

**COMMUNITY ONE STOP FOR GROWTH – APPLICATION TEMPLATE**

*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](#).*

**FULL APPLICATION**

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

1.1 Primary Location: *(Select from drop-down)*

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

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

**Public Entity:**

- Municipality
- Public Housing Authority
- Redevelopment Authority
- Regional Planning Agency
- Quasi-Governmental Agency (i.e. Economic Development Industrial Corporation, etc.)
- Water or Sewer District

**Non-Public Entity:**

- Community Development Corporation
- Non-Profit Organization
- For-Profit Organization

1.3 Applicant Organization Name: \_\_\_\_\_

1.4 Applicant Organization Legal Address: \_\_\_\_\_

1.5 City/Town: \_\_\_\_\_ 1.6 State: MA 1.7 Zip Code: \_\_\_\_\_

1.8 CEO Name: \_\_\_\_\_ 1.9 CEO Title: \_\_\_\_\_

1.10 CEO Tel.: \_\_\_\_\_ 1.11 CEO Email: \_\_\_\_\_

1.12 Project Contact Name (if different): \_\_\_\_\_

1.13 Project Contact Title: \_\_\_\_\_

1.14 Contact Tel.: \_\_\_\_\_ 1.15 Contact Email: \_\_\_\_\_

1.16 Organization Description – Describe your organization’s structure, including staff capacity, and economic development goals.  
*(2,000 characters)*  
\_\_\_\_\_

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1.17 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

1.17a If yes, provide the contact information for each additional partner municipalities (and/or entities):

	<b>Organization Name</b>	<b>CEO Name</b>	<b>CEO Title</b>	<b>Email</b>
+				
+				

**MBTA COMMUNITY QUESTIONS**

*(Shows only for MBTA Community Public Entity Applicants)*

1.19 Has the community received a determination of Interim Compliance with an approved Section 3A Action Plan, or determination of District Compliance, from DHCD in accordance with the *Compliance Guidelines for Multi-family Zoning Districts Under Section 3A of the Zoning Act*?

- Interim Compliance       District Compliance       Neither

*If Neither, show:*

An MBTA Community must be in compliance with the referenced guidelines in order to be eligible for funding from the MassWorks and/or Housing Choice programs.

*If Interim Compliance, show:*

1.19a 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:*

1.19b Briefly describe the nature of the changes/delays.

(500 Characters)

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**SECTION 2: Project Information**

2.1 Project Name: \_\_\_\_\_ *(50 Characters)*

2.2 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)*

2.3 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 to Comply with Section 3A of MGL c.40A

Comprehensive Zoning Review & Revision

Other Zoning Revision Specify: \_\_\_\_\_

Site Preparation

Building

Infrastructure

2.4 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)*

2.5 Project Need – Describe why this project is necessary in enhancing community economic development.  
\_\_\_\_\_  
*(1,000 characters)*

2.6 Target Population Description – Describe the specific population(s), neighborhood(s), or census block that will be served and how they will be supported by the outcomes of the project. If the project is

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city/town wide, provide the description for the whole community. 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)*

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2.7 Is the project area located within an Environmental Justice census block group? Click [HERE](#) to access the Commonwealth’s Environmental Justice Map Viewer.

Yes             No

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

*(2,000 characters)*

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2.9 Does the community have any active housing restrictions, such as phased growth zoning or an active housing moratorium?

Yes             No

2.9a If Yes, provide an explanation:

*(1,000 characters)*

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2.10 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. If the applicant is partnering with other organizations, list the partner organization(s), and briefly describe their role in accomplishing the project.

*(2,000 characters)*

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2.11 Progress to Date – What progress has the applicant/partner organization(s) made on this project to date? Include details about planning, community engagement, prior State/Federal funding, development tools used, noting if the project is included in any adopted municipal or regional plans (e.g. Master Plan, CEDS, HPP, etc.).

*(2,000 characters)*

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2.12 Timeline Information – Describe the timeline for the project. Include any tasks that the applicant would need to complete before expending grant funds, if awarded (i.e. procurement, hiring contractors, issuing RFPs, etc.), as well as information about any notable dates and/or milestones. **Note:** Grants awards will be announced in Fall 2023 for contracts starting in FY24.

*(1,000 characters)*

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2.13 Budget – In the table below, provide a breakdown, by spending category, of the total funding request for the proposed project.

Category	Spending Description	Funding Request
Operating	Consultants / Prof. Fees	

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Operating	Project Supplies / Materials	
Operating	Meeting Expenses / Events	
Other	Other / Miscellaneous	
	<b>Total</b>	

2.14 Provide line item explanations, justifications, and/or notes for the funding requested in question 2.13. Include an explanation of the methods for estimating project costs.  
 \_\_\_\_\_  
 (1,000 characters)

2.15 Will the applicant provide a match to supplement any grant funds awarded?  
 Yes       No

2.15a If yes, what is the match amount? \_\_\_\_\_

2.15b Describe the source(s) and status of all matching funds.  
 \_\_\_\_\_  
 (1,000 characters)

2.15c Does the match include local ARPA funds?  
 Yes       No

2.15d If yes, what amount of the match is from local ARPA funds? \_\_\_\_\_

2.16 Do you have a cost estimate or proposal from prospective consultant(s), contractors or other professional services provider(s) for this project?  
 Yes       No

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

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

**SPECIAL DESIGNATION: HOUSING CHOICE COMMUNITY**

*(Shows only for public Housing Choice Community applicants)*

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 \$300,000. To be considered for funding through this program, you must complete **Section 8. Special Designation Additional Questions**, located on Form 3.a. of the application.

