



19

**COMMUNITY
MITIGATION
FUND**

APPENDIX E

Workforce Development Pilot Program Grant Application
BD-19-1068-1068C-1068L- 33629

Please complete the entire Application.

1.	NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT
2.	NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
3.	ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
4.	PHONE # AND EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
5.	NAME AND TITLE OF CONTRACT MANAGER RESPONSIBLE FOR HANDLING OF FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
6.	ADDRESS OF CONTRACT MANAGER RESPONSIBLE FOR HANDLING OF FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
7.	PHONE # AND EMAIL ADDRESS OF CONTRACT MANAGER ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
8.	NAME OF GAMING LICENSEE

1. IMPACT DESCRIPTION

Please describe in detail the impact that is attributed to the construction or operation of a gaming facility. Please provide support that the construction or operation of the gaming facility caused or is causing the impact.

2. PROPOSED MITIGATION (Please attach additional sheets/supplemental materials if necessary.)

a. Please identify the amount of funding requested

b. Please identify below the manner in which the funds are proposed to be used.

c. 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.

d. Please describe how the mitigation request will address the specific impact indicated.

3. CONNECTION TO GAMING FACILITY

Please provide specificity/evidence that the requested funds will be used to address issues or impacts directly related to the gaming facility.

4. SCOPE OF PROJECT

Please describe the scope of the Project including description of training/education program, topics, number of hours, number of individuals to be served, location, cities and towns served, and deliverables.

5. COLLABORATIVE PARTNERS

a. Please define the roles of the applicant and any collaborative partners.

b. Please list any matched funds or other leveraged resources and program supports provided by partners

6. MEASUREMENT OF IMPACT

Please describe how you propose to measure the impact of your program including indicators proposed to measure results.

7. 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.

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

SPECIMEN