**FULL APPLICATION**

**SECTION 1. Applicant Information** (*may be auto-filled from Expression of Interest*)

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

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

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

**Public Entity:**

Municipality

Public Housing Authority

Redevelopment Authority or Similar Quasi-Governmental Agency

Water or Sewer District

Other Public Entity Specify:

**Non-Public Entity:**

Community Development Corporation

Non-Profit Organization

For-Profit Organization

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

Women-Owned Business Enterprise

Minority-Owned Business Enterprise

Disadvantaged Business Enterprise

Veteran-Owned Business Enterprise

LBGTQ-Owned Business Enterprise

Disability Business Enterprise

N/A

1. Organization Description – Outline the organization’s mission, structure, and economic development goals and history. (*2,000 characters*)

**SECTION 2: Project Information**

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.

Community Capacity Building

Planning and Zoning

Site Preparation

Building

Infrastructure

1. Project Name: *(50 Characters)*
2. Is this a joint application between two or more municipalities (and/or entities), which will entail a formal arrangement for a shared scope of work and allocation of funds?

|  |  |
| --- | --- |
| Yes | No |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Organization Name** | **CEO Name/Title** | **Email** |
|  |  |  |  |
| **+** |  |  |  |
| **+** |  |  |  |

1. Short Project Description / Abstract – Provide a concise description of the project, with a focus on the portion of the project for which the applicant is requesting funds. (*500 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. Project Need – Describe why this project is necessary in enhancing economic development or unlocking other housing and/or jobs. (*1,000 characters*)
4. 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*)
5. Prior State/Federal Funding - Has the applicant applied for or received state or federal funding for this project? Please detail any type of funding, including grants, financing, etc. from any state agency or quasi-public agency (i.e. MassDevelopment). (*2,000 characters*)
6. Timeline – Provide the start/end dates for the overall project and any other notable periods. Note: Grants will be announced in fall 2022 for contracts starting in FY23. 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 description of the anticipated outcomes of the project. Describe the envisioned end use and expected impacts, such as information about housing, jobs, residents or businesses supported. (*2,000 characters*)
3. Does the project support and/or directly result in any of the following Sustainable Development Principals? (*Check all that apply or None*)

Concentrate Development and Mix Uses

Advance Equity

Make Efficient Decisions

Protect Land and Ecosystems

Use Natural Resources Wisely

Provide Transportation

Increase Job and Business Opportunities

Promote Clean Energy

None

1. Does the project support and/or directly result in any of the following development outcomes? (*Check all that apply or None*)

Transit-Oriented Development (located within a half mile of a transit station or route)

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 Reusing Previously Developed Sites

Development of Underutilized Properties

Development of Commercial Areas in a Downtown

Development in a Transformative Development Initiative (TDI) District

Development in an Opportunity Zone

Development in a Cultural District

Development in a 43D Expedited Permitting District

Promote Equitable Opportunity (Equitable Opportunity is a principle outlined in the state's economic development plan – [*Partnerships for Growth*](https://www.mass.gov/info-details/partnerships-for-growth)*. Click* [*HERE*](https://www.mass.gov/info-details/partnerships-for-growth)*.)*

Have Environmental Benefits

Develop or support Small Businesses

Included in the community’s Local Rapid Recovery Plan (LRRP)

None

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. Describe the Covid-related harm or need to be addressed. (*2,000 characters*)
  2. Explain why the requested funds are necessary to address the harm or need, and if the applicant intends (or not) to allocate local ARPA funds to also support this project. (*2,000 characters*)

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

|  |  |
| --- | --- |
| Yes | No |

* 1. If Yes, provide an explanation: (1,000 characters)

1. Is the project site located within an Environmental Justice census block group? Click [HERE](https://mass-eoeea.maps.arcgis.com/apps/webappviewer/index.html?id=1d6f63e7762a48e5930de84ed4849212) to access the Commonwealth’s Environmental Justice Map Viewer.

|  |  |
| --- | --- |
| Yes | No |

1. 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. If No, provide an explanation: (1,000 characters)

**ATTACHMENT HERE: *Attach the support letter from the municipal CEO.***

**SITE INFORMATION: SHOW ONLY for projects in Site Preparation, Building, or Infrastructure Categories.**

1. Project Address(es): (*If multiple, enter the ID for each parcel individually. Add lines as necessary)*
2. Parcel ID(s): (*If multiple, enter the ID for each parcel individually. Add lines as necessary.*)

