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**FY25 DRAFT FULL APPLICATION**

**FORM 1. APPLICANT INFORMATION**

**1.1. Applicant Organization Name:** \_\_\_\_\_

**1.2. Organization Location:** (Select from drop-down)

**1.3. Organization Type:**

Public Entity:

Municipality

Public Housing Authority

Redevelopment Authority

Regional Planning Agency

Quasi-Governmental Agency

Water, Sewer, or Service District

Non-Public Entity:

Community Development Corporation

Non-Profit Organization

For-Profit Organization

**1.4. Applicant Organization Legal Address**

Address: \_\_\_\_\_

State: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**1.5. Organization CEO**

CEO Name: \_\_\_\_\_

CEO Tel.: \_\_\_\_\_

CEO Title: \_\_\_\_\_

CEO Email: \_\_\_\_\_

**1.6. Project Contact** (if different)

Contact Name: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**1.7. Organization Description** – Describe your organization’s structure, including staff capacity, and housing, economic, and/or community development goals.

(1,000 Characters)

**1.8. Joint Application** - Is this a joint application between two or more applicants, which will entail a formal arrangement for a shared scope of work and allocation of funds?

Yes  No

**1.8.a.** If yes, provide the contact information for each additional partner municipalities (and/or entities):

	Organization Name	CEO Name	CEO Title	Email
+				

**1.10. Community Housing Restrictions** - Does the community have any active housing restrictions, such as phased growth zoning or an active housing moratorium?

Yes  No

If Yes, provide an explanation and date when moratorium expires:

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(1,000 characters)

**1.11. Community Development Tools** - Is your community interested in pursuing any of the following economic development tools offered by the Commonwealth of Massachusetts:

<a href="#">Chapter 43D Expedited Permitting Program Designation</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Massachusetts Vacant Downtown Storefronts Program Certification</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Property Assessed Clean Energy (PACE) Adoption</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Municipal Digital Equity Planning Program</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Show for Any Public Entity in an MBTA Community:*

**MBTA COMMUNITY QUESTIONS**

**1.12.** Choose the option below that best reflects your municipality’s compliance status with the Guidelines for Multi-family Zoning Districts Under Section 3A of the Zoning Act (MGL c. 40A). If unsure you can find community compliance status at [www.mass.gov/mbtacomunities](http://www.mass.gov/mbtacomunities). Has your municipality:

- Received a determination of District Compliance from EOHLIC
- Submitted a District Compliance Application but have not yet received a letter of determination from EOHLIC.
- Have a deadline of December 31, 2024 or later, AND have submitted an Action Plan to EOHLIC, AND have received a letter confirming Interim Compliance, AND have not yet submitted application for District Compliance.
- Have a deadline of December 31, 2023 BUT not yet submitted an application for District Compliance in accordance with the Guidelines for Multi-family Zoning Districts.

*If “Have a deadline of December 31, 2023 but not yet submitted an application for District Compliance in accordance with the Guidelines for Multi-family Zoning Districts”, the following note shows:*

An MBTA Community must be in compliance with the referenced guidelines in order to be eligible for funding from the MassWorks, HousingWorks Infrastructure Program, and/or Housing Choice Grant Program. All other One Stop programs will take non-compliance into consideration as part of their grant making process.

*If “Have a deadline of December 31, 2024 or later, AND have submitted an Action Plan to EOHLIC, AND have received a letter confirming Interim Compliance, AND have not yet submitted application for District Compliance”, then the following shows:*

**1.12.a.** Does the community anticipate any changes to its approved Section 3A Action Plan that may result in delays to the plan’s schedule of more than 180 days?

