



FY 2025 Municipal Community Mitigation Fund Grant Application

Application Instructions:

- I. All applications **must** be received by the Massachusetts Gaming Commission by January 31st, 2024, at 11:59 p.m. to be considered for funding for the FY 2025 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. Provide a form and attachments for each project. 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. The application must be signed by the municipal administrator or an individual with signatory authority.
- VI. **Submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov or as a response to the COMMBUYS BID BD24-1068-1068C-1068L-95061**

For more detailed instructions as well as the full FY 2025 Application Guidelines visit <https://massgaming.com/about/community-mitigation-fund/>

Municipal Grant Manager Information:
Applicant: Town of Wrentham
Vendor Code: VC6000192068
Name: Kevin Sweet
Title: Town Manager
Email Address: ksweet@wrentham.gov
Telephone: 508-384-5440
Address: Wrentham Town Hall, 79 South Street, Wrentham, MA 02093

For full guidelines please see www.massgaming.com/about/community-mitigation-fund/application-guidelines/

Grant Budget Summary

Your community's FY 2025 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 2025 Allocation:		
Application Totals by Category	# of Projects	Requested Amount
A. Community Planning	1	\$56,800 (to be combined with Foxboro & Plainville)
B. Public Safety	1	\$20,000
C. Transportation		
D. Gambling Harm Reduction		
E. Specific Impact		
TOTAL		\$76,800

- 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 below space 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	Regional Destination Marketing Initiative	Wrentham would like the review team to consider using the allocated funds towards Foxborough's project of the same name, with Foxborough managing the funds.	\$56,800
B. Public Safety	Police Training	Additional training in the use of force and de-escalation	\$20,000
C. Transportation			
D. Gambling Harm Reduction			

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E. Specific Impact			
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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:

2/15/2024

Date:

Kevin Sweet, Wrentham Town Manager

Name and Title of Signatory:

Part A-Community Planning

Project Name: Regional Destination Marketing Initiative (See Foxborough submission)			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact (if applicable)	
Name: Rachel Benson		Name: Paige Duncan	
Title: Director of Planning & Economic Development		Title: Town Manager	
Department: Town of Wrentham, Land Use		Department: Town of Foxborough	
Email Address: rbenson@wrentham.gov		Email Address: pduncan@foxboroughma.gov	
Telephone: 508-384-5441		Telephone: 508-543-1258	
Address: 79 South St, Wrentham, MA		Address: 40 South St, Foxborough, MA	
<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 2025 Guidelines relevant to this category (Page 8-9). 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>Wrentham would like the review team to consider using the allocated funds towards Foxborough’s project/waiver, “Regional Destination Marketing Initiative.” Foxborough would manage Wrentham’s portion.</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>Wrentham would like the review team to consider using the allocated funds towards Foxborough’s project/waiver, “Regional Destination Marketing Initiative.” Foxborough would manage Wrentham’s portion.</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
Regional Destination Marketing Initiative			
	TOTAL:		56,800

For full guidelines please see www.massgaming.com/about/community-mitigation-fund/application-guidelines/

Part B- Transportation

Project Name:	
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.	
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 municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 10-11). 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>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
	TOTAL:		

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Part C- Public Safety

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: Michael Robillard		Name: Rachel Benson	
Title: Lieutenant		Title: Director of Planning & Economic Development	
Department: Wrentham Police Department		Department: Town of Wrentham, Land Use	
Email Address: robillard@police.wrentham.ma.us		Email Address: rbenson@wrentham.gov	
Telephone: 508-384-6944		Telephone: 508-384-5441	
Address: 89 South St, Wrentham, MA 02093		Address: 79 South Street, Wrentham, MA 02093	
<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 2025 Guidelines relevant to this category (Page 12-13). 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>Due to the increased contact and interaction with the public that a gaming venue brings, training in the use of force and de-escalation would serve to enhance and improve police and public interactions</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>Each department officer would receive, in addition to existing yearly training, 8 hours of training in the use of force and de-escalation.</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
De-escalation training		23/4hrs	\$10,000
Use of force		23/4hrs	\$10,000
	TOTAL:		\$20,000

For full guidelines please see www.massgaming.com/about/community-mitigation-fund/application-guidelines/

Part D- Gambling Harm Reduction

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: Senior Project Manager		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 municipality. You may use the impacts identified in the FY 2025 Guidelines relevant to this category (Page 14-15). 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>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
	TOTAL:		

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Part E- Specific Impact

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 municipality. This category is for projects that do not fit in any other category but may use any impacts identified in the FY 2025 Guidelines that are relevant. 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>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
	TOTAL:		

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