**ATTACHMENT HERE: *Attach a locus map showing the project location.***

1. Describe the project site(s) or building, include square footage, ownership history, past/present uses and operators, conditions of any existing building(s), historic considerations, unique challenges that may exist at this location, etc. (*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:

None of the above

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) (Show only for public organizations)*

|  |  |
| --- | --- |
| Yes | No |

**FOR OFFICE USE ONLY: The table below will display the total request amount from each of the corresponding budget tables, based on the category selection(s) at 2.1. It will remain blank until the applicant begins to enter budget numbers in any of the respective sections of this application. The values in this table will be automatically updated, only AFTER the budget numbers in each section are entered/changed and that page is saved.**

|  |  |
| --- | --- |
| **Section / Category** | **Amount Requested** |
| Section 3: Capacity Building | (*Autofilled from Budget in Section 3*) |
| Section 4: Planning and Zoning | (*Autofilled from Budget in Section 4*) |
| Section 5: Site Preparation | (*Autofilled from Budget in Section 5*) |
| Section 6: Building | (*Autofilled from Budget in Section 6*) |
| Section 7: Infrastructure | (*Autofilled from Budget in Section 7*) |
| **Grand Total Requested** |  |

**SECTION 3: Community Capacity Building Additional Questions**

1. Before you proceed, have you read the guidelines for [Urban Agenda](https://www.mass.gov/service-details/urban-agenda-grant-program), [Real Estate Services](https://www.massdevelopment.com/what-we-offer/real-estate-services/technical-assistance/https:/www.massdevelopment.com/what-we-offer/real-estate-services/technical-assistance/), [Commonwealth Places](https://www.massdevelopment.com/what-we-offer/real-estate-services/commonwealth-places/) and/or [Massachusetts Downtown Initiative](https://www.mass.gov/service-details/massachusetts-downtown-initiative-mdi) Programs?

|  |  |
| --- | --- |
| Yes | No |

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

Technical Assistance for Improving a Downtown or Commercial Center

(*Hide, show only if Technical Assistance selected*)

District Management

Design

Economics of Downtown

Housing

 Downtown Mobility

Small Business Support/E-commerce

Wayfinding/Branding

Economic Equity

Business Improvement District (BID) Implementation

Early Stage Strategy Development

Strategy Implementation by an Existing Cross-Sector Consortium or Coalition

Placemaking Implementation (Only available to Non-Profit and Community Development Corporations in eligible project locations)

**IF APPLICANT SELECTS PLACEMAKING IMPLEMENTATION:**

Please note that for consideration by [Commonwealth Places](https://www.massdevelopment.com/what-we-offer/real-estate-services/commonwealth-places/), the applicant must undertake a crowdfunding campaign.

1. Narrative / Scope of Work – Describe the proposed work that will be funded by the grant or provided through technical assistance to further this project. (*4,000 characters*)
2. Challenge and Vision – Describe the challenge and how it will be addressed by this project. If applicable, include any relevant details about the downtown or commercial district. (*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 or technical assistance request. (*2,000 characters*)

**ATTACHMENT HERE : *Attach a downtown/town center target area map with area delineated. (ONLY DOWNTOWNS and BID in 3.2)***

**For Early Stage Strategy Development, Business Improvement District Implementation, Strategy Implementation or Commonwealth Places 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. Include description of the source(s) and status of all matching funds. (*1,000 characters*)

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

1. If known, provide the contact information for the provider undertaking the project.

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

1. Target Population Outcomes **–** Describethe long term and tangible outcomes of assistance, particularly those related to workforce development or entrepreneurship. (*2,000 characters*)
2. 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*)

**SECTION 4: Planning and Zoning Additional Questions**

1. Before you proceed, have you read the Guidelines for [Community Planning](https://www.mass.gov/service-details/planning-and-zoning-grants), [Massachusetts Downtown Initiative](https://www.mass.gov/service-details/massachusetts-downtown-initiative-mdi) and/or [Real Estate Services](https://www.massdevelopment.com/what-we-offer/real-estate-services/technical-assistance/https:/www.massdevelopment.com/what-we-offer/real-estate-services/technical-assistance/) Programs?

|  |  |
| --- | --- |
| Yes | No |

**SHOW FOR ONLY RURAL/SMALL COMMUNITES IN 1.1**

By virtue of your community’s status as a Rural or Small, this project is eligible for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants).

