

COMMUNITY ONE STOP FOR GROWTH FY27 FULL APPLICATION SAMPLE TEMPLATE

Building Revitalize Commercial Space in a TDI District

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 FY27 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

If Public 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:

City/Town:

State:

Zip Code:

1.4. Organization CEO

CEO Name	CEO Title	CEO Phone	CEO Email

1.5. Project Contact (if different)

Contact Name	Contact Title	Contact Phone	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 organizations):

Organization Name	CEO Name	CEO Title	Email

+

ATTACHMENT HERE

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

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Show for Public Organizations only:

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

- 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 and housing development tools offered by the Commonwealth of Massachusetts:

- | | | |
|------------------------------------------------------------------------|------------------------------|-----------------------------|
| Chapter 43D Expedited Permitting Program Designation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Property Assessed Clean Energy (PACE) Adoption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Municipal Digital Equity Planning Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cultural District Designation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mass Life Sciences Center Municipal Bootcamp | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Housing Development Incentive Program (HDIP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Urban Center Housing Tax Increment Financing (UCH-TIF) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Urban Renewal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chapter 40R | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chapter 40Y | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Show for Non-Public Organizations Only:

1.9. Organization Classifications - Indicate any applicable certifications and/or classifications for this organization:

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Women-Owned Business Enterprise | <input type="checkbox"/> LBGTQ-Owned Business Enterprise |
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> Disability-Owned Business Enterprise |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Emerging Developer |
| <input type="checkbox"/> Veteran-Owned Business Enterprise | <input type="checkbox"/> N/A |

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FORM 2. PROJECT INFORMATION

PROJECT CORE

2.1. **Project Name:**

2.2. **Project Location:** *(Select from drop-down)*

Show if in an MBTA Community:

ATTENTION

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

The receipt of grant funds is contingent upon the grantee being able to certify that it will comply with the Massachusetts General Laws, including G.L. c.40A, s.3A, the MBTA Communities Act. Compliance with the MBTA Communities Act is determined by the Executive Office of Housing and Livable Communities (EOHLC).

View the current compliance status of each MBTA Community at: www.mass.gov/mbtacomunities.

Choose the option below that reflects your municipality’s compliance status with the law (M.G.L. c.40A, section 3A) and its Regulations (760 CMR 72.00).

- Compliant: Community has received a district compliance or conditional 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.
- 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 law and Regulations will affect this application’s eligibility for funding.

2.3. **Short Project Abstract** – In one sentence, describe what the grant would fund and what the project would accomplish if funded. *(500 characters)*

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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:

Revitalize Commercial Space in a TDI District

Project Focus:

Activation of Underutilized Commercial Space

ATTENTION APPLICANT

Based on the selection above, your project is likely to be reviewed by the following program(s):

[TDI Equity Investment Program](#)

[Underutilized Properties Program](#)

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

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 characters)*

2.6. Scope of Work – Provide a detailed description of the proposed work that would be carried out using the requested funds. *(2,000 characters)*

2.7. Project Implementation Timeline – Describe the timeline to implement the project. Include any tasks that the applicant would need to complete before expending grant funds, if awarded (i.e. local approvals,

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procurement, hiring contractors, etc.), as well as information about any notable dates and/or milestones.
(1,000 characters)

2.8. 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 local investment and/or state/federal funding received for the project. (1,000 character limit) (1,000 characters)

2.9. Leadership and Ability to Execute – Describe the team that will lead the project and explain why they are well-positioned to carry it out successfully. If applicable, describe the role of other partners involved in the project. (1,000 characters)

2.10. 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 characters)

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

Employment Impacts

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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 development project(s): _____	Total existing full-time jobs to be retained as a direct result of this project: _____																
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																	
Housing Impacts (UPP only)																	
	<table border="0"> <tr> <td></td> <td style="text-align: center;">New Rental Units</td> <td style="text-align: center;">New Ownership Units</td> <td style="text-align: center;">Total</td> </tr> <tr> <td>New Affordable Units</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">X</td> </tr> <tr> <td>New Market Rate Units</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">X</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total New Housing Units</td> <td style="text-align: center;">X</td> </tr> </table>		New Rental Units	New Ownership Units	Total	New Affordable Units	_____	_____	X	New Market Rate Units	_____	_____	X	Total New Housing Units			X
	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.): _____																	

GRANT FUNDING REQUEST

2.11. 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	
Personnel/Labor	
Pre-Construction (Design, Engineering, Permitting, Bidding, etc.)	
Environmental Remediation	
Demolition	
Construction	
Interior Building Improvements	
Building Stabilization/Shell Repair	
Other/Miscellaneous	
Total	

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2.12. Applicant Match – Will the applicant provide a match to supplement any grant funds awarded? An applicant match may include funds that will be committed to the project as well as expenses previously incurred (e.g., prior design or engineering). Do not include funds provided by outside parties.

