



GLOUCESTER CITY COUNCIL

9 Dale Avenue, Gloucester, MA 01930
Office (978) 281-9720 Fax (978) 282-3051

Budget & Finance Committee

Thursday, June 21, 2012 – 6:00 p.m.
1st Fl. Council Committee Rm. – City Hall

AGENDA

(Items May be taken out of order at the discretion of the Committee)

1. *Memorandum from Principal Assessor re: Declaration of an Overlay Surplus for FY10 in the amount of \$150,000 and FY11 in the amount of \$120,000*
2. *Memorandum from Environmental Engineer re: request for funding for Phase 4 Water System Upgrades, Babson Dam Repairs, Phase 3A Water Pipeline Project additional funds and engineering*
3. *Request for City Council acceptance of Committee for the Arts grant award in the amount of \$5,000*
4. *Memorandum from CAO: permission to pay invoice for the Committee for the Arts for goods procured without a P.O. in place*
5. *Request for City Council acceptance of City of Gloucester Visitor Welcome Center grant award in the amount of \$2,650*
6. *Memorandum from City Auditor: Grant application and checklist for Personnel Department re: grant from the Dept. of Health & Human Services/Early Retiree Reinsurance Program*
7. *Year-end Supplemental Appropriation-Budgetary Requests #2012-SA-9, #2012-SA-10, #2012-SA-11*
8. *Year-end Special Budgetary Transfer requests starting with #2012-SBT-37 up to and including #2012-SBT-89*
9. *Memo from City Auditor regarding accounts having expenditures which exceed their authorization And Auditor's Report*

COMMITTEE

Councilor Paul McGeary, Chair
Councilor Joseph Ciolino, Vice Chair
Councilor Melissa Cox

Committee members – Please bring relevant documentation

Back-up and Supporting Documentation all on file at the City Clerk's Office, City Hall

CC: Mayor Carolyn Kirk
Jim Duggan
Suzanne Egan
Kenny Costa
Jeffrey Towne
Nancy Papows
Mike Hale/Larry Durkin
Judith Hoglander/Dale Brown

The listing of matters is those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

City of Gloucester

Phone: (978) 281-9715
FAX: (978) 281-8472
email: npapows@gloucester-ma.gov

Assessors Office
9 Dale Avenue
Gloucester, Massachusetts 01930

Memorandum

To: Mayor Carolyn Kirk
From: Nancy A. Papows, Principal Assessor
cc: Jeffrey C. Towne, CFO
Kenny Costa, Auditor
Date: Thursday, May 31, 2012
Subject: Declaration of Overlay Surplus
M.G.L Chapter 59 Section 25

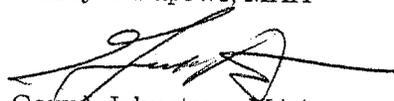
We, the Gloucester Board of Assessors, have declared an Overlay Surplus for **Fiscal Year 2010** in the amount of \$150,000 and an Overlay Surplus for **Fiscal Year 2011** in the amount of \$120,000.

Total Overlay Surplus declared of \$270,000.

These amounts should be transferred from the overlay reserve account to the overlay surplus account #101000.10.000.32200.0000.00.000.00.000.

Respectfully submitted by,
BOARD OF ASSESSORS


Nancy A. Papows, MAA


Gary I. Johnstone, MAA

Bethann Godinho, MAA

WATER COMPLIANCE OFFICE
50 ESSEX AVENUE
GLOUCESTER, MA 01930



LAWRENCE A. DURKIN, P.E.
TEL 978-281-9792
FAX 978-281-9724
ldurkin@gloucester-ma.gov

CITY OF GLOUCESTER
DEPARTMENT OF PUBLIC WORKS

MEMORANDUM

Date: May 22, 2012

To: Mayor Carolyn Kirk
James Duggan, Chief Administrative Officer
Michael Hale, Director of Public Works

From: Lawrence Durkin, P.E. - Environmental Engineer - DPW

Re: Request for Funding - Phase 4 Public Water System Upgrades, Babson Dam
Repairs, Phase 3A Water Pipeline Project Additional Funds, and Engineering

This memorandum requests funding for the following Public Water System (PWS) upgrades:

- Phase 4 Public Water System Upgrades: \$8,000,000
 - Phase 4A: West Gloucester & Babson Water Treatment Plants (\$5,500,000)
 - Phase 4B: New two 20-inch water main pipelines constructed underneath the Annisquam River connecting West & East Gloucester replacing Spooner Tunnel mains (\$2,500,000)
- Babson Reservoir Dam Repairs & Improvements: \$2,500,000
- Phase 3A Pipeline Project Additional Construction Funds: \$1,500,000
- Additional Phase 3 & 4 PWS Upgrades Engineering and Permitting: \$400,000

Total Public Water System Memo Loan Request: \$12,400,000

It is important that these projects receive funding as they are necessary to safeguard public health, public safety, environmental and regulatory compliance, and ensure water supply adequacy. **In order to receive State low interest loans this funding request must be appropriated by the end of June 2012.** Additional project details are provided as follows and estimated costs are summarized in Table I, found at the end of this memo.

PHASE 4 PUBLIC WATER SYSTEM UPGRADES

This memo requests funding of \$8,000,000 for the Phase 4A & 4B Public Water System Upgrades. Both these projects are included in MassDEP's 2012 Drinking Water State Revolving Fund (DWSRF) Loan Program Final Intended Use Plan and Project Priority List date May 1, 2012.

With city appropriation by June 30, 2010, for Phase 4A (DWSRF #3712) and 4B (DWSRF #3741) the city is eligible for a 2% interest rate loan for most project costs and a percentage of principle loan forgiveness (5-20%) depending on the program each year. Most construction activities are eligible under the DWSRF program as is construction administration, 10% construction contingency, and police details; however, engineering design is not reimbursable under the program.

At the DPW's request the Phase 4A & 4B project was initiated on behalf of the city by Fay, Spofford & Thorndike (FST), who submitted a 2012 MassDEP Project Evaluation Form (PEF) on August 31, 2011. The Phase 4A & 4B work closely follows the Emergency Phase 1, 2, and 3 PWS Upgrades performed in response to the 2009 Boil Order. Phase 1 & 2 were funded per DWSRF project #3484 and Phase 3 per DWSRF #3509. Under Contract #12307 Amendment #1 (executed September 14, 2011) FST began Phase 4 design, which is 90% complete and ready for submittal to MassDEP. With funding DPW plans to bid Phase 4A and 4B as early as June and no later than July 2012.

Phase 4A & 4B Public Water System (PWS) Upgrades are summarized as follows:

- Phase 4A - West Gloucester and Babson Water Treatment Plant Improvements:
 - West Gloucester Water Treatment Plant (WG-WTP)
 - Replacement of +40 year old original finished water pumps and pipe header
 - Installation of a filter backwash recycling system: This will recycle 30-80 million gallons of water each year reducing water removed from reservoirs and the discharge to the wastewater plant via Essex Avenue sewer and pump stations
 - Plant filter and sedimentation basin blowdown interlocks with Little River and Banjo Sewerage pump stations through new communication links will minimize the risk for sanitary sewer overflows
 - Installation of a generator automatic transfer switch: Critical to maintain water treatment in power outages, that now requires manual generator starting
 - Replacement of the +40 year old sedimentation flights and chains that remove sludge to the sanitary sewer
 - Upgrade and replacement of the raw water intake control valve
 - Relocation of the plant discharge pipeline from under the Little River

- Additional pressure and valve controls
- Installation of a new electrical supply transformer
- Installation of a system that allows the plant to run to waste during startup to verify operation before the plant begins and operational run and discharge to the distribution system
- Installation of new railing in filter galleries
- Integration of these upgrades into the plant control system
- Babson Water Treatment Plant
 - Additional pressure and valve controls
 - Installation of a new electrical supply transformer
 - Installation of a system that allows the plant to run to waste during startup to verify operation before the plant begins and operational run and discharge to the distribution system
 - Installation of new railing in filter galleries
 - Roof drainage away from the loading dock
 - Loading dock structural improvements
 - Integration of these upgrades into the plant control system
- Phase 4 B - New two 20-inch water main pipelines constructed underneath the Annisquam River connecting West & East Gloucester replacing Spooner Tunnel mains:
 - Provides water supply redundancy from Bond Hill tank and the West Gloucester WTP to the eastern island side of Gloucester to the +100 year old Spooner tunnel pipelines (2) to the island. Phase 3A PWS Upgrades Pipeline project Western Avenue work installs land base piping to support the Phase 4B crossing of the Annisquam River
 - This project will ensure water supply to the eastern island side of Gloucester with 70% of population served by the PWS and is critical to that supply should any issues with the +100 year old Spooner tunnel pipelines or the adjacent seawall arise in the future
 - Following installation of the new pipelines (2) by horizontal directional drilling under the Annisquam River from adjacent to the Essex Avenue Wastewater Treatment plant to the High School practice field outside of the Newell Stadium project, the Spooner Tunnel pipelines (2) will be taken out of service

Estimated Costs for Phase 4A & 4B are summarized in Table 1.

BABSON RESERVOIR DAM REPAIRS

Funding of \$2,500,000 is requested for design, permitting, construction administration and construction for the Babson Reservoir Dam Repairs. The proposed repairs to the dam address specific dam safety deficiencies and recommendations outlined in a 2009 Phase II Dam Safety Investigation conducted by Weston & Sampson, Inc. Public Works anticipates a 2013 start and completion of this project should funding be approved.

- o Design of embankment and spillway improvements along with other general civil design elements of the project such as permanent access drives, site fencing and gates and finished grading downstream of the dam.
- o Prepare and submit the following permit applications for the project:
 - Massachusetts DCR, Chapter 253 Dam Safety Permit
 - Notice of Intent (NOI)
 - Chapter 91 Waterways License (BRP WW 01)
 - Section 404 Permit – US Army Corps of Engineers
 - Section 106 National Historic Preservation Act
 - Massachusetts DEP, 401 Water Quality Certification
 - MEPA Environmental Notification Form (ENF)
- o Prepare all bidding documents and provide construction phase services.
- o Provide construction services in accordance with all plans and permits to address the safety deficiencies with the Babson Reservoir Dam.

