

COMMUNITY ONE STOP FOR GROWTH FY26 FULL APPLICATION SAMPLE TEMPLATE

Building Housing Production

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](#).

This sample template shows all questions within the FY26 One Stop Full Application. Project specific templates, showing only the questions pertinent to each type of project considered for funding through the One Stop, are available at www.mass.gov/onestop.

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FORM 1. APPLICANT INFORMATION

1.1. **Applicant Organization Name:** _____

1.2. **Organization Type:**

- ☐ Public Organization
☐ ~~Non Profit Organization~~
☐ ~~For Profit Organization~~

1.2.a. **Public Organization Type**

- ☐ Municipality (City/Town)
☐ Public Housing Authority
☐ Redevelopment Authority
☐ Regional Planning Agency
☐ Quasi-Governmental Agency
☐ Water, Sewer, or Service District

1.3. **Applicant Organization Legal Address**

Address: _____
State: _____

City/Town: _____
Zip Code: _____

1.4. **Organization CEO**

CEO Name: _____
CEO Tel.: _____

CEO Title: _____
CEO Email: _____

1.5. **Project Contact** (if different)

Contact Name: _____
Contact Tel: _____

Contact Title: _____
Contact Email: _____

1.6. **Joint Application** - Is this a joint application between two or more applicants, which will entail a formal arrangement for a shared scope of work and allocation of funds?

☐ Yes ☐ No

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

	Organization Name	CEO Name	CEO Title	Email
+				

ATTACHMENT HERE Attach a letter from the organization(s) affirming partnership.

1.7. **Community Housing Restrictions** - Does the community have any active housing restrictions or other restrictive bylaws, such as phased growth zoning, a sewer moratorium, or an active housing moratorium?

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☐ Yes

☐ No

- 1.7.a.** If Yes, provide an explanation for why it was established. Include the date of restriction expiration and whether the restriction allows for at least 5% increase in housing units over a single year: (500 characters)

ATTACHMENT HERE

Attach a copy of by-law/ordinance/moratoria language that established the restriction .

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

[Chapter 43D Expedited Permitting Program Designation](#)

☐ Yes

☐ No

[Property Assessed Clean Energy \(PACE\) Adoption](#)

☐ Yes

☐ No

[Municipal Digital Equity Planning Program](#)

☐ Yes

☐ No

[Cultural District Designation](#)

☐ Yes

☐ No

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FORM 2. PROJECT INFORMATION

PROJECT CORE

2.1. Project Name: _____

2.2. Project Location:

Show if in an MBTA Community:

ATTENTION

Based on the Project Location selection above, this project is located within an MBTA Community. The MBTA Community within which the project is located.

An MBTA Community must be compliant under Section 3A of the Zoning Act (MGL c. 40A) and corresponding regulations for Multi-Family Zoning Districts (760 CMR 72.00) for the project to be eligible for funding from the following programs: HousingWorks Infrastructure Program, Housing Choice Grant Program, MassWorks Infrastructure Program, Brownfields, Underutilized Properties Program, and Site Readiness Program. All other participating programs will take compliance status into consideration during application review.

View the compliance status of each MBTA community at: www.mass.gov/mbtacommunities.

Choose the option below that best reflects your municipality's compliance status with the Guidelines for Multi-Family Zoning Districts under Section 3A of the Zoning Act (M.G.L. c.40A).

- ☐ Compliant: Community has adopted required zoning and/or submitted required materials, but has not received a district compliance determination letter from EOHLC,
- ☐ Interim Compliance: Community has adopted required zoning and/or submitted required materials, but has not received a district compliance determination letter from EOHLC
- ☐ Interim Compliance: Community has submitted an Action Plan by the February 13, 2025, deadline and the action plan was approved by EOHLC
- ☐ Interim Compliance: Community is designated as an "adjacent small town" and therefore has a deadline to adopt required zoning and submit required materials by December 31, 2025
- ☐ Non-Compliant: Community has been determined to be noncompliant by EOHLC

Acknowledgement

- ☐ I understand that this project is located within an MBTA Community and that the community's compliance status with the above stated Regulations will affect this application's eligibility for funding.

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2.3. Short Project Abstract – Provide a concise description of the project. (500 character limit)

2.4. Project Category for Grant Consideration – Select the [Development Continuum](#) category, Project Type and Project Focus that best fits the project.