Yes No

2.12.a. If yes, what is the match amount?

2.12.b. Describe the source(s) and status of all applicant match funds being provided, including whether the funds are secured or awaiting approval. For any funds that have not been secured, provide a timeline for securing the funds. (500 characters)

2.13. 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

2.13.a. If yes, what is the total amount being contributed by outside organizations?

2.13.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. (500 characters)

2.13.c. Does the “Other Match” amount include any federal funds?

Yes No

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 Other Match Funding Sources accordingly.

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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>

2.14. Consultant/Contractor Cost Estimate– Attach a cost estimate or proposal from prospective consultant(s), contractors or other professional services provider(s) that will be performed with grant requested funds.

ATTACHMENT HERE

COMMUNITY DESCRIPTION

2.15. 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

2.16. 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

2.17. 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 characters)

2.18. Relation to Other Projects - Does the project align with and/or support any other housing or economic development projects happening in the community?

- Yes
- No

2.18.a. If yes, briefly describe any direct or indirect support that the project provides. (500 characters)

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2.19. District Management Models – Indicate which, if any, of the following district management models have been established to support the community’s downtown, main street, village center, or other commercial corridors.

- Business Improvement District
- Designated Cultural District
- Parking Benefit District
- Tourism Destination Marketing Districts
- Transformative Development Initiative (TDI) District
- Voluntary District Management Organization
- Other

ENVIRONMENTAL SUSTAINABILITY AND RESILIENCE

2.20. 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 characters)

2.21. 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

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- 2.21.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

- 2.21.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

- 2.21.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

2.22. General Site Information

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.) <input type="text"/>
Is the property located within a TDI District ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Size of the project area within the building envelope (square feet) represents the project location.) <input type="text"/>

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- District Improvement Financing (DIF)/Tax Increment Financing (TIF)
- Current or ‘Graduated’ Transformative Development Initiative (TDI) District

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

- Yes
- No

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

2.28.a. If no, does the applicant have a long-term lease for the property?

- Yes
- No

If Yes:

ATTACHMENT HERE: Attach a copy of the fully executed lease agreement.

If No:

2.28.b. If no, describe how the applicant will acquire the property prior to grant award. Specify timing of closing and other key dates. (500 characters)

If Underutilized Property Rehabilitation:

ATTACHMENT HERE: If available, attach the purchase and sale agreement or other relevant site control documents.

2.29. Site End Use – What is the intended end use for the project site?

- Residential – Single Family / Townhome
- Residential – Multi-family
- Mixed – Use
- Industrial/Commercial
- Municipal/Public Use
- Other
- Unknown

BUILDING ADDITIONAL QUESTIONS

If For-Profit:

4.1. Public Benefit – Describe the project’s public purpose in one or more of the following categories: creating jobs, driving innovation, eliminating blight, increasing housing production, supporting economic development projects, increasing the number of commercial buildings accessible to persons with

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disabilities, conserving natural resources through targeted rehabilitation, and/or reuse of vacant and underutilized property. (1,000 characters)

All Building:

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?	<input style="width: 95%;" type="text"/>
How long (years) has the property been in its current ownership?	<input style="width: 95%;" type="text"/>
What is the property’s current assessed value?	\$ <input style="width: 95%;" type="text"/>
What is the property’s appraised value?	\$ <input style="width: 95%;" type="text"/>
If known, what was the date of the most recent appraisal?	<input style="width: 95%;" type="text"/>
How many floors (stories) does the property have?	<input style="width: 95%;" type="text"/>
How many square feet of the property can potentially be occupied?	<input style="width: 95%;" type="text"/>
Is the property currently vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the property’s overall vacancy rate (%)?	<input style="width: 95%;" type="text"/>

Check which floors exist in the building, and specify the vacancy rate and use(s) by floor.

<input type="checkbox"/> Basement	% Vacant: <input style="width: 95%;" type="text"/>	Present Use: <input style="width: 95%;" type="text"/>
<input type="checkbox"/> 1 st Floor	% Vacant: <input style="width: 95%;" type="text"/>	Present Use: <input style="width: 95%;" type="text"/>
<input type="checkbox"/> 2 nd Floor	% Vacant: <input style="width: 95%;" type="text"/>	Present Use: <input style="width: 95%;" type="text"/>
<input type="checkbox"/> 3 rd Floor	% Vacant: <input style="width: 95%;" type="text"/>	Present Use: <input style="width: 95%;" type="text"/>
<input type="checkbox"/> 4 th Floor & Above	% Vacant: <input style="width: 95%;" type="text"/>	Present Use: <input style="width: 95%;" type="text"/>

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

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

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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 characters)

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 characters)

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 characters)

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 characters)

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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 characters)

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

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 characters)

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

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

ATTACHMENT HERE

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

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.

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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"/>		
<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. Please do not include attachments that were provided in other places within the application.

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 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?

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?

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