* 1. Have you read the guidelines for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants)?

|  |  |
| --- | --- |
| Yes | No |

***(If yes, show questions 4.11-4.13)***

**SHOW FOR ONLY HOUSING CHOICE COMMUNITES IN 1.1**

By virtue of your community’s Housing Choice Designation, this project is eligible for the [Housing Choice Community Grants Program](https://www.mass.gov/how-to/housing-choice-community-grant-program).

* 1. Have you read the guidelines for the [Housing Choice Community Grants Program](https://www.mass.gov/how-to/housing-choice-community-grant-program)?

|  |  |
| --- | --- |
| Yes | No |

***(If yes, show Section 8)***

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

☐ Zoning to comply with the MBTA Communities section of c40A section 3A

District Improvement Financing (DIF) Plan

Municipal Surplus Property Disposition Plan

Other. Specify:

1. Narrative / Scope of Work – Describe the proposed work that will be funded by the grant and carried out to further this project. Include the major tasks, timing of consultant procurement and overall timeline for the project. If applicable, describe the specific geographic area. (*4,000 characters*)

**ATTACHMENT HERE : A*ttach a map or conceptual drawing showing the location of the planned district and/or project area.***

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. Matching funds are not required but applications showing over 10% local CASH match will receive special consideration.

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

1. Briefly, provide line item explanations, justifications, and/or notes, as needed. Include description of the source(s) and status of all matching funds. (*1,000 characters*)
2. If known, provide the contact information for the provider undertaking the project.

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

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

1. Public Engagement Plan – Describe the community engagement process for the project. Address the following: How are you adding voices to the public engagement process through remote only, hybrid, or in-person engagement? (*1,000 characters*)
2. Community Leadership – If existing, describe the group of individuals that will work on this project and what makes it innovative. If not yet formed, describe the plan for the group’s composition and work. Address how the project will be sustained over time if applicable. (*1,000 characters*)
3. Implementationand Outcomes **–** 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*)

**SHOW FOR ONLY RURAL/SMALL TOWN COMMUNITES IN 1.1**

1. Does the project involve more than one (1) community allowing for shared services and peer to peer learning opportunities?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly describe how. (*1,000 characters*)

1. Does the project directly relate to the design, enhancement or provision of water and sanitary sewer infrastructure?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly summarize the expected impact. (*1,000 characters*)

1. Does the project support economic development specific to rural communities and small towns?
   1. If YES, briefly describe how. (*1,000 characters*)

**SECTION 5: Site Preparation Additional Questions**

1. Before you proceed, have you read the Guidelines for [Site Readiness](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.massdevelopment.com_srp&d=DwIFAw&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=dd5S5-xOxY_AsPFOCbX-UbbK6jAx-Avl9_b_yYOSIwE&m=aD6PUaKweSHUCgr935CmBPINebxoONnBa1z2G2PL0OU&s=I3nZojIFoNBYqNFIEtNnldDANm92XLk0d-ZH2OzZbYk&e=) and/or [Brownfields](https://www.massdevelopment.com/what-we-offer/financing/grants/#brownfields) Program?

|  |  |
| --- | --- |
| Yes | No |

**SHOW FOR ONLY RURAL/SMALL COMMUNITES IN 1.1**

By virtue of your community’s status as a Rural or Small, this project is also eligible for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants). Please note that the maximum Rural and Small Town Development Fund award is $400,000.

* + 1. Have you read the guidelines for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants)?

|  |  |
| --- | --- |
| Yes | No |

* + 1. Is the proposed project budget $400,000 or less?

|  |  |
| --- | --- |
| Yes | No |

***(If yes, show questions 5.21-5.23)***

1. Is this project focused on an Industrial or Commercial site**? Note: Priority will be given to Industrial/Commercial sites, although brownfields site assessment or remediation projects may result in a housing end use.**

|  |  |
| --- | --- |
| Yes | No |

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

**Site Predevelopment**

Site Due Diligence

Site Master Planning

Market Study

Civil Engineering

Pre-Permitting/Permitting

Brownfields Site Assessment (Assessment Only)

Other. Specify:

**Implementation**

Demolition (Full structure, no building interior demolition)

Site Acquisition, related tasks

Construction of site related upgrades

Brownfields Remediation (may include both Remediation and Assessment)

Other. Specify:

1. Narrative / Scope of Work – Describe the proposed work that will be funded by the grant and carried out to further this project. Include major milestones. (*4,000 characters*)
2. If known, provide the contact information for the provider undertaking the project.

