



FY 2027 Municipal Community Mitigation Fund Grant Application

Application Instructions:

- I. All applications must be received by the Massachusetts Gaming Commission by January 31, 2026, at 11:59 p.m. to be considered for funding for the FY 2027 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. 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 for all projects identified in the application.
- VI. All applications must contain appropriate backup materials that support the application.
- VII. The Municipal Grant Manager will be the person responsible for compiling the information for the quarterly reports. The application must be signed by the municipal administrator or an individual with signatory authority. Submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov or as a response to the **COMMBUYS Bid BD-26-1068-1068C-1068L-121911**.

For more detailed instructions as well as the full FY 2027 Application Guidelines visit

<https://massgaming.com/about/community-mitigation-fund/>

Municipal Grant Manager Information (Person for filing all Quarterly Reports, etc.):
Applicant: Town of Wrentham
Vendor Code: VC6000192068
Name: Michael King
Title: Town Manager
Email Address: mking@wrentham.gov
Telephone: Office 508-384-6910 Cell: 508-944-1018
Address: 89 South Street, Wrentham MA 02093

Grant Budget Summary

Your community’s FY 2027 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 2027 Allocation:		
Application Totals by Category	# of Projects	Requested Amount
A. Community Planning		
B. Public Safety	1	\$19,700.00
C. Transportation		
D. Gambling Harm Reduction		
E. Specific Impact		
TOTAL		\$23,000

(Applicants should indicate administrative costs by project where necessary and under specific impact when the funds will be directed across multiple projects.)

Are you requesting a waiver for any program Requirement?

Yes _____

No x

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 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.

Category	Project Name	Description	Amount
A. Community Planning			
B. Public Safety	Wrentham Police	Speed Traffic Trailer/Message Board	
C. Transportation			
D. Gambling Harm Reduction			
E. Specific Impact			

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.

William R. McGrath

Signature:

01/23/2026

Date:

William R. McGrath, Chief of Police

Name and Title of Signatory:

Part A-Community 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 <i>(if applicable)</i>	
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 2027 Guidelines relevant to this category. 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 supports 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:		

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:		

Part C- 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.

Project Name: <u>Wrentham Police</u>			
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: William McGrath		Name:	
Title: Police Chief		Title:	
Department: Wrentham PD		Department:	
Email Address: wmcgrath@wrenthampolice.gov		Email Address:	
Telephone: O: 508-384-6910 Cell 508-944-1018		Telephone:	
Address: 89 South Street, Wrentham MA 02093		Address:	
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 2027 Guidelines relevant to this category. 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.)			
Plainridge Casino is located at Rt. 495 and Rt.1 on the Wrentham town line. Almost every public way utilized by casino visitors includes travel through the town of Wrentham. This includes a significant section of Rt. 495; Rt.1, Rt.140, Rt. 1A, Madison St., Thurston St. and Taunton St., all either primary or secondary routes. Traffic enforcement on and around these routes is a major concern for local public safety as we respond to residents complaints concerning speeding; traffic accidents; speed enforcement, 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.			
The funds requested will allow Wrentham PD to purchase a mobile traffic speed trailer that will serve to deter speeding; record traffic speeds and volume in affected areas and enable us to download reports that are uses during community meetings and to address complaints in general.			
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
Speed Trailer	ASAP	1	\$23,000

	TOTAL:		\$23,000
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Part D- Gambling Harm Reduction- The application should include sufficient backup information for the review team to fully understand the project(s). This information could include other relevant research, Requests for Proposals, etc.

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:	
<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 2027 Guidelines relevant to this category. 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			
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Description of Purchase/Work	Timeline	QTY	Budget

	TOTAL:		
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Part E- Specific Impact (“SI”) If you are applying for a SI grant you should reach out in advance to MGC Staff to ensure project eligibility. A community may also use this Specific Impact Grant to break out administrative and staffing costs associated with the grant as a whole.

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:	
<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 2027 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:		