



## FY 2027 Regional Agency Mitigation Fund Grant Application

### Application Instructions:

- I. All applications must be received by the Massachusetts Gaming Commission by January 31<sup>st</sup>, 2026, at 11:59 p.m. to be considered for funding for the FY 2027 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. All applications must submit a detailed scope of work and timeline for implementation of the project identified in the application.
- VI. All applications must contain appropriate backup materials that support the application.
- VII. The Grant Manager will be responsible for compiling the information for the quarterly reports and the submittal of the quarterly reports.
- VIII. The application must be signed by the agency’s CEO or an individual with signatory authority.
- IX. 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
- X. Submit this completed form as well as any relevant attachments to

[MGCCMF@Massgaming.gov](mailto:MGCCMF@Massgaming.gov) or as a response to the COMMBUYS **BD-26-1068-1068C-1068L-121911**.

**For more detailed instructions as well as the full FY 2027 Application Guidelines visit**

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

<b>Grant Manager Information (Person responsible for Quarterly Reports, etc.):</b>
<b>Applicant: Hampden District Attorney’s Office</b>
<b>Vendor Code:</b>
<b>Name: Joan O’Brien</b>
<b>Title: CFO</b>
<b>Email Address: joan.obrien@mass.gov</b>
<b>Telephone: 413-505-5671</b>
<b>Address: 1500 Main Street, Springfield, MA 01115</b>

### Budget Summary

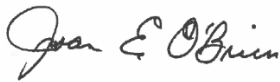
Use the space below to provide an overview of all projects to be covered by this funding. You may add as many items as is pertinent to your application (you can add rows by right clicking on the row and selecting "add row"). Please provide a category, name, brief description, and amount for each item.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

Category	Project Name	Description	Amount
A. Regional Planning			
B. Regional Public Safety	Hampden District Attorney's Office Impact Grant	The request for funding is due to the impact on this office of additional cases stemming from casino-related matters.	\$75,000.00
C. Workforce Development			
<b>Total Request</b>			<b>\$75,000.00</b>

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

I. Applicant Certification 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.

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:

\_\_\_\_\_  
January 14, 2026  
Date:

Joan O'Brien/ CFO  
\_\_\_\_\_  
Name and Title of Signatory:



**Part A-Regional Planning** - The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, requests for proposals, detailed scopes of work, drawings etc.

Project Name: _____			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact <i>(if applicable)</i>	
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 2026 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>			
<b>Proposed MGC Grant Budget</b>			
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
	<b>TOTAL:</b>		

**Part B – Regional Public Safety** - The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, catalog cuts of proposed equipment purchases, quotes, training course syllabus, etc.-

<b>Project Name: _Hampden District Attorney’s Office Impact Grant</b>	
Please provide below the contact information for the individual managing this aspect of the grant.	
Project Contact	Additional Project Contact <i>(if applicable)</i>
Name: Joan O’Brien	Name: Anna Jones
Title: CFO	Title: Deputy CFO
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 St., Springfield, MA 01115	Address: 1500 Main St., Springfield, MA 01115
<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 2026 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 MGM Springfield gaming facility continues to attract a large number of visitors due to the casino itself as well as the surrounding entertainment venues, hotels, restaurants, and movie theater. All of this activity is concentrated in the heart of downtown Springfield, an area that was already heavily trafficked with shops, restaurants, hotels, and office buildings. Notably, the Roderick Ireland Courthouse—housing the District Court, Superior Court, and Probate and Family Court—is located directly across the street from MGM Springfield. The additional activity generated by the casino has significantly increased the workload of the Hampden District Attorney’s Office.</p> <p>Although it is impossible to fully track or quantify, the impact of the casino is evident in cases throughout Hampden County, including those handled in the outlying courts of Westfield, Holyoke, Chicopee, and Palmer. Cases involving operating under the influence, domestic violence, and violations of restraining orders, among others, may not occur within the immediate casino footprint, yet nonetheless have a clear connection to casino-related activity.</p> <p>Serious felony cases originating within the casino footprint are handled by this office. In addition, during the last calendar year, the office managed 184 casino-related cases. This number has been relatively consistent in looking at past years. Defendants in these matters were arraigned on charges including, but not limited to larceny, assault and battery, disorderly conduct, trespass, operating under the influence and drug offenses.</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.

The funding request will have a direct impact on the burden placed on our staff. Each casino-related matter represents additional casework that must be managed by our administrative staff through file creation and data entry. Additionally, our victim/witness advocates handle initial outreach on victim cases.

**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
\$75,000.00 grant will be used to offset a portion of salaries for administrative personnel and staff who work with victims	FY27		\$75,000.00
	<b>TOTAL:</b>		\$75,000.00

**Part C - Workforce Development-** The application should include sufficient backup information for the review team to fully understand the project(s). This information could include other relevant workforce statistics and economic models.

<b>Project Name:</b> _____			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact <i>(if applicable)</i>	
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. 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 2026 Guidelines relevant to this category. Please provide documentation or evidence that supports 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><b>Proposed MGC Grant Budget</b></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
	<b>TOTAL:</b>		