The Babson Dam and Reservoir are critical for water supply to the city. The Babson Dam is ranked as a high hazard dam because of its close proximity to population and the spillway does not have the capacity to pass the maximum design event storm by State standards. The upgrades will clear to dam face, install additional fill lessening the dam face steepness, the spillway and dam concrete will be upgraded to pass the maximum State storm event, and with other dam and Babson Water Treatment Plant yard improvements. These Babson Dam Improvements are critical for water supply assurance and public safety.

Estimated Costs are summarized in Table 1; however, this project is not eligible for MassDEP State Revolving Fund (SRF) low interest loans as currently there is no State SRF program for dams, but it is under discussion with the Legislature.

PHASE 3A PWS UPGRADES WATER PIPELINE REPLACEMENT PROJECT ADDITIONAL LOAN REQUEST:

The Phase 3A Governor's Hill and Stacey Boulevard pipeline replacement project began this spring (2012). The construction contractor has an aggressive schedule to accommodate, to the best of their ability, those affected by the neighborhood water improvements. In order to support the current contractor with unforeseen site conditions

resulting in additional scope of work, and the resolution of utility conflicts, a request for additional funding of \$1,500,000 is made. This project is included in the 2011 DWSRF program under project # 3509, and funding to date has been appropriated by the city. This project is critical as it lays the groundwork for the Phase 4B pipelines river crossing and supply to the eastern island side of Gloucester from Bond Hill Storage tank and the West Gloucester Water Treatment Plant.

Estimated Costs for the Phase 3A increase are summarized in Table 1.

ADDITIONAL ENGINEERING AND PERMITTING SERVICES:

Additional Engineering and Permitting Services are necessary to support the following projects:

- Phase 3A PWS Upgrades Pipeline Replacement: additional modifications during construction
- Phase 4 PWS Upgrades
 - Phase 4A Water Treatment Plant Upgrades: Additional work identified necessary for operation and reliability from original scoping
 - Phase 4B New River Crossing Pipelines (2): Additional services for route changes from original scoping and permitting estimates

It is estimated that an additional \$200,000 for Phase 3 & 4 projects each is needed for completion and a total \$400,000 funding request is made. Table 1 summarizes this request.

Table 1 – PWS Upgrades Funding Request Cost Estimate

Phase	Engineering Design ^a	Engineering Construction Management ^b	Construction Cost	10% Construction Contingency	Police Details	Total Cost
4A – West Gloucester & Babson Water Treatment Plants	N/A Funded by Contract #12307	N/A Funded by Contract #12307	\$5,000,000	\$500,000	\$0	\$5,500,000
4B – New water mains drilled underneath the Annisquam R. replacing Spooner tunnel mains	N/A Funded by Contract #12307	N/A Funded by Contract #12307	\$2,250,000	\$225,000	\$25,000	\$2,500,000
Total Phase 4A & 4B Cost	N/A	N/A	\$6,920,000	\$692,000	\$25,000	\$8,000,000
Babson Dam Improvements	\$180,000	\$120,000	\$2,000,000	\$200,000	\$0	\$2,500,000
Phase 3A Additional Construction Increase	--	--	\$1,300,000	\$130,000	\$70,000	\$1,500,000
Phase 3 & 4 Additional Design and Permitting	\$300,000 (to be an amendment to contract #12307)	\$100,000 (to be an amendment to contract #12307)	--	--	--	\$400,000
Total Loan Request	\$480,000	\$220,000	\$10,220,000	\$1,022,000	\$112,000	\$12,400,000

^a Engineering Design services are not eligible for the DWSRF Loan Program.

^b Construction Administration services are eligible for DWSRF Loan Program. Those services not included with this request and have been funded under contract #12307, and will be submitted for inclusion with the DWSRF loan.



INNOVATION. INFORMATION. IMPACT.

May 17, 2012

Ms. Judith M. Hoglander
Chair, Gloucester Committee for the Arts
City of Gloucester
22 Poplar Street
Gloucester, MA 01930

Dear Ms. Hoglander:

It is a pleasure to tell you that the Board of Directors of the Bruce J. Anderson Foundation, Inc., a supporting organization of the Boston Foundation, at their meeting on May 5, 2012 voted to City of Gloucester a \$5,000.00 grant for support of restoring Gloucester City Hall's Works Progress Administration (WPA) murals.

Informed by intelligence, sensitivity, and the knowledge of many countries and cultures, Bruce J. Anderson was a serious and idealistic young man who cared deeply about the problems he saw around him. The Bruce J. Anderson Foundation was established by Bruce's brothers and sisters to honor Bruce and support the causes he championed.

We encourage grantees to make their own announcements of the Boston Foundation's support. Often this can best be done in the context of a story about the purpose and usefulness of the project for which the grant was made. The Foundation's staff will be glad to give advice or assistance if you feel that would be helpful.

The Board of Directors requests that your organization submit a brief report (no more than three pages) on the expenditure of the grant and on the development of the project by July 15 of next year. Should City of Gloucester reapply for funding next year, we kindly ask that you submit an interim progress report with your reapplication. We wish you continued success with your efforts.

Sincerely,

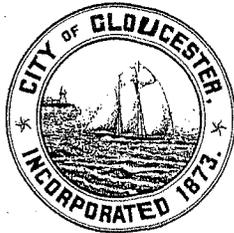
Kate Guedj
Vice President for Donor Services

KRG/apa

Enc.

S2012-0070

City Hall
Nine Dale Avenue
Gloucester, MA 01930



TEL 978-281-9700
FAX 978-281-9738
ckirk@gloucester-ma.gov

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

MEMORANDUM

TO: Treasurer's Office
FROM: Chris Pantano, Mayor's
RE: Attached Check
DATE: May 22, 2012

Please deposit the attached check into the following account:

Deposits Held for Others
101000.10.000.25820.0000.00.000.00.000

This check is a grant award for the Committee for the Arts and until the City Council votes to accept the grant, per City Auditor Kenny Costa, the funds must be deposited into the above account.

Thank you.

Attachment: Boston Foundation Check #70966

BOSTON FOUNDATION

75 ARLINGTON STREET
BOSTON, MA 02116
(617) 338-1700

WAINWRIGHT BANK & TRUST COMPANY
BOSTON, MA 02110-01

5-255/110

70966
NUMBER 70966

Five Thousand Dollars and Zero Cents

PAY
TO THE CITY OF GLOUCESTER
ORDER ATTN: MS. JUDITH M. HOGLANDER
OF
CONSERVATION COMMISSION & HEALTH DEPT.
22 POPLAR STREET
GLOUCESTER, MA 01930

DATE 05/17/2012

AMOUNT

\$5,000.00

VOID AFTER 180 DAYS ALL CHECKS REQUIRE TWO SIGNATURES

AUTHORIZED SIGNATURE

AUTHORISED SIGNATURE



⑈070966⑈



City Hall
Nine Dale Ave
Gloucester, MA 01930



TEL 978-281-9700
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jduggan@gloucester-ma.gov

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

Memorandum

To: City Council President Hardy and Members of the Gloucester City Council

From: Jim Duggan, Chief Administrative Officer 

Date: May 21, 2012

Re: **Committee for the Arts**

Attached for your review is an invoice from Premier Imprints for \$165.00 for 60 coasters illustrating the WPA Murals, as a fundraising strategy, that was ordered mistakenly without a purchase order.

Please refer this matter to Budget and Finance for their review.

Thank you

Invoice

Premier Imprints

1 County Rd.
Essex, MA 01929

978-768-6909

premierimprints@gmail.com

www.premier-imprints.com

Date	Invoice #
5/11/2012	439

Premier Imprints



TURNING IMAGES
INTO GREAT GIFTS

Bill To

Terms	Ship	Via
	5/11/2012	

Quantity	Item Code	Description	Price Each	Amount
60	W-Tile 4x4, G	Coaster, Gloss	2.75	165.00T
			Subtotal	\$165.00

Thank you for your business.

Sales Tax (0.0%)	
Balance Due	\$165.00



ESSEX NATIONAL HERITAGE COMMISSION

221 Essex Street • Suite 41 • Salem, MA 01970
978.740.0444 tel ~ 978.744.6473 fax
www.essexheritage.org

May 16, 2012

Ms. Kathie Gilson
3 Becker Circle
Gloucester, MA 01930

Dear Kathie:

Thank you for submitting a 2012 ENHC Visitor Center Grant request to the Essex National Heritage Commission. The City of Gloucester Visitor Center will be receiving a grant of \$2,650, which will be awarded in two disbursements.

We have enclosed the City of Gloucester Visitor Center Grant Contract and Certification Document (Attachment A) for your signature. Please read the contract carefully, sign and return it to ENHC as soon as possible along with the signed Certification Document (Attachment A). Please note that the contract incorporates Attachment B, your previously signed Memorandum of Understanding.

The City of Gloucester Visitor Center will receive their first disbursement at the beginning of July. The second disbursement will be mailed after we receive your actual year end numbers for the most recently ended fiscal year. We also require that we receive Visitation and Volunteer numbers at the end of each month.

Thank you for participating in the 2012 ENHC Visitor Center Grant Program. If you have any questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Debbie".