Development Continuum Category: Building

Project Type: Housing Production

Project Focus:

- ☐ Support Housing Production
- ☐ Support Housing Preservation
- ☐ Support Housing Rehabilitation

ATTENTION APPLICANT

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

Housing Choice Grant Program

NOTE: The maximum Housing Choice award is \$150,000 for Planning and Zoning projects and \$500,000 for Site Preparation, Building, and Infrastructure projects.

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

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PROJECT OVERVIEW

- 2.5. Project Narrative** – Provide an overview of the project, describing the issues or opportunities that the project aims to address and why the project is critical to enhance community, housing, and/or economic development in the community. (2,000 character limit)

- 2.6. Scope of Work** – Provide a detailed description of the proposed work that would be carried out using the funds, or technical assistance, received through the grant, including the timeline to implement the project and key milestones. (2,000 character limit)

- 2.7. Progress to Date** – Describe any work that has been completed on this project so far, such as community/regional planning, design and engineering, prior project phases completed, etc. If applicable, include any prior state/federal funding received for the project. (1,000 character limit)

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- 2.8. Anticipated Outcomes** – Explain how the project will catalyze community economic development, housing development, and/or provide other public benefit. Describe the tangible outcomes, including impacts on housing production, job growth, workforce development, entrepreneurship, local business and/or other social benefits. (1,000 character limit)

- 2.9. Project Impacts** – Complete the below table to show the expected impacts of the project. If a field is unknown or not applicable, enter “0”.

Maximum Development Allowed by Zoning			
Maximum Housing Units Allowed on Site by Current Zoning: _____	Square feet of commercial development allowed by current zoning: _____	Square feet of industrial development allowed by current zoning: _____	
Housing Impacts			
	New Rental Units	New Ownership Units	Total
New Affordable Units	_____	_____	X
New Market Rate Units	_____	_____	X
	Total New Housing Units		X
If any affordable, specify lowest income limit used (65% AMI, 80% AMI, etc.):			_____
Employment Impacts			
Number of NEW permanent full-time jobs to be created:			_____
Number of NEW permanent part-time jobs to be created:			_____
Total number of NEW permanent jobs to be created:			X
Total construction jobs to be supported by the private development project(s): _____	Total existing full-time jobs to be retained as a direct result of this project: _____		

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Business Impacts	
Square feet of office and/or retail space to be created, including restaurants:	_____
Square feet of industrial space to be created, including warehouses:	_____
Total square footage of commercial space to be created:	X

GRANT FUNDING REQUEST

2.10. Grant Funding Request – In the table below, provide a breakdown, by spending category, of the total funding request for the proposed project.

Spending Category	Funding Request
Consultant/Professional Fees	_____
Pre-Construction (Design, Engineering, Permitting, Bidding, etc.)	_____
Environmental Site Assessment	_____
Environmental Remediation	_____
Demolition	_____
Construction	_____
Construction Admin	_____
Contingency	_____
Other/Miscellaneous	_____
Total	

2.11. Applicant Match – Will the applicant provide a match to supplement any grant funds awarded?

☐ Yes ☐ No

2.11.a. If yes, what is the match amount? _____

2.11.b. Describe the source(s) and status of all matching funds being provided by applicant, including whether the funds are secured or awaiting approval. For any funds that have not

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been secured, provide a timeline for securing the funds. (1,000 character limit)

- 2.12. Other Match Funding Sources** – Is this project supported by additional funding being provided by outside parties (i.e. partner organizations, developer contributions, other state/federal grants, etc.)? Do not include any applicant match.

☐ Yes ☐ No

2.12.a. If yes, what is the total amount being contributed by other sources? _____

2.12.b. Describe the source(s) and status of the additional funds, including whether the funds are secured or awaiting approval. For any funds that have not been secured, provide a timeline for securing the funds. (1,000 character limit)

Total Project Cost

If the below table does not accurately reflect the total cost to complete the scope of work described, adjust the Grant Funding Request, Applicant Match, and Funding From Other Sources accordingly.

Source	Amount
Grant Funding Request	<i>Auto-populated</i>
Applicant Match	<i>Auto-populated</i>
Other Funding Sources	<i>Auto-populated</i>
Total Project Cost	<i>Auto-populated</i>

- 2.13. Consultant/Contractor Cost Estimate** - Do you have a cost estimate or proposal from prospective consultant(s), contractors or other professional services provider(s) for this project?

