

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](#).

FY25 DRAFT FULL APPLICATION

FORM 1. APPLICANT INFORMATION

1.1. Applicant Organization Name: _____

1.2. Organization Location: (Select from drop-down)

1.3. Organization Type:

Public Entity:

Municipality

Public Housing Authority

Redevelopment Authority

Regional Planning Agency

Quasi-Governmental Agency

Water, Sewer, or Service District

Non-Public Entity:

Community Development Corporation

Non-Profit Organization

For-Profit Organization

1.4. Applicant Organization Legal Address

Address: _____

State: _____

City/Town: _____

Zip Code: _____

1.5. Organization CEO

CEO Name: _____

CEO Tel.: _____

CEO Title: _____

CEO Email: _____

1.6. Project Contact (if different)

Contact Name: _____

Contact Tel: _____

Contact Title: _____

Contact Email: _____

1.7. Organization Description – Describe your organization’s structure, including staff capacity, and housing, economic, and/or community development goals.

(1,000 Characters)

1.8. 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

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

| | Organization Name | CEO Name | CEO Title | Email |
|---|-------------------|----------|-----------|-------|
| + | | | | |

Show for Non-Public Organizations Only:

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

Women-Owned Business Enterprise

Minority-Owned Business Enterprise

LBGTQ-Owned Business Enterprise

Disability-Owned Business Enterprise

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- Disadvantaged Business Enterprise N/A
 Veteran-Owned Business Enterprise

Show for Public Organizations only:

1.10. Community Housing Restrictions - Does the community have any active housing restrictions, such as phased growth zoning or an active housing moratorium?

- Yes No

If Yes, provide an explanation and date when moratorium expires:
 (1,000 characters)

1.11. 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Massachusetts Vacant Downtown Storefronts Program Certification | <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 |

MBTA COMMUNITY QUESTIONS

Show for Any Public Entity in an MBTA Community:

1.12. 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 (MGL c. 40A). If unsure you can find community compliance status at www.mass.gov/mbtacomunities. Has your municipality:

- Received a determination of District Compliance from EOHLC
- Submitted a District Compliance Application but have not yet received a letter of determination from EOHLC.
- Have a deadline of December 31, 2024 or later, AND have submitted an Action Plan to EOHLC, AND have received a letter confirming Interim Compliance, AND have not yet submitted application for District Compliance.
- Have a deadline of December 31, 2023 BUT not yet submitted an application for District Compliance in accordance with the Guidelines for Multi-family Zoning Districts.

If “Have a deadline of December 31, 2023 but not yet submitted an application for District Compliance in accordance with the Guidelines for Multi-family Zoning Districts”, the following note shows:

An MBTA Community must be in compliance with the referenced guidelines in order to be eligible for funding from the MassWorks, HousingWorks Infrastructure Program, and/or Housing Choice Grant Program. All other One Stop programs will take non-compliance into consideration as part of their grant making process.

If “Have a deadline of December 31, 2024 or later, AND have submitted an Action Plan to EOHLC, AND have received a letter confirming Interim Compliance, AND have not yet submitted application for District Compliance”, then the following shows:

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1.12.a. Does the community anticipate any changes to its approved Section 3A Action Plan that may result in delays to the plan’s schedule of more than 180 days?

Yes

No

If yes:

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

(500 Characters)

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FORM 2. PROJECT INFORMATION

PROJECT CORE

2.1. **Project Name:** _____ *(25 Characters)*

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

| | | | |
|----------------|----------------------|--------------------------|----------------------|
| Housing Choice | <i>(auto-filled)</i> | Rural or Small Town | <i>(auto-filled)</i> |
| Region | <i>(auto-filled)</i> | Regional Planning Agency | <i>(auto-filled)</i> |
| MBTA Community | <i>(auto-filled)</i> | | |

If Non-Public Entity in an MBTA Community:

ATTENTION

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

An MBTA Community must be in compliance with the Guidelines for Multi-family Zoning Districts Under Section 3A of the Zoning Act (MGL c. 40A) in order to be eligible for funding from the MassWorks, HousingWorks Infrastructure Program, and/or Housing Choice Grant Program. All other One Stop programs will take a community’s non-compliance into consideration as part of their grant making process.