Debbie Forman
Financial Assistant
(978) 740-0444

Enclosures



ESSEX NATIONAL
HERITAGE AREA

ENHC VISITOR CENTER GRANT CONTRACT
State and local governments and their agencies

This contract is made on, _____ 2012, between the Essex National
(Date)

Heritage Commission (ENHC), a non-profit corporation organized under the laws of the Commonwealth of Massachusetts, 221 Essex Street, Salem, Massachusetts and

City of Gloucester Visitor Center
(Name of recipient organization)

a government agency
(Definition of type of organization)

of **22 Poplar Street**, City/Town of **Gloucester**, Massachusetts.
(Address)

For valuable consideration, the parties agree as follows:

To extend/maintain hours of operation and provide by the 10th of each month visitation figures for the previous month for the months the visitor center is open. The granting of these funds ensures the placement of ENHC collateral materials at the center as well as all other provisions of the Memorandum of Understanding incorporated here as Attachment B.
(Definition of project)

The amount of the ENHA Visitor Center Grant is **\$2,650.00**.

The project will begin in **May 2012** and be completed in **October 2012**.
(Date) (Date)

Failure to commence or complete project on dates specified will constitute a breach of this agreement and the grant will be forfeited.

Deliverables for the project to be submitted to the ENHC will include the following:

<u>Deliverable:</u>	<u>Date submitted to ENHC:</u>
<u>Monthly visitation figures for the months the visitor center is open</u>	<u>10th of each following month</u>
<u>Monthly volunteer figures for the months the visitor center is open</u>	<u>10th of each following month</u>

PAYMENT:

After signature of contract and submission and approval of written documentation of matching funds, payment will be made in two equal installments.

PUBLICITY:

- The Grantee should display in a highly visible location a funding acknowledgement statement to be supplied by Essex Heritage. The statement is preferably placed in close proximity to the Grantee's publicly accessible supply of regional visitor information materials.
- All printed materials will include the ENHA logo on the front with the text "this project funded in part by a grant from the Essex National Heritage Commission."
- ENHC must be acknowledged in all press releases.
- Article I, II, III, IV and V are requirements from Cooperative Agreement #1443CA-98-001 between the National Park Service and the Essex National Heritage Commission, Inc.

ARTICLE I. PRIOR APPROVAL

Post award changes in budgets and projects shall require prior written approval of the ENHC if any of the following apply:

1. Any revision of the scope or objectives of the project.
2. Any substantial revisions to the project budget.
3. Any changes to key personnel.
4. Any extension of the grant period.

ARTICLE II. TERMINATION

While it is the express intent of both parties that the activities described under this agreement continue uninterrupted, this agreement may be terminated or suspended in accordance with the provisions set forth with 43CFR Part 12 which provides as follows:

Awards to state and local governments may be terminated in whole or in part only as follows:

1. By the awarding agency with the consent of the grantee or sub grantee in which case the two parties shall agree upon the termination conditions, including the effective date and in the case of partial termination, the portion to be terminated, or
2. By the grantee or sub grantee upon written notification to the awarding agency, setting forth the reasons for such termination, the effective date, and in the case of partial termination, the portion to be terminated. However, if, in the case of a partial termination, the awarding agency determines that the remaining portion of the award will not accomplish the purposes for which the award was made, the awarding agency may terminate the award in its entirety.

ARTICLE III. GENERAL AND SPECIAL PROVISIONS

A. GENERAL PROVISIONS

1. This agreement shall be subject to the following provisions, which are incorporated herein by reference:

- a. If the cooperator is an agency of a **state or local government**:
 - i. OMB Circular A-102, "Grants and Cooperative Agreements with State and Local Governments"
 - and
 - ii. OMB Circular A-133, "Audits of State, Local Governments and Non-Profit Organizations"
 - and
 - iii. OMB Circular A-87, "Cost Principles for State and Local Governments".
 - b. If the cooperator is an **institution of higher education, hospital, and/or other nonprofit organization**:
 - i. OMB Circular A-110, "Grants and Agreements with Institutions of Higher Education, Hospitals, and other Nonprofit Organizations"
 - and
 - ii. OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations"
 - and
 - iii. OMB Circular A-21, "Cost Principles for Educational Institutions"
 - or
 - iv. OMB Circular A-122, "Cost Principles for Nonprofit Organizations".
2. Additional Provisions that apply to all cooperators include:
- a. 43 CFR Part 12 including
 - (1) Applicability of various OMB circulars
 - (2) Administrative requirements
 - (3) Government Debarment and Suspension
 - (4) Drug-Free Workplace Requirements
 - (5) Buy American Requirements for Assistance Programs (found in Subpart E and re-authorized via PL 104-134, Section 307 [signed April 26, 1996])
 - b. 43 CFR Part 18, Restrictions on Lobbying Disclosure Requirements
 - c. MBE/WBE Utilization Under Federal Grants, Cooperative Agreements, and Other Federal Assistance Agreements, 505 DM 3.1 - 3.5C(1)(A) or 5.1 - 5.6E(1), as appropriate.
 - d. Limitations on Payments to Influence Certain Federal Transactions, FAR 52.203-12.
 - e. Non-discrimination Requirements. All activities pursuant to this Agreement and the provisions of Exec. Order No. 11246, 3 CFR 339 (1964-65) shall be in compliance with the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 USC Section 2000d et seq.); Title V, Section 504 of the Rehabilitation Act of 1973 (87 Stat. 394; 29 USC Section 794); the Age Discrimination Act of 1975 (89 Stat. 728; 42 USC Section 6101 et seq.); and with all other Federal laws and regulations prohibiting discrimination on the grounds of race, color, national origin, handicap, religion or sex in providing for facilities and service to the public.
2. **The following certifications are required in accordance with the above provisions and are attached hereto and made a part of this agreement (the attached pages must be filled out, signed as appropriate, and returned with the signed contract):**

- a. Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying (Attachment A, DI-2010, 3 pages). Note various segments and alternatives: Part A should be prepared by each partner plus Part B by any "Lower Tiered Party" (sub-contractors, sub-consultants, NOT employees) to this agreement; Part C, if other than an individual or Part D, if an individual; plus Part E for all agreements which will exceed \$100,000 Federal assistance.

B. SPECIAL PROVISIONS

1. Public Information

The grant recipient and the Commission recognize and support each party's requirements to develop appropriate materials and programs to inform the public. All parties agree:

- a. The grant recipient shall include the ENHC key official in notifications, mailings, meeting announcements and other programs of public information.
- b. The Commission and the grant recipient shall review collaboratively drafts and final copies of materials produced in partnership prior to distribution and will refer in publications to the opinions or positions of another party only upon prior approval. Such documents shall give due credit to all parties.

2. Direct Benefit Clause

No Member of, Delegate to, or Resident Commissioner in, Congress shall be admitted to any share or part of this Agreement or to any benefit to arise there from, unless the share or part or benefit is for the general benefit of a corporation or company.

3. Anti-Lobbying Clause

No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by the Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, to favor or oppose, by vote or otherwise, any legislation or appropriation by Congress, whether before or after the introduction of any bill or resolution proposing such legislation or appropriation; but this shall not prevent officers or employees of the United States or of its departments or agencies from communicating to Members of Congress on the request of any Member or to Congress, through the proper channels, requests for legislation or appropriations which they deem necessary for the efficient conduct of the public business.

Whoever, being an officer or employee of the United States or of any department or agency thereof, violates or attempts to violate this section shall be fined not more than \$500 or imprisoned not more than one year, or both; and after notice and hearing by the superior officer vested with the power of removing him, shall be removed from office or employment.

4. Indemnification

This Agreement is in consideration of and upon the express condition that the Commission, the National Park Service, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury to any person or property of any kind whatsoever, whether to the person or property of the grant recipient or third parties, from any cause(s) whatsoever arising from any act or omission undertaken pursuant to their Agreement, and that the grant recipient hereby covenants and agrees to release, indemnify, defend save and hold harmless the Commission, the National Park Service, its agents and employees from all

such liabilities, expenses and costs on account of or by reason of any injuries, deaths, liabilities, claims suits or losses however occurring or damages arising out of the same.

5. Insurance and Related Liability

The grant recipient accepts responsibility for any property damage, injury, or death caused by the acts or omissions of their employees, acting within the scope of their employment, to the fullest extent permitted by law. To the extent work is to be provided by a nongovernmental entities or persons, the grant recipient will require that entity or person to:

- a. Procure and maintain during the term of the agreement, insurance in a form satisfactory to the Commission and by an insurance company acceptable to the Commission. The policies shall name the National Park Service as an additional insured, shall specify that the primary insured shall have no right of subrogation against the National Park Service for payments of any premiums or deductibles due thereunder, and shall specify that the insurance shall be assumed by, be for the account of, and be at the primary insured's sole risk. The amounts of the insurance shall not be less than as follows:
 - (1) Workman's Compensation and Employer's Liability Insurance: Compliance with applicable Federal and State worker's compensation and occupational disease statutes shall be required. Employer's liability coverage in the minimum amount established by state law.
 - (2) General Liability Insurance: General liability insurance in the minimum amount of one million dollars (\$1,000,000) per person for any one claim and an aggregate limitation of three million dollars (\$3,000,000) for any number of claims arising from any one incident.
 - (3) Automobile Liability Insurance: This insurance shall be required on the comprehensive form of the policy and shall provide for bodily injury and property damage liability covering the operation of all licensed motor vehicles used in connection with performing the agreement. The minimum limits of two hundred thousand dollars (\$200,000) per person and five hundred thousand dollars (\$500,000) per occurrence for bodily injury and twenty thousand dollars (\$20,000) per occurrence of property damage shall be required.
- b. Pay the National Park Service the full value for all damages to the lands to other property of the National Park Service caused by such person or organization, its representatives, or employees; and
- c. Indemnify, save and hold harmless, and defend the National Park Service against all fines, claims, damages, losses, judgments, and expenses arising out of, or from, any omission or activity of such person organization, its representatives, or employees.

6. Modification

No modification of this contract will be effective unless it is in writing and is signed by both parties. This contract binds and benefits both parties and any successors. This document, including any attachments, is the entire agreement between both parties. The laws of the Commonwealth of Massachusetts govern this contract.

