



22

COMMUNITY
MITIGATION
FUND

APPENDIX G – TRIBAL GAMING TECHNICAL ASSISTANCE APPLICATION

BD-22-1068-1068C-1068L-68403

Please complete entire Application

1. PROJECT INFORMATION

a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT AND VENDOR CODE

	Vendor Code:
--	--------------

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 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 MITIGATION (Please attach additional sheets/supplemental materials if necessary.)

a) Please identify the amount of funding requested. In determining the funding request, please round up to the nearest hundred dollars.

b) Please identify below 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 from the operation of a proposed gaming establishment.

d) Please describe how the mitigation request will address the impact indicated.

4. INTERNAL CONTROLS/ADMINISTRATION OF IMPACT FUNDS

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

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

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.

--

7. 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) 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 transportation 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 trip generation totals exceed projected estimates.

--

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: