



FY 2025 Regional Agency 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 Agency may only submit **ONE** application as a Word Document.
- III. Each project must have its own form within the appropriate category. 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 agency’s CEO or an individual with signatory authority.
- VI. The Regional Agency Grant is broken into three segments. Please only fill out the section relevant to your application.
 - a. Part A – Regional Planning
 - b. Part B – Regional Public Safety
 - c. Part C – Regional Workforce Development
- VII. **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/>

Grant Manager Information:
Applicant: Sheriff’s Department Hampden (SDH)
Vendor Code: N/A
Name: Angie Savageau
Title: Program Supervisor
Email Address: angie.savageau@sdh.state.ma.us
Telephone: 413-858-0041
Address: 627 Randall Road, Ludlow MA. 01056

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

Budget 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. Please use the appropriate category below for your agency.

Category	Project Name	Description	Amount
A. Regional Planning			
B. Regional Public Safety	SDH Regional Public Safety FY2025	Hampden County Sheriff’s Office (HCSO) in its ninth of a ten year lease due to the relocation of Western Massachusetts Recovery and Wellness Center (WMRWC) from 26 Howard Street to 155 Mill Street Springfield, MA, has experienced a significant lease offset due to the forced move for the MGM Casino.	\$400,000.00
C. Workforce Development			
Total Request			\$400,000.00

- I. Are you requesting a waiver for any program requirement?
 Yes
 No

- II. **If yes**, you must fill out a CMF Regional Agency Waiver Form. The waiver form can be found as Appendix F 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.

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:

1/29/2024

 Date:

Nicholas Cocchi, Sheriff, Hampden County

 Name and Title of Signatory:

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

Part A-Regional 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 region. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact and that the issue is regional in nature (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:		

Part B-Regional Public Safety

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

Project Name: SDH Regional Public Safety FY2025	
Please provide below the contact information for the individual managing this aspect of the grant.	
Project Contact	Additional Project Contact (if applicable)
Name: Angie Savageau	Name: Christopher Gelonese
Title: Program Supervisor	Title: CFO
Department: Hampden County Sheriff's Office	Department: Hampden County Sheriff's Office
Email Address: angie.savageau@sdh.state.ma.us	Email Address: Chris.Gelonese@sdh.state.ma.us
Telephone: 413-858-0041	Telephone: 413-858-0117
Address: 627 Randall Road, Ludlow MA.	Address: 627 Randall Road, Ludlow MA.
<p>I. Please use the space below to identify the impact of the gaming establishment on your region. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. 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., casino related crime statistics, other relevant data, reports, etc.)</p> <p>The Western Massachusetts Alcohol Center, now known as the Western Massachusetts Recovery and Wellness Center (WMRWC), a regional correctional treatment center in the Commonwealth, operated by the Hampden County Sheriff's Office was forced to move after 29 years of operation at 26 Howard Street in Springfield due to this facility being within the physical footprint of the casino. The past Specific Impact Grant Stated "in 2016 the Commission awarded the Hampden County Sheriff's Department funds to offset the increased rent for the Western Massachusetts Correctional Alcohol Center". HCSO worked with the MA Division of Capital Asset Management and Maintenance (DCAMM) to develop a RFP which was sent out to bid. The new accepted bid sited the facility to 155 Mill Street, Springfield MA. The new location at 155 Mill Street in Springfield cost the HCSO a significant amount more than the original lease. Our original rent at the Howard Street location was \$666,257.00 including utilities. The lower than market rate was due to the length of tenant stay at the original site. The 10 year lease at the Mill Street address cost HCSO \$11,820,588.00 from December 2016-December 2026.</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>HCSO is requesting \$400,000.00 for fiscal year 2025 to offset the annual lease increase to the Western Massachusetts Recovery and Wellness Center. This will directly remedy the impact of the lease offset as the cost of the lease offset is not accounted for by any other funding source. WMRWC is a minimum security, community-based, residential treatment facility. This co-ed regional facility, located at 155 Mill Street in Springfield, Massachusetts, is designed to provide for the custody, care and treatment of substance users from Hampden, Franklin, Berkshire, Hampshire and Worcester counties. The program combines confinement with substance use treatment to help substance users develop the discipline they</p>	

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

need to live a chemically free, productive and law-abiding lifestyle.

Mill Street Iconic Lease Payment Schedule for FY 2025 appropriation #89100102

Q1-July 24-Sept 24	Mill Street Iconic \$96,200.00 a month for the Mill Street Lease		\$288,600.00
Q2-Oct 24-Dec 24	Mill Street Iconic \$96,200.00 a month for the Mill Street Lease		\$288,600.00
Q3-Jan 25-Mar 25	Mill Street Iconic \$96,200.00 a month for the Mill Street Lease		\$288,600.00
Q4-Apr 25-June 25	Mill Street Iconic \$96,200.00 a month for the Mill Street Lease		\$288,600.00
		TOTAL:	\$1,154,400.00

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
Q1-July 24-Sept 24	Mill Street Iconic \$33,333.00 a month for the Mill Street Lease	\$100,000.00	
Q2-Oct 24-Dec 24	Mill Street Iconic \$33,333.00 a month for the Mill Street Lease	\$100,000.00	
Q3-Jan 25-Mar 25	Mill Street Iconic \$33,333.00 a month for the Mill Street Lease	\$100,000.00	
Q4-Apr 25-June 25	Mill Street Iconic \$33,333.00 a month for the Mill Street Lease	\$100,000.00	
		TOTAL:	\$400,000.00

Part C- Workforce Development

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:

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

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 region. Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment. You may use the impacts identified in the FY 2025 Guidelines relevant to this category. 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. Please describe the deliverables, including the number of individuals to be served, number of hours, projected outcomes, location of program, cities and towns served.</p>			
<p>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

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