ARTICLE IV. NOTICES; COMMUNICATIONS

All notices and communications in writing required or permitted hereunder shall be delivered personally to the respective representatives of the ENHC, or shall be mailed or faxed.

To the ENHC: Essex National Heritage Commission, 221 Essex Street, Suite 41, Salem, MA 01970
Tel: 978-740-0444 Fax: 978-744-6473 Email: debbief@essexheritage.org

ARTICLE V. ATTACHMENTS AND APPENDICES

This agreement shall be subject to the following appendices, which are attached hereto and incorporated herewith by reference, except as amended or waived by joint agreement:

1. Attachment A - Certification Regarding Debarment, Suspension, and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying, DI-2010 (3 pages).
2. Attachment B – Memorandum of Understanding
3. Appendix A – Contract Provisions

ENHC VISITOR CENTER GRANT CONTRACT

(Name of recipient organization representative) (Title) (Date)

(Signature)

Annie C. Harris Executive Director
(Name of ENHC representative) (Title) (Date)

(Signature)

U.S. Department of the Interior

**Certifications Regarding Debarment, Suspension and
Other Responsibility Matters, Drug-Free Workplace
Requirements and Lobbying**

Persons signing this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions - **The prospective primary participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.** See below for language to be used or use this form certification and sign. (See Appendix A of Subpart D of 43 CFR Part 12.)

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions - (See Appendix B of Subpart D of 43 CFR Part 12.)

Certification Regarding Drug-Free Workplace Requirements - Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) - (See Appendix C of Subpart D of 43 CFR Part 12)

Signature on this form provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of the Interior determines to award the covered transaction, grant, cooperative agreement or loan.

**PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters -
Primary Covered Transactions**

CHECK IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**PART B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -
Lower Tier Covered Transactions**

CHECK IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

PART C: Certification Regarding Drug-Free Workplace Requirements

CHECK IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL.

Alternate I. (Grantees Other Than Individuals)

A. The grantee certifies that it will or continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a) (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on files that are not identified here.

PART D: Certification Regarding Drug-Free Workplace Requirements

CHECK IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL.

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

**PART E: Certification Regarding Lobbying
Certification for Contracts, Grants, Loans, and Cooperative Agreements**

CHECK ___ IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND
THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT;
SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK ___ IF CERTIFICATION FOR THE AWARD OF A FEDERAL
LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR
SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED NAME AND TITLE

DATE

**Memorandum of Understanding
Between the Essex National Heritage Commission and
Visitor Centers/Heritage Information Sites**

This letter is to confirm our understanding that the City of Gloucester
(ORGANIZATION NAME HERE)
is designated an Essex National Heritage Area Visitor Center (VC)/Heritage Information Site (HIS) by the Essex National Heritage Commission (ENHC), and as such will adhere to the following conditions:

I. The following are requirements that are expected from all Visitor Centers and Heritage Information Sites:

- A. ENHC information requirements for VC/HIS Staff/Volunteers:
- VC/HIS staff/volunteers must be able to provide general information on Essex National Heritage Area
 - VC/HIS staff/volunteers must be able to provide information about the Essex National Heritage Area for free - without requiring the visitor to pay an entrance fee into the site
 - VC/HIS staff/volunteers must be able to provide information on the sites and resources within your cluster, and directions to these sites
 - VC/HIS staff/volunteers must collect visitor data, and share visitation data with ENHA on a monthly basis.
 - VC/HIS staff/volunteers must be able to provide directions to other VC/HIS in the Essex National Heritage Area.
 - VC/HIS staff/volunteers must be able to provide a general idea of resources in other VC/HIS clusters, and have access to that information.
 - VC/HIS staff/volunteers should be able to provide some general information on services such as restaurants and hotels, B&Bs and inns in the immediate area.
- B. ENHC VC/HIS Relationship Requirements:
- Area visitor centers must display all materials provided by the ENHC
 - Area visitor centers must distribute all materials provided by the ENHC

II. The following are ENHA goals for all Visitor Centers/Heritage Information Sites:

- Open to the public 6-7 days per week including both weekend days for at least 7 months per year April through October, with hours of operation posted prominently on the entrance
- Has access to public bathrooms - either in the facility or has made arrangements for free bathrooms in the immediate vicinity.
- Has a pay phone on the premise or has clear information on the nearest public phone.
- Parking for the visitor center should be clearly marked.
- Handicapped Accessible

III. Please provide details regarding the current status of the visitor center:

- A. Your hours of operation 5/31 - 10/15; 7 days a week 9 AM to 6 PM
- B. Do you have a restroom for public use on site? Yes
- If not, where do you provide access to restrooms? _____
 - Is this restroom location accessible all the hours that your VC/HIS is open? Yes
- C. Do you have a telephone for public use on site? Yes
- If not, where do you provide access to telephone? _____
 - Is this telephone location accessible all the hours that your VC/HIS is open? Yes
- D. Where is parking for the visitor center? On site
- Is parking free? Yes
- E. Is the visitor center handicapped accessible? Yes
- If not, are there any plans to make your building handicapped accessible? _____

IV. What is your current strategy and timeline for meeting the above mentioned goals? (Attach your strategy on a separate page)

I have been authorized by the appropriate governing body to hereby agree to the terms and conditions set forth in this memorandum of understanding.

NAME

City of Gloucester

ORGANIZATION NAME

DATE

3/29/2012

All contracts, awarded by a recipient including small purchases, shall contain the following provisions as applicable:

- 1. Equal Employment Opportunity** - All contracts shall contain a provision requiring compliance with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
- 2. Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c)** - All contracts and subgrants in excess of \$2000 for construction or repair awarded by recipients and subrecipients shall include a provision for compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the Federal awarding agency.
- 3. Davis-Bacon Act, as amended (40 U.S.C. 276a to a-7)** - When required by Federal program legislation, all construction contracts awarded by the recipients and subrecipients of more than \$2000 shall include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction"). Under this Act, contractors shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, contractors shall be required to pay wages not less than once a week. The recipient shall place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation and the award of a contract shall be conditioned upon the acceptance of the wage determination. The recipient shall report all suspected or reported violations to the Federal awarding agency.
- 4. Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333)** - Where applicable, all contracts awarded by recipients in excess of \$2000 for construction contracts and in excess of \$2500 for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with Sections 102 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by Department of Labor regulations (29 CFR part 5). Under Section 102 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1 ½ times the

basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

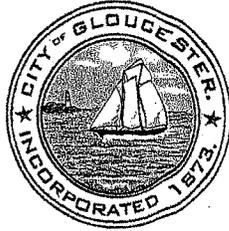
5. Rights to Inventions Made Under a Contract or Agreement - Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

6. Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended - Contracts and subgrants of amounts in excess of \$100,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

7. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352) - Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient.

8. Debarment and Suspension (E.O.s 12549 and 12689) - No contract shall be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension." This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority other than E.O. 12549. Contractors with awards that exceed the small purchase threshold shall provide the required certification regarding its exclusion status and that of its principal employees.

City Hall
Nine Dale Avenue
Gloucester, MA. 01930



TEL 978 281 9730
FAX 978 281 8472

CITY OF GLOUCESTER CITY AUDITOR'S OFFICE

MEMORANDUM

TO: Jackie Hardy, City Council President
FROM: Kenny Costa, City Auditor *KC*
RE: Early Retiree Reinsurance Program Grant
Date: June 4, 2012

The City has been awarded an Early Retiree Reinsurance Program (ERRP) grant in the amount of \$81,811.88 from the U.S. Department of Health & Human Services. The program provides reimbursement to sponsors of participating employment based plans for a portion of the cost of health benefits for the City and employees/retirees and their spouses, surviving spouses and dependents. The purpose of the reimbursement is to make health benefits more affordable for plan participants and sponsors so that health benefits are accessible to more Americans than they would otherwise be without this program.

ERRP regulation specifies that the City must use the proceeds under this program only for the following purposes: (1) To reduce the City's health benefit premiums or health benefit costs, or (2) To reduce health benefit premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs, or any combination of these costs, for plan participants, or (3) To reduce any combination of the costs in (1) and (2). Proceeds under this program must not be used as general revenue for the City.

According to MGL Chapter 44, Section 53A, the City may accept grants from the federal government with the approval of the Mayor and City Council.

Please refer this matter to the Budget & Finance Committee.



City of Gloucester
Grant Application and Check List

Granting Authority: State _____ Federal Other _____

Name of Grant: Early Retiree Reinsurance Program

Department Applying for Grant: Personnel Department

Agency-Federal or State application is requested from: Dept. of Health & Human Services

Object of the application: Make health benefits more affordable

Any match requirements: Employer share of health Contribution - 75%

Mayor's approval to proceed: _____
Signature [Signature] Date 6/6/12

City Council's referral to Budget & Finance Standing Committee: _____
Vote _____ Date _____

Budget & Finance Standing Committee: _____
Positive or Negative Recommendation _____ Date _____

City Council's Approval or Rejection: _____
Vote _____ Date _____

City Clerk's Certification of Vote to City Auditor: _____
Certification _____ Date _____

City Auditor:
Assignment of account title and value of grant: _____
Title _____ Amount _____

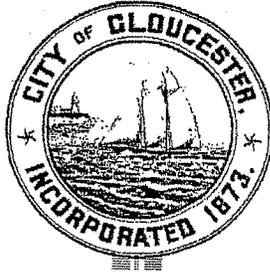
Auditor's distribution to managing department: _____
Department _____ Date sent _____

NOTE: A copy of all grant paperwork must be submitted to the Auditor's Office

FORM: AUDIT GRANT CHECKLIST - V.1



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www.iconi.com/Unlock.htm



**City of Gloucester
Grant Application and Check List (Continued)**

The following are documents needed by the Auditing Office for grant account creation:

1. Grant Application
2. Grant Award Letter/Standard Contract Approval Form
3. Council Order Approval
4. Original Grant Account Budget as approved by Grantor
5. Amended Grant Account Budget as approved by Grantor (if applicable)
6. Any additional information as requested by the Auditing Department

Note: All documents must be complete signed copies.