☐ Yes ☐ No

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If yes:

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

COMMUNITY DESCRIPTION

- 2.14. Project Location Map** – Attach a map showing the location of the project/project area. For site specific projects, the map should clearly identify the parcel(s) and/or structure(s) where the project will take place.

ATTACHMENT HERE

- 2.15. Environmental Justice** – Is the project site located within one mile of an Environmental Justice census block group? [CLICK HERE](#) to access the Commonwealth's Environmental Justice Map Viewer.

☐ Yes

☐ No

- 2.16. Community Description and Engagement Plan** – Describe the community/population(s) that will be impacted by the project and the engagement efforts that will inform the project. Discuss how the project will promote an inclusive public participation process, engage new voices, and/or empower diverse stakeholders. If applicable, describe how the project advances opportunities for community members who have been socially and economically disadvantaged, and/or historically underrepresented. (1,000 character limit)

ENVIRONMENTAL SUSTAINABILITY AND RESILIENCE

- 2.17. Environmental Sustainability and Greenhouse Gas Reduction** – Describe how the applicant will take climate change and environmental sustainability into consideration in the execution of the work for which the funding is requested. If applicable, describe what efforts will take place to reduce greenhouse gas emissions on site during the execution of the project in support of the [Massachusetts Clean Energy and Climate Plan for 2050](#). (1,000 character limit)

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- 2.18. Climate Resilience Design Standard Report** – This report is required for responding to questions below and will be consulted by reviewers. The Climate Resilience Design Standards Tool is accessed via the following link: https://resilientma.org/rmat_home/designstandards/. For ease of completion, applicants should input only one asset into the Tool. A short step-by-step guide for accessing and inputting a project is available [here](#). The entire process, exclusive of registration, should take no more than 15 minutes using the guide provided. Applicants are advised to generate their project report as soon as possible and to budget at least three (3) business days prior to submission of their application to allow adequate time for resolution of any technical problem, should a problem arise.

Attach a copy of the project's output report from the Climate Resilience Design Standards Tool:

ATTACHMENT HERE

- 2.18.a.** Does the project's Climate Resilience Design Tool report provide a "High" preliminary exposure score for either Sea Level Rise/Storm Surge, Extreme Precipitation - Urban Flooding, or Extreme Precipitation - Riverine Flooding (see above ATTACHMENT)?
- ☐ Yes ☐ No
- 2.18.b.** If yes, please specify the design storm (return period) that the applicant intends to use or has used in the engineering of the asset used in the Tool (e.g., the 25-year storm or 4% storm).
- ☐ Less than 25-year (4%) storm
☐ 25-year (4%) storm
☐ 50-year (2%) storm
☐ 100- to 200-year (1 to 0.5%) storm
☐ Greater than 200-year (0.5%) storm
- 2.18.c.** Flood and Heat Resilient Designs – Do engineering plans prepared for the project to date include any of the following flood- or heat resilient infrastructure designs? (Select all that apply)
- ☐ LEED Certification
☐ Solar roof or white (cool) roof
☐ Air-source heat pump systems or ground-source (geothermal) heat pump systems
☐ Bench shelters or solar-charging bus shelters
☐ Ground-mounted solar photovoltaic systems
☐ Two or more acres of contiguous publicly open green space
☐ Infiltration basin or rain garden
☐ None of the above

SITE INFORMATION

2.19. General Site Information

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Project Address (If the work spans multiple addresses, or is within a public right of way, provide the address that best represents the project location.)	
Size of the project area within the building envelope (square feet)	
Current assessed value (\$) of the development site:	

- 2.20. Project Site Description** – Describe the area within the limits of work for the project, including the size of the project area and any unique challenges that may exist. If applicable, include ownership history, past/present uses and operators, conditions of any existing building(s), historic considerations, etc. (1,000 character limit)

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- 2.21. Site Plan/Construction Drawing** – Attach a site plan, conceptual drawing, and/or construction design that clearly demonstrates the location of the proposed work that would be funded by this grant if awarded.

ATTACHMENT HERE

- 2.22. Transit Oriented Development** – Is the project site located at or within a half mile of a transit station (defined as a subway, light rail, ferry, commuter rail station) or bus route, and/or is located within a zoning district that allows multi-family by right in accordance with Section 3A of MGL c.40A?

