



FY 2026 Municipal Community Mitigation Fund Grant Application

Application Instructions:

- I. All applications must be received by the Massachusetts Gaming Commission by January 31st, 2025, at 11:59 p.m. to be considered for funding for the FY 2026 grant round.
- II. Each municipality may only submit **ONE** application as a Word Document.
- III. Each project must have its own form within the appropriate category. Forms can be found below as Parts A-E. If there is more than one project in a category, please copy the form. All attachments should directly follow the relevant project form.
- IV. Be sure to fill in all the information requested on the application. Applications that are left incomplete will not be accepted.
- V. All applications must submit a detailed scope of work and timeline for implementation for all projects identified in the application.
- VI. All applications must contain appropriate backup materials that support the application.
- VII. The Municipal Grant Manager will be the person responsible for compiling the information for the quarterly reports. The application must be signed by the municipal administrator or an individual with signatory authority. Submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov or as a response to the COMMBUYS BID BD25-1068- 1068C-1068L-107735

For more detailed instructions as well as the full FY 2026 Application Guidelines visit

<https://massgaming.com/about/community-mitigation-fund/>

Municipal Grant Manager Information:
Applicant:
Vendor Code:
Name:
Title:
Email Address:
Telephone:
Address:

Grant Budget Summary

Your community's FY 2026 proposed allocation can be found at <https://massgaming.com/about/community-mitigation-fund/>. Use the space below to total all requests by category. Please clarify how many discreet projects your community plans to undertake per category.

Total FY 2026 Allocation:		
Application Totals by Category	# of Projects	Requested Amount
A. Community Planning		
B. Public Safety		
C. Transportation		
D. Gambling Harm Reduction		
E. Specific Impact		
TOTAL		\$

I. Are you requesting a waiver for any program requirement?

Yes

No

II. If yes, you must fill out a CMF Municipal Waiver Form. The waiver form can be found as Appendix E to the RFR on COMMBUYS or online at <https://massgaming.com/about/community-mitigation-fund/forms/>. Applications without a completed waiver form will not be considered for a waiver.

Budget Category Summary

Use the space below to provide an overview of all projects to be covered by this funding. You may add as many items as is pertinent to your application (you can add rows by right clicking on the row and selecting "add row"). Please provide a category, name, brief description, and amount for each item.

Category	Project Name	Description	Amount
A. Community Planning			
B. Public Safety			
C. Transportation			
D. Gambling Harm Reduction			
E. Specific Impact			

Applicant Certification

On behalf of the aforementioned applicant, I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this application.

Signature:

Date:

Name and Title of Signatory:

Part A-Community Planning - The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, requests for proposals, detailed scopes of work, drawings etc.

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact <i>(if applicable)</i>	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget

	TOTAL:		
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Part B- Transportation The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, requests for proposals, detailed scopes of work, etc.

Project Name:	
Please provide below the contact information for the individual managing this aspect of the grant. If there are multiple people involved in the grants management, please add more lines to accommodate their information.	
Project Contact:	Additional Project Contact <i>(if applicable)</i>
Name:	Name:
Title:	Title:
Department:	Department:
Email Address:	Email Address:
Telephone:	Telephone:
Address:	Address:
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility causes or is causing the impact (i.e., surveys, data, reports, etc.)</p>	
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>	

Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget

	TOTAL:		
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Part C- Public Safety - The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, catalog cuts of proposed equipment purchases, quotes, training course syllabus, etc.

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact:		Additional Project Contact <i>(if applicable)</i>	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

Part D- Gambling Harm Reduction- The application should include sufficient backup information for the review team to fully understand the project(s). This information could include other relevant research, Requests for Proposals, etc.

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant			
Project Contact:		Additional Project Contact <i>(if applicable)</i>	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget

	TOTAL:		
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Part E- Specific Impact If you are applying for a SI grant you should reach out in advance to MGC Staff to ensure project eligibility. A community may also use this Specific Impact Grant to break out administrative and staffing costs associated with the grant as a whole. -

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact:		Additional Project Contact <i>(if applicable)</i>	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. This category is for projects that do not fit in any other category but may use any impacts identified in the FY 2026 Guidelines that are relevant. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget

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	TOTAL:		
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