- Yes  No

*If yes:*

**1.12.b.** Briefly describe the nature of the changes/delays.

(500 Characters)

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## FORM 2. PROJECT INFORMATION

### PROJECT CORE

2.1. **Project Name:** \_\_\_\_\_ *(25 Characters)*

2.2. **Project Location:** *(Select from drop-down)*

Housing Choice	<i>(auto-filled)</i>	Rural or Small Town	<i>(auto-filled)</i>
Region	<i>(auto-filled)</i>	Regional Planning Agency	<i>(auto-filled)</i>
MBTA Community	<i>(auto-filled)</i>		

2.3. **Short Project Description / Abstract** – Provide a concise description of the project, with a focus on how the grant funds would be used if awarded.  
*(500 characters)*

2.4. **Project Category for Grant Consideration** – Select the [Development Continuum](#) category, Project Type and Project Focus that best fits the project. Applicants can see the One Stop grant program most likely to review each type of project by hovering over the radio button next to each Project Focus option.

Community Activation and Placemaking

Planning and Zoning

Site Preparation

**Building**

*Project Type (check one):*

Underutilized Property Rehabilitation

Creating Collaborative Workspace

**Community Led Housing Production** *(Housing Choice Only)*

*Project Focus (check one):*

Support Housing Production

Support Housing Rehabilitation

Support Housing Preservation

Infrastructure

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**ATTENTION APPLICANT**

Based on the selection above, your project is likely best fit for consideration by the following program(s):

**Housing Choice Grant Program**

Before you proceed, it is recommended that you visit the program website and review program guidelines.

**NOTE:** The maximum Housing Choice award is \$150,000 for Planning and Zoning projects and \$500,000 for Site Preparation, Building, and Infrastructure projects.

**PROJECT OVERVIEW**

**2.5. Narrative / Scope of Work** – Explain the project. Describe the proposed work that would be funded by the grant and carried out to execute this project.

*(4,000 characters)*

**2.6. Project Need** – Describe why this project is necessary in enhancing housing and/or job growth.

*(2,000 characters)*

**GRANT FUNDING REQUEST**

**2.7. Grant Funding Request** – In the table below, provide a breakdown, by spending category, of the total funding request for the proposed project.

Spending Category	Funding Request
Consultant/Professional Fees	
Environmental Remediation	
Construction (Including Demolition)	
Contingency	
Other/Miscellaneous	
<b>Total</b>	

**2.8. Justification of Request** – Provide line item explanations, justifications, and/or notes for the funding requested in question 2.7. Include an explanation of the methods for estimating project costs.

*(1,000 characters)*

**2.9. Applicant Match** – Will the applicant provide a match to supplement any grant funds awarded?

Yes       No

**2.9.a.** If yes, what is the match amount? \_\_\_\_\_

**2.9.b.** Describe the source(s) and status of all matching funds.

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(1,000 characters)

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**2.10. Other Match Funding Sources** – Is this project supported by additional funding being provided by outside parties (i.e. partner organizations, developer contributions, other state/federal grants, etc.)?

Yes       No

**2.10.a.** If yes, how much is being contributed by other sources? \_\_\_\_\_

**2.10.b.** Describe the source(s) and status of funds.

(1,000 characters)

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**Total Project Cost**

If the below table does not accurately reflect the total cost to complete the scope of work described, adjust the Grant Funding Request, Applicant Match, and Funding From Other Sources accordingly.

Source	Amount
Grant Funding Request	<i>Auto-populated</i>
Applicant Match	<i>Auto-populated</i>
Other Funding Sources	<i>Auto-populated</i>
<b>Total Project Cost</b>	<i>Auto-populated</i>

**2.11. Consultant/Contractor Cost Estimate** - Do you have a cost estimate or proposal from prospective consultant(s), contractors or other professional services provider(s) for this project?

Yes       No

*If yes:*

**ATTACHMENT HERE** Attach a cost estimate or proposal from prospective consultant(s), contractors or other professional services provider(s) for this project.

**COMMUNITY DESCRIPTION**

**2.12. Project Location Map** – Attach a map showing the location of the project/project area.

**ATTACHMENT HERE**

**2.13. Environmental Justice** – Is the project site located within one mile of an Environmental Justice census block group? [CLICK HERE](#) to access the Commonwealth’s Environmental Justice Map Viewer.