☐ Yes ☐ No

- 2.22.a.** If yes, identify the name of the transit station(s): (500 character limit)

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- 2.22.b.** If yes, is the project located within an MBTA Community compliant zoning district?

☐ Yes ☐ No

- 2.23. Current Zoning** – What type of use does the zoning on the project site(s) currently allow? (*Check all that apply*)

☐ Industrial/Commercial

☐ Mixed – Use

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☐ Residential – Single Family / Townhome

☐ Other: _____

☐ Residential – Multi-family

2.24. Community Development Tools – Indicate which, if any, of the following housing and/or economic development tools have been adopted within the project site.

☐ 40R/40Y Smart Growth or Starter Home District

☐ 43D Expedited Permitting District

☐ Approved Urban Renewal Plan

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

☐ Current or ‘Graduated’ Transformative Development Initiative (TDI) District

2.25. Site Ownership - Does the applicant own the property?

☐ Yes

☐ No

ATTACHMENT HERE: Attach a copy of the online property card showing ownership.

2.25.c. If yes, describe any agreements in place that will allow for housing development to occur on the publicly owned land. (500 character limit)

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BUILDING ADDITIONAL QUESTIONS

4.2. Building Details – Complete the table to below to outline the specific characteristics of the building, particularly as they relate to the current vacancy rates and/or uses of the property.

In what year was the property built?	
How long (years) has the property been in its current ownership?	
What is the property’s current assessed value?	\$
What is the property’s appraised value?	\$
If known, what was the date of the most recent appraisal?	
How many floors (stories) does the property have?	
How many square feet of the property can potentially be occupied?	
Is the property currently vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

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<input type="checkbox"/> Basement	% Vacant:	Present Use:
<input type="checkbox"/> 1 st Floor	% Vacant:	Present Use:
<input type="checkbox"/> 2 nd Floor	% Vacant:	Present Use:
<input type="checkbox"/> 3 rd Floor	% Vacant:	Present Use:
<input type="checkbox"/> 4 th Floor & Above	% Vacant:	Present Use:

- 4.3. Additional Building Information** – Additional information/comments about the building details, as needed: (1,000 character limit)

- 4.4. Highest/Best Use** – Will the proposed project allow the entire property to be used/occupied for the highest and best purposes?

☐ Yes ☐ No

- 4.4.a.** 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 character limit)

- 4.5. Building Condemned** – Is the building (or any part of it) condemned?

☐ Yes ☐ No

If yes:

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

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4.6. Code Enforcement – Have there been any code enforcement actions taken in past 5 years?

☐ Yes ☐ No

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

4.7. Property Taxes – Are property taxes current?

☐ Yes ☐ No

If no:

4.7.a. If not, is the property currently in tax title?

☐ Yes ☐ No

4.7.b. 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 character limit)

4.8. Additional Work – 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. (1,000 character limit)

4.8.a. If available, 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.

ATTACHMENT HERE

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CONSTRUCTION INFORMATION

4.9. Building Improvements - 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Fire/Life Safety Code Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Accessibility Improvements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Building Shell Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Building Stabilization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
HVAC Improvements or Renovations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Interior Demolition or Remediation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Other. Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

4.10. Financing –Is the financing or other funding sources for this project fully secured?

☐ Yes ☐ No

4.10.a. If No, indicate the status of all sources, if there are any significant contingencies, and by when the resources needed to proceed are expected to be secured. (1,000 character limit)

4.10.b. If Yes, provide details on all sources and if there are any significant contingencies. (1,000 character limit)

4.11. Proforma – Attach a detailed proforma outlining the budget for the proposed project.

ATTACHMENT HERE

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- 4.12. Construction Management Plan** - What is the proposed plan for managing the construction? (1,000 character limit)

- 4.13. Construction Timeline** - Provide the planned schedule/timeline for the work to be conducted using the funding requested.

