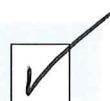




**Massachusetts Gaming Commission**  
**101 Federal Street, 12th Floor**  
**Boston, MA 02110**

**2016 COMMUNITY MITIGATION FUND  
 RESERVE / SPECIFIC IMPACT APPLICATION**

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



**APPLICATIONS DUE NO LATER THAN FEBRUARY 1, 2016.**

*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 1, 2016, you do not need to complete grayed boxes 1-4.*

*City of Attleboro*

1. NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT

2. DEPARTMENT RECEIVING FUNDS

*Mayor Kevin J. Dumas*

3. NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS

*77 Park St., Attleboro, MA 02703*

4. ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS

*508-223-2222 x3221 Mayor@CityofAttleboro.us*

5. PHONE # AND EMAIL ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS

*Same as above*

6. NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY

*Same as above*

7. ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY

*Same as above*

8. PHONE # AND EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY

9. NAME OF GAMING LICENSEE

**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.

**2. 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.

**3. 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.

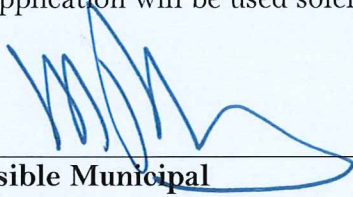
**4. RELEVANT EXCERPTS FROM HOST OR SURROUNDING COMMUNITY AGREEMENTS**

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.



**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.



1/28/16

\_\_\_\_\_  
Signature of Responsible Municipal  
Official/Governmental Entity

\_\_\_\_\_  
Date

**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