**FULL APPLICATION**

**SECTION 1. Applicant Information** (*may be autofilled from Expression of Interest*)

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

|  |  |  |  |
| --- | --- | --- | --- |
| Regional Planning Agency | *(auto-filled)* | EOHED Region | *(auto-filled)* |
| MassDOT Highway Division | *(auto-filled)* | MVP Community | *(auto-filled)* | Gateway City | *(auto-filled)* |
| Housing Choice Community | *(auto-filled)* | Green Community | *(auto-filled)* | Rural or Small Town | *(auto-filled)* |

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

**Public Entity:**

[ ]  Municipality

[ ]  Public Housing Authority

[ ]  Redevelopment Authority or Similar Quasi-Governmental Agency

[ ]  Other Public Entity. Specify:

**Non-Public Entity:**

[ ]  Community Development Corporation

[ ]  Non-Profit Community Organization

[ ]  For-Profit Corporation

[ ]  Other Non-Public Entity. Specify:

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/Title (if different):
11. Contact Tel:
12. Contact Email:
13. If applicable, list the name and contact for any additional partner organizations: (*1,000 characters*)

**SECTION 2: Applicant / Community Background (***may be autofilled from Expression of Interest***)**

1. Describe applicant’s primary economic development goals, assets, and opportunities.  (*2,000 characters*)
2. Describe the main challenges and/or obstacles to progress. (*2,000 characters*)
3. Describe any major community and economic development project(s) that the applicant has undertaken in the past 5 years.  (*2,000 characters*)
4. If the community has completed any community economic development (including housing) best practices through the [Community Compact Best Practices Program](https://www.mass.gov/best-practices-program), specify which ones and describe the outcome(s) of that process. *(If none, enter “N/A”.)*  (*2,000 characters*)
5. Indicate which, if any, of the following tools/strategies have been adopted by the community to promote economic development and growth. *(Check all that apply or None. If unsure, check “Do not know”.)*

|  |  |
| --- | --- |
| **X** | **Economic Development Tools / Strategies** |
|  | Approved Master Plan |
|  | Approved Urban Renewal Plan |
|  | 43D Expedited Permitting District |
|  | Priority Development Site(s) Designation |
|  | Approved Tax Increment Financing District  |
|  | Business Improvement District, Main Streets, or similar District |
|  | Federal Economic Development District |
|  | Designated Opportunity Zone(s) |
|  | Community Compact Best Practices and/or Regionalization Project |
|  | Complete Streets Prioritization Plan |
|  | Commercial zoning by-right |
|  | Other. Specify:  |
|  | None |
|  | Do Not Know |

1. Indicate which, if any, of the following tools/strategies have been adopted by the community to promote housing development. *(Check all that apply or None. If unsure, check “Do not know”.)*

|  |  |
| --- | --- |
| **X** | **Housing Development Tools / Strategies** |
|  | Inclusionary Zoning with density bonus |
|  | 40R Smart Growth or Starter Home District zoning |
|  | Zoning that allows mixed-use development near transit and activities |
|  | Zoning that allows multifamily development near transit and activities |
|  | Zoning that allows duplexes in most residential districts |
|  | Zoning that allows Accessory Dwelling Units in most residential districts |
|  | Zoning that requires no more than 1 parking space per unit for multifamily units |
|  | Majority of land use board members receive training on a regular basis |
|  | Approved Housing Production Plan |
|  | CERTIFIED Housing Production Plan |
|  | Subsidized Housing Inventory (SHI) above 10% |
|  | Subsidized Housing Inventory (SHI) increased by 2.5% in last 5 years |
|  | Designated local funds (e.g. Affordable Housing Trust or CPA Funds) |
|  | Donated municipal land for housing |
|  | Local property tax relief programs for income eligible seniors (MGL c 59 S. 5) |
|  | Plan to address homelessness of a high need group |
|  | Urban Center Housing Tax Increment Financing, Housing Development Incentive Program (HDIP), or an Urban Renewal Plan with significant housing  |
|  | Federal Choice Neighborhood |
|  | HUD Fair Housing Assessment |
|  | Other. Specify:  |
|  | None |
|  | Do Not Know  |

**SECTION 3: Project Summary**

* 1. Project Categories for Grant Consideration (C*heck all that apply*). Please note that, for each category selected, additional questions will appear in the application related to that funding type.

[ ]  Capacity Building

[ ]  Planning and Zoning

[ ]  Site Preparation

[ ]  Predevelopment and Permitting

[ ]  Building

[ ]  Infrastructure

[ ]  Other: Special Project in a Housing Choice Community

[ ]  Other: Special Project in a Small Town or Rural Community

* 1. Project Name:
	2. Brief Project Description / Abstract: (*1,000 characters*)
	3. Is this project located in any of the following designated areas? (*Check all that apply or None*)

[ ]  Downtown or Commercial Area

[ ]  43D Expedited Permitting District

[ ]  Opportunity Zone

[ ]  Transformative Development Initiative (TDI) District

[ ]  None

* 1. If located in an Opportunity Zone, will the project be directly supported by an Opportunity Fund investment? Note: If yes, name of the Fund and/or managing entity will be required during the review.

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Not Applicable |

* 1. Does the project support and/or directly result in any of the following (particularly as they relate to the state’s Sustainable Development Goals)? (*Check all that apply or None*)

[ ]  Transit-Oriented Developments (located within a half mile of a transit station)

[ ]  Developments that contain a mix of residential and commercial uses

[ ]  Production or Preservation of Housing, with density of at least four units to the acre

[ ]  Developments that are re-using previously developed sites

[ ]  Development of under-utilized properties

[ ]  Development of Small Businesses

[ ]  None

* 1. Does the community have an active housing moratorium or any type of restriction of new housing?

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

* 1. In what ways does this project support housing development? (*Check all that apply or None*)

[ ]  Creates new housing units

[ ]  Supports the creation of new housing units

[ ]  Preserves existing affordable housing

[ ]  Studies/analyzes the feasibility of new housing on a site/area

[ ]  None. Not related to housing

* 1. Is this project directly related to and/or seeking to support efforts related to economic recovery from the Covid-19 pandemic?

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

* 1. If yes, describe how this project specifically aligns with economic recovery planning and efforts. (*2,000 characters*)
	2. Does this project promote Equitable Opportunities?

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

* 1. If yes, describe how this project promotes Equitable Opportunities: (*2,000 characters*)
	2. Does this project create any environmental benefits and/or build the community’s resilience to existing or future impacts of climate change?

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

* 1. If yes, describe the environmental and/or resiliency benefits (ecological or habitat restoration, improved air/water quality, pretreatment of stormwater discharge, flood protection, carbon sequestration, etc.). (*2,000 characters*)
	2. Does the applicant have a letter from the municipal CEO outlining knowledge of and support for the proposed project? *If yes, attach support letter.*

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

* 1. **ATTACHMENT: *In Section 14, attach the support letter from the municipal CEO.***
	2. If No, provide an explanation: (*1,000 characters*)
	3. **TOTAL GRANT REQUEST: The table below will be auto filled with the total request amount from each of the corresponding budget sections, based on the category selection(s) at 3.1 above.**

|  |  |
| --- | --- |
| **Section / Category** | **Amount Requested** |
| Section 5: Capacity Building | (*Autofilled from Budget in Section 5*) |
| Section 6: Planning and Zoning | (*Autofilled from Budget in Section 6*) |
| Section 7: Site Preparation | (*Autofilled from Budget in Section 7*) |
| Section 8: Predevelopment and Permitting | (*Autofilled from Budget in Section 8*) |
| Section 9: Building | (*Autofilled from Budget in Section 9*) |
| Section 10: Infrastructure | (*Autofilled from Budget in Section 10*) |
| Section 11: Special Project: Housing Choice | (*Autofilled from Budget in Section 11*) |
| Section 12: Special Project: Rural/Small Town | (*Autofilled from Budget in Section 12*) |
| **Grand Total Requested** |  |

**SECTION 4: Project Details / Core Information**

* 1. Project Narrative – Provide a detailed description of the project for which you are requesting grant assistance. Include details about work and planned uses for the grant. (*4,000 characters*)
	2. 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. (*2,000 characters*)
	3. Progress to date – What progress has the applicant made on this project to date? Include details about planning, stakeholder engagement, development tools used, noting if the project is included in any adopted municipal or regional plans (e.g. Master Plan, CEDS, HPP, etc.), etc. (*2,000 characters*)
	4. Timeline – Provide the start/end dates for the overall project and any other notable periods. Note: Grants will be announced in Fall 2021 for contracts starting in FY22. Dates below should reflect that timing.

|  |  |
| --- | --- |
| Target Start Date of the Project: | (Date) |
| Target End Date of the Project: | (Date) |
| Other. Specify:  | (Date) |
| Other. Specify:  | (Date) |

* 1. Timeline Information – Describe the timeline for the project and provide information about any notable dates and/or milestones. (*1,000 characters*)
	2. Anticipated Outcomes - Provide a detailed description of the anticipated outcomes of the project. Include information about leveraged development, housing, jobs, residents or businesses supported, etc. (*2,000 characters*)

**Site Information**: Only for projects in Site Preparation, Predevelopment, Building, or Infrastructure Categories.

* 1. Project Address(es):
	2. Parcel ID(s): (*If multiple, enter the ID for each parcel individually. Add lines as necessary.*)
	3. Describe the project site(s), including any unique challenges that may exist at this location. (*1,000 characters*)
	4. Is the project site publicly owned?

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

* 1. If Yes, describe the type of public ownership (*Check all that apply*).

|  |  |
| --- | --- |
| [ ]  Public Land | [ ]  Easement |
| [ ]  Leasehold | [ ]  Other. Specify:  |
| [ ]  Right of Way |  |

* 1. If No, explain how the site will be publicly acquired/owned by the project start date or if public ownership is not applicable. (*1,000 characters*)
	2. What type of use is currently allowed by zoning on the project site(s)? (*Check all that apply*)

[ ]  Industrial

[ ]  Commercial

[ ]  Residential – Single Family / Townhome

[ ]  Residential – Multi-family

[ ]  Mixed - Use

[ ]  Other:

* 1. Would you like this application to be reviewed for potential 43D expedited permitting designation of the site? (*If site is already designated, check No)*

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

* 1. Is any part of the project in the current 1% annual chance (100-year) [floodplain](https://msc.fema.gov/portal/search), the current 2% annual chance (500-year) [floodplain](https://msc.fema.gov/portal/search), and/or within 0.1 miles of a water body?

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

* 1. Does any part of the project have a history of flooding during extreme precipitation or coastal events? (*Guidance for evaluating the history of flooding may be found through review of your local Hazard Mitigation Plan, the State Hazard Mitigation Plan, and/or other municipal historical records.)*

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

* 1. Will the project result in a net increase to impervious area at the site?

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

* 1. If yes to any of the above, describe how the project design will mitigate flood risks and/or heat-island impacts based on available [climate change science and data](http://resilientma.org/). If applicable, indicate any nature-based solutions that will be implemented on the site. (*2,000 characters*)
	2. **ATTACHMENT: *In Section 14, attach a copy of the project report, which the applicant must attain by completing the Commonwealth’s online Climate Resilience Design Standards Tool. To access the tool, click*** [***HERE***](https://resilientma.org/shmcap-portal/index.html#/action-team)***. (The tool will be available on ResilientMA.org as of April 1, 2021.)***

**SECTION 5: Community Capacity Building Additional Questions**

1. What is the primary focus of this project? (*Check One)*

[ ]  Technical Assistance for Improving a Downtown or Commercial Center

[ ]  Early Stage Strategy Development

[ ]  Strategy Implementation by an Existing Cross-Sector Consortiums or Coalition

[ ]  Other. Specify:

1. Scope of Work – Describe the proposed work that will be carried out by this project. (*4,000 characters*)
2. Challenge and Vision – Describe the challenge and how it will be addressed by this project. (*2,000 characters*)
3. Community Leadership Group – If existing, describe the group of individuals that will work on this project and what makes it innovative or effective in community economic development. If not yet formed, describe the plan for the group’s composition and work. (*2,000 characters*)
4. Sustainability– Describe how the work of this group will be carried out and how it will be sustained over time, particularly past the time of this grant request. (*2,000 characters*)
5. Target Population Description – Describe the specific population(s) or neighborhood(s) that will be served and how they will be supported by the project. If applicable, describe how the project aligns with recommendations of the Governor’s Black Advisory and/or Latino Advisory Commissions and focuses on Black and/or Latino communities? (*2,000 characters*)
6. Target Population Outcomes **–** Describethe long term and tangible outcomes of assistance, particularly those related to workforce development or entrepreneurship. (*2,000 characters*)

**For Early Stage Strategy Development or Strategy Implementation Projects:**

1. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the grant amount(s) requested/allocated for each category and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Personnel (incl. tax/ fringe) |  |  |  |  |
| Consultants / Prof. Fees |  |  |  |  |
| Partner Subcontracts |  |  |  |  |
| Meeting Expenses / Events |  |  |  |  |
| Project Supplies / Materials |  |  |  |  |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |   |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the source(s) and status of all matching funds. (*1,000 characters*)
3. **ATTACHMENT: *In Section 14, attach a cost estimate or proposal from prospective consultant(s) or professional services provider(s) for this project.***
4. If known, provide the contact information for the provider undertaking the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Entity/Company: |  | Phone: |  |
| Contact Name/Title: |  | Email: |  |

**SECTION 6: Planning and Zoning Additional Questions**

1. What type of development plan or study are you seeking to fund? (*Check one*)

[ ]  Master Plan

[ ]  Land Use Plan

[ ]  Urban Renewal Plan

[ ]  Housing Production Plan

[ ]  Downtown Plan

[ ]  Parking Management Plan

[ ]  Market Feasibility Study

[ ]  Zoning Review and Updates

[ ]  Other. Specify:

1. Scope of Work – Describe the proposed work that will be carried out by this project. If applicable, describe the specific geographic area. (*4,000 characters*)
2. **ATTACHMENT: *In Section 14, attach a map or conceptual drawing showing the location of the planned district and/or project area.***
3. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the grant amount(s) requested/allocated for each category and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Personnel (incl. tax/ fringe) |  |  |  |  |
| Consultants / Prof. Fees |  |  |  |  |
| Meeting Expenses / Events |  |  |  |  |
| Project Supplies / Materials |  |  |  |  |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |   |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the source(s) and status of all matching funds. (*1,000 characters*)
3. **ATTACHMENT: *In Section 14, attach a cost estimate or proposal from prospective consultant(s) or professional services provider(s) for this project.***
4. If known, provide the contact information for the provider undertaking the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Entity/Company: |  | Phone: |  |
| Contact Name/Title: |  | Email: |  |

1. Project Need – Describe why the project is needed and the expected short and long term impacts. (*1,000 characters*)
2. Public Engagement – Describe the community engagement process for the project. (*1,000 characters*)
3. Community Leadership Group – If existing, describe the group of individuals that will work on this project and what makes it innovative or effective in community economic development. If not yet formed, describe the plan for the group’s composition and work. (*1,000 characters*)
4. Sustainability– Describe how the work of this group will be carried out and how it will be sustained over time, particularly past the time of this grant request. (*1,000 characters*)
5. Implementation **–** Describe the enactment, adoption, and/or implementation process for the plan(s) completed by this project. Identify any necessary review and/or approval entities such as Planning Board, Council or Selectboard and/or subcommittee Committee, town meeting, etc. (*1,000 characters*)

**SECTION 7: Site Preparation Additional Questions**

1. What is the focus of this project? (Check One)

[ ]  Site Concept Plan

[ ]  Site Market Study

[ ]  Site Acquisition, related tasks

[ ]  Demolition

[ ]  Construction of site related upgrades

[ ]  Brownfields Site Assessment

[ ]  Brownfields Remediation

1. Scope of Work – Describe the proposed work that will be carried out by this project. (*4,000 characters*)
2. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the grant amount(s) requested/allocated for each category and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Design / Engineering / Permitting |  |  |  |  |
| Construction / Demolition |  |  |  |  |
| Brownfield Site Assessment |  |  |  |  |
| Brownfield Remediation |  |  |  |  |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |   |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the source(s) and status of all matching funds. (*1,000 characters*)
3. **ATTACHMENT: *In Section 14, attach a cost estimate or proposal from prospective consultant(s) for this project. If a Brownfields project, include a detailed workplan and schedule for the assessment and/or remediation work, prepared by a Mass. Licensed Site Professional in good standing.***
4. If known, provide the contact information for the provider undertaking the project:

|  |  |  |  |
| --- | --- | --- | --- |
| Entity/Company: |  | Phone: |  |
| Contact Name/Title: |  | Email: |  |

1. Describe the existing site. Include square footage, ownership history, past/present uses and operators, conditions of any existing building(s), historic considerations, etc. (*2,000 characters*)
2. Site Information – provide the assessed value and acreage information. (*Estimate as needed*)

|  |  |
| --- | --- |
| Current assessed value of the site: |  |
| How many acres are currently developed:  |  |
| How many acres have the potential to be developed: |  |
| How many acres cannot be developed: |  |
| Total Site Acreage: |  |

1. **ATTACHMENT: *In Section 14, attach an Assessor’s Card for this property. (Compile all documents into a single file)***
2. Utilities – Describe the availability of utility services to the project site:

|  |  |
| --- | --- |
| Public Water: | ☐ Available ☐ Not Available ☐ Needs Upgrade ☐ Unknown |
| Public Sewer: | ☐ Available ☐ Not Available ☐ Needs Upgrade ☐ Unknown |
| Electricity: | ☐ Available ☐ Not Available ☐ Needs Upgrade ☐ Unknown |
| Natural Gas: | ☐ Available ☐ Not Available ☐ Needs Upgrade ☐ Unknown |

1. Describe any other relevant information about existing utilities, deficiencies, and/or needed upgrades to support your project: ­ (*1,000 characters*)
2. Site Access – Describe existing access to the project site and required improvements, if applicable. (*2,000 characters*)
3. Site Marketing Status – Summarize past and current site marketing efforts, and indicate if the site is on the market now or has been on the market before. (*2,000 characters*)
4. Community Support – Describe the community support for this project. Please note key stakeholder groups and their involvement in the project. (*2,000 characters*)
5. End Use and Impact **–** Describe the envisioned end use of the property, and the expected impact on the community, including projections for housing, jobs, and private investment. (*2,000 characters*)

**For Brownfield Projects:**

1. **Eligibility Questions**

|  |  |  |
| --- | --- | --- |
| Is the Site located within an [Economically Distressed Area (EDA)](https://www.massdevelopment.com/assets/pdfs/EACC_EDA_List_March_1_2018.pdf) in Massachusetts as defined in Section 2 of Chapter 21E?  | [ ]  Yes | [ ]  No |
| Is the applicant a statutorily eligible municipality, redevelopment authority, economic development and industrial corporation, or economic development authority? *See program guidelines*. | [ ]  Yes | [ ]  No |
| Does the applicant have full site ownership/control or current legal authority to access the site with the ability and a plan to attain full site ownership/control by the time of the project start date? | [ ]  Yes | [ ]  No |
| Has the site been previously used in a commercial or an industrial capacity? | [ ]  Yes | [ ]  No |
| Has there been any confirmed or suspected release of oil and/or other hazardous materials at the site. | [ ]  Yes | [ ]  No |

**If No to any of the above questions, applicant is not eligible to apply in this category.** Applicants answering Yes to all five, may proceed to the next set of questions related to site conditions:

|  |  |  |
| --- | --- | --- |
| Did the Applicant own or operate the Site at the time of the release? | [ ]  Yes | [ ]  No |
| Did the Applicant cause or contribute to the release? | [ ]  Yes | [ ]  No |
| Does the applicant have a familial or business relationship with the party responsible for the contamination? | [ ]  Yes | [ ]  No |
| Is the site eligible for funding under Chapter 21J – the Underground Storage Tank Fund? | [ ]  Yes | [ ]  No |
| Does the applicant have any outstanding administration or judicial enforcement actions? | [ ]  Yes | [ ]  No |

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

1. **ATTACHMENT: *In Section 14, attach evidence of site ownership/control demonstrating permission and/or legal authority to enter site for testing, remediation, etc.***
2. If applicant does not yet have full site ownership/control, indicate what steps have been or will be taken to gain control of the property, including anticipated acquisition date. If already owned, enter N/A. (*1,000 characters*)
3. Enter the following demographic information for the brownfield site, based on best available data.

|  |  |
| --- | --- |
| Census Tract Number |  |
| Unemployment Rate |  |
| Poverty Rate |  |
| Median Household Income |  |

1. Describe the nature, extent, and specific location of any releases or suspected releases of oil or hazardous material at the site detailing the assumed responsible party for the contamination. (*2,000 characters*)
2. If needed, provide additional notes regarding the site and/or the responses above. (*1,000 characters*)
3. Describe all adjacent properties and/or natural resources that are potentially affected by contamination at this site: (*1,000 characters*)
4. List any DEP assigned Release Tracking Numbers associated with the site.
5. Describe any known EPA and/or DEP non-compliance history for the site. (*2,000 characters*)
6. **ATTACHMENT: *In Section 14, attach any available environmental report(s) for this site.***

**SECTION 8: Predevelopment and Permitting Additional Questions**

1. What type of document will be produced through this process? (*Check One*)

**Pre-Development: Buildings**

[ ]  Building Condition Study

[ ]  Structural Engineering Reports

[ ]  Code Compliance Studies

[ ]  Development Feasibility Studies

[ ]  Indoor Survey

[ ]  Seismic Code Assessments

[ ]  Other. Specify:

**Pre-Development: Site/Infrastructure**

[ ]  Engineering Documents

[ ]  Pre-Permitting and Permitting

[ ]  Pro-Forma Development

[ ]  Due Diligence

[ ]  Other. Specify:

1. Scope of Work – Describe the proposed work that will be carried out by this project. (*4,000 characters*)
2. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the grant amount(s) requested/allocated for each category and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Personnel (incl. tax//fringe) |  |  |  |  |
| Consultants / Prof. Fees |  |  |  |  |
| Project Supplies / Materials |  |  |  |  |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |   |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the source(s) and status of all matching funds. (*1,000 characters*)
3. **ATTACHMENT: *In Section 14, if applicable, attach a cost estimate or proposal from prospective consultant(s) or professional services provider for this project.***
4. If known, provide the information for the consultant or Licensed Site Professional undertaking project:

|  |  |  |  |
| --- | --- | --- | --- |
| Entity/Company: |  | Phone: |  |
| Contact Name/Title: |  | Email: |  |

1. Community Support – Describe any community support for this project, including key stakeholder groups and their involvement in the project. (*2,000 characters*)
2. End Use and Impact **–** Describe the envisioned end use of the property, and the expected impact on the community, including projections for housing, jobs, and private investment. (*2,000 characters*)

**For Building Predevelopment Projects:**

1. Describe the current state of the building and the reason(s) why this building is identified for potential development. Please note the original and current use(s) of the property. (*4,000 characters*)
2. Building Details: Please provide the following details about the building.

|  |  |
| --- | --- |
| In what year was the property built? |  |
| 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? | [ ]  Yes [ ]  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. |
| [ ]  Basement  | % Vacant:  | Use:  |
| [ ]  1st Floor | % Vacant:  | Use:  |
| [ ]  2nd Floor | % Vacant:  | Use:  |
| [ ]  3rd Floor | % Vacant:  | Use:  |
| [ ]  4th Floor and Above | % Vacant:  | Use:  |
| Can the entire property be used/occupied for highest and best purposes? | [ ]  Yes [ ]  No |
| Is the building (or any part of it) condemned? | [ ]  Yes [ ]  No |
| Have there been any code enforcement actions taken in past 5 years? | [ ]  Yes [ ]  No |
| Are property taxes current?  | [ ]  Yes [ ]  No |
| If not, is the property currently in tax title? | [ ]  Yes [ ]  No |

1. Additional information/comments about the building details, as needed: (*1,000 characters*)
2. 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*)
3. If the building, or any part of it, is condemned, provide an explanation. Note if not applicable. (*1,000 characters*)
4. If there have been any code enforcement actions in the past five years, provide an explanation. Note if not applicable. (*1,000 characters*)
5. 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*)

**SECTION 9: Building (Vertical Construction) Additional Questions**

1. Select the item(s) below, essential to the occupancy of the structure, for which the applicant seeks funding and indicate if a plan is available for the work. A copy of each plan will be required if project is recommended. (*Check all that apply*)

|  |  |
| --- | --- |
| **Capital Improvement Item** | **Plans Available?** |
| [ ]  Building Code Compliance | [ ]  Yes [ ]  No |
| [ ]  Fire/Life Safety Code Compliance | [ ]  Yes [ ]  No |
| [ ]  Accessibility Improvements | [ ]  Yes [ ]  No |
| [ ]  Seismic Code Compliance | [ ]  Yes [ ]  No |
| [ ]  Tenant Improvements or other Fit-Out | [ ]  Yes [ ]  No |
| [ ]  Roof Repair | [ ]  Yes [ ]  No |
| [ ]  HVAC Improvements or Renovations | [ ]  Yes [ ]  No |
| [ ]  Building Stabilization | [ ]  Yes [ ]  No |
| [ ]  Other. Specify:  | [ ]  Yes [ ]  No |

1. Scope of Work – Describe the proposed work that will be carried out by this project. (*4,000 characters*)
2. **ATTACHMENT: *In Section 14, attach construction drawings and/or design documents that clearly demonstrate the proposed work.***
3. Budget– In the table below, provide the total budget for the proposed project. Show the total estimated cost for each category, based on the selections above, by entering the amount requested/allocated by this application and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Building Code Compliance |  |  |  |  |
| Fire/Life Safety Code Compliance |  |  |  |  |
| Accessibility Improvements |  |  |  |  |
| Seismic Code Compliance |  |  |  |  |
| Tenant Improvements / Fit-Out |  |  |  |  |
| Roof Repair |  |  |  |  |
| HVAC Improvements/Renovations |   |  |  |   |
| Building Stabilization |  |  |  |  |
| Other. Specify:  |  |  |  |  |
| **Total** |  |  |  |   |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the type of match (grants, loans, equity, etc.), source(s), and status of those funds. (*1,000 characters*)
3. **ATTACHMENT: *In Section 14, attach a cost estimate or proposal from prospective consultant(s) or professional services provider(s) for this project.***
4. What additional construction 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*)
5. **ATTACHMENT: *In Section 14, attach a pro-forma and/or business plan demonstrating the additional construction work that is planned for this project.***
6. Describe the current state of the building and the reason(s) why this building is identified for potential development. Please note the original and current use(s) of the property. (*4,000 characters*)
7. 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? |  |
| 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? | [ ]  Yes [ ]  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. |
| [ ]  Basement  | % Vacant:  | Use:  |
| [ ]  1st Floor | % Vacant:  | Use:  |
| [ ]  2nd Floor | % Vacant:  | Use:  |
| [ ]  3rd Floor | % Vacant:  | Use:  |
| [ ]  4th Floor & Above | % Vacant:  | Use:  |
| Can the entire property be used/occupied for the highest and best purposes? | [ ]  Yes [ ]  No |
| Is the building (or any part of it) condemned? | [ ]  Yes [ ]  No |
| Have there been any code enforcement actions taken in past 5 years? | [ ]  Yes [ ]  No |
| Are property taxes current?  | [ ]  Yes [ ]  No |
| If not, is the property currently in tax title? | [ ]  Yes [ ]  No |

1. Additional information/comments about the building details, as needed: (*1,000 characters*)
2. 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*)
3. If the building, or any part of it, is condemned, provide an explanation. Note if not applicable. (*1,000 characters*)
4. If there have been any code enforcement actions in the past five years, provide an explanation. Note if not applicable. (1*,000 characters*)
5. 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*)
6. What percentage of the project design is completed? (Ex. 0%, 25%)
7. 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)** |
| [ ]  Article 97 Land Disposition |[ ]   |  |
| [ ]  Chapter 91 License |[ ]   |  |
| [ ]  401 Water Quality Certification |[ ]   |  |
| [ ]  Superseding Order of Conditions |[ ]   |  |
| [ ]  Water Management Act Permit |[ ]   |  |
| [ ]  MassDOT Access Permit |[ ]   |  |
| [ ]  Mass Historic Commission Review |[ ]   |  |
| [ ]  Planning Board |[ ]   |  |
| [ ]  Conservation Commission |[ ]   |  |
| [ ]  Zoning Board |[ ]   |  |
| [ ]  Sewer Extension Permit |[ ]   |  |
| [ ]  Utility Relocation |[ ]   |  |
| [ ]  Building Permit |[ ]   |  |
| [ ]  Other. Specify: |[ ]   |  |

1. Provide the planned schedule/timeline for the project for which the community is seeking funding.

|  |  |  |
| --- | --- | --- |
| **Milestone** | **Start Date** | **End Date** |
| Design/Engineering/Permitting |  |  |
| Bidding/Contracting |  |  |
| Construction Start |  |  |
| 50% Construction |  |  |
| Construction Complete |  |  |

1. Is the financing for this project fully secured?

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

1. If No, indicate the status of the financing, if there are any significant contingencies, and by when the applicant expects to secure the resources needed to proceed. (*1,000 characters*)
2. For code compliance and capital improvement projects, what is the proposed plan for managing the construction? (*1,000 characters*)
3. Describe the experience of the proposed construction team with similar projects: (*1,000 characters*)
4. Provide a detailed description of the envisioned development, including anticipated end users and/or interested parties. (*2,000 characters*)
5. Describe the project’s public purpose in one or more of the following categories: eliminating blight, increasing housing production, supporting economic development projects, increasing the number of commercial buildings accessible to persons with disabilities, conserving natural resources through targeted rehabilitation, and/or reuse of vacant and underutilized property. (*4,000 characters*)
6. Describe the impact the redevelopment would have on the surrounding area. (*2,000 characters*)
7. Indicate all of the applicable characteristics of the development project:

|  |  |
| --- | --- |
| Total area (in acres) to be developed: |  |
| Total value of private investment leveraged: |  |
| 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 all commercial developments: |  |
| Number of NEW market-rate housing units to be created: |  |
| Number of NEW affordable housing units to be created: |  |
| Total number of housing units to be created: |  |
| Number of NEW part time jobs to be created: |  |
| Number of NEW full time jobs to be created: |  |
| Total jobs to be created: |  |
| Number of construction jobs that will be supported: |  |
| Number of full time jobs to be retained as direct result of this project: |  |

**SECTION 10: Infrastructure (Horizontal Construction) Additional Questions**

1. Select the one category below that best describes the type of development that is being supported by the public infrastructure project proposed in this section:

[ ]  Mixed-Use Development (Residential with office, retail, and/or commercial development)

[ ]  Housing Development (Housing only)

[ ]  Economic Development with job creation and/or retention (No Residential/Housing)

[ ]  Small Town Road improvements to enhance public safety (aka STRAP)

1. What is the primary emphasis of the infrastructure work?

[ ]  Roadway / Streetscape Improvements

[ ]  Bridge / Culvert Repair or Replacement

[ ]  Water / Sewer Infrastructure

[ ]  Public Utility Project (Gas, Electric, etc.)

[ ]  Other. Specify:

1. Scope of Work – Describe the proposed work that will be carried out by this project. If STRAP, include a description of how the improvements will address transportation safety concerns. (*4,000 characters*)
2. **ATTACHMENT: *In Section 14, attach a site plan, locus map, conceptual drawing, and/or construction design that clearly demonstrates the location and proposed work.***
3. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the amount(s) allocated from the grant and the amount(s) covered with matching funds, if any. This budget should reflect the full cost of ONLY the proposed project. DO NOT include the cost other components and/or adjacent but separate work carried out by the applicant or other entities. Please note that no more than 10% of the grant request may allocated to pre-construction costs (design, engineering, permitting), except for STRAP projects, which may include the full costs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Grant Request** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| **Design / Engineering / Permitting** |  |  |  |  |
| **Bidding** |  |  |  |  |
| **Construction** \* Itemization required (see below) |  |  |  |  |
| **Construction Admin.** |  |  |  |  |
| **TOTALS** |  |  |  |  |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the source(s) of the Match/Other Funds (appropriation, loan authorization, donation, etc.), whether they are subject to a vote of approval by Town Meeting or Council, and by what date (actual or anticipated) the applicant expects to secure the funds. (*1,000 characters*)
3. **ATTACHMENT: \* *In Section VIII, attach an engineer’s cost estimate or similar document that details and substantiates the requested grant amount for construction****. Applicant may submit a pre-filled worksheet, such as from the MassDOT* [*Construction Project Estimator*](https://hwy.massdot.state.ma.us/CPE/)*.*
4. Provide the planned schedule/timeline for the public infrastructure project.

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

1. What percentage of the project design is completed? %
2. Which of the following permits, licenses, and/or approvals are required for this project? For each selected item, 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)** |
| [ ]  Article 97 Land Disposition |[ ]   |  |
| [ ]  Chapter 91 License |[ ]   |  |
| [ ]  401 Water Quality Certification |[ ]   |  |
| [ ]  Superseding Order of Conditions |[ ]   |  |
| [ ]  Water Management Act Permit |[ ]   |  |
| [ ]  MassDOT Access Permit |[ ]   |  |
| [ ]  Mass Historic Commission Review |[ ]   |  |
| [ ]  Planning Board |[ ]   |  |
| [ ]  Conservation Commission |[ ]   |  |
| [ ]  Zoning Board |[ ]   |  |
| [ ]  Sewer Extension Permit |[ ]   |  |
| [ ]  Utility Relocation |[ ]   |  |
| [ ]  Building Permit |[ ]   |  |
| [ ]  Other. Specify: |[ ]   |  |

1. Is the construction work planned as a non-participating scope item on a MassDOT TIP project?

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

1. If yes, identify the TIP Project Number, if available, and indicate whether this project will be entirely or partially included in the non-participating scope of work.

1. Will the project require coordination with a utility company?

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

1. Will the project include work on a state roadway and/or at an intersection with a state roadway?

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

1. If Yes, identify the state roadway(s) involved:
2. Has the municipality applied to, or received a grant from, the MassDOT Complete Streets Program for any portion of this project?

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

**For Mixed-Use, Housing, or Economic Development categories only**

1. Will the public infrastructure improvements directly serve or connect to the private development?

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

1. Will the public infrastructure project be on parcels of land that are either, a) part of the private development project site, or b) adjacent to the private development project site?

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

1. Will the public infrastructure project involve the construction of improvements that are required as a condition in a permit or approval for a private development project, including Section 61 findings?

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

1. Describe the private development project(s), including the scope of the development, expected public benefits, and project phasing, if any. (*4,000 characters*)
2. Is this private development project allowed by-right in the municipality’s current zoning?

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

1. If no, is a zoning amendment required for this private development project to move forward?

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

1. What percentage of the project design is completed for the private development? %
2. Does the private development have all required permits and approvals to commence construction?

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

1. If No, identify what permits and/or approvals are outstanding and the anticipated timeframe within which they will be secured. (*2,000 characters*)
2. Provide the anticipated schedule/timeline for the private development project.

|  |  |  |
| --- | --- | --- |
| **Milestone** | **Start Date** | **End Date** |
| Design/Engineering/Permitting |  |  |
| Construction Start |  |  |
| 50% Construction |  |  |
| Construction Complete |  |  |

1. Is the private development project’s financing fully secured?

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

1. If No, indicate the status of the financing, if there are any significant contingencies, and by when the private developer expects to secure the resources needed to proceed. (*1,000 characters*)
2. Complete the table below with the specific housing production and/or economic growth impact that is expected to result from the primary private development project – the single private project that will be most directly leveraged by the public infrastructure work.

|  |  |
| --- | --- |
| **General Information** |  |
| Total estimated construction value ($) of the private development project: |  |
| **Information on Commercial Development** |  |
| 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: |  |
| **Information on Residential Development** |  |
| Lot area (acres) of the housing and/or mixed-used private development project: |  |
| Number of NEW market-rate units to be created for rent/lease: |  |
| Number of NEW market-rate units to be created for homeownership: |  |
| Number of NEW affordable units to be created for rent/lease: |  |
| Number of NEW affordable units to be created for homeownership: |  |
| Total number of all NEW housing units to be created: |  |
| Total density (units/acre) of all NEW housing units: |  |
| If any affordable, specify lowest income limit used (65% AMI, 80% AMI, etc.):  | % |
| **Information on Job Creation** |  |
| 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:  |  |

1. Provide the following information for the primary private development project most directly leveraged by this infrastructure project, including the entity name and contact information.

|  |  |  |  |
| --- | --- | --- | --- |
| Proponent Entity/Company: |  | Contact Name/Title: |  |
| Project Name: |  | Phone: |  |
| Project Address: |  | Email: |  |

1. Is the infrastructure project associated with more than one private development project?

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

1. If Yes, briefly describe the additional project(s) and expected impact. (*1,000 characters*)
2. Can the private development proceed independently without the public infrastructure project?

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

1. **ATTACHMENT: *In Section VIII, attach a letter from the private development proponent confirming and explaining this answer. Include letter(s) from additional private developer(s) noted above*.**
2. Does the public infrastructure project meet or exceed any of the thresholds for MEPA review set forth in 301 CMR 11.03?

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

1. Does the private development project, identified herein, meet or exceed the MEPA thresholds as set forth in 301 CMR 11.03?

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

1. If Yes to either of the previous two question, list any filings that the proponent(s) has made or plans to make with the MEPA Office for their respective project(s), and indicate whether the review is expected to be full scope or limited scope. (*1,000 characters*)

**SECTION 11: Special Project in a Housing Choice Community Additional Questions**

* + - 1. **Eligibility Questions**

|  |  |  |
| --- | --- | --- |
| Did the community receive a Housing Choice Community or Rural/Small Town Capital Grant in FY2021?  | [ ]  Yes | [ ]  No |
| Does the community have an ACTIVE housing moratorium? | [ ]  Yes | [ ]  No |
| Does the community have a housing restriction bylaw or ordinance that limits housing production to less than 5% per year? | [ ]  Yes | [ ]  No |

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

|  |  |  |
| --- | --- | --- |
| Has the community completed an ADA Self Evaluation Plan and/or Transition Plan?  | [ ]  Yes | [ ]  No |
| If no, is community willing to execute a memorandum of agreement to complete an ADA Self Evaluation and/or Transition Plan within 5 years? | [ ]  Yes | [ ]  No |

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

* + - 1. Project Focus – Describe how this project could be categorized or labeled along a growth continuum that supports housing, community and economic development, and/or provides other public benefits. (*1,000 characters*)
			2. Scope of Work – Describe the proposed work that will be carried out by this project. Include the major tasks and timeline for the project. (*4,000 characters*)
			3. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the grant amount(s) requested/allocated for each category and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Design / Engineering  |  |  |  |  |
| Other Professional Services |  |  |  |  |
| Permitting |  |  |  |  |
| Construction |  |  |  |  |
| Contingency |  |  |  |  |
| Construction Admin. |   |   |  |   |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |   |

* + - 1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
			2. Describe the source(s) and status of all matching funds. (*1,000 characters*)
			3. **ATTACHMENT: *In Section 15, if applicable, attach a cost estimate or proposal from municipal staff, prospective consultant(s), or professional services provider for this project.***
			4. If known, provide the contact information for the provider undertaking the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Entity/Company: |  | Phone: |  |
| Contact Name/Title: |  | Email: |  |

* + - 1. Describe the community need for this project, which may be identified in a Master Plan, Capital Improvement Plan, Complete Streets priority, and/or other such community based prioritization. (*1,000 characters*)
			2. **ATTACHMENT: *In Section 15, provide evidence of the prioritization of the described need.***

**BONUS POINTS** – Bonus points will be awarded in this section for the community's **implementation**of Housing Choice Best Practices. Bonus points are available for up to thirteen (13) Best Practices. As applicable, select the best practice from the lists below, provide a brief description, and attach the requested information. Descriptions should highlight how the Best Practice 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.

* + - 1. Which of the **Zoning Best Practices** below has the community implemented in the last five years? For each selection, provide a brief description and attach the requested evidence. (*Check all that apply*)

[ ]  **Multi-Family allowed by right**: Community has adopted zoning that allows for multi-family development by right or can demonstrate a pattern of approving multi-family developments by special permit or other technique. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice.*

[ ]  **Inclusionary Zoning, with density bonus**: Community has adopted inclusionary zoning that has specific language providing a density bonus. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice.*

[ ]  **40R or Starter Home District**: Community has an established and approved 40R District or Starter Home District. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice.*

[ ]  **Mixed-Use or Cluster Development**: Community currently allows mixed use or cluster development by right or can demonstrate a pattern of approving mixed-use or cluster development by Special Permit or other technique. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice.*

[ ]  **Accessory Dwelling Units (ADU)**: Community currently allows Accessory Dwelling Units (ADUs) by right, or can demonstrate a pattern of approving ADUs by Special Permit or other technique. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice.*

[ ]  **Multi-Family Parking Requirement**: Provide a description of how and when multi-family parking standards were reduced and/or demonstrate that no more than 1 space per unit is required in multi-family projects. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the relevant current zoning section(s) and/or other evidence that demonstrates implementation of this best practice.*

* + - 1. **ATTACHMENT**: *In Section 15, attach a copy of the community’s zoning map that identifies the location of the districts referenced in the answers above.*
			2. Which of the **Other Best Practices** below has the community implemented in the last five years? For each selection, provide a brief description and attach the requested evidence. (*Check all that apply*)

[ ]  **Local funding sources that support housing**: Community has designated local resources for housing such as an established Affordable Housing Trust, donated land, or spent substantial Community Preservation Act (CPA) funds for community housing. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a list of community housing expenditures over the last 5 years.*

[ ]  **Land Use Board training**: Evidence that a majority of members on a land use board (Planning Board, Board of Appeals, Select Board and/or City Council) have received education and training from Citizen Planner Training Collaborative, Mass. Housing Partnership’s Housing Institute, or Urban Land Institute’s (ULI’s) Urban Plan Public Leadership Institute over the last 5 years. Comparable trainings will be evaluated on a case-by-case basis. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide evidence of formal education and trainings, and/or specific information about any comparable trainings, received by the local land use board(s).*

[ ]  **SHI at or above 10%**. Community has 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 DHCD subsidized housing inventory where such percentage 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). Provide SHI increase, to one decimal place. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide a copy of the current SHI for your community.*

[ ]  **SHI increased at least 2.5%**. Community’s Subsidized Housing Inventory (SHI) has increased 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 the Housing Appeals Court (HAC). Provide exact SHI, to one decimal place. (*250 characters*)

**ATTACHMENT**: *In Section 15, provide evidence of at least a 2.5% increase in SHI in last five years.*

[ ]  **Community Compact, Housing Best Practices**: Community has successfully implemented housing best practices through the [Community Compact Best Practices Program](https://www.mass.gov/best-practices-program)*.* (*250 characters*)

**ATTACHMENT**: *In Section 15, attach evidence of Community Compact Housing Best Practice(s).*

[ ]  **Locally adopted programs that support housing**: Community has participated in the Housing Development Incentive Program (HDIP), adopted an Urban Center Housing Tax Increment Financing District, approved District Improvement Financing (DIF) related to housing, and/or has adopted an Urban Renewal Plan that includes a significant housing element. (*250 characters*)

**ATTACHMENT**: *In Section 15, attach evidence of participation in related programs.*

[ ]  **Property tax relief / Community Impact Fee**: Community has adopted local option property tax relief programs for income-eligible seniors, either as provided for by state statute (MGL c. 59 section 5), or through a home rule petition. And/or community has adopted a Community Impact Fee for short-term rentals (MGL c. 64G, section 3D) and committed in writing to using a portion of such revenues for affordable housing. (*250 characters*)

**ATTACHMENT**: *In Section 15, attach evidence of community’s adoption of related programs and statutes, and/or other commitment to affordable housing.*

**SECTION 12: Special Project in a Small Town or Rural Community Additional Questions**

1. Project Focus – Describe how this project could be categorized or labeled along a growth continuum that supports housing, community and economic development, and/or provides other public benefits. (*1,000 characters*)
2. Scope of Work – Describe the proposed work that will be carried out by this project. (*4,000 characters*)
3. Budget– In the table below, provide a breakdown, by spending category, of the total budget for the proposed project. Enter the grant amount(s) requested/allocated for each category and the amount(s) covered with matching funds, if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Funds Requested** | **Optional Match / Other Funds** | **Total Project Budget** | **Source of Match /** **Other Funds** |
| Design / Engineering  |  |  |  |  |
| Other Professional Fees |  |  |  |  |
| Permitting |  |  |  |  |
| Construction |  |  |  |  |
| Contingency |  |  |  |  |
| Construction Admin. |   |   |  |   |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |   |

1. Provide line item explanations, justifications, and/or notes, as needed. (*1,000 characters*)
2. Describe the source(s) and status of all matching funds. (*1,000 characters*)
3. **ATTACHMENT: *In Section 15, attach a cost estimate or proposal from prospective consultant(s) or professional services provider(s) for this project.***
4. If known, provide the contact information for the provider undertaking the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Entity/Company: |  | Phone: |  |
| Contact Name/Title: |  | Email: |  |

1. Describe why the project is needed and how the outcome will benefit your town. (*1,000 characters*)
2. Describe key outcomes, including jobs created and/or private development leveraged. (*1,000 characters*)

**SECTION 13: Certification of Application Submission Authorization**

1. 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 |

1. **ATTACHMENT: *If yes, in Section 14, attach a certified copy of the vote taken by the relevant entity.***
2. 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 |

1. **ATTACHMENT: *If yes, in Section 14, attach a document demonstrating such authorization.***
2. 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 Department of Housing and Community Development (DHCD) 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

**SECTION 14: REQUIRED ATTACHMENTS**

The following items are required, if applicable, and as noted in each section. Use the Select button, at the right of each description, to upload the response. (Each line will only accept one attachment.) In cases where the response has multiple documents, these should be combined into one PDF file.

|  |  |  |
| --- | --- | --- |
| **Section - Attachment Name** | **Referenced Question #** | **Description** |
| 3. Summary – Municipal CEO Letter | 3.18 | Letter from the municipal CEO outlining support for the applicant and/or proposed project.  |
| 4. Core/Details – Resilience Report | 4.19 | Copy of the project’s Climate Risk Screening and Resilience Design Standards Report. |
| 5. Capacity Building – Cost Estimate  | 5.11 | Cost estimate or proposal from consultant(s) and/or professional services provider(s). |
| 6. Planning & Zoning – Location Map | 6.3 | Map or conceptual design outlining planned district or project area. |
| 6. Planning & Zoning – Cost Estimate  | 6.7 | Cost estimate or proposal from consultant(s) and/or professional services provider(s). |
| 7. Site Preparation – Cost Estimate | 7.6 | Cost estimate or proposal from consultant(s) and/or professional services provider(s). If a Brownfields project, include a detailed workplan and schedule for the assessment and/or remediation work, prepared by a Mass. Licensed Site Professional in good standing.  |
| 7. Site Preparation – Assessor’s Card | 7.10 | Assessor’s card for identified property. (Compile documents in single file.) |
| 7. Site Prep – Brownfield – Site Ownership/Control | 7.18 | Evidence of site ownership/control. |
| 7. Site Prep – Brownfields – Environmental Report | 7.26 | If available, environmental report for the site identified in the application. |
| 8. Pre-Development – Cost Estimate  | 8.6 | Cost estimate or proposal from consultant(s) and/or professional services provider(s). |
| 9. Buildings – Construction Drawings  | 9.3 | Construction drawings and/or design documents that clearly demonstrates the proposed work. |
| 9. Buildings – Cost Estimate  | 9.7 | Cost estimate or proposal from consultant(s) and/or professional services provider(s). |
| 9. Building – Pro-forma or Business Plan  | 9.9 | Pro-forma and/or Business Plan outlining additional construction work planned for the building. |
| 10. Infrastructure – Site Plan / Locus / Design | 10.4 | Site plan, locus map, conceptual drawing, and/or construction design that delineates project location and proposed work. |
| 10. Infrastructure – Cost Estimate | 10.8 | Engineer’s cost estimate or other itemization of the construction expenses for the project. |
| 10. Infrastructure – Letter from Developer(s) | 10.35 | Letter from private development proponent explaining response to dependence of private project on the public work. |
| 13. Certification – Public Entity | 13.2 | If applicable, certified copy of the vote taken by the relevant entity. |
| 13. Certification – Non-Public Entity | 13.4 | If applicable, a document demonstrating authorization. |

**OTHER / OPTIONAL**

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** |
| Other Site Images  | Other site photographs, illustrations, and/or maps. |
| Other Partner Letters | Letters from any partner organizations that are collaborating on this project. |
| Other Support Letters | General support letters. |

**SECTION 15: OTHER ATTACHMENTS FOR SPECIAL PROJECTS**

In this section, upload all attachments that correspond to the selected best practices to be considered in the Other Special Projects section. Use the Select button, at the right of each description, to upload each response.

|  |  |  |
| --- | --- | --- |
| **Section – Attachment Name** | **Referenced Question #** | **Description** |
| Housing Choice – Cost Estimate | 11.7 | Cost estimate or proposal from consultant(s) and/or professional services provider(s) |
| Housing Choice – Community Need | 11.10 | Provide evidence of the prioritization of the described need. |
| Housing Choice – Zoning – Multi-Family Zoning | 11.11 | Provide a copy of your current zoning section(s) allowing multi-family development BY RIGHT or demonstrate that your community has a pattern of approving multi-family by Special Permit or other technique. |
| Housing Choice – Zoning – Inclusionary Zoning, with density bonus | 11.11 | Provide a copy of your current zoning section(s) providing for inclusionary zoning with density bonuses. Please check your Inclusionary Zoning language carefully to make sure that it provides a DENSITY BONUS. |
| Housing Choice – Zoning – 40R or Starter Home District | 11.11 | If you have an approved 40R or Starter Home district, provide a copy of your current zoning section(s) providing for smart growth or starter home districts. |
| Housing Choice – Zoning – Mixed-Use or Cluster Development | 11.11 | Provide a copy of your current zoning section(s) allowing mixed use or cluster development by right or demonstrate that your community has a pattern of approving Mixed Use or cluster development by Special Permit or other technique. |
| Housing Choice – Zoning – Accessory Dwelling Units | 11.11 | Provide a copy of your current zoning section(s) allowing ADUs by right or demonstrate that your community has a pattern of approving ADUs by Special Permit or other technique. |
| Housing Choice – Zoning – Multi-Family Parking Requirement, reduced | 11.11 | Provide a description of how and when multi-family parking standards were reduced and/or demonstrate that no more than 1 space per unit is required in multi-family projects. |
| Housing Choice – Zoning Map | 11.12 | Provide your zoning map that identifies the location of districts referenced in your answers above. |
| Housing Choice – Other – Use of Local Resources to support housing | 11.13 | Provide a list of community housing expenditures over the last 5 years. Designated local resources for housing such as an established Affordable Housing Trust, donated land, or spent substantial Community Preservation Act (CPA) funds for community housing over the last 5 years. |
| Housing Choice – Other – Land Use Board Training | 11.13 | 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, or Urban Land Institute’s (ULI’s) Urban Plan Public Leadership Institute over the last 5 years. Comparable trainings will be evaluated on a case by case basis. Provide evidence of CPTC or other trainings mentioned above by your land use board members. A majority of board members on a particular board must have been trained for this best practice to be achieved. To submit comparable training, please provide the date, attendees and information about the training and the instructor.  |
| Housing Choice – Other – SHI at or above 10% | 11.13 | Provide a copy of the current SHI for your community. |
| Housing Choice – Other – SHI increased at least 2.5% | 11.13 | Provide evidence of at least a 2.5% increase in SHI in the last five years. |
| Housing Choice – Other – Community Compact, Housing Best Practice | 11.13 | Provide evidence of implementation of Community Compact Housing Best Practice(s) |
| Housing Choice – Other – Local Programs to Support Housing Production | 11.13 | 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. Attach evidence of programs. |
| Housing Choice – Other – Property Tax Relief / Community Impact Fee | 11.13 | Attach evidence that community has 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 has adopted a Community Impact Fee for short term rentals (MGL c. 64G, section 3D) where community has committed in writing to using a portion of such revenues for affordable housing. |
| Small Town / Rural – Cost Estimate | 12.6 | Cost estimate or proposal from municipal staff, consultant(s), and/or professional services provider(s). |