Yes       No

**2.14. Community Description and Engagement Plan** – Describe the population that will be impacted by the project and describe the community engagement efforts that have or will inform the project. Include how the project will promote an inclusive participation process, engage new voices, and/or empower diverse

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stakeholders. If applicable, describe how the project advances opportunities for community members who have been socially and economically disadvantaged, and/or historically underrepresented.

*(2,000 characters)*

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**PROJECT IMPLEMENTATION**

**2.15. Leadership and Ability to Execute** – Describe the leadership and project management group for this project and why it is an effective team to advance this project. Identify the full name of the person(s) that will serve as the applicant’s project contact and describe the experience they have on previous similar or related project and their contribution to the successful completion of this project.

*(2,000 characters)*

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**2.16. Progress to Date** – What progress has the applicant/partner organization(s) made on this project to date? Include details such as planning (noting if the project is included in any adopted district, municipal, and/or regional plans), community engagement, prior State/Federal funding, development tools used, and any environmental remediation efforts.

*(2,000 characters)*

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**2.17. Project Implementation Timeline** – Describe the steps and timeline to implement the project. Include any tasks that the applicant would need to complete before expending grant funds, if awarded (i.e. local approvals, procurement, hiring contractors, etc.), as well as information about any notable dates and/or milestones. **Note:** Grants awards will be announced in Fall 2024 for contracts starting in FY25.

*(2,000 characters)*

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**ENVIRONMENTAL SUSTAINABILITY AND EMISSIONS REDUCTION**

**2.18. Environmental Sustainability** – Describe how the applicant will take climate change and environmental sustainability into consideration in the execution of the project.

*(2,000 characters)*

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**PROJECT OUTCOMES**

**2.19. Anticipated Outcomes and Impacts** – Explain how the project will catalyze community economic development and/or provide public benefit. Describe the tangible outcomes, including impacts on housing production, job growth, workforce development, entrepreneurship, local business and/or other social benefits.

*(2,000 characters)*

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**2.20. Project Impacts** – Complete the below table to show the expected impacts of the project:

Housing Outcomes	
Number of housing units allowed on the project site by current zoning:	
Number of new affordable rental units to be created:	

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Number of new affordable ownership units to be created:	
Number of new market-rate rental units to be created:	
Number of new market-rate ownership units to be created:	
Total number of all new housing units to be created:	
If any affordable, specify lowest income limit used (65% AMI, 80% AMI, etc.):	%
<b>Employment Outcomes</b>	
Number of new permanent full-time jobs to be created:	
Number of new permanent part-time jobs to be created:	
Total number of all new permanent jobs to be created:	
Total construction jobs to be supported by the private development project(s):	
Total existing full-time jobs to be retained as direct result of this project:	
<b>Business Outcomes</b>	
Commercial development allowed on site by current zoning (square feet)	
Industrial development allowed on site by current zoning (square feet)	
Square footage of office and/or retail space to be created, including restaurants:	
Square footage of industrial space to be created, including warehouses:	
Total square footage of commercial space to be created:	

## SITE INFORMATION

### 2.21. General Information

Project Address(es)/Parcel ID(s) (If multiple parcels, enter the address or parcel ID for each individually)	
Size of the project area within the building envelope (square feet)	
Current assessed value (\$) of the development site:	

**2.22. Project Site Description** – Describe the area within the limits of work for the project, including the size of the project area and unique challenges that may exist. If applicable, include ownership history, past/present uses and operators, conditions of any existing building(s), historic considerations, etc.  
*(1,000 characters)*

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**2.23. Site Plan/Construction Drawing** – Attach a site plan, conceptual drawing, and/or construction design that clearly demonstrates the location and proposed work.

**ATTACHMENT HERE**





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*After clicking “Submit Project” inside the tool, the project information will be saved, and a “Download Report” icon will appear for the user. The entire process, exclusive of registration, should take no more than 15 minutes per project.*

Attach a copy of the project's output report from the Commonwealth’s online Climate Resilience Design Standards Tool:

**ATTACHMENT HERE**

**2.30. Exposure Rating** – Does the project’s Climate Resilience Design Tool report provide a “High” preliminary exposure score for either Sea Level Rise/Storm Surge, Extreme Precipitation - Urban Flooding, or Extreme Precipitation - Riverine Flooding (see above ATTACHMENT)?

Yes       No

**2.30.a.** If yes, describe any design strategies that the public infrastructure project will incorporate, and/or that the applicant plans to investigate as part of the project’s design, to mitigate the potential impacts of future flooding. For Infrastructure projects, specify the design storm (return period) that the applicant intends to use in the engineering of the project (e.g., the 25-year storm or 4% storm). For Building projects, specify any dry floodproofing and/or improved conformance to flood-resistant building standards that the project will achieve and/or investigate.

*(1,000 characters)*

## BUILDING ADDITIONAL QUESTIONS

**4.2. Building Details** – Complete the table to below to outline the specific characteristics of the building, particularly as they relate to the current vacancy rates and/or uses of the property.

In what year was the property built?	<i>(4-digit year)</i>	
How long (years) has the property been in its current ownership?		
What is the property’s current assessed value?	\$	
What is the property’s appraised value?	\$	
If known, what was the date of the most recent appraisal?		
How many floors (stories) does the property have?		
How many square feet of the property can potentially be occupied?		
Is the property currently vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the property’s overall vacancy rate (%)?		
Check which floors exist in the building, and specify the vacancy rate and use(s) by floor.		
<input type="checkbox"/> Basement	% Vacant:	Present Use:
<input type="checkbox"/> 1 <sup>st</sup> Floor	% Vacant:	Present Use:
<input type="checkbox"/> 2 <sup>nd</sup> Floor	% Vacant:	Present Use:
<input type="checkbox"/> 3 <sup>rd</sup> Floor	% Vacant:	Present Use:

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<input type="checkbox"/> 4 <sup>th</sup> Floor & Above	% Vacant:	Present Use:
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**4.3. Additional Building Information** – Additional information/comments about the building details, as needed:

*(1,000 characters)*

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**4.4. Highest/Best Use** – Can the entire property be used/occupied for the highest and best purposes?

Yes       No

**4.4.a.** If the entire property cannot be used/occupied for the highest and best purposes, describe whether any part of the property, and how much, can be used and/or developed. Note if not applicable.

*(1,000 characters)*

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**4.5. Building Condemned** – Is the building (or any part of it) condemned?

Yes       No

*If yes:*

If the building, or any part of it, is condemned, provide an explanation. Note if not applicable.

*(1,000 characters)*

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**4.6. Code Enforcement** – Have there been any code enforcement actions taken in past 5 years?

Yes       No

**4.6.a.** If there have been any code enforcement actions in the past five years, provide an explanation. Note if not applicable.

*(1,000 characters)*

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**4.7. Property Taxes** – Are property taxes current?

Yes       No

*If no:*

**4.7.a.** If not, is the property currently in tax title?

Yes       No

**4.7.b.** If the property taxes are not current and/or the property is currently in tax title, provide an explanation. Note if not applicable.

*(1,000 characters)*

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**4.8. Additional Work** – What additional work and/or adjacent but separate work does the applicant plan to do beyond the work funded by this requested grant? Describe the scope, estimated cost, and timeline. Provide a pro forma and/or business plan if available.

*(2,000 characters)*

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- 4.8.a.** If available, attach a pro-forma and/or business plan demonstrating the additional construction work that is planned for this project. If Predevelopment, attach pro-forma or other relevant documents to the scope of the project.

**ATTACHMENT HERE**

**CONSTRUCTION INFORMATION**

- 4.9. Building Improvements** - For capital improvement request: A copy of each plan will be required if project is recommended. *(Check all that apply)*

Capital Improvement Item	Plans Available?
Building Code Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Fire/Life Safety Code Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Accessibility Improvements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Building Shell Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Building Stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
HVAC Improvements or Renovations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Interior Demolition or Remediation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Other. Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

- 4.10. Financing** –Is the financing or other funding sources for this project fully secured?

Yes  No

- 4.10.a.** If No, indicate the status of all sources, if there are any significant contingencies, and by when the resources needed to proceed are expected to be secured.

*(1,000 characters)*

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- 4.10.b.** If Yes, provide details on all sources and if there are any significant contingencies.

*(1,000 characters)*

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- 4.11. Construction Management Plan** - What is the proposed plan for managing the construction?

*(1,000 characters)*

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- 4.12. Construction Timeline** - Provide the planned schedule/timeline for the project.

Milestone	Start Date	End Date
Design / Engineering / Permitting		
Bidding Open / Close		
Construction Start		
50% Construction		
Construction Complete		

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4.13. **Design Completion** - What percentage project design is completed? \_\_\_\_\_%

4.14. **Permits/Licenses/Approvals** - Which of the following permits, licenses, and/or approvals are required for this project? (*Check all that apply*) For selected items, indicate if secured and the actual or anticipated dates of filing and issuance.

Check if Required	Check if Secured	Filing Date (Actual or Anticipated)	Decision Date (Actual or Anticipated)
<input type="checkbox"/> Article 97 Land Disposition	<input type="checkbox"/>		
<input type="checkbox"/> Chapter 91 License	<input type="checkbox"/>		
<input type="checkbox"/> 401 Water Quality Certification	<input type="checkbox"/>		
<input type="checkbox"/> Superseding Order of Conditions	<input type="checkbox"/>		
<input type="checkbox"/> Water Management Act Permit	<input type="checkbox"/>		
<input type="checkbox"/> MassDOT Access Permit	<input type="checkbox"/>		
<input type="checkbox"/> Mass Historic Commission Review	<input type="checkbox"/>		
<input type="checkbox"/> Planning Board	<input type="checkbox"/>		
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/>		
<input type="checkbox"/> Zoning Board	<input type="checkbox"/>		
<input type="checkbox"/> Sewer Extension Permit	<input type="checkbox"/>		
<input type="checkbox"/> Utility Relocation	<input type="checkbox"/>		
<input type="checkbox"/> Building Permit	<input type="checkbox"/>		
<input type="checkbox"/> Other. Specify:	<input type="checkbox"/>		

## HOUSING CHOICE ADDITIONAL QUESTIONS

### 6.1 Eligibility Questions

6.1.a.	Does the community have an ACTIVE housing moratorium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1.b.	Does the community have a housing restriction bylaw or ordinance that limits housing production to less than 5% per year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **Yes to any** of the above questions, community is not eligible to apply in this category. Applicants answering No to **BOTH**, may proceed by answering the following questions:

6.1.c.	Has the community completed an ADA Self Evaluation Plan and/or Transition Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6.1.d.	If no, has the community executed a memorandum of agreement to complete an ADA Self Evaluation and/or Transition Plan within 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.1.e.	If no, is the community willing to execute a memorandum of agreement to complete an ADA Self Evaluation and/or Transition Plan within 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **No to all three** questions above, community is not eligible to apply in this category. If Yes to any question, applicant may continue to complete this section for grant consideration.

*(If eligible, show questions 6.2-6.3)*

**Housing Choice Best Practices** – Points will be awarded in this section for the community's implementation of Housing Choice Best Practices. As applicable, select the best practice from the list below, provide a brief description, and attach the requested information. Descriptions should highlight how Best Practices has increased Housing Units in the community. Upload only the pertinent sections of the zoning ordinances or bylaw that apply to each selected best practice, **do not upload the entire zoning by-law**.

