

FY 2025 Regional Agency Mitigation Fund Grant Application

Application Instructions:

- I. All applications <u>must</u> 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 <u>ONE</u> 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/

Applicant: Hampden District Attorney's Office Vendor Code: Name: Joan O'Brien Title: CFO Email Address: joan.obrien@mass.gov Telephone: 413-505-5671 Address: 1500 Main Street, Springfield, MA 01115

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.

Catego	ry	Project Name	Description	Amount
Α.	Regional Planning			
В.	Public Safety	Impact Grant	This application is for continued funding for the purpose of mitigating the impact of funding for personnel to handle casino-related prosecutions. The funding has been in place since the casino began operations	\$75,000.00
C.	Workforce Development			5 5,000,00
			Total Request	75,000.00

Are you requesting a waiver for any program requirement?

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II.	be found as Appendix F to the RFR o	munity-mitigation-fund/forms/. Application			
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.					
Man Signature:	O'Brien	1/26/24 Date:			
JOAN Name and T	O'Brien / CFO				

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	on for the individual	managing this	aspect of the	
grant.				
Project Contact		roject Contact ((if applicable)	
Name:	Name:	Name:		
Title:	Title:			
Department:	Department:			
Email Address:	Email Address:			
Telephone:	Telephone:			
Address:	Address:			
Please use the space below to identi				
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.)				
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.				
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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	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:			
Please provide below the contact information for the individual managing this aspect of the			
grant.			
Project Contact	Additional Project Contact (if applicable)		
Name: Joan O'Brien	Name: Anna Jones		
Title: CFO	Title: Grant Finance Analyst		
Department: Hampden District Attorney's Office	Department: Hampden District Attorney's Office		
Email Address: joan.obrien@mass.gov	Email Address: anna.jones@mass.gov		
Telephone: 413-505-5671	Telephone: 413-505-5924		
Address: 1500 Main Street, Springfield, MA 01115	Address: 1500 Main Street , Springfield, MA 01115		

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.)

The MGM Springfield gaming facility and surrounding entertainment venues, hotels and restaurants continue to regularly attract a large influx of people. This activity in the downtown area of Springfield is mostly positive but it does not come without its public safety challenges. As expected, with this increase in activity, there continues to be arrests for various offenses attributable to the gaming enforcement units which have in turn added to the workload in the District Attorney's office.

Additionally, matters that are indirectly related to the casino are impossible to track because they are not necessarily in the casino footprint but have a connection to the casino nonetheless. Those matters involve theft, domestic violence, and operating under the influence to name a few. One example of the indirect casino-related matters that this office will handle involves domestic violence cases. When a restraining order is sought by a victim of domestic violence that took place within the casino footprint or outside of the footprint but related to activity at the casino, our victim/witness advocates aid the victim in obtaining a restraining order. Subsequently, the advocate connects the victim with the Attorney General's office if they are ultimately handling the case.

This office has managed 194 Cases in the last calendar year that are casino related. The serious felony cases and other matters that are prosecuted by this office may take time to come to trial or other resolution. Therefore, work on these cases can span more than one grant cycle.

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.

The funding will directly ease the financial burden imposed by the casino-related matters. Administrative personnel in our District Court create and manage each case that comes through the system which includes data entry for each court case. Therefore, each casino-related matter represents additional casework that must be managed through our system by administrative personnel. Additionally, a victim witness advocate handles initial victim outreach on cases involving a victim.

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
The \$75,000.00 grant amount will be used for a portion of the salaries of personnel who review cases, administratively manage the cases and work with victims on cases.	FY25		\$75,000.00
	TOTAL:		\$75,000.00

Part C- Workforce Development

Project Name: Hampen District Attorney's Off	ice			
Please provide below the contact information for the individual managing this aspect of the grant.				
Project Contact	Additional Pro	Additional Project Contact (if applicable)		
Name:	Name:			
Title:	Title:			
Department:	Department:	Department:		
Email Address:	Email Address	Email Address:		
Telephone:	Telephone:			
Address:	Address:	Address:		
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.).				
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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.				
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:			