The compliance status of each MBTA community can be viewed by here:
www.mass.gov/mbtacommunities.

Acknowledgement

I understand that this project is located within an MBTA Community and that the community’s compliance with the above stated Guidelines will be taken into consideration during the review of this application.

2.3. **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)*

2.4. **Project Category for Grant Consideration** – Select the [Development Continuum](#) category, Project Type and Project Focus that best fits the project. Applicants can see the One Stop grant program most likely to review each type of project by hovering over the radio button next to each Project Focus option.

- Community Activation and Placemaking
- Planning and Zoning

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Site Preparation

Building

Project Type (check one):

Underutilized Property Rehabilitation

Creating Collaborative Workspace

Project Focus (check one):

Collaborative Workspace Feasibility Study

Collaborative Workspace Fit-Out or Equipment

Community Led Housing Production

Infrastructure

ATTENTION APPLICANT

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

Collaborative Workspace Program

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

NOTE: All Collaborative Workspace Program grants must be matched one-to-one. This match must be in the form of financial contributions, non-state grants, loans, free/discounted rent, donated building improvement materials, equipment, or other quantifiable (and certifiable) contributions to the project.

PROJECT OVERVIEW

2.5. Narrative / Scope of Work – Explain the project. Describe the proposed work that would be funded by the grant and carried out to execute this project.

(4,000 characters)

2.6. Project Need – Describe why this project is necessary in enhancing housing and/or job growth.

(2,000 characters)

GRANT FUNDING REQUEST

2.7. 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 | |
| Construction (Including Demolition) | |
| Contracting (Electrical, HVAC, etc.) | |
| Site Equipment/Furnishings | |
| Other/Miscellaneous | |

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| | |
|--------------|--|
| Total | |
|--------------|--|

2.8. Justification of Request – Provide line item explanations, justifications, and/or notes for the funding requested in question 2.7. Include an explanation of the methods for estimating project costs.
(1,000 characters)

2.9. Applicant Match – Will the applicant provide a match to supplement any grant funds awarded?
 Yes No

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

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

If Collaborative Workspace and applicant answers No, show:

ATTENTION APPLICANT: As noted above, all collaborative workspace project budgets must be matched one-to-one for consideration by the Collaborative Workspace Program. This application will not be eligible for funding by the [Collaborative Workspace Program](#) if a match is not provided.

2.10. 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.)?
 Yes No

2.10.a. If yes, how much is being contributed by other sources? _____

2.10.b. Describe the source(s) and status of funds.
(1,000 characters)

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> |

2.11. 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

2.12. Project Location Map – Attach a map showing the location of the project/project area.

ATTACHMENT HERE

2.13. 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

2.14. Community Description and Engagement Plan – Describe the population that will be impacted by the project and describe the community engagement efforts that have or will inform the project. Include how the project will promote an inclusive 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.

(2,000 characters)

PROJECT IMPLEMENTATION

2.15. 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 and describe the experience they have on previous similar or related project and their contribution to the successful completion of this project.

(2,000 characters)

2.16. Progress to Date – What progress has the applicant/partner organization(s) made on this project to date? Include details such as planning (noting if the project is included in any adopted district, municipal, and/or regional plans), community engagement, prior State/Federal funding, development tools used, and any environmental remediation efforts.

(2,000 characters)

2.17. Project Implementation Timeline – Describe the steps and 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. **Note:** Grants awards will be announced in Fall 2024 for contracts starting in FY25.

(2,000 characters)

ENVIRONMENTAL SUSTAINABILITY AND EMISSIONS REDUCTION

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2.18. Environmental Sustainability – Describe how the applicant will take climate change and environmental sustainability into consideration in the execution of the project.

(2,000 characters)

PROJECT OUTCOMES

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

(2,000 characters)

2.20. Project Impacts – Complete the below table to show the expected impacts of the project:

| Employment Outcomes | |
|---|--|
| Current Membership Base | |
| Anticipated Future Membership Base | |
| Anticipated Number of Businesses Served | |

SITE INFORMATION

2.21. General Information

| | |
|---|--|
| Project Address(es)/Parcel ID(s) (If multiple parcels, enter the address or parcel ID for each individually) | |
| Size of the project area within the building envelope (square feet) | |

2.22. Project Site Description – Describe the area within the limits of work for the project, including the size of the project area and 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 characters)

2.23. Site Plan/Construction Drawing – Attach a site plan, conceptual drawing, and/or construction design that clearly demonstrates the location and proposed work.

