

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)

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):

	Organization Name	CEO Name	CEO Title	Email
+				
+				

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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
Project Type (check one):
☒ Early Stage Engagement
Project Focus (check one):
☒ Consultant Services for Downtown
☐ Community Visioning for Future Placemaking
☐ Action Grants
- 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.
- Note:** For Consultant Services for Downtowns projects, describe how the technical assistance would be implemented.

(4,000 characters)
- 2.4a Choose the consultant services category that best describes this project.
- ☐ Downtown District Management Consultant Services
 - ☐ Downtown Design Consultant Services
 - ☐ Downtown Mobility/Parking Consultant Services
 - ☐ Downtown Wayfinding/Branding Consultant Services
 - ☐ Economics of Downtown Consultant Services
 - ☐ Downtown Economic Equity Consultant Services
 - ☐ Downtown Housing Consultant Services
 - ☐ Downtown Small Business Support/E-Commerce Consultant Services
 - ☐ Downtown Placemaking Consultant Services
- 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 city/town wide, provide the description for the whole community. If applicable, describe how the project

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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)

- 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)

- 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)

- 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)

- 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)

- 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)

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

Consultant Services for Downtowns:

Category	Spending Description	Funding Request
Operating	Consultants / Prof. Fees	\$25,000

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Please note that Technical Assistance grant funds are to be used exclusively for up to \$25,000 worth of technical assistance. The consultant used to deliver the technical assistance will be chosen by MDI staff from a list of pre-qualified consultants. The consultant is paid directly through the MDI program.

SAMPLE

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DEVELOPMENT CONTINUUM QUESTIONS

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

SECTION 3: Community Activation and Placemaking Additional Questions

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

Development Continuum Category: Community Activation and Placemaking

Project Type: Early Stage Engagement

Project Focus: Consultant Services for Downtown

Before you proceed, we recommend that you read the program guidelines for [Massachusetts Downtown Initiative](#).

- 3.1 Challenge and Vision – Describe the challenge and how it will be addressed by this project. Please explain how this project will impact the community, neighborhood, or district, as well as the target population. If applicable, include any relevant details about and/or unique challenges related to the downtown, neighborhood, or commercial district and how the proposed work impacts the neighborhood or community served.
(1,000 characters)
- 3.2 Community Engagement - Describe any community engagement efforts that have informed or will inform this project. Include how the project will promote an inclusive participation process, engage new voices, and/or empower diverse stakeholders. Please identify any stakeholders that have been engaged in this project to date.
(1,000 characters)
- 3.3 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.
(1,000 characters)

ATTACHMENT HERE: *Provide a map outlining the area to be addressed.*

ATTACHMENT HERE: *If applicable, please attach relevant pictures.*

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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.

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.
Other	Any other attachment.
Other	Any other attachment.
Other	Any other attachment.