6.2 Has the community implemented any of the following **Zoning Best Practices** in the last five years? For each selection, provide a brief description and attach the requested evidence.

6.2.a. **Multi-Family allowed by right:** Have at least one zoning district that allows multifamily by right (in addition to 40R districts) where there is capacity to add units and that allows for family housing that is not age restricted and does not restrict units with more than 2 bedrooms (or have a pattern of approving such developments over the last 5 years).

Yes                       No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *Attach a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice, include a map if necessary/available.*

6.2.b. **Inclusionary Zoning, with density bonus:** Have Inclusionary Zoning that provides for reasonable density increases so that housing is not unreasonable precluded.

Yes                       No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *Attach a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice, include a map if necessary/available.*

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6.2.c. **40R or Starter Home District:** Have an approved 40R Smart Growth or Starter Homes district that remains in compliance with the 40R regulations. Please note, that if your community repealed its only 40R district, it no longer qualifies for this best practice.

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *Attach a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice, include a map if necessary/available.*

6.2.d. **Mixed-Use or Cluster Development:** Have zoning that allows mixed use or cluster/Open Space Residential development by right that is not part of a 40R district (or have a pattern of approving such developments over the last 5 years).

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *Attach a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice, include a map if necessary/available.*

6.2.e. **Accessory Dwelling Units (ADU):** Have zoning that allows for accessory dwelling units by right (or have a pattern of approving ADUs over the last 5 years).

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *Attach a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice, include a map if necessary/available.*

6.2.f. **Multi-Family Parking Requirement:** Reduced parking requirement for Multi-Family units within the last 5 years or require no more than 1 parking space per unit for multifamily units.

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

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**ATTACHMENT HERE**: Attach a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice, include a map if necessary/available.

6.3 Has the community implemented any of the following **Other Best Practices** in the last five years? For each selection, provide a brief description and attach the requested evidence.

6.3.a. **Local funding sources that support housing**: Designated local resources for housing such as established an Affordable Housing Trust, donated land, or spent substantial Community Preservation Act (CPA) funds for community housing over the last 5 years.

Yes       No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: Attach a list of community housing expenditures over the last 5 years, include a map if necessary/available.

6.3.b. **Land Use Board Training**: Provide evidence of education and training for a majority of members on a land use board (Planning Board, Board of Appeals, Select Board and/or City Council) from Citizen Planner Training Collaborative, Massachusetts Housing Partnership's Housing Institute, Community Development Partnership's Lower Cape Housing Institute, or Urban Land Institute's (ULI's) Urban Plan Public Leadership Institute over the last 5 years.

Yes       No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: Attach evidence of formal education and trainings, and/or specific information about any comparable trainings, received by the local land use board(s).

6.3.c. **SHI at or above 10%**: Have units currently eligible for inclusion in the Subsidized Housing Inventory (SHI) that equal or exceed 10% of total year round housing stock according to the EOHLC subsidized housing inventory, where such 10% was not reached after local comprehensive permit(s) were denied or conditioned and had the denial or condition overturned by the Housing Appeals Court (HAC).

Yes       No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

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If SHI at or above 10%, indicate current SHI (%): \_\_\_\_\_

**ATTACHMENT HERE**: *Attach a copy of the current SHI for your community.*

6.3.d. **SHI increased at least 2.5%:** Have increased your community’s SHI by at least 2.5% points in the last 5 years where such increase was not reached after local comprehensive permit(s) were denied or conditioned and had the denial or conditions overturned by HAC.

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

If SHI increased at least 2.5%, indicate the SHI increase: \_\_\_\_\_

**ATTACHMENT HERE**: *Attach evidence of at least a 2.5% increase in SHI in last five years.*

6.3.e. **Community Compact, Housing Best Practices:** Selected a housing best practice as part of a Community Compact.

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *Attach evidence of Community Compact Housing Best Practice(s).*

6.3.f. **Locally adopted programs that support housing:** Participate in the Housing Development Incentive Program (HDIP), have adopted an Urban Center Housing Tax Increment Financing district, approved District Improvement Financing (DIF) related to housing, have adopted an Urban Renewal Plan that includes a significant Housing element.

