



FY 2026 Regional Agency 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 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 or as a response to the COMMBUYS BID- BD245-1068- 1068C-1068L-109685

For more detailed instructions as well as the full FY 2026 Application Guidelines visit <https://massgaming.com/about/community-mitigation-fund/>

| Grant Manager Information: |
|---|
| Applicant: Sheriff's Department Hampden (SDH) |
| Vendor Code: MA0070000 |
| Name: Angie Savageau |
| Title: Program Supervisor |
| Email Address: angie.savageau@sdh.state.ma.us |
| Telephone: 413-858-0041 |
| Address: 627 Randall Road, Ludlow MA. 01056 |

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 | SDH Regional Public Safety FY2026 | Hampden County Sheriff's Office (HCSO) in its last year of a ten year lease due to the relocation of the Western Massachusetts Recovery and Wellness Center from 26 Howard Street to 155 Mill Street Springfield, MA, has experienced a significant lease offset due to the move for the MGM Casino. | |
| C. Workforce Development | | | |
| Total Request | | | \$400,000.00 |

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

Applicant Certification

- I. 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:

1/27/2025

Date:

Nicholas Cocchi, Sheriff, Hampden County MA.

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 (if applicable) | |
| 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 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.)</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> | | | |
| | | | |
| 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 |
| | | | |
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| | | | |
| | TOTAL: | | |

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.-

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| Project Name: SDH Regional Public Safety FY2026 | | |
| 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: Angie Savageau | | Name: Christopher Gelonese |
| Title: Program Supervisor | | Title: Chief Financial Officer |
| Department: Hampden County Sheriff's Office | | Department: Hampden County Sheriff's Office |
| Email Address: angie.savageau@sdh.state.ma.us | | Email Address: chris.gelonese@sdh.state.ma.us |
| Telephone: 413-858-0041 | | Telephone: 413-858-0117 |
| Address: 627 Randall Road, Ludlow MA. 01056 | | Address: 627 Randall Road, Ludlow MA. 01056 |
| <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 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.)</p> | | |
| <p>The Western Massachusetts Recovery and Wellness Center (WMRWC) is a regional correctional treatment center in the Commonwealth operated by the Hampden County Sheriff's Office. This center operated at 26 Howard Street for 29 years at a lower than market rent rate due to the longevity of stay and community impact. In 2016 the Commission awarded HCSO funds to offset the increased rent rate due to the move to 155 Mill Street. The new site bid was secured through the MA Division of Capital Asset Management and Maintenance (DCAMM). The move cost the HCSO a significant amount more than the original lease of \$666,257.00. The new 10 year lease at Mill Street cost HCSO \$11,820,588.00 from December 2016-December 2026.</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>HCSO is requesting \$400,000.00 for fiscal year 2026 to offset the annual lease increase to the WMRWC. This will directly remedy the impact of the lease offset as the cost is not accounted for by any other funding source. WMRWC is a minimum security, community-based, residential treatment center. This co-ed facility located at 155 Mill Street in Springfield is designed to provide for the custody, care and treatment of substance users from Hampden, Franklin, Berkshire, Hampshire, and Worcester Counties. This program combines confinement with substance use treatment to help substance users develop the discipline they need to live a substance free, productive and law-abiding lifestyle.</p> | | |
| <p>Mill Street Iconic Lease Payment Schedule for FY 2026 appropriation #89100102.</p> | | |
| Q1 July 25-Sept 25 | Mill Street Iconic \$96,200.00 a month for the Mill Street | \$288,600.00 |

| | | |
|-------------------|--|--------------|
| | Lease | |
| Q2 Oct 25-Dec 25 | Mill Street Iconic \$96,200.00 a month for the Mill Street Lease | \$288,600.00 |
| Q3 Jan 26-Mar 26 | Mill Street Iconic \$96,200.00 a month for the Mill Street Lease | \$288,600.00 |
| Q4 Apr 26-June 26 | Mill Street Iconic \$96,200.00 a month for the Mill Street Lease | \$288,600.00 |

Total \$1,154,400.00

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 |
|--|--------------------|-----|--------------|
| Mill Street Iconic \$33,333.00 a month | Q1 July 25-Sept 25 | | \$100,000.00 |
| Mill Street Iconic \$33,333.00 a month | Q2 Oct 25-Dec 25 | | \$100,000.00 |
| Mill Street Iconic \$33,333.00 a month | Q3 Jan 26-Mar 26 | | \$100,000.00 |
| Mill Street Iconic \$33,333.00 a month | Q4 Apr 26-June 26 | | \$100,000.00 |
| | TOTAL: | | \$400,000.00 |

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.

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| 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: |

- 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 supports the determination that the operation of the gaming facility caused or is causing the impact (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. 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: | | |



APPENDIX F – RFR BD25-1068-1068C-1068L-109685
REGIONAL AGENCY BLOCK GRANT FY 2026 WAIVER FORM

Applicants may request a waiver of a condition set forth in the Application for the Commission’s consideration. All requests for waivers or variances shall be submitted with the Application. The Commission may in its discretion waive or grant a variance from any provision or requirement contained in the FY 2026 Guidelines.

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| Applicant: Sheriff’s Department Hampden (SDH) |
| Program Manager: Angie Savageau, Program Supervisor |
| Email: angie.savageau@sdh.state.ma.us |
| Telephone: 413-858-0041 |
| Address: 627 Randall Road, Ludlow MA. 01056 |

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| <p>I. Programmatic Requirement Variance Request: <i>A regional agency may request a waiver from any application requirement. Regional Agency waivers will be evaluated on a case-by-case basis and applicants will be notified of the Commission’s decision.</i></p> |
| <p>Basis of Waiver Request: The request for the Western Mass Recovery and Wellness Center lease offset is in the amount of \$400,000.00, whereas the allotment for the Regional Public Safety Grant is \$100,000.00. The Hampden County Sheriff’s Office is requesting the full amount of the lease offset for FY2026.</p> |