2.17 Do you intend to complete Form 3.a. Special Designation Additional Questions in order to be considered by the Housing Choice Grant Program?  
 Yes       No

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**SPECIAL DESIGNATION: RURAL AND/OR SMALL TOWN**

*(Shows only for public Rural and Small Town applicants)*

By virtue of the applicant’s status as a Rural and/or Small Town, this project may be eligible for the [Rural and Small Town Development Fund](#). Please note that the maximum Rural and Small Town Development Fund award is \$500,000. To be considered for funding through this program, you must complete **Section 8. Special Designation Additional Questions**, located on Form 3.a. of the application.

2.18 Do you intend to complete Form 3.a. Special Designation Additional Questions in order to be considered by the Rural and Small Town Development Fund?

- Yes       No

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### DEVELOPMENT CONTINUUM QUESTIONS

Development Continuum sections will populate based on the selection made in question 2.3

### SECTION 4: Planning and Zoning Additional Questions

**ATTENTION APPLICANT:** You are seeing the below questions because you made the following selection in question 2.3:

**Development Continuum Category:** Planning and Zoning  
**Project Type:** [Community Plan] OR [Zoning Revision]  
**Project Focus:**

Before you proceed, we recommend that you read the program guidelines for the [Community Planning Grants Program](#).

- 4.1 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? How are you engaging voices that are typically not represented?  
*(1,000 characters)*
- 
- 4.2 Implementation Strategy – 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)*
-

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### **SECTION 8: Special Designation Additional Questions**

#### **SPECIAL DESIGNATION: RURAL AND/OR SMALL TOWN**

*Only Show if applicant is a Public Entity with Rural and/or Small Town designation that selects Planning and Zoning, Site Preparation, Building or Infrastructure in 2.3 and answers “Yes” to question 2.23:*

If you would like this application to be considered for a Rural and Small Town award, you must complete the following questions related to strategies for rural and small town priorities.

R.1 Does the project involve more than one (1) community allowing for shared services and/or peer to peer learning opportunities and/or housing or economic development opportunities meaningful to all affected communities?

Yes  No

R.1a If YES, describe how, including, where applicable, any impacts to infrastructure, housing, shared economic development, or other local impact that both communities will experience, and its significance to the region and partnering communities.

*(1,000 characters)*

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R.2 Does the project directly relate to the design, enhancement or provision of water and sanitary sewer infrastructure?

Yes  No

R.2a If YES, describe the expected impact, including, where applicable, how many housing units, businesses, and number of residents, consumers, workers, students, etc. may be impacted by this project, and its significance to the region.

*(1,000 characters)*

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R.3 Does the project directly relate to transportation infrastructure and transportation mobility?

Yes  No

R.3a If YES, describe how, where applicable, the project will create safer roads, greater multimodal transit access, greater opportunity for economic development or connectivity between homes and businesses, and its significance to the region.

*(1,000 characters)*

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R.4 Does the project address the unique challenges faced by rural and small towns to create jobs, invest in their workforce, retain workers/jobs, and implement other economic development goals specific to rural communities and small towns?

Yes  No

R.4a If YES, describe how, where applicable, the project will impact direct economic development including but not limited to job growth and/or retention, land use and working lands, population trends, and its significance to the region.

*(1,000 characters)*

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R.5 Does the project directly relate to addressing the impacts of climate change and enhance the capacity to provide or create mitigative solutions in rural and small towns??  
 Yes       No

R.5a If YES, describe how, where applicable, the project equips the municipality with the resources to address the impacts of climate change and or improve resiliency for the health and safety of residents, and its significance to the region.  
 (1,000 characters)

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**SPECIAL DESIGNATION: Housing Choice Community**

*Only Show if applicant is a Public Entity with Housing Choice designation that selects Planning and Zoning, Site Preparation, Building or Infrastructure in 2.3 and answers “Yes” to question 2.22:*

H.1 Eligibility Questions

H.1.a.	Does the community have an ACTIVE housing moratorium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H.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:

H.1.c.	Has the community completed an ADA Self Evaluation Plan and/or Transition Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H.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
H.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 8.2-8.3)*

**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.

H.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.

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

- Yes                       No

If Yes, please provide a brief description:

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

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

H.2b **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.*

H.2c **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.*

H.2d **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:

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(250 characters)

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

H.2e **Accessory Dwelling Units (ADU)**: Have zoning that allows for accessory dwelling units by right (or have a pattern of approving ADUs over the last 5 years).

Yes       No

If Yes, please provide a brief description:

(250 characters)

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

H.2f **Multi-Family Parking Requirement**: Reduced parking requirement for Multi-Family units within the last 5 years or require no more than 1 parking space per unit for multifamily units.

Yes       No

If Yes, please provide a brief description:

(250 characters)

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

H.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.

H.3a **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)

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

H.3b **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,

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Community Development Partnership’s Lower Cape Housing Institute, or Urban Land Institute’s (ULI’s) Urban Plan Public Leadership Institute over the last 5 years.

Yes             No

If Yes, please provide a brief description:

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

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

H.3c **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).

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.*

H.3d **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.*

H.3e **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:

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(250 characters)

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

**H.3f 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)

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

**H.3g 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)

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

**H.3h 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.

Yes             No

If Yes, please provide a brief description:

(250 characters)

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

**H.3i 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

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If Yes, please provide a brief description:

(250 characters)

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**SECTION 9: Certification of Application Submission Authorization**

9.1 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.*

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

- Yes       No       Not Applicable

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

9.3 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

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### **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.

<b>Attachment Type</b>	<b>Description</b>
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.
Other	Any other attachment.
Other	Any other attachment.
Other	Any other attachment.