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**COMMUNITY
MITIGATION
FUND**

APPENDIX D - TRANSPORTATION PLANNING GRANT APPLICATION

BD-21-1068-1068C-1068L-56499

Please complete entire the Application

1. PROJECT INFORMATION
a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT
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 transportation related 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 TRANSPORTATION PLANNING FUNDS (Please attach additional sheets/supplemental materials if necessary.)

a) Please identify the amount of funding requested.

b) Please identify the manner in which the funds are proposed to be used. Please provide a 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.

d) Please describe how the mitigation request will address the impact indicated. Please attach additional sheets/supplemental materials if necessary.

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

f) For joint grant requests, please state the amount requested for the joint request. Please also state the amount of any Regional Planning Incentive Award requested and provide separate detail on the use of these additional funds.

4. CONSULTATION WITH MASSDOT/REGIONAL PLANNING AGENCY (RPA)/NEARBY COMMUNITIES

a) Please provide details about the Applicant's consultation with MassDOT to determine the potential for cooperative regional efforts regarding planning activities.

b) Please provide details about the Applicant's consultation with the Regional Planning Agency serving the community and nearby communities to determine the potential for cooperative regional efforts regarding planning activities.

5. MATCHING FUNDS FROM GOVERNMENTAL OR OTHER ENTITY

a) Please demonstrate that the governmental or other entity will provide significant funding to match or partially match the assistance required from the Community Mitigation Fund.

b) Please provide detail on what your community will contribute to the planning projects such as in-kind services or planning funds.

6. RELEVANT EXCERPTS FROM HOST OR SURROUNDING COMMUNITY AGREEMENTS AND MASSACHUSETTS ENVIRONMENTAL POLICY ACT (MEPA) DECISION

a) Please describe and include excerpts regarding the transportation impact and potential mitigation from any relevant sections of any Host or Surrounding Community Agreement.

b) Please provide a demonstration that such mitigation measure is not already required to be completed by the licensee pursuant to any regulatory requirements or pursuant to any agreements between such licensee and applicant.

c) Please also briefly summarize and/or provide page references to the most relevant language included in the most relevant MEPA certificate(s) or comment(s) submitted by the community to MEPA.

d) Please explain how this transportation impact was either anticipated or not anticipated in that Agreement or such MEPA decision.

e) If transportation planning funds are sought for mitigation not required under MEPA, please provide justification why funding should be utilized to plan for such mitigation.

7. 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 plan to address this transportation 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.

*No Community is eligible for more than one
Transportation Regional Planning Incentive Award.*

8. 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.

Date: _____

**Signature of Responsible Municipal
Official/Governmental Entity**

(print name)

Title: