



22

COMMUNITY
MITIGATION
FUND

APPENDIX C – SPECIFIC IMPACT GRANT APPLICATION

BD-22-1068-1068C-1068L-68403

Please complete each section of this Application

1. PROJECT INFORMATION

a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT AND VENDOR CODE	
	VENDOR CODE:

b) PROJECT NAME (LIMIT 10 WORDS)

c) BRIEF PROJECT DESCRIPTION (LIMIT 50 WORDS)

d) CONTACT PERSON(S)/TITLE (Persons with responsibility for this grant)

e) PHONE # AND EMAIL ADDRESS OF CONTACT PERSON(S)

f) MAILING ADDRESS OF CONTACT PERSON(S)

2. IMPACT DESCRIPTION/CONNECTION TO GAMING FACILITY

a) Please describe in detail the impact that is attributed to the operation of a gaming facility.

b) Please provide documentation, specificity 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)

c) How do you anticipate your proposed remedy will address the identified impact?

3. PROPOSED USE OF SPECIFIC IMPACT MITIGATION FUNDS. (Please attach additional sheets/supplemental materials if necessary.)

a) Please identify the amount of funding requested. In determining the funding request, please round up to the nearest hundred dollars.

b) Please identify below the manner in which the funds are proposed to be used. Please provide detailed scope, budget and timetable for the use of funds.

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 operation of a gaming establishment.

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

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e) How will you provide the data for reporting? How will you measure the effectiveness of the proposed project in mitigating impacts?

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4. RELEVANT EXCERPTS FROM HOST OR SURROUNDING COMMUNITY AGREEMENTS

a) Please describe and include excerpts from any relevant sections of any Host or Surrounding Community Agreement.

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b) Please explain how this impact was either anticipated or not anticipated in that Agreement.

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5. INTERNAL CONTROLS/ADMINISTRATION OF FUNDS

a) Please provide detail regarding the controls that will be used to ensure that funds will only be used to address the impact.

b) Will any non-governmental entity receive funds? If so, please describe. 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.

6. 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

(print name)

Title:

Date: _____