Please attach the following documents with the Grant Application and Check List and send to the Auditors' Office.

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Personnel Department
 ACCOUNT NAME: Early Retiree Reinsurance Program Grant
 FUND NUMBER AND NAME: (N/A FOR NEW FUND) 292070
 CFDA # (Required for Federal Grants): 93,546
 DATE PREPARED: June 4, 2012

APPROVED
 AMENDED BUDGET

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4 _____)				
45810	81,811.88			\$0.00
				\$0.00
				\$0.00
Total:	81,811.88	\$0.00	\$0.00	\$0.00
EXPENSE (5 _____)				
51750	81,811.88			\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	81,811.88	\$0.00	\$0.00	\$0.00

DEPARTMENT HEAD SIGNATURE _____
 DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

From: "ERRP Notice" <errpnotice@errp.gov>
To: hdougwillo@gloucester-ma.gov
Cc: dbain@gloucester-ma.gov, sshillue@cookandcompany.com, clarosa@cookandcompany.com
Sent: Tuesday, September 13, 2011 9:13:39 PM
Subject: ERRP Reimbursement Request Approved

Dear Holly Dougwillo ,

The U.S. Department of Health & Human Services' Early Retiree Reinsurance Program (ERRP) Center has approved the reimbursement request referenced in this email.

Plan Sponsor ID: 507066
Plan Sponsor Name: City of Gloucester
Application ID: 2020400074
Plan Year: JUL 01, 2010 - JUN 30, 2011
Reimbursement Request Amount: \$ 81811.88
Reimbursement Amount: \$ 81811.88
Date of Determination: 9/14/2011

The reimbursement will be forwarded electronically within 5 business days by the United States Department of the Treasury to the account that has been specified by the Plan Sponsor in the ERRP Secure Website.

A Plan Sponsor that receives ERRP reimbursement is required to provide a form notice to plan participants notifying them that, because the plan is participating in the Affordable Care Act's Early Retiree Reinsurance Program, the plan may use the ERRP reimbursement to reduce premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs, and therefore plan participants may experience beneficial changes in the terms and conditions of their plan participation. The notice also specifies that the Plan Sponsor may use the reimbursement to offset increases in its costs.

The form notice, and the instructions regarding the timing and manner in which the form notice shall be provided by the Plan Sponsor, is available on the ERRP website at www.errp.gov.

If you have questions about this notice, or need additional information, please contact HHS' ERRP Center at help@errp.gov or toll-free at 1-877-574-3777. We encourage you to regularly monitor the ERRP website at <http://www.errp.gov> for updated program information. HHS' ERRP Center is available Monday through Friday between 9:00AM-7:00PM, EST.

Sincerely,

HHS' ERRP Center

Please Note: This email message was sent from a notification-only email address that cannot receive incoming emails. Please do not reply to this email.

This message and its contents are confidential and are intended for the use of the addressee only, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, this serves as notice that any unauthorized distribution, duplication, printing, or any other use is strictly prohibited. If you feel you have received this email in error, please delete the message and notify the sender so that we may prevent future occurrences.

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ERRP

Early Retiree Reinsurance Program Application



U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection for this application is estimated to average 35 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form # CMS-10321



Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center
4700 Corridor Place
Suite D
Beltsville, MD 20705



An asterisk (*) identifies a required field.

PART I: Plan Sponsor and Key Personnel Information	
1) *Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN):	<u>City of Gloucester</u>
2) *Type of Organization (Check the one category that best describes your organization):	<input checked="" type="checkbox"/> Government <input type="checkbox"/> Union <input type="checkbox"/> Religious <input type="checkbox"/> Commercial <input type="checkbox"/> Non-profit
3) *Organization's Employer Identification Number (EIN):	<u>04 - 6001390</u>
4) *Organization's Telephone Number:	<u>978 - 281 - 9742</u> ext. _____
5) Organization's FAX Number:	<u>978 - 282 - 3055</u> ext. _____
6) *Organization's Address (must be the address associated with the EIN provided above):	* Street Line 1: <u>9 Dale Avenue</u> Street Line 2: _____ *City: <u>Gloucester</u> *State: <u>Massachusetts</u> *Zip Code: <u>01930</u>
7) Organization's Website Address:	<u>www.gloucester-ma.gov</u>
B. Authorized Representative Information	
1) *First Name: <u>David</u>	Middle Initial: <u>J</u>
*Last Name: <u>Bain Jr.</u>	
2) *Job Title: <u>Personnel Director</u>	
3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.	
4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.	
5) *Email Address: <u>dbain@gloucester-ma.gov</u>	
6) *Telephone Number: <u>978 - 281 - 9742</u> ext. _____	
7) FAX Number: <u>978 - 282 - 3055</u> ext. _____	
8) *Employer Name: <u>City of Gloucester</u>	



9) * Authorized Representative Business Address:

* Street Line 1: 9 Dale Avenue
Street Line 2: _____
*City: Gloucester
*State: Massachusetts
*Zip Code: 01930

C. Account Manager Information

- 1) *First Name: Holly Middle Initial: A
*Last Name: Dougwillo
- 2) *Job Title: WC/Benefits Agent
- 3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.
- 4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.
- 5) *Email Address: hdougwillo@gloucester-ma.gov
- 6) *Telephone Number: 978 - 281 - 9742 ext. _____
- 7) FAX Number: 978 - 282 - 3055 ext. _____
- 8) *Employer Name: City of Gloucester
- 9) *Account Manager Business Address:
* Street Line 1: 9 Dale Avenue
Street Line 2: _____
*City: Gloucester
*State: Massachusetts
*Zip Code: 01930



PART II: Plan Information	
A. Plan Information	
1) *Plan Name:	<u>City of Gloucester Health Plan</u>
2) *Plan Year Cycle: Start Month/Day:	<u>07 / 01</u> End Month/Day: <u>06 / 30</u>
B. Benefit Option(s) Provided Under This Plan (If the plan has more than one benefit option for which you intend to seek program reimbursement, please include the information below for each benefit option, on a separate copy of the Attachment below.)	
1a) *Benefit Option Name:	<u>HMO</u>
1b) *Unique Benefit Option Identifier:	<u>057399</u>
1c) *Benefit Option Type:	Self-Funded <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Both <input type="checkbox"/>
1d) *Benefit Administrator Company Name:	<u>Harvard Pilgrim Health Care</u>



C. *Programs and Procedures for Chronic and High-Cost Conditions

A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define "chronic and high cost condition" as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify the chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

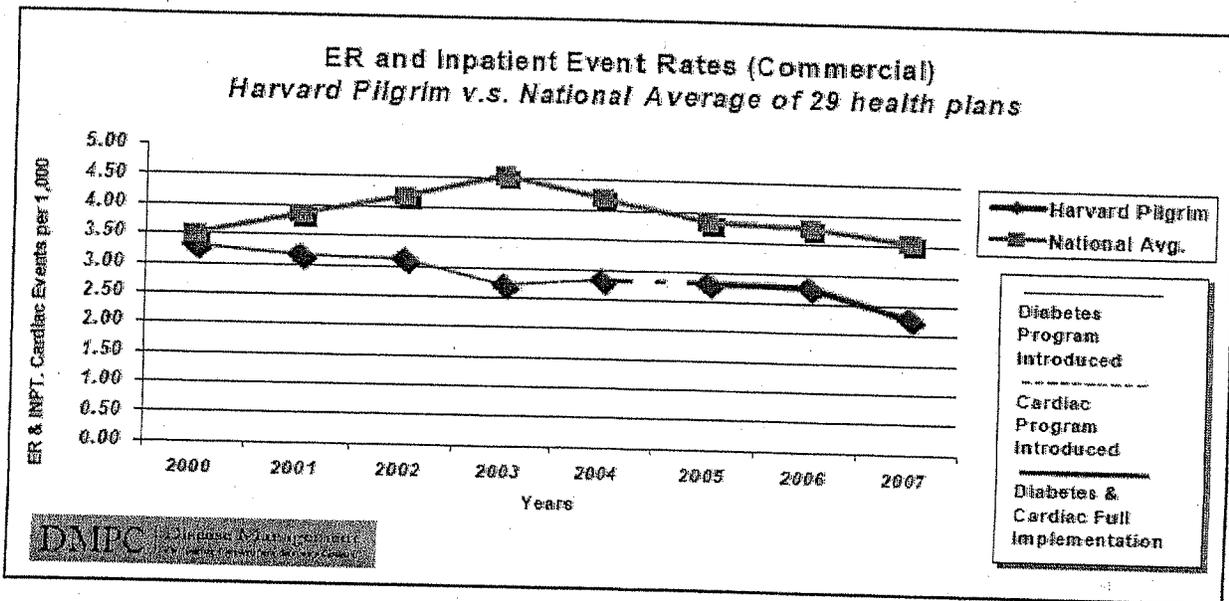
Please see attached.



Glover

Our disease management programs are mature programs, and carry a history of consistently delivering the highest quality and benchmark outcomes. This history is what enables us to confidently and accurately identify which conditions typically carry the highest burden of claims cost. Our programs are based on highly refined algorithms that identify the likelihood of clinical risk and/or cost risk, and we have extensive experience with the data – we know which programs carry the highest risk, and we know what to do to address that risk effectively.

And independent experts have agreed, recognizing Harvard Pilgrim's programs for effectiveness. In one example, the Disease Management Purchasing Consortium compared HPHC's inpatient and emergency room visits (events) for high-prevalence chronic conditions to 29 other health plans across the nation (including several New England plans). The results showed that HPHC outperformed the national average across the board and in some programs by as much as 60% - underscoring the effectiveness of our programs. The graph below (produced by the DMPC) shows the multi year comparison of HPHC CAD related events to the average of the other 29 plans in the study.



