**EXPRESSION OF INTEREST (Optional)**

The purpose of this Expression of Interest is to give interested applicants an opportunity to articulate their overall goals, objectives, and preparedness as they relate to growth through community economic development. When completing the form, consider all of the funding requests that may be made in the full application. Forms submitted by the posted deadline will be reviewed by the state’s economic development partner agencies, who can provide feedback and guidance for the best path forward for each project.

**SECTION 1. Prospective Applicant & Project Information**

1. Primary Location: (*Select from drop-down*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EOHED Region  | *(auto-filled)* | MassDOT District | *(auto-filled)* | Rural or Small Town | *(auto-filled)* |
| MDFA Regional Office | *(auto-filled)* | Gateway City  | *(auto-filled)* | Housing Choice | *(auto-filled)* |
| Regional Planning Agency  | *(auto-filled)* | MVP Community | *(auto-filled)* | MBTA Community | *(auto-filled)* |

1. Organization Type: (*Select from following drop-down options*)

**Public Entity:**

[ ]  Municipality

[ ]  Public Housing Authority

[ ]  Redevelopment Authority or Similar Quasi-Governmental Agency

[ ]  Water or Sewer District

[ ]  Other Public Entity. Specify:

**Non-Public Entity:**

[ ]  Community Development Corporation

[ ]  Non-Profit Organization

[ ]  For-Profit Corporation

1. Applicant Organization Name:
2. Applicant Organization Legal Address:
3. City/Town:
4. State: MA
5. Zip Code:
6. CEO Name:
7. CEO Title:
8. CEO Tel.:
9. CEO Email:
10. Project Contact Name (if different):
11. Project Contact Title:
12. Contact Tel:
13. Contact Email:
14. Indicate any applicable certifications and/or classifications for this organization (For Non-Public Entities Only):

☐ Women-Owned Business Enterprise

☐ Minority-Owned Business Enterprise

☐ Disadvantaged Business Enterprise

☐ Veteran-Owned Business Enterprise

☐ LBGTQ-Owned Business Enterprise

☐ Disability Business Enterprise

☐ N/A

1. Describe applicant, including organizations structure and primary economic development goals.  (*2,000 characters*)

**SECTION 2 (P): Priority Projects / Initiatives –** Describe up to top priority projects or initiatives that the applicant intends to submit in a One-Stop application for grant consideration. Describe the projects, areas, and/or sites and indicate the types of funding sought, even if unsure about the specific sources. This section is meant to provide state reviewers with insight into the prospective projects.

**Project / Initiative One**

1. Name of Project/Initiative:
2. If applicable, list the name and contact for any additional partner organizations. If this is a regional application, list other communities involved in the project: (*1,000 characters*)
3. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), what is the primary funding you would like to explore for this project/initiative: (*Check up to two)*

[ ]  Capacity Building

[ ]  Planning and Zoning

[ ]  Site Preparation

[ ]  Building (vertical construction)

[ ]  Infrastructure (horizontal construction)

[ ]  Other:

[ ]  Not sure

1. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), are there other type(s) of funding you would like to explore for this project/initiative? If not, please type "N/A". (*1,000 characters*)
2. Brief Description of Project/Initiative. Indicate if project is phased and progress made to date: (*1,000 characters*)
3. How much funding do you anticipate requesting from the One Stop for Growth?
* Less than $100,000
* $100,000 to $500,000
* $500,000 to $1,000,000
* Over $1,000,000
1. What would you use the One Stop funding for? If possible, indicate specific scope of work. (*1,000 characters*)
2. Please describe your timeline for your project and timing of the use of the One Stop funding. (Note that award decisions will not be public until fall 2022). (*1,000 characters*)
3. Would you like to add a second project?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**Project / Initiative Two**

1. Name of Project/Initiative:
2. If applicable, list the name and contact for any additional partner organizations. If this is a regional application, list other communities involved in the project: (*1,000 characters*)
3. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), what is the primary funding you would like to explore for this project/initiative: (*Check up to two)*

[ ]  Capacity Building

[ ]  Planning and Zoning

[ ]  Site Preparation

[ ]  Building (vertical construction)

[ ]  Infrastructure (horizontal construction)

[ ]  Other:

[ ]  Not sure

1. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), are there other type(s) of funding you would like to explore for this project/initiative? If not, please type "N/A". (*1,000 characters*)
2. Brief Description of Project/Initiative. Indicate if project is phased and progress made to date: (*1,000 characters*)
3. How much funding do you anticipate requesting from the One Stop for Growth?
* Less than $100,000
* $100,000 to $500,000
* $500,000 to $1,000,000
* Over $1,000,000
1. What would you use the One Stop funding for? If possible, indicate specific scope of work. (*1,000 characters*)
2. Please describe your timeline for your project and timing of the use of the One Stop funding. (Note that award decisions will not be public until fall 2022). (*1,000 characters*)
3. Would you like to add a third project? (Option available through February 4, 2022)

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**Project / Initiative Three**

(Available through February 4, 2022)

1. Name of Project/Initiative:
2. If applicable, list the name and contact for any additional partner organizations. If this is a regional application, list other communities involved in the project: (*1,000 characters*)
3. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), what is the primary funding you would like to explore for this project/initiative: (*Check up to two)*

[ ]  Capacity Building

[ ]  Planning and Zoning

[ ]  Site Preparation

[ ]  Building (vertical construction)

[ ]  Infrastructure (horizontal construction)

[ ]  Other:

[ ]  Not sure

1. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), are there other type(s) of funding you would like to explore for this project/initiative? If not, please type "N/A". (*1,000 characters*)
2. Brief Description of Project/Initiative. Indicate if project is phased and progress made to date: (*1,000 characters*)
3. How much funding do you anticipate requesting from the One Stop for Growth?
* Less than $100,000
* $100,000 to $500,000
* $500,000 to $1,000,000
* Over $1,000,000
1. What would you use the One Stop funding for? If possible, indicate specific scope of work. (*1,000 characters*)
2. Please describe your timeline for your project and timing of the use of the One Stop funding. (Note that award decisions will not be public until fall 2022). (*1,000 characters*)
3. Would you like to add a fourth project?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**Project / Initiative Four**

(Available through February 4, 2022)

1. Name of Project/Initiative:
2. If applicable, list the name and contact for any additional partner organizations. If this is a regional application, list other communities involved in the project: (*1,000 characters*)
3. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), what is the primary funding you would like to explore for this project/initiative: (*Check up to two)*

[ ]  Capacity Building

[ ]  Planning and Zoning

[ ]  Site Preparation

[ ]  Building (vertical construction)

[ ]  Infrastructure (horizontal construction)

[ ]  Other:

[ ]  Not sure

1. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), are there other type(s) of funding you would like to explore for this project/initiative? If not, please type "N/A". (*1,000 characters*)
2. Brief Description of Project/Initiative. Indicate if project is phased and progress made to date: (*1,000 characters*)
3. How much funding do you anticipate requesting from the One Stop for Growth?
* Less than $100,000
* $100,000 to $500,000
* $500,000 to $1,000,000
* Over $1,000,000
1. What would you use the One Stop funding for? If possible, indicate specific scope of work. (*1,000 characters*)
2. Please describe your timeline for your project and timing of the use of the One Stop funding. (Note that award decisions will not be public until fall 2022). (*1,000 characters*)
3. Would you like to add a fifth project?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**Project / Initiative Five**

(Available through February 4, 2022)

1. Name of Project/Initiative:
2. If applicable, list the name and contact for any additional partner organizations. If this is a regional application, list other communities involved in the project: (*1,000 characters*)
3. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), what is the primary funding you would like to explore for this project/initiative: (*Check up to two)*

[ ]  Capacity Building

[ ]  Planning and Zoning

[ ]  Site Preparation

[ ]  Building (vertical construction)

[ ]  Infrastructure (horizontal construction)

[ ]  Other:

[ ]  Not sure

1. Based on the descriptions outlined for the One Stop’s [Development Continuum](https://www.mass.gov/info-details/one-stop-for-growth-development-continuum), are there other type(s) of funding you would like to explore for this project/initiative? If not, please type "N/A". (1,000 characters)
2. Brief Description of Project/Initiative. Indicate if project is phased and progress made to date: (*1,000 characters*)
3. How much funding do you anticipate requesting from the One Stop for Growth?
* Less than $100,000
* $100,000 to $500,000
* $500,000 to $1,000,000
* Over $1,000,000
1. What would you use the One Stop funding for? If possible, indicate specific scope of work. (*1,000 characters*)
2. Please describe your timeline for your project and timing of the use of the One Stop funding. (Note that award decisions will not be public until fall 2022). (1,000 characters)