



## **FY 2027 Municipal Community Mitigation Fund Grant Application**

### **Application Instructions:**

- I. All applications must be received by the Massachusetts Gaming Commission by January 31, 2026, at 11:59 p.m. to be considered for funding for the FY 2027 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. 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 for all projects identified in the application.
- VI. All applications must contain appropriate backup materials that support the application.
- VII. The Municipal Grant Manager will be the person responsible for compiling the information for the quarterly reports. The application must be signed by the municipal administrator or an individual with signatory authority. 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 Bid 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>Municipal Grant Manager Information (Person for filing all Quarterly Reports, etc.):</b>
Applicant: City of Lynn
Vendor Code: VC 6000192109
Name: James Marsh
Title: Community Development Director
Email Address: JMarsh@LynnMA.Gov
Telephone: 781-586-6770
Address: 3 City Hall Sq. Lynn, MA 01901 Room 308

**Grant Budget Summary**

Your community’s FY 2027 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 2027 Allocation:		
Application Totals by Category	# of Projects	Requested Amount
A. Community Planning		
B. Public Safety	1	\$51,300
C. Transportation		
D. Gambling Harm Reduction		
E. Specific Impact		
TOTAL		\$

**(Applicants should indicate administrative costs by project where necessary and under specific impact when the funds will be directed across multiple projects.)**

Are you requesting a waiver for any program Requirement?

Yes \_\_\_\_\_

No   X  

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 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.

Category	Project Name	Description	Amount
A. Community Planning			
B. Public Safety	Rectangular Rapid Flashing Beacons	Installation costs associated with installing Rapid Flashing Beacons along the Northern Strand in Lynn	\$51,300
C. Transportation			
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.



1/30/2026

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

James Marsh – Community Dev. Director

\_\_\_\_\_  
Name and Title of Signatory:

**Part A-Community 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.

<b>Project Name:</b> _____			
Please provide below the contact information for the individual managing this aspect of the grant.			
<b>Project Contact</b>		<b>Additional Project Contact</b> <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 municipality. You may use the impacts identified in the FY 2027 Guidelines relevant to this category. 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 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.</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.			
<b>Description of Purchase/Work</b>	<b>Timeline</b>	<b>QTY</b>	<b>Budget</b>
	<b>TOTAL:</b>		



<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.			
<b>Description of Purchase/Work</b>	<b>Timeline</b>	<b>QTY</b>	<b>Budget</b>
	<b>TOTAL:</b>		

**Part C- 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:</b> <u>Rectangular Rapid Flashing Beacons</u>	
Please provide below the contact information for the individual managing this aspect of the grant.	
<b>Project Contact:</b>	<b>Additional Project Contact</b> <i>(if applicable)</i>
Name: James Marsh	Name: Joseph Smart
Title: Director of Community Development	Title: Facilities manager
Department: Community Development	Department: Community Development
Email Address: JMarsh@lynnma.gov	Email Address: JSmart@lynnma.gov
Telephone: 781-586-6770	Telephone: 781-586-6770
Address: 3 City Hall Sq. Lynn, MA 01901 room 308	Address: 3 City Hall Sq. Lynn, MA 01901- room 308
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 2027 Guidelines relevant to this category. 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.)	
As referenced in both the Transportation and Public Safety sections of the FY 2027 Guidelines, impacts relevant to this application include A) increased traffic associated with the gaming establishment that may result in increased vehicular/bicycle/pedestrian conflicts, and B) increased traffic associated with the gaming establishment that may cause localized increases in air pollution due to congestion.	
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 City of Lynn has been awarded a grant by the Massachusetts Department of Transportation (Mass DOT) for five rectangular rapid flashing beacons assemblies.	
The grant, worth over \$100,000 only covers the cost of the poles and related solar equipment. As part of the agreement with MA DOT, the City must pay for the installation of the rapid flashing beacons. As the City has not, nor has ever budgeted funds for this type of safety equipment, we are seeking to leverage the Mass DOT funding with mitigation funds to cover the of the installation. Any additional costs will be paid for leveraging Community Development Block Grant funding from the Federal Government. Installation consists of foundation work only as these units are all solar powered. Sidewalks will be excavated, poles installed and set in concrete, all to Mass DOT standards.	
The rectangular rapid flashing beacons are being installed along the Northern Strand Bike Path. As you may know, this path literally connects the heart of Lynn to Everett at Encore Casino, and is a wonderful alternative means of transportation to and from Lynn / Encore. In fact, on their website, Encore promotes the fact that “Bicycle parking is available in the Encore Boston Harbor garage, with 96 spaces that can accommodate up to 192 bicycles”. The construction of the Northern Strand is taking cars off the road, some of which are would be travelers to Encore, is improving air quality and facilitating safer roadways	

for both drivers and pedestrians. The Rapid Flashing Beacons themselves will assist in making the Northern Strand safer by proving bikers and walkers with an even safer trip. Studies show that installation of these beacons are a proven safety countermeasure that can reduce pedestrian crashes by up to 47% and increase motorist yielding by up to 98%.

**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
Excavation	April 2026	5	\$24,500
Poured Foundations	April 2026	5	\$26,800
	<b>TOTAL:</b>		\$51,300

**Part D- Gambling Harm Reduction-** The application should include sufficient backup information for the review team to fully understand the project(s). This information could include other relevant research, Requests for Proposals, etc.

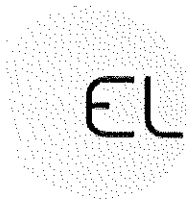
<b>Project Name:</b> _____			
Please provide below the contact information for the individual managing this aspect of the grant			
<b>Project Contact:</b>		<b>Additional Project Contact</b> <i>(if applicable)</i>	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your municipality. You may use the impacts identified in the FY 2027 Guidelines relevant to this category. 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>			
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<b>Description of Purchase/Work</b>	<b>Timeline</b>	<b>QTY</b>	<b>Budget</b>

	<b>TOTAL:</b>		
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**Part E- Specific Impact (“SI”)** If you are applying for a SI grant you should reach out in advance to MGC Staff to ensure project eligibility. A community may also use this Specific Impact Grant to break out administrative and staffing costs associated with the grant as a whole.

<b>Project Name:</b> _____			
Please provide below the contact information for the individual managing this aspect of the grant.			
<b>Project Contact:</b>		<b>Additional Project Contact</b> <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 municipality. This category is for projects that do not fit in any other category but may use any impacts identified in the FY 2027 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>			
<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.			
<b>Description of Purchase/Work</b>	<b>Timeline</b>	<b>QTY</b>	<b>Budget</b>

	<b>TOTAL:</b>		



# ELECTRIC LIGHT

COMPANY INC.

1 Morgan Way  
 Cape Neddick, ME 03902  
 (207) 361-1234  
 www.ElectricLight.net

QUOTE

Customer
City of Lynn DPW 250 Commercial St. Lynn, MA 01905

Quote	6796
Date	9/3/2025
Terms	Net due in 30 days

Project/P.O.				
Qty	Item	Description	Rate	Amount
1	LS	Install thirteen city supplied solar RRFB systems consisting of two poles ea. Includes: Excavation RRFB Install Police details are not included. All equipment to be delivered to locations.	127,400.00	127,400.00
<b>Total</b>				<b>\$127,400.00</b>