**REQUEST FOR RE-ALLOCATION OF AWARDED FUNDS**

Please use the following form to request a reallocation of your approved grant funding. **Please submit this form with all relevant documents as one PDF to** [**MGCCMF@Massgaming.gov**](https://massgaming.sharepoint.com/sites/CommAffairs/Shared%20Documents/Community%20Mitigation%20Fund/FY%202025%20CMF/6%20Grant%20Review/MGCCMF%40Massgaming.gov)**.**

|  |  |
| --- | --- |
| **Legal Name: Town of Delaneyville** | **MMARS DOC ID: 2025Delaneyville** |
| **Re-Allocation Amount: $5,500.00** | **Total Award: $50,000** |
| **Request Date: 11/1/24** | **Grant Year: 2025** |
| **Expiration Date:**  |  |

**Section 1. Narrative**

Use the following section to provide an overview of the changes you are requesting to your contracted scope of work below. Explain how the overall goals of the grant will be met with this change. If you are proposing a new item that was not originally in your approved scope of work, the application may need to be voted on by the Commission for approval.

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| --- | --- |
| **Item for Reallocation** | **Description of Activities** |
| **Shifting funds from equipment to police overtime** | The Town of Delaneyville received a grant from EOPSS for additional flashing safety beacons. With this additional earmarked funding the town will have enough to cover the area needed. The Town would like to repurpose the funds to expand traffic patrols that are currently on Friday and Saturday evenings to Thursday evenings. Thursday evenings have become more popular to go to the casino and the town has seen increased traffic. |

**Section 2. Budget Change**

Use this section to illustrate your proposed budget changes. Please provide a detailed description of each item by project and any associated documents.

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| --- | --- | --- | --- |
| **Item** | **Original Allocation** | **Total Change Requested**  | **New Allocation Totals** |
| 2 Flashing Safety Beacons | $20,000 | -$5,500 | $14,500 |
| 25 Additional Patrols (8 Hours) Traffic Enforcement on Casino St. | $15,000 | +5,500 | $20,500 |
|  |  |  |  |

***By signing below, I certify that the above information provided is accurate to the best of my knowledge.***

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*Signature of Grant Manager Date*

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**Reviewed By:**

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Staff Reviewer Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Staff Reviewer*