



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.

Town of North Attleborough

1. NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT

Board of Selectman

2. DEPARTMENT RECEIVING FUNDS

Christopher Sweet, Treasurer/Collector

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

43 South Washington Street, North Attleborough, MA 02760

4. ADDRESS OF INDIVIDUAL RESPONSIBLE FOR HANDLING OF FUNDS

508-699-0114 csweet@nattleboro.com

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

Michael H. Gallagher, Town Administrator

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

43 South Washington Street, North Attleborough, MA 02760

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

508-699-0100 mgallagher@nattleboro.com

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

Plainridge Park Casino,

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

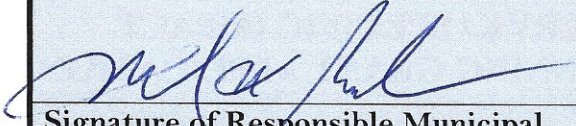
Please provide detail regarding the controls that will be used to ensure that funds will only be used to address the specific impact. If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.

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.



01-27-2016

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



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**INSTRUCTIONS FOR FILING FOR THE
2016 COMMUNITY MITIGATION FUND RESERVE / SPECIFIC IMPACT
APPLICATION OR 2016 TRANSPORTATION PLANNING GRANT APPLICATION**

1. 2015 Mitigation Reserve Fund - continuation

Note: Communities that received approval of the 2015 Mitigation Reserve Fund request **do not** need to submit any application to preserve its reserve in 2016.

2. 2016 Mitigation Reserve Fund Only

If a Community is filing for a **mitigation reserve fund only**, please use the application entitled “**2016 COMMUNITY MITIGATION FUND RESERVE / SPECIFIC IMPACT APPLICATION**”, **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.

3. 2016 Community Mitigation Fund Specific Impact Application

If a Community or other Applicant has a **specific impact**, please use the application entitled “**2016 COMMUNITY MITIGATION FUND RESERVE / SPECIFIC IMPACT APPLICATION**” and fill out **entire application form**.

4. 2016 Community Mitigation Reserve Fund and 2016 Community Mitigation Fund Specific Impact Application

If a Community or other Applicant is requesting **both a 2016 Mitigation Reserve Fund and has a specific impact**, please fill out the **entire application form** entitled “**2016 COMMUNITY MITIGATION FUND RESERVE / SPECIFIC IMPACT APPLICATION**”.

5. 2016 Transportation Planning Grant Application

If a Community is filing for a **2016 Transportation Planning Grant**, please use the application entitled “**2016 TRANSPORTATION PLANNING GRANT APPLICATION**”. Please fill out the **entire application form**.

**Any questions contact: John S. Ziemba, Ombudsman
101 Federal Street, 12th Floor, Boston, MA 02110
(617) 979-8423 or john.s.ziemba@state.ma.us**

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An application must be received by February 1, 2016 to meet the application deadline.

Applications should be sent to: www.commbuys.com. Applicants that are not part of the COMMBUYS system should contact Mary Thurlow of the Commission’s Ombudsman’s Office well in advance of the February 1, 2016 deadline to make arrangements for submission of the application by the deadline. Mary Thurlow can be contacted at 617-979-8420 or at mary.thurlow@state.ma.us.

If you have any questions regarding COMMBUYS, please contact COMMBUYS Help Desk assistance at 1-888-627-8283 or COMMBUYS@state.ma.us.