



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

APPENDIX G

2018 COMMUNITY MITIGATION FUND

**2018 RESERVE PLANNING GRANT / TRIBAL GAMING TECHNICAL ASSISTANCE
APPLICATION**

BD-18-1068-1068C-1068L-22137

Please complete the entire application.

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

1. IMPACT DESCRIPTION

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

2. PROPOSED USE OF PLANNING FUND

- 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 planning to mitigate the impact from the construction or operation of a proposed gaming establishment.
- d) Please describe how the planning 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 fund will be used to address issues or impact directly related to the gaming facility.

4. IMPACT CONTROLS/ADMINISTRATION OF IMPACT FUNDS

Please provide detail regarding the controls that will be used to ensure that funds will only be used in planning 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.

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

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.

6. MATCHING FUNDS FROM GOVERNMENTAL OR OTHER ENTITY

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

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

- a) Please describe and include excerpts regarding the impact and potential mitigation from any relevant sections of the community’s Host or Surrounding Community Agreement.
- b) Where applicable, 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.
- c) Please explain how this impact was either anticipated or not anticipated in that Agreement or such MEPA decision.
- d) If planning funds are sought for mitigation not required under MEPA, please provide justification why funding should be utilized to plan for such mitigation. For example, a community could provide information on the significance of potential impacts if the impact exceeds projected estimates.

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: