

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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:

(1,000 characters)

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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

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

- Received a determination of District Compliance from EOHLC
- Submitted a District Compliance Application but have not yet received a letter of determination from EOHLC.
- Have a deadline of December 31, 2024 or later, AND have submitted an Action Plan to EOHLC, 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 EOHLC, 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)

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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

Project Type (check one):

Community Plan

Project Focus (check one):

Master Plan

Neighborhood Plan

Downtown Plan

Urban Renewal Plan

Housing Production Plan

Regional Plan

Corridor Plan

Other Plan Specify: _____

Zoning Revision

Project Focus (check one):

Zoning Revision to Comply with Section 3A of MGL c.40A

Comprehensive Zoning Review & Revision

Other Zoning Revision Specify: _____

Planning for Housing

Project Focus (check one):

Housing Feasibility Plan

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

- Housing Site Master Plan
- Housing Infrastructure Plan
- Housing Site Design Plan
- Other Housing Plan Specify: _____
- District Redevelopment Technical Assistance

- Site Preparation
- Building
- Infrastructure

Show for Housing Choice Public Orgs only:

2.4.a. By virtue of the applicant’s Housing Choice Designation, this project may be eligible for the [Housing Choice Grant Program](#). Please note that the maximum Housing Choice award is \$500,000. To be considered for funding through this program, you must complete the **Housing Choice Additional Questions**.

Do you intend to complete the Housing Choice Additional Questions in order to be considered by the Housing Choice Grant Program?

- Yes No

ATTENTION APPLICANT

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

Community Planning Grants

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

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.

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

Spending Category	Funding Request
Consultant/Professional Fees	
Meeting Expenses/Events	
Project Supplies/Materials	
Other/Miscellaneous	
Total	

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.
(1,000 characters)

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)

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>
Total Project Cost	<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

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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 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)

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)

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)

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)

ENVIRONMENTAL SUSTAINABILITY AND EMISSIONS REDUCTION

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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)

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)

2.20. Project Impacts – Complete the below table to show the expected impacts of the project (estimate as needed):

Housing Outcomes	
Market Rate Housing Units currently within Project Area:	
Affordable Housing Units currently within Project Area:	
Can the applicant reasonably and realistically estimate the number of potential new market rate and/or affordable housing units to be impacted by project over the next 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes:</i>	
Number of potential new market rate housing units impacted by project over the next 5 years	
Number of potential new affordable housing units impacted by project over the next 5 years	
Business Outcomes	
Total number of active businesses within project area:	
Total number of commercial vacancies within project area:	

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

HOUSING CHOICE ADDITIONAL QUESTIONS *If “Yes” to 2.4.a.*

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
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)

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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.*

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

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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)

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)

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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)

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).*

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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 (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)

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)

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)

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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.

COMMUNITY ONE STOP FOR GROWTH – FULL APPLICATION

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the [One Stop IGX System](#).

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