In Fall of 2008, Harvard Pilgrim was recognized as a Leading Disease Management Organization by the Health Industries Research Company (HIRC), a third-party, independent organization that annually evaluates and identifies organizations providing the best disease management programs in the field. Harvard Pilgrim was rated in this report as having the "best disease management outcomes in the United States." By comparison, of our two primary local competitors, one was rated only as having comprehensive programs covering most conditions, and the other did not merit a ranking.

Also in Fall 2008, Judith Frampton, Harvard Pilgrim's Vice President of Medical Management, was named one of the Top 25 Leaders in Disease Management, by Managed Healthcare Executive. This honor recognizes health plan executives who have leveraged their knowledge to generate greater accountability and innovation in disease management, and who have created clinical and financial value for members. Judith was specifically recognized for her "commitment to the disease management discipline, program results, innovation, and thought leadership."

In the March 2009 issue of Managed Care, Harvard Pilgrim was featured for the effectiveness of its cardiovascular programs. And Harvard Pilgrim was the first in the country to be certified – and has continuously remained certified – by the Disease Management Purchasing Consortium for validity in

critical outcomes report analysis, ensuring clients that the outcomes we present have been validly measured and are trustworthy.

The programs listed below have been selected because, based on our extensive experience with these programs, Harvard Pilgrim has identified them as having the potential for significant cost savings.

Care and Disease Management Programs for Fully Insured Employers As of May 3, 2010

Harvard Pilgrim helps employers control their health care costs by actively engaging employees and their families in promoting their own personal wellbeing. We seek to inspire and motivate our constituents to engage in the practice of wellness, regardless of the health challenges they may face.

Recognizing that the incidence of chronic disease continues to rise, Harvard Pilgrim has committed itself to developing programs that not only help members manage diseases, but also support members in achieving the behavioral change needed to prevent and manage serious chronic conditions, and their associated high costs and risks. The programs listed below have been selected because they have the potential for significant cost savings.

Program Components

All Care and Disease management programs include focused educational sessions conducted by specialized clinicians. Programs are available to all members with relevant diagnoses, and include combinations of the following components:

- Guidelines for effective clinical care
- Clinician education in these guidelines
- Patient identification and outreach to inform patients and their physicians of current programs, their benefits, and referral procedures
- Identification of high-risk members who are most in need of intensive management
- Patient education emphasizing self-management skills
- Care management and outreach focused on support for high-risk patients
- Tele-monitoring as appropriate based on patient severity class and symptoms
- Improvement of utilization trends
- Cost Reduction
- Member education and provision of resources that will prevent acute deterioration,
- Proactive identification of members at risk for complex, costly, or long-term health care services;
- Efficient facilitation and appropriate medical management, monitoring, and coordination of care across the health care continuum; and
- Identification of opportunities for program improvements.

Member Identification

Members are identified for participation in disease management programs using:

- Referrals by patients' physicians or care managers
- Self-referrals
- Computerized algorithms that filter inpatient, outpatient, and pharmaceutical data
- Disease-specific high-risk registries
- Claims analysis (inpatient, outpatient, and pharmacy data to identify patients with specific diagnoses, omissions in care, and under- or overutilization of medications)
- High-cost claimant lists
- Predictive modeling programs

Outreach

Outreach to inform and encourage members to participate in these programs occurs through a variety of mechanisms, including:

- Clinician education programs to help clinicians identify patients appropriate for referral to disease management programs
- Case listings provided to physicians to identify patients who might benefit from follow-up/program enrollment
- Letters or phone calls to members from care managers
- Direct-to-member outreach through educational mailings, reminder letters, and community events
- Newsletters to members identified as at risk for these conditions
- Articles in the member newsletter *Your Health*

**Care and Disease Management Programs for Fully Insured Employers
As of May 3, 2010**

Program Name	Program Description
Asthma	Asthma management is Harvard Pilgrim's most mature disease management program and is available to both adults and children. The hallmark of the program is our asthma nurse who provides outreach, support, and care coordination to adults and children with asthma. A number of self-management tools are also mailed to members with asthma to help support and educate them in the management of their disease.
Chronic Obstructive Pulmonary Disease	Our COPD program is designed for members with lung disease who would benefit from coordinated resources that would enhance the quality of their lives and reduce the need for costly emergency room visits and periods of inpatient hospitalization. The program offers support and coordinated services that help the member better understand the disease in order to improve self-care management, including written patient information and access to nurse care managers.
Diabetes	Diabetes management is a multi-faceted program for all members with diabetes. The program provides outreach, support and education to adults and children with diabetes. The program supports problem identification and prioritization, goal setting, and follow-up to assist providers in caring for patients with a chronic condition where outcomes are so heavily dependent on behavioral change.
Cardiac: <i>HeartBeats</i>	<p>The cardiac disease management program is designed to improve quality of life for adult members with cardiovascular disease and to increase their ability to manage their condition. Specific program goals are to:</p> <ul style="list-style-type: none"> • Improve coordination of care through early identification of members with cardiac diagnoses (i.e., ischemic cardiac disease, post-cardiac surgery, heart failure); • Improve health and quality of life through self-management, medication adherence, and secondary prevention; and • Reduce cost of care as measured by reduced avoidable utilization. <p>Program components include direct-to-member educational materials and targeted outreach to high-risk members by nurse care managers.</p>
Attention Deficit Hyperactivity Disorder	Harvard Pilgrim, in conjunction with our behavioral health vendor, has implemented a multifaceted program to help parents and providers better manage children with attention deficit/hyperactivity disorder (ADHD). We identify children who have filled a new stimulant medication and then target information to their parents and their providers. The goal of the program is to encourage providers to provide appropriate follow-up and care coordination for members who are on stimulant medications. Additionally, it encourages providers to give parents more resources about behavioral counseling, medication management and working with schools and teachers.
Depression	Harvard Pilgrim, in conjunction with our behavioral health vendor, has implemented a depression program that promotes the early detection and treatment of depression through screening and the discussion of results with health care providers. The goal is to increase the number of commercial adult members accessing services who are screened for depression and to increase the number of commercial members appropriately diagnosed with depression.
Chronic Kidney Disease/Renal Failure	The CKD Care Manager works collaboratively with the member or "member" caregivers to ensure the most appropriate plan of care, reduce unnecessary utilization, and promote adherence to their care plan through member education. The HPHC CKD program demonstrates effective implementation of a care management program that empowers members through education while reducing overall costs and leading to optimal wellness. HPHC's CKD Care Management program realizes that the key to good renal outcomes is planning the care of CKD members and ensuring resources are effectively utilized.

**Care and Disease Management Programs for Fully Insured Employers
As of May 3, 2010**

Program Name	Program Description
Flu/Pneumonia Prevention	<p>Our flu prevention efforts target at-risk populations, particularly the <i>First Seniority Freedom</i> (our Medicare Advantage Plan) membership and commercial members with COPD, cardiac disease, asthma or diabetes. Annual influenza vaccination is the primary method for preventing influenza and its severe complications, such as pneumonia. The goal of the program is to increase influenza immunization rates among Medicare beneficiaries and commercial members with certain chronic diseases. Direct phone outreach to members encourages flu vaccination by providing education as well as information on no-cost flu clinics in the member's area. We work with local retail pharmacies and community public health agencies to provide multiple flu clinic locations throughout our service area. Members are also encouraged to discuss their need for a pneumococcal pneumonia vaccine with their primary care providers.</p>
Pregnancy: Healthy Pregnancy Resources	<p>Harvard Pilgrim offers educational support for women who are pregnant or thinking of becoming pregnant. All women have access to our extensive educational material at www.harvardpilgrim.org/pregnancy. This Web site includes fact sheets on common issues during pregnancy, telephonic access to a maternal and child health nurse, and other resources. Preconception counseling is also available online, with information sheets on "Planning for a Pregnancy" and "Quick Guide to a Healthy Pregnancy." In addition, <i>Health Topics A-Z</i> provides reliable and comprehensive online health information to help people make better health decisions. Powered by the Healthwise® Knowledgebase, members can use this feature to find out how best to take care of themselves when planning a pregnancy.</p> <p>In addition, we remind women about the importance of timely post-delivery follow-up by proactively contacting women with postpartum visit reminders, as well as postpartum depression assessment and informational materials. Depending upon their assessment score, women may be encouraged to seek follow-up care.</p>
Pregnancy: Healthy & High-Risk Pregnancy Outreach	<p>We also offer Healthy Pregnancy Programs managed by our Maternal/Child Health Unit. The services include a nurse care management program for women wishing to become pregnant and for women with high-risk pregnancies. Members are triggered for identification via a proprietary algorithm, which considers maternal age, prenatal medications, ART and previous obstetrical claims history. The algorithm stratifies members into either a Healthy Pregnancy outreach or a High-Risk outreach program.</p> <p>For Healthy Pregnancy, obstetrical care management nurses provide education to ensure that the member can engage in optimal healthy behaviors before becoming pregnant and during pregnancy. The same nurse provides specific support and clinical collaboration between the care management team (nursing and social work) and the obstetrical care provider. The member's nurse is available throughout the pregnancy, providing ongoing follow-up, and may be contacted directly by the member if she or a family member has questions or needs additional assistance as the pregnancy progresses. After delivery, there is telephonic outreach for a minimum of six weeks.</p> <p>For High-Risk Pregnancy, the goal of the program is to proactively identify women with potential risk to maximize the length of their pregnancy. Through clinical collaboration with the member and provider, the care manager provides an anticipatory plan of care for the mother and baby. After delivery, if the baby is identified as high risk, our pediatric care managers continue to follow the member, baby and family for as long as care management services are needed.</p>

**Care and Disease Management Programs for Fully Insured Employers
As of May 3, 2010**

Program Name	Program Description
Medication Safety	<p>Harvard Pilgrim launched an innovative patient safety program designed to reduce medication errors. It includes three initiatives:</p> <ul style="list-style-type: none"> • Anticoagulation management, a multi-faceted program designed to help reduce the risks associated with the use of warfarin; and • Polypharmacy, designed to help members 50 and over who are taking 8 or more chronic medications manage their medications safely.
Oncology	<p>Our oncology care management program is designed to provide members with access to our oncology care managers, who work collaboratively with the members, their caregivers and their providers to develop the most appropriate plan of care, encourage adherence to it, and reduce unnecessary utilization. Members undergoing active chemotherapy and/or radiation treatment are eligible for this program. It offers a member-centered care plan that addresses both clinical and psychosocial issues, including support for family members.</p>
Predictive Modeling: <i>Health Advance</i>	<p>Harvard Pilgrim's predictive modeling program, <i>Health Advance</i>, is specifically designed to identify and reach out to at-risk members before they require more intensive medical services, specifically those at risk for hospitalization or deterioration in their health within the next 12 months. These members typically have multiple diagnoses and psychosocial needs that can significantly diminish their quality of life. By intervening early, we are able to dramatically influence the health and well-being of this member group, which, while small in number, represents a significant percentage of overall medical costs. Uniquely member-centered, <i>Health Advance</i> strives to ensure coordination of medical care, increase self-reliance, enhance daily activity and fitness, and strengthen interdependence with family and friends. The program's core is nurse outreach and support. A designated Health Advance Care Manager works with the member, family, and providers to create a member-specific care plan. Members enrolled in Health Advance have shown a significant decrease in hospital admissions as well as reductions in per member per month costs.</p>
Rare Diseases (Your Care Champion)	<p>Harvard Pilgrim's Rare Diseases program is focused on providing support services to members with complex, chronic conditions. This interactive health management program, administered in conjunction with Accordant Health Services, combines personalized content, specialized education, disease-specific assessment tools and interaction with specially trained providers, to effectively deliver improved quality of life while reducing healthcare costs and improving outcomes to our members. In addition to Harvard Pilgrim care managers, members in this program also have access to accordant.com, which features specialized resources, self-management tools, and access to specially trained nurses, medical experts, and interactive online communities.</p> <p>Currently the program offers support for members with the following progressive and chronic conditions: seizure disorders, multiple sclerosis, lupus, rheumatoid arthritis, Parkinson's disease, cystic fibrosis, Crohn's disease, hemophilia, myasthenia gravis, sickle cell disease, scleroderma, polymyositis, ALS, Gaucher disease, CIDP, and dermatomyositis.</p>
Screening and Immunization Reminders	<p>We have developed preventive care reminder programs for breast cancer screening, cervical cancer screening, colorectal cancer screening, and pediatric immunization. Member outreach is routinely performed to maximize preventive care and to improve early detection of disease. The goals are to increase the percent of women ages 40-69 who have a mammogram every year; to increase the percent of women ages 21-64 who have a pap smear every three years; to increase the percent of members over age 50 who are screened for colorectal cancer; and to ensure that pediatric members under age 2 and adolescents under age 13 are receiving their required immunizations.</p>

**Care and Disease Management Programs for Fully Insured Employers
As of May 3, 2010**

Program Name	Program Description
Smoking Cessation	<p>Harvard Pilgrim continues its collaboration with the Massachusetts Department of Public Health and other local health plans and agencies to help members quit smoking. QuitWorks is a free, state-of-the-art smoking cessation service that offers providers a simple approach to identify patients who smoke and link them to the state's full range of tobacco treatment resources. The goals are to educate providers about the QuitWorks program; to enhance providers' referral rate of smokers to the QuitWorks tobacco treatment programs; to enhance members' awareness of the tobacco treatment programs; and to reduce rates of smoking among our membership and the overall population. Members can access TRY-TO-STOP resources directly by calling 1-800-QUIT-NOW. Information about these smoking cessation services is also included in our mailings to members with chronic illnesses such as diabetes, asthma, and COPD.</p>
On-site Management in Acute Rehabilitation and Extended Care Facilities	<p>On-site Nurse Care Manager at high volume Acute Rehabilitation and Skilled-Nursing Facilities to assess members, ensure appropriate utilization, and coordinate care. The Nurse Care Manager evaluates members who are:</p> <ul style="list-style-type: none"> • experiencing a new illness, • Discharged from acute hospitalization, • Dealing with a catastrophic and/or chronic condition <p>Through a holistic and member centered approach, Care Management works collaboratively with the member and his or her family, as well as the facility treatment team, to ensure optimal services are received.</p>
Clinical Transitions Program for New Members	<p>The Clinical Transitions Program is designed for members who are receiving active treatment for an illness, injury, or pregnancy, and need to safely transition care between providers (for example, at the point of Harvard Pilgrim enrollment or when a treating provider leaves Harvard Pilgrim's provider network).</p> <p>Through the Clinical Transitions Program, the nurse care manager works with prospective members and the attending provider(s) to develop reasonable and appropriate transition plans to ensure quality and continuity of care.</p>
Medical Social Work Services	<p>Referrals to the HPHC Medical Social Work Program are made by Care Managers and may be triggered by events of illness that could adversely impact the health or well being of a member, and/or result in more costly utilization of health care resources. Harvard Pilgrim social workers are able to service all Harvard Pilgrim members across the network, allowing for more proactive and comprehensive care planning.</p>
High Cost Claimant Review Program	<p>The Care Management program reviews claims greater than \$50,000 on a weekly basis. If the information indicates the opportunity for Care Management services, Nurse Care Managers will contact the members telephonically to perform a clinical assessment to identify</p> <ul style="list-style-type: none"> • the member's needs, • outstanding care management issues, and • proactive interventions.
Post-hospitalization discharge calls -	<p>The nurse care manager proactively outreaches to members, based upon admission diagnosis, within 3 days of discharge. Through this call, Nurse Care Managers coordinate the member's treatment plan needs related to medication compliance, and proactively identifies and solves potential problems to prevent re-hospitalization. Harvard Pilgrim utilizes this telephonic model to manage members admitted to Tertiary and Acute Care Hospitals, low volume Acute Rehabilitation facilities and Skilled Nursing facilities. Medication Reconciliation is an integral component of the discharge call, ensuring that each member fully understands and is compliant with the prescription therapy plan post discharge.</p>

**Care and Disease Management Programs for Fully Insured Employers
As of May 3, 2010**

Program Name	Program Description
Concurrent reviews and discharge planning -	Harvard Pilgrim requires prior authorization for inpatient admissions to rehabilitation hospitals and skilled nursing facilities. A Nurse Care Manager conducts concurrent review at a high volume rehabilitation and skilled nursing facilities, which is used to ensure the appropriate utilization of inpatient services, and the timely and effective coordination of services for members receiving care at these facilities. Concurrent review is also utilized to identify potential discharge planning/care management opportunities.
Decision Assist	Harvard Pilgrim's <i>DecisionAssist</i> program offers members telephonic resources to help them make informed health care decisions for upcoming procedures and treatments. In an environment of increased cost sharing and health care complexity, <i>DecisionAssist</i> offers confidential, personalized decision-support services. <i>DecisionAssist</i> Nurse Care Managers empower members to participate more fully in their own health care decisions.
RN 24/7 * This program must be purchased for an additional fee.	The RN 24/7 Program is a trusted source of information and support for a wide range of health concerns. Many of the options available to members are listed below: <ul style="list-style-type: none"> • 24x7 telephone access to a registered nurse • 24x7 access to an RN via the Web • Audio Health Information Library • HealthForum.com • Private labeled phone line program • Daily and quarterly reporting • Year 1 customized introductory brochure and postcard mailings during the year • Year 2, 3 customized postcard mailings
Prepared for Care* This program is offered on a limited basis. Please check with your Account Executive to determine if your plan has this program.	Dedicated Nurse care manager dedicated specifically to their employees and their dependents. <i>Prepared for Care</i> offers help for members who have complex medical conditions or who are pregnant or considering pregnancy. Your Harvard Pilgrim nurse can help members to assess their health care needs, coordinate services, develop and implement a customized care plan, monitor health status and conditions and provide information on available community services. Members can consult with the <i>Prepared for Care</i> nurse via a dedicated toll-free phone line, email, or even on-site at your workplace on mutually agreed upon times.

D. *Estimated Amount of Early Retiree Reinsurance Program Reimbursements

Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

We project the first years reimbursements under this program to be in the range of \$220,000 to \$256,000. In year two we project the range to be \$232,000 to \$272,000. This is based on historical claims data provided by our health insurance carrier.



E. *Intended Use of Early Retiree Reinsurance Program Reimbursements

- 1) Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program to reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs); or reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or reduce a combination of any of these costs (whether offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

The City of Gloucester confirms that the reimbursements under this program will only be used to offset future health insurance cost increases for both the City and the employees/retirees. The City of Gloucester currently pays 75% of the cost of health insurance and the employees and retirees contribute the remaining 25%. The City's plans are on a fully insured premium financial arrangement. These reimbursements will be used to offset future premium increases for both the City and employees/retirees.



E. *Intended Use of Early Retiree Reinsurance Program Reimbursements (continued)

- 2) If a sponsor decides to apply the reimbursement for its own use, it may only use the reimbursement to offset increases in its health benefit premium costs, if an insured plan, or its health benefit costs, if it is self-funded. If any amount of the reimbursement is used to offset increases in health benefit premium or health benefit costs of your organization (as opposed to offsetting increases to, or reducing, plan participants' costs), please summarize how program funds, as a result of being used by your organization for such purposes, will relieve your organization of using its own funds to subsidize such increases, thereby allowing your organization to instead use its own funds to maintain its level of financial contribution to the employment-based plan. (In other words, please explain how your organization will continue to maintain the level of support for this plan, and if it applies the reimbursement for its own use, will use the program reimbursement to pay for increases in health benefit premium costs or health benefit costs, as applicable). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

As referenced in E-1 the City will not be using the reimbursement strictly for its own purposes, it will be sharing the reimbursements with the employees & retirees. However, as we generally anticipate an average of a 10% increase in health insurance costs per year, this reimbursement will assist us in maintaining our health insurance coverage.