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

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** |
| **Predevelopment** |  |  |  |  |
| Consultants / Prof. Fees |  |  |  |  |
| Brownfields Site Assessment |  |  |  |  |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |  |
| **Implementation** |  |  |  |  |
| Design / Engineering / Permitting |  |  |  |  |
| Construction / Demolition |  |  |  |  |
| Brownfield Remediation |  |  |  |  |
| Other / Miscellaneous |  |  |  |  |
| **Total** |  |  |  |  |

1. Provide line item explanations, justifications, and/or notes, as needed. Include description of the source(s) and status of all matching funds. (*1,000 characters*)

**ATTACHMENT HERE: *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.***

1. 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. 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. Utilities – 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*)

**For Brownfield Projects:**

|  |  |  |
| --- | --- | --- |
| 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 contamination? | Yes | No |
| Did the Applicant cause or contribute to the contamination? | 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.

**ATTACHMENT HERE: *Attach high resolution photo of the project site. Please attach in jpeg format if possible.***

**ATTACHMENT HERE : *Attach evidence of site ownership/control demonstrating permission and/or legal authority to enter site for testing, remediation, etc.***

**ATTACHMENT HERE : *Attach an Assessor’s Card for this property. (Compile all documents into a single file)***

1. 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*)
2. Enter the following demographic information for the brownfield site, based on best available data.

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

1. Community Support – Describe the community support for this project. Please note key stakeholder groups and their involvement in the project. (*2,000 characters*)
2. 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*)
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. (*1,000 characters*)
5. Describe any known EPA and/or DEP non-compliance history for the site. (*2,000 characters*)

**ATTACHMENT HERE : *Attach any available environmental report(s) for this site.***

**Rural and Small Town Development Fund (SHOW FOR ONLY RURAL/SMALL COMMUNITES ANSWERED YES IN 5.1b)**

1. Does the project involve more than one (1) community allowing for shared services and peer to peer learning opportunities?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly describe how. (*1,000 characters*)

1. Does the project directly relate to the design, enhancement or provision of water and sanitary sewer infrastructure?

|  |  |
| --- | --- |
| Yes | No |

1. If YES, briefly summarize the expected impact. (*1,000 characters*)
2. Does the project support economic development specific to rural communities and small towns?

|  |  |
| --- | --- |
| Yes | No |

1. If YES, briefly describe how. (*1,000 characters*)

**SECTION 6: Building (Vertical Construction) Additional Questions**

1. Before you proceed, have you read the guidelines for [Underutilized Properties](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.massdevelopment.com_upp-3F&d=DwIFAw&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=dd5S5-xOxY_AsPFOCbX-UbbK6jAx-Avl9_b_yYOSIwE&m=aD6PUaKweSHUCgr935CmBPINebxoONnBa1z2G2PL0OU&s=rV3gKskPLQY5GVttP0fp-LTy3PJc0q25Lsq4ksrP2PY&e) Program and/or [Collaborative Workspaces](https://www.massdevelopment.com/what-we-offer/financing/grants/collaborative-workspace-program) Program?

|  |  |
| --- | --- |
| Yes | No |

**SHOW FOR ONLY RURAL/SMALL COMMUNITES IN 1.1**

By virtue of your community’s status as a Rural or Small, this project is eligible for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants). Please note that the maximum Rural and Small Town Development Fund award is $400,000.

* 1. Have you read the guidelines for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants)?

|  |  |
| --- | --- |
| Yes | No |

* 1. Is the proposed project budget $400,000 or less?

|  |  |
| --- | --- |
| Yes | No |

***(If yes, show questions 6.39)***

1. What is the focus of this project? (Choose Pre-Development or Capital Improvement, then check all that apply)

**Pre-Development: Buildings**

Building Condition Study

Building Development Feasibility Studies

Code Compliance Studies

Architectural or Engineering Plans

Coworking Space Feasibility Studies

Other. Specify:

**Capital Improvements**

☐ Building Code Compliance☐ Fire/Life Safety Code Compliance☐ Accessibility Improvements☐ Building Shell Repair

☐ Building Stabilization

☐ HVAC Improvements or Renovations

☐ Interior Demolition or Remediation

☐ Coworking Space Tenant Improvements or other Fit-Out (Equipment/Furnishings) Other. Specify:

1. Narrative / Scope of Work – Describe the proposed work that will be funded by the grant and carried out to further this project. (*4,000 characters*)
2. 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** |
| **Predevelopment Costs** |  |  |  |  |
| Consultants / Prof. Fees |  |  |  |  |
| Other. Specify: |  |  |  |  |
| **Total** |  |  |  |  |
| **Capital Costs** |  |  |  |  |
| Building Code Compliance |  |  |  |  |
| Fire/Life Safety Code Compliance |  |  |  |  |
| Accessibility Improvements |  |  |  |  |
| Building Shell Repair |  |  |  |  |
| Building Stabilization |  |  |  |  |
| HVAC Improvements or Renovations |  |  |  |  |
| Interior Demolition or Remediation |  |  |  |  |
| Tenant Improvements or other Fit-Out  (Equipment/Furnishings for Collaborative Workspaces only) |  |  |  |  |
| Other. Specify: |  |  |  |  |
| **Total** |  |  |  |  |

1. Provide line item explanations, justifications, and/or notes. Include description of the source(s) and status of all matching funds. (*1,000 characters*)

**ATTACHMENT HERE: *Attach a cost estimate or proposal from prospective consultant(s) or professional services provider(s) for this project. If providing full estimate for the project, specify what parts would be specifically funded by grant funds.***

1. What additional work and/or adjacent but separate work does the applicant plan to do beyond the work funded by this requested grant? Describe the scope, estimated cost, and timeline. Provide a pro forma and/or business plan if available. (*2,000 characters*)

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

1. Do you own this property, for which you are applying?

|  |  |
| --- | --- |
| Yes | No |

* 1. If no, describe how you will acquire the property prior to grant award. Specify timing of closing and other key dates. If applying for the Collaborative Workspace Program, describe the ownership of the building and the term of a lease, if relevant. (*1,000 characters*)

1. 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? | | | (*4-digit year*) | |
| 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: | Present Use: | |
| 1st Floor | % Vacant: | Present Use: | |
| 2nd Floor | % Vacant: | Present Use: | |
| 3rd Floor | % Vacant: | Present Use: | |
| 4th Floor & Above | % Vacant: | Present Use: | |

1. Additional information/comments about the building details, as needed: (*1,000 characters*)
2. Can the entire property be used/occupied for the highest and best purposes?

|  |  |
| --- | --- |
| Yes | No |

* 1. 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*)

1. Is the building (or any part of it) condemned?

|  |  |
| --- | --- |
| Yes | No |

* 1. If the building, or any part of it, is condemned, provide an explanation. Note if not applicable. (*1,000 characters*)

1. Have there been any code enforcement actions taken in past 5 years?

|  |  |
| --- | --- |
| Yes | No |

* 1. If there have been any code enforcement actions in the past five years, provide an explanation. Note if not applicable. (1*,000 characters*)

1. Are property taxes current?

|  |  |
| --- | --- |
| Yes | No |

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

|  |  |
| --- | --- |
| Yes | No |

* 1. 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*)

1. Community Support – Describe any community support for this project, including key stakeholder groups and their involvement in the project. (*2,000 characters*)
2. 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*)
3. Describe the impact the redevelopment would have on the surrounding area. (*2,000 characters*)

**For Capital Improvements ONLY**

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

|  |  |
| --- | --- |
| **Capital Improvement Item** | **Plans Available?** |
| Building Code Compliance | Yes  No  Not Applicable |
| Fire/Life Safety Code Compliance | Yes  No  Not Applicable |
| Accessibility Improvements | Yes  No  Not Applicable |
| Building Shell Repair | Yes  No  Not Applicable |
| Building Stabilization | Yes  No  Not Applicable |
| HVAC Improvements or Renovations | Yes  No  Not Applicable |
| Interior Demolition or Remediation | Yes  No  Not Applicable |
| Tenant Improvements or other Fit-Out | Yes  No  Not Applicable |
| Other. Specify: | Yes  No  Not Applicable |

1. What percentage of the project design is completed? (Ex. 0%, 25%)

**ATTACHMENT HERE : *Attach construction drawings and/or design documents that clearly demonstrate the proposed work.***

1. 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. Is the financing or other funding sources for this project fully secured?

|  |  |
| --- | --- |
| Yes | No |

1. If Yes, provide details on all sources and if there are any significant contingencies. (*1,000 characters*)
2. If No, indicate the status of all sources, if there are any significant contingencies, and by when the applicant expects to secure the resources needed to proceed. (*1,000 characters*)
3. What is the proposed plan for managing the construction? (*1,000 characters*)
4. Describe the experience of the proposed construction team with similar projects: (*1,000 characters*)
5. 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: |  |

**For Coworking Space Projects ONLY**

1. What is the legal name of the intended recipient? (Recipient must be a corporation, LLC, LLP, or other form of business organization registered with the Secretary of the Commonwealth. Please note any fiscal agent relationships) (*500 characters*)

**ATTACHMENT HERE : *Attach documentation evidencing that status and any articles of organization, or partnership documents.***

1. What is the commonly used Name of the Collaborative Workspace?
2. Which of the following best describes the collaborative workspace?

