



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.*

1.	TOWN OF HAMPDEN NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT
2.	BOARD OF SELECTMEN DEPARTMENT RECEIVING FUNDS
3.	JOHN D. FLYNN, SELECTMAN NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS
4.	625 MAIN ST HAMPDEN, MA 01036 ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS
5.	413-566-2151 x101 SELECTMEN@HAMPDEN.ORG PHONE # AND EMAIL ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS
6.	JOHN D. FLYNN, SELECTMAN NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
7.	625 MAIN ST, HAMPDEN, MA 01036 ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
8.	413-566-2151 x100 SELECTMEN@HAMPDEN.ORG PHONE # AND EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
9.	MGM 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**

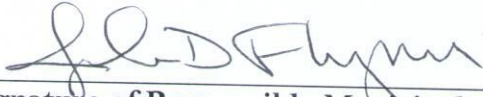
Please provide detail regarding the controls that will be used to ensure that funds will only be used to address the specific impact. If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.

**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.



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

1-27-2016

\_\_\_\_\_  
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