

APPENDIX H

Transit Project(s) of Regional Significance Grant Application ("TPRS") BD-19-1068-1068C-1068L- 33629

Please complete the entire Application.

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

| 1. IMPACT DESCRIPTION |
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Please describe in detail the regional impact or potential regional impact that is attributed to the construction or operation of a gaming facility that may be remediated by the proposed transit project of regional significance. Please provide support for the determination that the construction or operation of the gaming facility caused, is causing or otherwise may cause the impact.

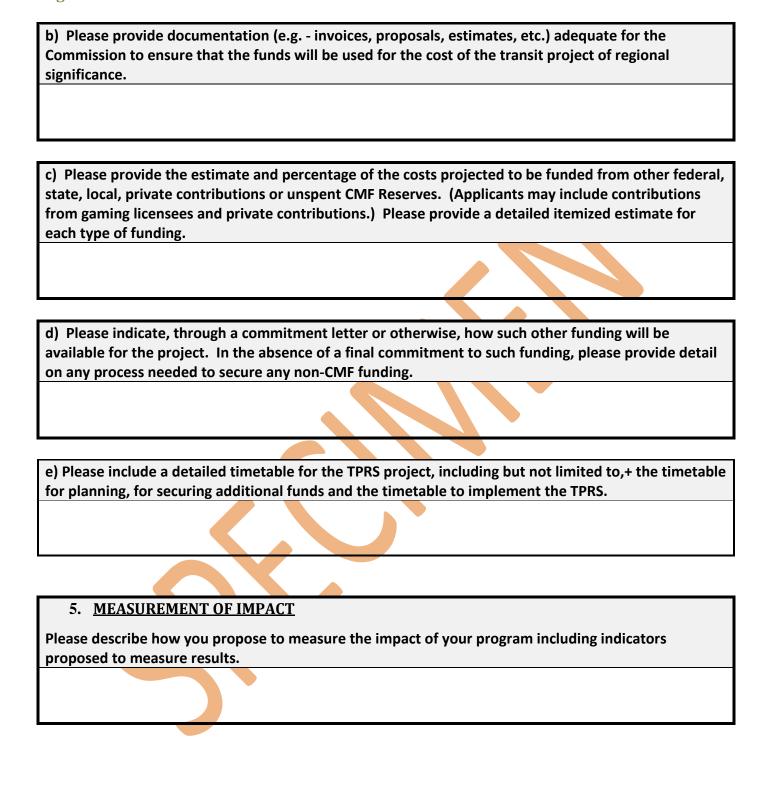
- 2. <u>PROPOSED MITIGATION (Please attach additional sheets/supplemental materials if necessary.)</u>
- a) Please describe how you propose to use to expand regional transit connections to the gaming facility using CMF Funds.
- b) Please describe how the mitigation request will address the specific impact 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. BUDGET & TIMELINE

a) Please identify the amount of funding requested.



| Page 4 6. IMPACT CONTROLS/ADMINISTRATION OF IMPACT FUNDS |
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| 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. |
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| 7. CONSULTATION WITH MASSDOT/ REGIONAL TRANSIT AGENCY (RTA) / REGIONAL PLANNING AGENCY (RPA) AND NEARBY COMMUNITIES |
| Please provide details about the Applicant's consultation with MassDOT, the Regional Transit Agency/MBTA and the Regional Planning Agency serving the community, and nearby communities to determine the potential for cooperative regional efforts regarding planning activities. |
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| 8. 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. |
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| 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 |

Date

Application.

Signature of Responsible Municipal

Official/Governmental Entity