



## **FY 2026 Municipal Community Mitigation Fund Grant Application**

### **Application Instructions:**

- I. All applications must be received by the Massachusetts Gaming Commission by January 31st, 2025, at 11:59 p.m. to be considered for funding for the FY 2026 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 BD25-1068- 1068C-1068L-109685

**For more detailed instructions as well as the full FY 2026 Application Guidelines visit**

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

Municipal Grant Manager Information:	
Applicant:	City of Melrose
Vendor Code:	VC6000192116
Name:	Anthony Chui, MPH
Title:	Director of Health and Human Services
Email Address:	<a href="mailto:achui@cityofmelrose.org">achui@cityofmelrose.org</a>
Telephone:	781-979-4133
Address:	562 Main Street, Melrose, MA 02176

### Grant Budget Summary

Your community's FY 2026 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 2026 Allocation:		
Application Totals by Category	# of Projects	Requested Amount
A. Community Planning	0	\$0
B. Public Safety	2	\$43,644
C. Transportation	1	\$2,808
D. Gambling Harm Reduction	0	\$0
E. Specific Impact	0	\$0
<b>TOTAL</b>		<b>\$46,452</b>

I. Are you requesting a waiver for any program requirement?

Yes ☐

No ☒

II. 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	N/A		
B. Public Safety	Trauma Kits and Portable Radios	Strengthened response to incidents and better communication tools	\$43,644
C. Transportation	Expanded Rides to Essential Services	Increased access to essential services	\$2,808
D. Gambling Harm Reduction	N/A		

E. Specific Impact	N/A		
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### 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: \_\_\_\_\_

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

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

Jennifer Gigante, Mayor

6/4/25

**Part B- Transportation** 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, etc.

<b>Project Name:</b>	
Please provide below the contact information for the individual managing this aspect of the grant. If there are multiple people involved in the grants management, please add more lines to accommodate their information.	
<b>Project Contact:</b>	<b>Additional Project Contact</b> <i>(if applicable)</i>
Name: Erica Brown	Name: James Conforti
Title: Executive Director	Title: Milano Center Manager
Department: Council on Aging	Department: Council on Aging
Email Address: <a href="mailto:ebrown@cityofmelrose.org">ebrown@cityofmelrose.org</a>	Email Address: <a href="mailto:jconforti@cityofmelrose.org">jconforti@cityofmelrose.org</a>
Telephone: 781-665-4304	Telephone: 781-662-6886
Address: 201 West Foster Street, Melrose	Address: 201 West Foster Street, Melrose
<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 2026 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 causes or is causing the impact (i.e., surveys, data, reports, etc.)</p> <p>Over the past year, we have organized monthly trips to the Encore Casino in Everett, MA, in response to popular demand from members of the Milano Center, a senior center serving Melrose residents. During this period, 107 individuals have participated in at least one of these trips, with 22% attending multiple times. While we strive to accommodate member requests and plan events that we know participants enjoy, we also recognize the financial impact of these casino trips, especially for a population where many individuals are on a fixed income.</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>The Council is seeking funding support to expand transportation services for older adults in our community. The requested funds would allow for an increase of three additional service hours per week, ensuring seniors have greater access to essential services, medical care, and community activities that improve their quality of life. By providing reliable transportation, we can foster social engagement, reduce isolation, and enhance the overall well-being of our senior residents, including those with mobility limitations.</p> <p>Last year the Melrose Council on Aging provided over 1,700 rides to provide Melrose residents with accessible transportation to medical destinations, shopping locations including groceries and other necessities, and social programming. Currently our transportation hours begin at 9:00am. We are unable to provide transportation to fitness classes and social programs at the Milano Center that begin at 9:00am or earlier. With three additional service hours each week, the Council on Aging could expand the transportation schedule to include these vital programs as well as provide residents with transportation to early morning medical appointments.</p> <p>Collaborating with local healthcare providers and community organizations to maximize outreach and impact, the requested funding will cover the additional service hours at the established rate: 3 additional hours per week</p>	

x \$18 per hour x 52 weeks = \$2,808 total. The funds will be used exclusively to support the expansion of transportation services, ensuring reliable and efficient operation.

**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
Expanded Rides to Essential Services	Monthly in FY26	3 additional hours per week x \$18 per hour x 52 weeks = \$2,808 total	\$2,808
	<b>TOTAL:</b>		\$2,808

**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>	
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: Chief Kevin Faller	Name:
Title: Chief of Police	Title:
Department: Police	Department:
Email Address: <a href="mailto:kfaller@cityofmelrose.org">kfaller@cityofmelrose.org</a>	Email Address:
Telephone: 781-979-4457	Telephone:
Address: 56 West Foster Street, Melrose	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 2026 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>As identified in the guidelines, public safety grants are intended to assist municipalities in addressing the increased public safety operational costs associated with the introduction of a gaming establishment to the region. Increased visitation and employment due to the casino will likely increase the interaction between public safety personnel, casino patrons, employees and Melrose residents. The influx of visitors to a casino and its nearby communities can result in an increase in calls for service and put pressure on local emergency services including emergency responders like police and fire departments and EMS. This could lead to increased needs emergency services and traffic.</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>In an effort to strengthen emergency response capabilities, the Melrose Police Department is requesting funding to equip all patrol and unmarked vehicles with trauma kits. These kits will enable officers—often the first on scene—to administer immediate, life-saving care in critical situations throughout the City of Melrose. (20 kits x \$480.09 = \$9,601.80).</p> <p>Additionally, the department seeks to purchase ten portable radios to enhance communication and coordination during emergencies. Improved radio access will ensure that officers can respond more efficiently and effectively, particularly in high-risk or fast-evolving incidents. Further, if mutual aid is needed, i.e. at a mass casualty incident in the region/around Encore, portable radios will enhance communication and assist first responders in saving lives. Quote attached for 10 portable radios: \$34,042.20</p> <p>This investment in trauma kits and communication tools represents a vital step in ensuring public safety and improving outcomes during emergencies.</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
Trauma Kits	FY26	20 kits x \$480.09 = \$9,601.80	\$9,601.80
Police Portable Radios	FY26	10 radios x \$3,404.22 = \$34,042.20	\$34,042.20
	<b>TOTAL:</b>		\$43,644