ATTACHMENT HERE

2.24. 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 in a zoning district that allows multi-family by right in accordance with Section 3A of MGL c.40A?

Yes No

2.24.a. If yes, identify the name of the transit station(s):

(500 characters)

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2.25. Current Zoning – What type of use is currently allowed by zoning on the project site(s)? (Check all that apply)

- Industrial/Commercial
- Residential – Single Family / Townhome
- Residential – Multi-family
- Mixed – Use
- Other: _____

If Public Organization, show 2.26:

2.26. 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
- EOHLC Approved Housing Production Plan

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

- Yes
- No

If no, describe how the applicant will acquire the property prior to grant award. Specify timing of closing and other key dates.

(2,000 characters)

BUILDING ADDITIONAL QUESTIONS

If For-Profit organization, show 4.1:

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 disabilities, conserving natural resources through targeted rehabilitation, and/or reuse of vacant and underutilized property.

(2,000 characters)

4.15. Site Ownership – Which of the following best describes the applicant?

- Collaborative Workspace Operator
- Building Owner
- Both

ATTACHMENT HERE : *Attach a letter of commitment from the building owner certifying that the owner will use best efforts to rent the space specified in the grant to a collaborative workspace for the*

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remaining term of the lease at the current lease rates, if the current operator/applicant is unable to continue operations. (IF Collaborative Workspace Operator)

ATTACHMENT HERE: Attach a copy of an executed lease. (IF Collaborative Workspace Operator)

ATTACHMENT HERE: Attach proof of ownership in the form of a deed. (IF Building Owner or Both)

4.16. **Legal Name** - What is the **legal name** of the intended recipient? (Recipient must be a corporation, LLC, LLP, or other form of business organization registered with the Secretary of the Commonwealth. Please note any fiscal agent relationships)
(500 characters)

4.17. **Evidence of Organization Status** - Attach documentation evidencing that status and any articles of organization, or partnership documents.

ATTACHMENT HERE

4.18. **Common Name** - What is the **commonly used name** of the Collaborative Workspace? _____

4.19. **Type of Collaborative Workspace** - Which of the following best describes the collaborative workspace?

Coworking Space

Commercial Kitchen

Maker Space

Incubator Space

Arts-Related Space

Other. Specify: _____

4.20. **Function of Space** - Describe the functions of the space.
(1,000 characters)

4.21. **Length of Operation** – How long has the space been operating?
(500 characters)

4.22. **Workspace Size** - What is the current or future square footage of the space?
(500 characters)

4.23. **Connection to Users** - Describe your connection to the user community. Please describe the **potential new users** in your community, as well as your **capacity to accept new users** and the **revenue per member** that you expect to generate.
(1,000 characters)

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4.24. Innovation Ecosystem - Please describe the innovation ecosystem in the community in which the collaborative space operates or plans to operate. Please include relevant groups, industries, organizations, and individuals.

(1,000 characters)

4.25. Supporting Underserved Users - How does, or how will, your space support people underserved in the innovation community? (Specifically, those from diverse and/or economically distressed backgrounds or other communities of need.)

(1,000 characters)

4.26. Fit in Ecosystem - How does your space fit into this ecosystem? Citing specific examples of other spaces, please describe how your space is complementary to, rather than duplicative of, other coworking spaces in the ecosystem. Note any existing partnerships.

(1,000 characters)

4.27. Operating Budget – Attach an operating budget for the space’s current fiscal year, and its most recent income statement and balance sheet, if available. If the space is not yet operational, attach a pro forma operating budget for the first year of operation.

ATTACHMENT HERE

4.28. Images of Collaborative Workspace – Attach a photograph of the interior and exterior of the proposed or existing space

ATTACHMENT HERE

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 3. CERTIFICATION OF APPLICATION SUBMISSION AUTHORIZATION

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.*

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.*

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 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