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**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):

	<b>Organization Name</b>	<b>CEO Name</b>	<b>CEO Title</b>	<b>Email</b>
+				

*Show for Non-Public Organizations Only:*

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

Women-Owned Business Enterprise

LBGTQ-Owned Business Enterprise

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

*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)

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

<a href="#">Chapter 43D Expedited Permitting Program Designation</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Massachusetts Vacant Downtown Storefronts Program Certification</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Property Assessed Clean Energy (PACE) Adoption</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Municipal Digital Equity Planning Program</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Show for Any Public Entity in an MBTA Community:*

**MBTA COMMUNITY QUESTIONS**

**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](http://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>		

*Show for Any Private 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/mbtacomunities](http://www.mass.gov/mbtacomunities).

**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.

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Community Activation and Placemaking

*Project Type (check one):*

Technical Assistance for Downtowns

Equitable Workforce and Business Development Programming

*Project Focus (check one):*

Entrepreneurship and Small Business Development

Workforce Development and Training Initiatives

Community Organizing and Leadership Development

Planning and Zoning

Site Preparation

Building

Infrastructure

*Show for Housing Choice Public Orgs only:*

**2.4.a.** By virtue of the applicant’s Housing Choice Designation, this project may be eligible for the [Housing Choice Grant Program](#). Please note that the maximum Housing Choice award is \$500,000. To be considered for funding through this program, you must complete the **Housing Choice Additional Questions**.

Do you intend to complete the Housing Choice Additional Questions in order to be considered by the Housing Choice Grant Program?

Yes             No

**ATTENTION APPLICANT**

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

**Urban Agenda Grant Program**

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

**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**

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**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	
Personnel/Labor	
Meeting Expenses/Events	
Project Supplies/Materials	
Other/Miscellaneous	
<b>Total</b>	

**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)*

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**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)*

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**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)*

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**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>
<b>Total Project Cost</b>	<i>Auto-populated</i>

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**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

*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**

**2.13. 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)*

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**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)*

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**2.15.a. Partnerships** – In the table below, list all partner organization(s) who will be actively involved in carrying out this grant project, indicate what type of organization they are, and briefly describe their role in the project. If the partner will be receiving a sub-grant, list the amount here.

	<b>Organization Name</b>	<b>Organization Type</b>	<b>Role in Project</b>	<b>Partner Sub-Grant (if applicable)</b>
+				

**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)*

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**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)*

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**ENVIRONMENTAL SUSTAINABILITY AND EMISSIONS REDUCTION**

**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)*

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**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)*

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

Employment Outcomes	
Total businesses participating in this project (not including the grantee or project partners)	
Total new employees hired and/or trained through the project	
Number of existing or new cooperative owners engaged by this project	

**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