**2023 Gambling Harm Reduction Planning Grant Application**

**Bid No. BD-23-1068-1068C-1068L-81256**

All completed applications must be sent by January 31st to be considered for funding for the 2023 Grant Round. Please submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov.

For more detailed instructions as well as the 2023 Application Guidelines please visit <https://massgaming.com/about/community-mitigation-fund/>

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| 1. **Project Summary**
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| **Legal Name of Applicant:**  |
| **Project Name (Please limit to 5 words):**  |
| **Amount Requested:**  |
| **Brief Project Description (approx. 50 words):** *Please use this space to provide a high-level overview of what your project entails.*  |

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| 1. **Applicant Contact Information**

Please provide below the manager for this grant and any other individuals you would like to be copied on all correspondence.  |
| **Grant Manager:**  |
| **Email Address:**  |
| **Telephone Number:**  |
| **Address:**  |
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| **Contact II:**  |
| **Role:**  |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |
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| **Contact III:** |
| **Role:** |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |
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| 1. **Detailed Project Description & Mitigation**
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| 1. Please describe in as much detail as you can the potential impact that may be attributed to the operation of a gaming facility that you would like to study. Is there any preliminary evidence that this issue exists.

Explain the importance of the topic or question that the proposed project addresses. State concisely the aims of the proposed study. |
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| 1. *(If applicable)* Please explain how this impact was not anticipated in the Applicant’s Host or Surrounding Community Agreement.
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| 1. What methodology do you believe would be effective at answering the question or measuring the topic proposed? For example, Literature Review, Key Informant Interviews, Focus Groups, Primary Data Collection, Secondary Public Data Collection etc.
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| 1. What community partners do you plan to engage with and how do you plan to engage with them?
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| 1. **Scope, Budget, and Timeline**
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| **Applicant:**  | **Vendor Code:** |
| **Total Grant Amount Requested:** | **Estimated Total Project Cost:**  |

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| **Scope of Work**Please include below a breakdown of the proposed work. The project scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.  |
| *a.**b.**c.* |

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| **Proposed MGC Grant Budget**Please use the following table to outline the budget of your project. Include any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation. In determining the funding request, please round up to the nearest hundred dollars. |
| **Timeline** | **Description of Purchase/Work** | **QTY** | **Budget**  |
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|  |  |  |  |
|  |  |  |  |
|  | **TOTAL:** |  |  |
| **Funding Source** | **Description of Purchase/Work** | **QTY** |  |
| In Kind Services |  |  |  |
| Federal  | . |  |  |
| State |  |  |  |
| Local Match |  |  |  |

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| 1. **Waiver**

If you are applying for a waiver, please submit the Waiver Form with your application. The form can be found at [www.massgaming.com/about/community-mitigation-fund/forms/](http://www.massgaming.com/about/community-mitigation-fund/forms/)  |
| **Are you applying for a waiver?** |
| **\_\_\_ Yes** | **\_\_\_ No**  |

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| 1. **Please provide a brief description of each attachment.**
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| 1. **Applicant Certificate**
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| **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.**    |
|   |   | **Date:**  |
| **Signature of Applicant/Responsible Municipal Official/Governmental Entity**  |   |   |
|    |   |   |
| (print name)  |   |   |
|    |   |   |
| Title:  |   |   |

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