



**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 Everett

1. NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT

City of Everett

2. DEPARTMENT RECEIVING FUNDS

Eric Demas, Chief Financial Officer

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

484 Broadway, Everett, MA 02149

4. ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS

617-394-2210 and eric.demas@ci.everett.ma.us

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

Carlo DeMaria, Mayor

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

484 Broadway, Everett, MA 02149

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

617-394-2270 and mayorcarlo.demaria@ci.everett.ma.us

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

Wynn Everett

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.



11/14/16

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