Coworking Space

Maker Space

Arts-Related Space

Commercial Kitchen

Other. Specify:

1. Describe the functions of the space. (*1,000 characters*)
2. How long has the space been operating? (*500 characters*)
3. How many members or users does the space currently have? (*500 characters*)
4. Which of the following best describes the applicant?

Collaborative Workspace Operator

Building Owner

Both

**ATTACHMENT HERE : *Attach a letter of commitment from the building owner certifying that the owner will use best efforts to rent the space specified in the grant to a collaborative workspace for the remaining term of the lease at the current lease rates, if the current operator/applicant is unable to continue operations. (IF Collaborative Workspace Operator in 6.32)***

**ATTACHMENT HERE: *Attach a copy of an executed lease. (IF Collaborative Workspace Operator in 6.32)***

**ATTACHMENT HERE: *Attach proof of ownership in the form of a deed. (IF Building Owner or Both in 6.32)***

1. Describe your connection to the user community. Please describe the potential new users in your community, as well as your capacity to accept new users and the revenue per member that you expect to generate. (*1,000 characters*)
2. What planning have you undertaken, and how will your space comply with any mandated social distancing or other health and safety requirements while continuing to serve its intended purpose? (*1,000 characters*)
3. Please describe the innovation ecosystem in the community in which the collaborative space operates or plans to operate. Please include relevant groups, industries, organizations, and individuals. How does, or how will, your space support people underserved in the innovation community? (Specifically, those from diverse and/or economically distressed backgrounds or other communities of need.) (*1,000 characters*)
4. How does your space fit into this ecosystem? Citing specific examples of other spaces, please describe how your space is complementary to, rather than duplicative of, other coworking spaces in the ecosystem. Note any existing partnerships. (*1,000 characters*)

**ATTACHMENT HERE : *Attach letters of support from key partners.***

1. How will this project result in economic growth, entrepreneurial activity, job creation and business growth? Include a description of supportive programming offered. (*1,000 characters*)

**ATTACHMENT HERE : *Attach an operating budget for the space’s current fiscal year, and its most recent income statement and balance sheet, if available. If the space is not yet operational, attach a pro forma operating budget for the first year of operation.***

1. Required 1:1 Grant Match

|  |  |  |
| --- | --- | --- |
| Funds Raised (Cash on Hand) | $\_\_\_\_\_\_\_\_ | **ATTACHMENT: See below** |
| Rent Discount Amount | $\_\_\_\_\_\_\_\_ | **ATTACHMENT: See below** |
| Donated Equipment | $\_\_\_\_\_\_\_\_ | **ATTACHMENT: See below** |

**ATTACHMENT HERE : *Attach an explanation of the source of funds with commitment letters, bank statements or other evidence that these funds have been committed or secured and are available for use on the project.***

**ATTACHMENT HERE : *If applicable, attach a signed lease, a letter from the landlord, and three rent comps demonstrating the value of the rent discount.***

**ATTACHMENT HERE : *If applicable, attach a list of donated equipment and how you arrived at its value, while accounting for depreciation.***

**ATTACHMENT HERE : A*ttach a photograph of the interior and exterior of the proposed or existing space***

**ATTACHMENT HERE : *Attach a map showing the location of the space with labels showing other significant businesses or assets in the neighborhood.***

**Rural and Small Town Development Fund (SHOW FOR ONLY RURAL/SMALL COMMUNITES ANSWERED YES IN 6.1b)**

1. Does the project involve more than one (1) community allowing for shared services and peer to peer learning opportunities?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly describe how. (*1,000 characters*)

1. Does the project directly relate to the design, enhancement or provision of water and sanitary sewer infrastructure?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly summarize the expected impact. (*1,000 characters*)

1. Does the project support economic development specific to rural communities and small towns?
   1. If YES, briefly describe how. (*1,000 characters*)

**SECTION 7: Infrastructure (Horizontal Construction) Additional Questions**

1. Before you proceed, have you read the Guidelines [MassWorks Infrastructure Program](https://www.mass.gov/massworks)?

|  |  |
| --- | --- |
| Yes | No |

**SHOW FOR ONLY RURAL/SMALL COMMUNITES IN 1.1**

By virtue of your community’s status as a Rural or Small, this project is eligible for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants). Please note that the maximum Rural and Small Town Development Fund award is $400,000.

* 1. Have you read the guidelines for the [Rural and Small Town Development Fund](https://www.mass.gov/service-details/rural-and-small-town-grants)?

|  |  |
| --- | --- |
| Yes | No |

* 1. Is the proposed project budget $400,000 or less?

|  |  |
| --- | --- |
| Yes | No |

***(If yes, show questions 7.40-7.43)***

**SHOW FOR ONLY HOUSING CHOICE COMMUNITES IN 1.1**

By virtue of your community’s Housing Choice Designation, this project is eligible for the [Housing Choice Community Grants Program](https://www.mass.gov/how-to/housing-choice-community-grant-program). Please note that the maximum Housing Choice Community Grants Program award is $250,000.

* 1. Have you read the guidelines for the [Housing Choice Community Grants Program](https://www.mass.gov/how-to/housing-choice-community-grant-program)?

|  |  |
| --- | --- |
| Yes | No |

* 1. Is the proposed project budget $250,000 or less?

|  |  |
| --- | --- |
| Yes | No |

***(If yes, show Section 8)***

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 (Residential only)

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

Small Town Road improvements to enhance public safety (aka STRAP) (O*nly for Small Towns in 1.1, noted as Small Town or Both)*

1. What is the primary emphasis of the infrastructure work? (*Choose One*)

Predevelopment: Design/Engineering Documents

Roadway / Streetscape Improvements

Bridge / Culvert Repair or Replacement

Water / Sewer Infrastructure

Public Utility Project (Gas, Electric, etc.)

1. Indicate which, if any, of the following housing and/or economic development tools have been adopted within the project site.

40R Smart Growth or Starter Home District

43D Expedited Permitting District

Approved Urban Renewal Plan

District Improvement Financing (DIF)/Tax Increment Financing (TIF)

Economic Opportunity Area (EOA)

Transformative Development Initiative (TDI) District

1. Is the project site located at or within a half mile of a transit station (defined as a subway or commuter rail station), or a bus route that directly connects to a transit station?

|  |  |
| --- | --- |
| Yes | No |

* 1. If yes, identify the names of the transit station and/or connecting bus route(s): (*500 characters*)

1. Is the project site located within an Opportunity Zone? Click [HERE](https://www.mass.gov/service-details/opportunity-zone-map) to access the Commonwealth’s Opportunity Zone Map.

|  |  |
| --- | --- |
| Yes | No |

1. Narrative / Scope of Work – Describe the proposed limits and scope of design and/or construction work that will be funded by the grant and carried out to further the project. (*4,000 characters*)

**ATTACHMENT HERE : *Attach a site plan, conceptual drawing, and/or construction design that clearly demonstrates the location and proposed work.***

1. 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spending Category** | **Grant Request** | **Match / Other Funds** (*include fund spent to date*) | **Total Project Budget** | **Source of Match /**  **Other Funds** |
| **Design / Engineering / Permitting** |  |  |  |  |
| **Bidding** |  |  |  |  |
| **Construction** **(All Earthwork and Site Work)** |  |  |  |  |
| **Construction Admin.** |  |  |  |  |
| **Contingency** |  |  |  |  |
| **TOTALS** |  |  |  |  |

1. Provide line item explanations, justifications, and/or notes, as needed. Include description of the source(s) and status of all matching funds (including those spent to date), 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*)

**ATTACHMENT HERE: *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/)*. C*ontingencies should be clearly identified using a separate line item(s).

1. Is the project site publicly owned?

|  |  |
| --- | --- |
| Yes | No |

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

|  |  |  |
| --- | --- | --- |
| Public Land | Right of Way | Other. Specify: **\_\_\_\_\_\_\_\_** |
| Leasehold | Easement |  |

* 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*)

**Predevelopment ONLY**

1. How is this predevelopment work related to an impending infrastructure project that will support one or more specific private developments? (*2,000 characters*)
2. When do you expect the public infrastructure to break ground? (*500 characters*)
3. When do you expect the private development (s) to break ground? (*500 characters*)
4. Do you have a private developer identified?

|  |  |
| --- | --- |
| Yes | No |

* 1. If Yes, provide information about private developer:

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

**Capital Projects ONLY - Details about Public Infrastructure**

1. 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 public infrastructure project design is completed? %
2. Which of the following permits, licenses, and/or approvals are required for this public infrastructure 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: (*500 characters*)

1. Has the municipality applied to, or received a grant from, the MassDOT Complete Streets Program for any portion of this project?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. 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*)

**ATTACHMENT HERE: *Attach a copy of the project's output report from the Commonwealth’s online RMAT Climate Resilience Design Standards Tool (“RMAT tool”).***

**The RMAT tool guides users to input basic project information and will generate a downloadable report for attachment. Please note that only information related to the public infrastructure portion of the project should be entered into the tool. After clicking “Submit Project” inside the tool, the project information will be saved, and a “Download Report” icon will appear for the user. The entire process, exclusive of registration, should take no more than 15 minutes per project. Click**[***HERE***](https://resilientma.org/rmat_home/designstandards/)**to register and access the RMAT tool.**

1. Describe any climate resilience measures that the public infrastructure project will include or that the applicant plans to investigate as part of design or permitting. If applicable, note any climate resilience measures that are anticipated to align with the recommended design standards provided in the project’s RMAT tool report (see above ATTACHMENT). (*2,000 characters*)

**STRAP Question ONLY**

1. If available, please provide the pavement condition rating for the road.
2. Describe existing infrastructure conditions and public safety concerns related to this road improvement project. If relevant, please specify accident hazards, traffic details, instances of road closure and impact on emergency vehicles, etc. (*2,000 characters*)

**ATTACHMENT HERE : *Attach images of the road, particularly focused on the areas that create the public safety hazards and areas in which the work with be focused.***

**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*)

1. 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*)

1. 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** |  |
| Development Address (or Parcel ID) |  |
| 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. Can the private development proceed independently without the public infrastructure project?

|  |  |
| --- | --- |
| Yes | No |

**ATTACHMENT HERE : *Attach a letter from the private development proponent confirming and explaining this answer. Include letter(s) from additional private developer(s) noted above*.**

1. Is the infrastructure project associated with any additional private development projects?

|  |  |
| --- | --- |
| Yes | No |

* 1. (If Yes), Complete the table below with the specific housing production and/or economic growth impact that is expected to result from the additional private development project(s).

|  |  |
| --- | --- |
| **General Information** |  |
| Development Address (or Parcel ID) |  |
| 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. Can the private development proceed independently without the public infrastructure project?

|  |  |
| --- | --- |
| Yes | No |

**ATTACHMENT HERE: *Attach a letter from the private development proponent confirming and explaining this answer. Include letter(s) from additional private developer(s) noted above*.**

**Rural and Small Town Development Fund (SHOW FOR ONLY RURAL/SMALL COMMUNITES ANSWERED YES IN 7.1.b)**

1. Does the project involve more than one (1) community allowing for shared services and peer to peer learning opportunities?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly describe how. (*1,000 characters*)

1. Does the project directly relate to the design, enhancement or provision of water and sanitary sewer infrastructure?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly summarize the expected impact. (*1,000 characters*)

1. Does the project support economic development specific to rural communities and small towns?

|  |  |
| --- | --- |
| Yes | No |

* 1. If YES, briefly describe how. (*1,000 characters*)

**Housing Choice Community Grant (SHOW FOR ONLY RURAL/SMALL COMMUNITES ANSWERED YES IN 7.1.d)**

If you would like this application to be considered for a Housing Choice award, you must complete required additional questions, related to Housing Choice eligibility and Housing Best Practices, in application Section 8.

**SECTION 8: Housing Choice General Questions**

**(OPEN IF HOUSING CHOICE COMMUNITY THAT SELECTS PLANNING AND ZONING IN QUESTION 2.1 OR CHOOSES INFRASTRUCTURE AND ANSWER YES TO 7.1.D)**

1. Eligibility Questions

|  |  |  |
| --- | --- | --- |
| 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.

***(If eligible, show questions 8.2-8.4)***

**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 fourteen (14) 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.

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**: 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).

**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.*

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

**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.*

**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.

**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.*

**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).

**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.*

**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).

**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.*

**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.

**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.*

1. 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**: 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.

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

**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.

**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).*

**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 DHCD 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).

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

**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.

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

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

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

**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.

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

**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.

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

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

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

**SECTION 9: 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 |

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

1. 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.***

1. 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 10: OTHER/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** |
| 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. |