Milestone	Start Date	End Date
Design / Engineering / Permitting		
Bidding Open / Close		
Construction Start		
50% Construction		
Construction Complete		
Estimated Date to Receive Certificate of Occupancy		

- 4.14. Design Completion** - What percentage project design is completed? _____%

- 4.15. Permits/Licenses/Approvals** - 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)
<input type="checkbox"/> Article 97 Land Disposition	<input type="checkbox"/>		
<input type="checkbox"/> Chapter 91 License	<input type="checkbox"/>		
<input type="checkbox"/> 401 Water Quality Certification	<input type="checkbox"/>		
<input type="checkbox"/> Superseding Order of Conditions	<input type="checkbox"/>		
<input type="checkbox"/> Water Management Act Permit	<input type="checkbox"/>		
<input type="checkbox"/> MassDOT Access Permit	<input type="checkbox"/>		
<input type="checkbox"/> Mass Historic Commission Review	<input type="checkbox"/>		
<input type="checkbox"/> Planning Board	<input type="checkbox"/>		
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/>		
<input type="checkbox"/> Zoning Board	<input type="checkbox"/>		

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<input type="checkbox"/> Sewer Extension Permit	<input type="checkbox"/>		
<input type="checkbox"/> Utility Relocation	<input type="checkbox"/>		
<input type="checkbox"/> Building Permit	<input type="checkbox"/>		
<input type="checkbox"/> Board of Health	<input type="checkbox"/>		
<input type="checkbox"/> Other. Specify:	<input type="checkbox"/>		

ADDITIONAL/OPTIONAL ATTACHMENTS

Applicants may submit other attachments to support the application, which may be reviewed and/or filed. However, please note that these items will generally not be scored or assessed as part of the formal evaluation of the proposal.

Attachment Type	Description
Letters of Support	Attach any letters in support of the project.
Other Partner Letters	Letters from any partner organizations that are collaborating on this project.
Other Site Images	Other site photographs, illustrations, and/or maps.
Other	Any other attachment.

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FORM 2.A. HOUSING CHOICE QUESTIONS

Questions show if applicant is a public organization in a Housing Choice community that either selected “Yes” to questions 2.4.a. or is proposing a Housing Production project

- 6.1. Multi-Family Zoning:** Have at least one multi-family zoning district that allows for multi-family housing as of right (in addition to any 40R district/s) that does not restrict development by age of occupant or number of bedrooms.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.2. Property Tax Relief/Community Impact Fee:** Adopted local option property tax relief programs for income-eligible seniors as provided for by statute (MGL c. 59 section 5) or through a home rule petition; OR adopted a Community Impact Fee for short term rentals (MGL c. 64G, section 3D) where the 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 character limit)

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

- 6.3. Inclusionary Zoning:** Have Inclusionary Zoning with density bonuses that provides for reasonable density increases so that housing is not unreasonably precluded.

☐ Yes

☐ No

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If Yes, please provide a brief description: (250 character limit)

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

- 6.4. 40R/40Y District:** Have an approved 40R Smart Growth or 40Y Starter Home district that remains in compliance with programs. Communities that repeal but do not replace a district do not qualify for this best practice.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.5. Transit-Oriented Development:** Have created new districts, changed zoning, or dedicated local resources to incentivize transit-oriented development in the last 5 years.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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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.*

- 6.6. Housing Rehab Funding:** Have designated local resources to owners/developers of vacant and dilapidated properties to rehab and bring properties online in the last 5 years, such as spending local funding, putting forth staff resources, allocating a significant portion of municipal funds (such as but not limited to CPA/CDBG/HOME) to housing rehab projects, or providing technical assistance.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.7. Local Rehab Collaboration:** Demonstrated at least two of the following in the last 5 years:
- Participated in a Housing Rehab Training Program for municipal rehabilitation staff,
 - Promoted home efficiency or rehab programs such as MassSaves, the Neighborhood HUB, Habitat for Humanity, or statewide housing rehabilitation programs, or
 - Worked with local organizations and home builders to complete rehabilitation projects.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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.*

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- 6.8. 40B Approval:** Have a demonstrated pattern of accepting 40B projects without imposing conditions that render projects uneconomic or unfeasible. 40B projects that result from having a local comprehensive permit decision overturned by the Housing Appeals Committee (HAC) do not count towards this best practice.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.9. SHI at/above 10%:** Have units currently eligible for inclusion in the Subsidized Housing Inventory (SHI) that equal or exceed 10% of total year-round housing stock according to the EOHLC subsidized housing inventory, where reaching such 10% threshold was not the result of having a local comprehensive permit decision overturned by the Housing Appeals Committee (HAC).

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.10. SHI Increase of at Least 2.5%:** Increased your community's SHI by at least 2.5% points in the last 5 years where such increase was not the result of having a local comprehensive permit decision overturned by the Housing Appeals Committee (HAC).

☐ Yes

☐ No

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6.11. Local Actions that Support Housing: Demonstrate at least two of the following local resources for housing:

- Established an Affordable Housing Trust,
 - Re-used or redeveloped donated or surplus land for housing in the last 5 years, or
 - Spent at least 25% of all Community Preservation Act (CPA) funds for housing in the last 5 years.
- ☐ Yes ☐ No

If Yes, please provide a brief description: (250 character limit)

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

6.12. City/Town-Wide Multi-Family Zoning: Have city or town-wide multi-family zoning that permits at least 2-family homes as of right.

☐ Yes ☐ No

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- 6.13. Mixed-Use Zoning:** Have at least one zoning district that allows residential/mixed-use development as of right that is not part of a 40R district.

☐ Yes ☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.14. Cluster Development:** Have at least one zoning district that allows Cluster or Open Space Residential Development (OSRD) as of right.

☐ Yes ☐ No

If Yes, please provide a brief description: (250 character limit)

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6.15. Accessory Dwelling Units (ADU): Have local zoning bylaws that are more permissive than MGL c40A section 3 and 760 CMR 71.00, such as reduced parking requirements, reduced dimensional standards, or expedited permitting.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

6.16. Zoning Incentives: Demonstrate at least two policies that incentivize housing production by removing zoning barriers to housing, such as:

- Reduced parking requirements for multi-family units,
- No requirements for more than one parking space per unit for multi-family units,
- Reduced minimum lot sizes and set-back rules, or
- Allow for greater building height and density.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

6.17. Resilient Buildings: Have development standards or programs that incentivize decarbonization, including energy efficiency for new construction and/or rehabilitation, such as low-impact development (LID) practices, Stretch Code, Opt-in Specialized Stretch Code, renewable energy integration, or participation in the Energy Star program.

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☐ Yes

☐ No

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- 6.18. Climate Resiliency Planning:** Have a climate resiliency plan that includes a vulnerability assessment, adaptation strategies, mitigation actions, governance and coordination strategies, and monitoring and evaluation processes.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.19. EOHLC Housing Programs:** Participation in at least one of the following in the last 5 years:

- Housing Development Incentive Program (HDIP),
- Have an Urban Center Housing Tax Increment Financing (UCH-TIF) district,
- Have an approved District Improvement Financing (DIF) related to housing, or
- Adopted or recently updated an Urban Renewal Plan that includes a significant housing production element.

☐ Yes

☐ No

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- 6.20. Housing Production Plan:** Have a Housing Production Plan (HPP) certified by EOHLC the time of designation application and that aligns with goals and priorities defined in the Statewide Housing Plan.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

- 6.21. Housing Plan Implementation:** Demonstrated implementation within the last 5 years of at least 25% of identified strategies from a Housing Production Plan, housing component of a Master Plan, Housing Needs Assessment, or other housing-related plan or analysis. Note that the adoption of best practices listed here does not count toward the 25% of implemented strategies.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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6.22. Land Use Board Training: Have provided education and training in the last 5 years for all members on a land use board (Planning Board, Board of Appeals, Select Board, and/or City Council) from:

- Citizen Planner Training Collaborative (CPTC),
- 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.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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

6.23. Regional Collaboration: Collaborated with neighboring municipalities and/or Regional Planning Agencies in the last 5 years to develop and implement housing plans and strategies that address housing needs regionally.

☐ Yes

☐ No

If Yes, please provide a brief description: (250 character limit)

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.*

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FORM 3. CERTIFICATION OF APPLICATION SUBMISSION AUTHORIZATION

3.1. Vote Required - Does the submission of this application require a formal vote of any board, commission, or other local entity?

☐ Yes ☐ No

3.1.a. 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

3.1.b. If Yes, attach a certified copy of the vote taken by the relevant entity.

ATTACHMENT HERE

3.2. Certification:

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 Economic Development (EOED) and its partner organizations, specifically the Executive Office of Housing and Livable Communities (EOHLC) and the Massachusetts Development Finance Agency (MDFA), will rely on the information provided in this application to make decisions about whether to award a grant from their respective funding sources. Also, that the Commonwealth reserves the right to take action against me, the applicant organization, and/or any other beneficiary of a grant, if any of the information provided is determined to be false, inaccurate, or misleading. I also affirm that, if awarded, the applicant organization has the capacity to carry out the project in accordance with all applicable laws and regulations.

Name

Title

Date