**2023 Projects of Regional Significance Grant Application**

**Bid No. Bid No. BD-23-1068-1068C-1068L-81256**

All completed applications must be sent by January 31st to be considered for funding for the 2023 Grant Round. Please submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov.

For more detailed instructions as well as the 2023 Application Guidelines please visit <https://massgaming.com/about/community-mitigation-fund/>

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| 1. **Project Summary**
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| **Legal Name of Applicant:**  |
| **Project Name (Please limit to 5 words):**  |
| **Amount Requested:**  |
| **Brief Project Description (approx. 50 words):** *Please use this space to provide a high-level overview of what your project entails.*  |

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| 1. **Applicant Contact Information**

Please provide below the manager for this grant and any other individuals you would like to be copied on all correspondence.  |
| **Grant Manager:**  |
| **Email Address:**  |
| **Telephone Number:**  |
| **Address:**  |
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| **Contact II:**  |
| **Role:**  |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |
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| **Contact III:** |
| **Role:** |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |
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| 1. **Detailed Project Description & Mitigation**
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| 1. Please describe in detail the impact that is attributed to the operation of a gaming facility. 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)
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| 1. Please describe how this is a regionally significant project including the overall project goals and what communities or other entities are beneficiaries of the project.
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| 1. *(If applicable)* Please explain how this impact was not anticipated in the Applicant’s Host or Surrounding Community Agreement.
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| 1. Please describe what the Applicant is proposing and how the mitigation request will address the impact indicated.
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| 1. For all Transportation Construction Applications, the applicant should consult with MassDOT and the appropriate regional planning agency to obtain input on the project and identify opportunities for regional efforts. The results of this consultation should be included in this section of the application.
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| 1. **Scope, Budget, and Timeline**
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| **Applicant:**  | **Vendor Code:** |
| **Total Grant Amount Requested:** | **Estimated Total Project Cost:**  |

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| **Scope of Work**Please include below a breakdown of the proposed work. The project 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 budget of your project. Include any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation as an attachment. In determining the funding request, please round up to the nearest hundred dollars. Please provide the estimate and percentage of the costs projected to be funded from other federal, state, local or private contributions (Applicants may include contributions from gaming licensees).Please indicate, through a commitment letter or otherwise, how such other funding will be available for the project. In the absence of a final commitment to such funding, please provide detail on any process needed to secure any non-CMF funding. |
| **Timeline** | **Description of Purchase/Work** | **QTY** | **Budget**  |
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|  | **TOTAL:** |  |  |

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| **Funding Source** | **Description of Purchase/Work** | **QTY** |  |
| In Kind Services |  |  |  |
| Federal  | . |  |  |
| State |  |  |  |
| Local Match |  |  |  |

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| 1. **Waiver**

**If you are applying for a waiver, please submit the Waiver Form with your application. The form can be found at** [**www.massgaming.com/about/community-mitigation-fund/forms/**](http://www.massgaming.com/about/community-mitigation-fund/forms/) |
| **Are you applying for a waiver?** |
| **\_\_\_ Yes** | **\_\_\_ No** |

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| 1. **Please provide a brief description of each attachment.**
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| 1. **Applicant Certificate**
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| **On behalf of the aforementioned Applicant/municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application.**   |
|   |   |  |
| **Signature of Responsible Municipal Official/Governmental Entity**  |   |  **Date:** |
|    |   |   |
| (print name)  |   |   |
|    |   |   |
| Title:  |   |   |

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