



FY 2025 Municipal Community Mitigation Fund Grant Application

Application Instructions:

- I. All applications must be received by the Massachusetts Gaming Commission by January 31st, 2024, at 11:59 p.m. to be considered for funding for the FY 2025 grant round.
- II. Each Municipality may only submit ONE application as a Word Document.
- III. Each project must have its own form within the appropriate category. Forms can be found below as Parts A-E. If there is more than one project in a category, please copy the form. Provide a form and attachments for each project. All attachments should directly follow the relevant project form.
- IV. Be sure to fill in all the information requested on the application. Applications that are left incomplete will not be accepted.
- V. The application must be signed by the municipal administrator or an individual with signatory authority.
- VI. Submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov or as a response to the COMMBUYS BID BD24-1068-1068C-1068L-95061

For more detailed instructions as well as the full FY 2025 Application Guidelines visit

<https://massgaming.com/about/community-mitigation-fund/>

Municipal Grant Manager Information:	
Applicant:	City of Attleboro, Massachusetts
Vendor Code:	VC6000192071
Name:	Gary G. Ayrassian
Title:	Director of Planning and Development
Email Address:	cityplanner@cityofattleboro.us
Telephone:	508.223.2222, ext. 3143
Address:	77 Park Street, Government Center, Attleboro, MA 02703

For full guidelines please see www.massgaming.com/about/community-mitigation-fund/application-guidelines/

Grant Budget Summary

Your community's FY 2025 proposed allocation can be found at <https://massgaming.com/about/community-mitigation-fund/>. Use the space below to total all requests by category. Please clarify how many discreet projects your community plans to undertake per category.

Total FY 2025 Allocation:		
Application Totals by Category	# of Projects	Requested Amount
A. Community Planning		
B. Public Safety		
C. Transportation	1	\$60,700.00
D. Gambling Harm Reduction		
E. Specific Impact		
TOTAL:		\$60,700.00

- I. Are you requesting a waiver for any program requirement?
 Yes ☐
 No ☒
- II. If yes, you must fill out a CMF Municipal Waiver Form. The Waiver form can be found as Appendix E to the RFR on COMMBUYS or online at <https://massgaming.com/about/community-mitigation-fund/forms/>. Applications without a completed waiver form will not be considered for a waiver.

Budget Category Summary

Use the below space to provide an overview of all projects to be covered by this funding. You may add as many items as is pertinent to your application (you can add rows by right clicking on the row and selecting "add row"). Please provide a category, name, brief description, and amount for each item.

Category	Project Name	Description	Amount
A. Community Planning			
B. Public Safety			
C. Transportation	1	Demolition of existing handicap ramp and stairway structure accessing the pedestrian footbridge over the Ten Mile River that connects the Balfour Riverwalk (located on the east side of the river) to pedestrian path that links to Highland Park neighborhoods (located on the west side of the river), construction of a new handicap ramp and stairway structure accessing the pedestrian footbridge, removing and replacing all	\$60,700.00

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		floorboards and side panels on the existing pedestrian footbridge, upgrading and restoring the pedestrian walkway connecting to Riverbank Road, as well as designing and permitting expenses.	
D. Gambling Harm Reduction			
E. Specific Impact			

Applicant Certification

On behalf of the aforementioned applicant, I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this application.

Signature:



Date:

1-30-24

Name and Title of Signatory:

Cathleen DeSimone, MAYOR

January 30, 2024

Part A-Community Planning

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact (if applicable)	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 8-9). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide 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, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
<p style="text-align: center;">Proposed MGC Grant Budget</p> <p>Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.</p>			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

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Part B- Transportation

Project Name:	
Please provide below the contact information for the individual managing this aspect of the grant. If there are multiple people involved in the grants management, please add more lines to accommodate their information.	
Project Contact	Additional Project Contact (if applicable)
Name: Gary G. Ayrassian	Name:
Title: Director of Planning and Development	Title:
Department: Department of Planning and Development	Department:
Email Address: cityplanner@cityofattleboro.us	Email Address:
Telephone: cityplanner@cityofattleboro.us	Telephone:
Address: 77 Park Street, Government Center, Attleboro, MA 02703	Address:
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 10-11). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide 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, etc.)</p>	
<ul style="list-style-type: none"> Increased traffic associated with the gaming establishment may result in increased bicycle/pedestrian conflicts. Increased traffic associated with the gaming establishment may cause localized increases in air pollution due to congestion. 	
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>	
<p>The existing handicap ramp and stairway structure accessing the pedestrian footbridge over the Ten Mile River, which connects the Balfour Riverwalk to the pedestrian path that links to Highland Park neighborhoods, is in dreadful and severe physical condition due to overuse use and weathering. This handicap ramp and stairway structure connects to the pedestrian footbridge that spans the channelized portion of the Ten Mile River in Downtown Attleboro, which connects the Balfour Riverwalk (a 4-acre urban verdant green) to a pedestrian walkway that links to Highland Park neighborhoods. The purpose of this project is to demolish this existing handicap ramp and stairway structure, construct a new handicap ramp and stairway structure, remove and replace all floorboards and railing side boards on the existing pedestrian footbridge, upgrade and restore the pedestrian walkway connecting to Riverbank Road, as well as for design services and permitting expenses.</p>	

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Proposed MGC Grant Budget Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline¹	QTY	Budget
Design	7.15.24 – 8.2.24	N/A	\$2,500.00
Demolition	8.12.24 – 8.19.24	N/A	\$5,000.00
Construction Materials for: (a) handicap ramp and stairway structure, and (b) floorboards and railing side boards for the pedestrian footbridge	N/A	Quantities of fasteners, lumber/fiber-reinforced polymer not yet determined	\$12,200.00
Construction Materials for pedestrian walkway (processed gravel, weed barrier matting)	N/A	Volume of gravel = 135 tons Weed Barrier Matting = 4 @ 300 sq. ft. rolls of matting	\$3,000.00
Construction (labor)	9.2.24 – 10.11.24	N/A	\$33,000.00
Dumpster	8.12.24 – 10.11.24	1	5,000.00
	TOTAL:		\$60,700.00

¹Assuming an July 15, 2024 start time.

Part C- Public Safety

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant			
Project Contact		Additional Project Contact (if applicable)	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 12-13). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide 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, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

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Part D- Gambling Harm Reduction

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant			
Project Contact		Additional Project Contact (if applicable)	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 14-15). If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide 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, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

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Part E- Specific Impact

Project Name:			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact (if applicable)	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. This category is for projects that do not fit in any other category but may use any impacts identified in the FY 2025 Guidelines that are relevant. If you are using an impact not identified in the guidelines, please use the space below to identify the impact. Please provide 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, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

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