Yes             No

If Yes, please provide a brief description:

\_\_\_\_\_ (250 characters)

**ATTACHMENT HERE**: *In Attach evidence of participation in related programs.*

6.3.g. **Property tax relief / Community Impact Fee:** Have adopted local option property tax relief programs for income eligible seniors either as provided for by statute (MGL c. 59 section 5) or through a home rule petition; OR have adopted a Community Impact Fee for short term rentals



COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

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(MGL c. 64G, section 3D) where your community has committed in writing to using a portion of such revenues for affordable housing.

- Yes                       No

If Yes, please provide a brief description:

(250 characters)

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**ATTACHMENT HERE**: *Attach evidence of community’s adoption of related programs and statutes, and/or other commitment to affordable housing.*

6.3.h. **Housing Production Plan:** Have a CERTIFIED Housing Production Plan which means that you have an EOHLIC approved Housing Production Plan and have subsequently seen an increase of 0.5% or 1% in your year-round housing units.

- Yes                       No

If Yes, please provide a brief description:

(250 characters)

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**ATTACHMENT HERE**: *Attach evidence of community’s CERTIFIED Housing Production Plan.*

6.3.i. **Housing Plan Implementation:** Demonstrated implementation of at least two strategies identified in a Housing Production Plan, housing component of a Master Plan, Housing Needs Assessment, or other housing related plan or analysis, other than adoption of the best practices specifically listed above

- Yes                       No

If Yes, please provide a brief description:

(250 characters)

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**ADDITIONAL/OPTIONAL ATTACHMENTS**

Applicants may submit other attachments to support the application, which may be reviewed and/or filed. However, please note that these items will generally not be scored or assessed as part of the formal evaluation of the proposal.

Attachment Type	Description
Letters of Support	Attach any letters in support of the project.
Other Partner Letters	Letters from any partner organizations that are collaborating on this project.
Other Site Images	Other site photographs, illustrations, and/or maps.
Other	Any other attachment.

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## FORM 3. CERTIFICATION OF APPLICATION SUBMISSION AUTHORIZATION

If the applicant is a public entity, does the submission of this application require a formal vote of any board, commission, or other local entity? If Yes, attachment required.

- Yes       No       Not Applicable

**ATTACHMENT HERE** : *If yes, attach a certified copy of the vote taken by the relevant entity.*

If the applicant is a non-public entity, does the submission of this application require the authorization of the entity’s board of directors, or other governing body or bylaw? If Yes, attachment required.

- Yes       No       Not Applicable

**ATTACHMENT HERE** : *If yes, attach a document demonstrating such authorization.*

If No to the items above, are you authorized to submit this application on behalf of the applicant entity, by virtue of your administrative role (chief elected official, chief executive officer, city/town manager, authorized signatory, etc.), or as a designee of an administrator and/or authorized signatory?

- Yes       No

I, \_\_\_\_\_ (Submitter Name), hereby certify that I am duly authorized to submit this application on behalf of \_\_\_\_\_ (Applicant Organization Name). By entering my name in the space below, I further certify, under the pains and penalties of perjury, that the responses to the questions provided in this application, and the attached documentation, are true, accurate, and complete. I understand that the Executive Office of Housing and Economic Development (EOHED) and its partner organizations, specifically the Executive Office of Housing and Livable Communities (EOHLC) and the Massachusetts Development Finance Agency (MDFA), will rely on the information provided in this application to make decisions about whether to award a grant from their respective funding sources. Also, that the Commonwealth reserves the right to take action against me, the applicant organization, and/or any other beneficiary of a grant, if any of the information provided is determined to be false, inaccurate, or misleading. I also affirm that, if awarded, the applicant organization has the capacity to carry out the project in accordance with all applicable laws and regulations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date