



21

COMMUNITY  
MITIGATION  
FUND

\_\_\_ check if a joint application

**Appendix E – Workforce Development Program Application  
BD21-1068-1068C-1068L-56499**

*Please complete the entire Application.*

**1. PROJECT INFORMATION**

<b>a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT</b>

<b>b) PROJECT NAME (LIMIT 10 WORDS)</b>

<b>c) BRIEF PROJECT DESCRIPTION (LIMIT 50 WORDS)</b>

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

<b>e) PHONE # AND EMAIL ADDRESS OF CONTACT PERSON(S)</b>

<b>f) MAILING ADDRESS OF CONTACT PERSON(S)</b>

**2. IMPACT DESCRIPTION/CONNECTION TO GAMING FACILITY**

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

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b) Please provide specific 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)

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c) Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment.

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d) How do you anticipate your proposed remedy will address impact?

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**3. SCOPE/ PROPOSED USE OF WORKFORCE DEVELOPMENT MITIGATION FUNDS**

a) Please provide a brief summary of the scope/proposal, including the amount requested.

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**b) Please identify in detail the manner in which the funds are proposed to be used. Include a timetable for the programming described.**

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**c) Please describe the deliverables, including number of individuals to be served, number of hours, projected outcomes, location of program, cities and towns served.**

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**d) If applying for either supplemental award funding (regional need or regional collaboration) please state which award, funding amount requested and provide specific justification/support for the request. Include information about how the additional funding will be utilized, if granted.**

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**e) Please provide information regarding any meetings (include dates) and communications with Licensees and related industries regarding specific workforce needs and what feedback they provided.**

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**f) Please provide detailed budget(s). (If applying for supplemental award funding for regional need or regional collaboration, a separate budget should be provided to demonstrate how the additional funding will be allocated.)**

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**g) 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 proposed gaming establishment.**

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**4. COLLABORATIVE PARTNERS**

**a) Please list any collaborative partners and subgrantees. Define the roles of each entity.**

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**b) Please list any matched funds or other leveraged resources and program supports provided by local communities, state or private funders or other partners**

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**c) Please describe your plans to ensure outreach to local and diverse communities.**

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**5. MEASUREMENT OF IMPACT**

**a) How will you measure the effectiveness of the proposed project in mitigation impacts? How will you provide the data for reporting? Include indicators proposed to measure results.**

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

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

b) 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. 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: \_\_\_\_\_

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
Title: