**2023 Workforce Development Grant Application**

**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/>

|  |
| --- |
| 1. **Project Summary**
 |
| **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.*  |

|  |
| --- |
| 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:**  |
|  |
| **Contact II:**  |
| **Role:**  |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |
|  |
| **Contact III:** |
| **Role:** |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |
|  |

|  |
| --- |
| 1. **Detailed Project Description & Mitigation**
 |
| 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).
 |
|  |
| 1. *(If applicable)* Please explain how this impact was not anticipated in the Applicant’s Host or Surrounding Community Agreement.
 |
|  |
| 1. Please describe what the Applicant is proposing and how the mitigation request will address the impact indicated.
 |
|  |
| 4) Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment. |
|  |
| 5) Please describe the deliverables, including number of individuals to be served, number of hours, projected outcomes, location of program, cities and towns served.  |
|  |
| 6) Please list any matched funds or other leveraged resources and program supports provided by local communities, state or private funders or other partners |
|  |

|  |
| --- |
| 1. **Scope, Budget, and Timeline**
 |
| **Applicant:**  | **Vendor Code:** |
| **Total Amount Requested:** | **Estimated Total Project Cost:**  |

|  |
| --- |
| **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.  |
|  |

|  |
| --- |
| **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.  |
| **Timeline** | **Description of Purchase/Work** | **QTY** | **Budget**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL:** |  |  |
| **Total Project Budget and Funding:** |
| **Funding Source** | **Description of Purchase/Work** | **QTY** | **Budget** |
| In Kind Services |  |  |  |
| Federal  | . |  |  |
| State |  |  |  |
| Local Match |  |  |  |

|  |
| --- |
| 1. **Regional Incentive Award**
 |
| **Are you applying for a Regional Incentive Award?** |
| **\_\_\_ Yes** | **\_\_\_ No** |

|  |
| --- |
| **Partner Community Contact-** |
| **Name:** |
| **Role:** |
| **Email Address:** |
| **Telephone Number:** |
| **Address:** |

|  |
| --- |
| 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** |

|  |
| --- |
| **Please provide a brief description of each attachment.**  |
|  |

|  |
| --- |
| 1. **Applicant Certification**
 |
|

|  |
| --- |
| **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: |  |  |

 |