



Massachusetts Gaming Commission  
101 Federal Street, 12th Floor  
Boston, MA 02110

APPENDIX E

**2018 COMMUNITY MITIGATION FUND**  
*Workforce Development Pilot Program Grant Application*  
**BD-18-1068-1068C-1068L-22137**

*Please complete the entire Application.*

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

**1. IMPACT DESCRIPTION**

Please describe in detail the impact that is attributed to the construction of a gaming facility. Please provide support for the determination that the construction of the gaming facility caused or is causing the impact.

**2. PROPOSED MITIGATION**

- (a) Please identify the amount of funding requested.
- (b) Please identify below the manner in which the funds are proposed to be used.
- (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 construction of a proposed gaming establishment.
- (d) Please describe how the mitigation request will address the specific impact indicated.
- (e) Please attach additional sheets/supplemental materials if necessary.

**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. SCOPE OF PROJECT**

Please describe the scope of the Project including description of training/education program, topics, number of hours, number of individuals to be served, location and deliverables. Please describe the roles of the Applicant and any collaborative partners.

**5. MEASUREMENT OF IMPACT**

Please describe how you propose to measure the impact of your program including indicators proposed to measure results.

**6. IMPACT CONTROLS/ADMINISTRATION OF IMPACT FUNDS**

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.

**7. 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.

**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

\_\_\_\_\_  
Date