd Floor, Boston, MA 02110**

**And via e-mail to:**

[**john.s.ziemba@state.ma.us**](mailto:john.s.ziemba@state.ma.us)