COMMUNITY ONE STOP FOR GROWTH
FY27 FULL APPLICATION
SAMPLE TEMPLATE

Planning & Zoning
Zoning Revision

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.

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.

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.

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	☐ Yes	☐ No
Property Assessed Clean Energy (PACE) Adoption	☐ Yes	☐ No
Municipal Digital Equity Planning Program	☐ Yes	☐ No
Cultural District Designation	☐ Yes	☐ No
Mass Life Sciences Center Municipal Bootcamp	☐ Yes	☐ No
Housing Development Incentive Program (HDIP)	☐ Yes	☐ No
Urban Center Housing Tax Increment Financing (UCH-TIF)	☐ Yes	☐ No
Urban Renewal	☐ Yes	☐ No
Chapter 40R	☐ Yes	☐ No
Chapter 40Y	☐ Yes	☐ No

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/mbtacommunities.

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)*

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:

☐ Planning & Zoning

Project Type:

☐ Zoning Revision

Project Focus:

☐ Zoning Revision to Comply with Section 3A of MGL c.40A
☐ Zoning Revision related to Accessory Dwelling Unit to comply with revisions to MGL c40A section 3
☐ Zoning Revision to adopt pro-housing revisions that qualify for simple majority voting threshold
☐ Comprehensive Zoning Review & Revision
☐ Other Zoning Revision

Show for Housing Choice Public Orgs only:

2.4.a. As a Housing Choice Community, this project may be eligible for the Housing Choice Grant Program. Housing Choice awards up to $150,000 for planning & zoning projects and up to $500,000 for site preparation, building, and infrastructure projects.

Do you want to be considered by the Housing Choice Grant Program?

☐ Yes ☐ No

NOTE: In the FY27 round, Housing Choice Communities do not need to answer questions related to implementation of Housing Choice Best Practices. However, best practices will still be accounted for in the review process from HLC's record of best practices that were submitted. If you are unsure whether HLC has the up-to-date list of best practices, please contact McKenzie Bell at McKenzie.Bell@mass.gov immediately.

If Yes Show:

Housing Choice Certification:

I, [ ] (name), certify that the City/Town of [ ] (Municipality) has submitted the most up-to-date list of best practices to HLC in its last Housing Choice Designation application OR submitted certification of best practices to McKenzie Bell during the FY27 Community One Stop for Growth application period, and that HLC has the most recent and accurate updated best practices to take into account in the application evaluation as described in the FY27 Housing Choice Grant Program Guidelines.
(Name) [ ] (Date) [ ]

ATTENTION APPLICANT

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

Community Planning Grant 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, 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".

Housing Impacts

Market Rate Housing Units currently in project area (estimate as needed): _____	Affordable Housing Units currently in project area (estimate as needed): _____	**Total Housing Units in Project Area: X**
Business Impacts		
Total number of active businesses within project area (estimate as needed): _____	Total number of commercial vacancies within project area (estimate as needed): _____	

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	
Meeting Expenses/Events	
Project Supplies/Materials	
Other/Miscellaneous	
Total	

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.

Source	Amount
Grant Funding Request	*Auto-populated*
Applicant Match	*Auto-populated*
Other Funding Sources	*Auto-populated*
Total Project Cost	*Auto-populated*

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

☐ Yes ☐ No

If yes:

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

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)*

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 RESILIANCE

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*)

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.

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