



FY 2026 Regional Agency 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 Agency may only submit ONE application as a Word Document.
- III. Each project must have its own form within the appropriate category. 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 of the project identified in the application.
- VI. All applications must contain appropriate backup materials that support the application.
- VII. The Grant Manager will be responsible for compiling the information for the quarterly reports and the submittal of the quarterly reports.
- VIII. The application must be signed by the agency's CEO or an individual with signatory authority.
- IX. The Regional Agency Grant is broken into three segments. Please only fill out the section relevant to your application.
 - a. Part A – Regional Planning
 - b. Part B – Regional Public Safety
 - c. Part C – Regional Workforce Development
- X. Submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov or as a response to the COMMBUYS BID- BD245-1068- 1068C-1068L-107735

For more detailed instructions as well as the full FY 2026 Application Guidelines visit <https://massgaming.com/about/community-mitigation-fund/>

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

Budget 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. Please use the appropriate category below for your agency.

Category	Project Name	Description	Amount
A. Regional Planning			
B. Regional Public Safety			
C. Workforce Development			
Total Request			

Are you requesting a waiver for any program requirement? Yes No

Applicant Certification

- I. If yes, you must fill out a CMF Regional Agency Waiver Form. The waiver form can be found as Appendix F 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.

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-Regional 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 (if applicable)	
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 region. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact and that the issue is regional in nature (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 B - Regional 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 region. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. 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., casino related crime statistics, other relevant 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>			
<p>Proposed MGC Grant Budget</p>			
<p>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.</p>			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

Part C - Workforce Development- The application should include sufficient backup information for the review team to fully understand the project(s). This information could include other relevant workforce statistics and economic models.

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 region. Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. Please provide documentation or evidence that supports 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. Please describe the deliverables, including the number of individuals to be served, number of hours, projected outcomes, location of program, cities and towns served.</p>			
<p>Proposed MGC Grant Budget</p>			
<p>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.</p>			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		