PART III: Banking Information for Electronic Funds Transfer

- 1) *Bank Name: Eastern Bank

- 2) *Bank Address:
 - * Street Line 1: _____
 - Street Line 2: _____
 - *City: Lynn
 - *State: Select One MA
 - *Zip Code: _____

- 3) *Account Number: 14435

- 4) *Name of Organization Associated with Account: City of Gloucester

- 5) *Account type: (Checking or Savings Account) Select One _____

- 6) *Bank Routing Number: 011301796

- 7) *Bank Contact Name:
 - *First Name: Linda Middle Initial: _____
 - *Last Name: Carbone

- 8) *Email address: _____

- 9) *Telephone Number: 781 588 7475 ext. _____



PART IV. Plan Sponsor Agreement

1. **Compliance:** In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
2. **Reimbursement-Related and Other Representations Made by Designees:** Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor certifies that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor's involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor's reimbursement under, the program.
3. **Written Agreement:** Plan Sponsor certifies that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer or employment-based plan regarding disclosure of information, data, documents, and records to HHS, and the issuer or plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.
4. **Use of Records:** Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health Human Services' Office of the Inspector General's authority to fulfill the Inspector General's responsibilities in accordance with applicable Federal law.
5. **Obtaining Federal Funds:** Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor certifies that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and



	complete, Plan Sponsor agrees to notify the Secretary promptly of this fact.
6.	<p>Data Security: Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor certifies that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.</p>
7.	<p>Depository Information: Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") indicated under the Electronic Funds Transfer (EFT) section of the Plan Sponsor application. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.</p>
8.	<p>Policies and Procedures to Detect Fraud, Waste and Abuse. The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.</p>
9.	<p>Change of Ownership: The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.</p>
	<p>Signature of Plan Sponsor Authorized Representative</p> <p>I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I certify that the information contained in this Plan Sponsor Application and Plan Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program</p>



reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law.

*Signature: David Baird



Attachment: Additional Benefit Options

(Complete this form for each unique benefit option not already specified above in Part II.B)

1a) *Benefit Option Name: _____

1b) *Unique Benefit Option Identifier: _____

1c) *Benefit Option Type: Self-Funded Insured Both

1d) *Benefit Administrator Company Name: _____



**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2012**

****CITY COUNCIL APPROVAL- 6 VOTES NEEDED****

APPROPRIATION # 2012-SA- 9 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ City Council

APPROPRIATION AMOUNT: \$ 2,500.00

Account to appropriate from:

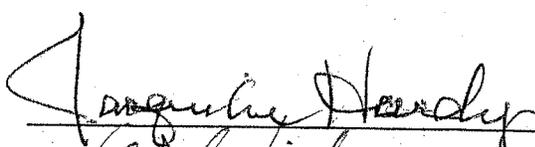
Unifund Account #	<u>101000.10.111.54000.0000.00.000.00.054</u>
Account Description	<u>City Council, Supplies</u>
Balance Before Appropriation	\$ <u>2,500.00</u>
Balance After Appropriation	\$ <u>-</u>

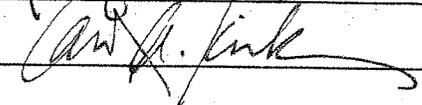
Account Receiving Appropriation:

Unifund Account #	<u>850000.10.991.49700.0000.00.000.00.040</u>
Account Description	<u>Capital Projects Stabilization Fund, Transfer In</u>
Balance Before Appropriation	\$ <u>10,000.00</u>
Balance After Appropriation	\$ <u>12,500.00</u>

DETAILED ANALYSIS OF NEED(S): Transfer from City Council Supplies account to CP Stabilization Fund to fund future capital needs of the City.

APPROVALS:

DEPT. HEAD:  DATE: 5/31/12

ADMINISTRATION:  DATE: 5/31/12

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2012**

****CITY COUNCIL APPROVAL- 6 VOTES NEEDED****

APPROPRIATION # 2012-SA- 10 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ City Council

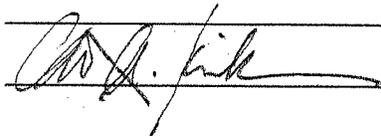
APPROPRIATION AMOUNT: \$ 7,600.00

Account to appropriate from:	Unifund Account #	<u>101000.10.111.58710.0000.00.000.00.058</u>
	Account Description	<u>City Council, OFFICE EQUIP-FURNISHINGS</u>
Balance Before Appropriation	\$	<u>7,623.14</u>
Balance After Appropriation	\$	<u>23.14</u>

Account Receiving Appropriation:	Unifund Account #	<u>850000.10.991.49700.0000.00.000.00.040</u>
	Account Description	<u>Capital Projects Stabilization Fund, Transfer In</u>
Balance Before Appropriation	\$	<u>12,500.00</u>
Balance After Appropriation	\$	<u>20,100.00</u>

DETAILED ANALYSIS OF NEED(S): Transfer from City Council, Equipment & Furnishings account to
CP Stabilization Fund to fund future capital needs of the City.

APPROVALS:

DEPT. HEAD:	_____	DATE: _____
ADMINISTRATION:	<u></u>	DATE: <u>5/31/12</u>
BUDGET & FINANCE:	_____	DATE: _____
CITY COUNCIL:	_____	DATE: _____

City of Gloucester Special Budgetary Transfer Request Fiscal Year 2012

_____ INTER-departmental requiring City Council approval - 6 Votes Required
 _____ INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 37 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5-29-12 BALANCE IN ACCOUNT: \$ 106,122.00

(FROM) PERSONAL SERVICES ACCOUNT # _____
Unifund Account #
101000.10.423.51310.0000.00.000.00.051

(FROM) ORDINARY EXPENSE ACCOUNT # _____
Unifund Account #

Snow & Ice Overtime
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available due to mild winter.

(TO) PERSONAL SERVICES ACCOUNT # _____
Unifund Account #
101000.10.470.51300.0000.00.000.00.051

(TO) ORDINARY EXPENSE ACCOUNT # _____
Unifund Account #

Public Services Overtime
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to cover spring overtime needs.

TOTAL TRANSFER AMOUNT: \$ 10,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 96,122.00
 TO ACCOUNT: \$ 16,873.00

APPROVALS: [Signature]
 DEPT. HEAD: [Signature] DATE: 22 MAY 2012
 ADMINISTRATION: [Signature] DATE: 6/8/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

_____ INTER-departmental requiring City Council approval - 6 Votes Required
 _____ INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 38 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ DPW

DATE: 5-29-12 BALANCE IN ACCOUNT: \$ 96,522.00 ✓

(FROM) PERSONAL SERVICES ACCOUNT # _____
 (FROM) ORDINARY EXPENSE ACCOUNT # _____

Unifund Account # _____
 Unifund Account # 101000.10.423.52970.0000.00.000.00.052
S&I Contractors
 Account Description _____

DETAILED EXPLANATION OF SURPLUS: Funds available due to mild winter.

(TO) PERSONAL SERVICES ACCOUNT # _____
 (TO) ORDINARY EXPENSE ACCOUNT # _____

Unifund Account # _____
 Unifund Account # 101000.10.499.54850.0000.00.000.00.054
Central Services Parts & Accessories
 Account Description _____

DETAILED ANALYSIS OF NEED(S): Funds needed to cover cost of vehicle parts and supplies through the end of the fiscal year.

TOTAL TRANSFER AMOUNT: \$ 5,000.00 ✓ NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 91,522.00 ✓
 TO ACCOUNT: \$ 8,727.00

APPROVALS: [Signature]

DEPT. HEAD: [Signature] DATE: 22 MAY 2012

ADMINISTRATION: [Signature] DATE: 6/6/12

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

City of Gloucester Special Budgetary Transfer Request Fiscal Year 2012

_____ INTER-departmental requiring City Council approval - 6 Votes Required
 _____ INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 39 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5-29-12 BALANCE IN ACCOUNT: \$ 98,522.00 ✓

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

101000.10.423.52970.0000.00.000.00.052

S&I Contractors

Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available due to mild winter.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

101000.10.470.57750.0000.00.000.00.057 ✓

Public Services Paving Materials

Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to cover purchasing of paving materials through the end of the fiscal year.

TOTAL TRANSFER AMOUNT: \$ 2,000.00 ✓

NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$ 96,522.00 ✓

TO ACCOUNT: \$ 2,100.00

APPROVALS: *[Signature]*

DEPT. HEAD: _____ *[Signature]* DATE: 22 MAY 2012

ADMINISTRATION: _____ *[Signature]* DATE: 6/6/12

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

City of Gloucester Special Budgetary Transfer Request Fiscal Year 2012

_____ INTER-departmental requiring City Council approval - 6 Votes Required
 _____ INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 40 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5-29-12 BALANCE IN ACCOUNT: \$ 108,522.00 ✓

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

101000.10.423.52970.0000.00.000.00.052 ✓

S&I Contractors

Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available due to mild winter.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

101000.10.470.54000.0000.00.000.00.052 ⁰⁵⁴ ✓

Public Services Supplies

Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to cover purchasing of materials through the end of the fiscal year.

TOTAL TRANSFER AMOUNT: \$ 10,000.00 ✓

NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$ 98,522.00 ✓

TO ACCOUNT: \$ 16,332.00 ✓

APPROVALS: 

DEPT. HEAD:  _____ DATE: 22 MAR 2012

ADMINISTRATION:  _____ DATE: 6/6/12

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

City of Gloucester Special Budgetary Transfer Request Fiscal Year 2012

_____ INTER-departmental requiring City Council approval - 6 Votes Required
 _____ INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 41 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5/29/2012 BALANCE IN ACCOUNT: \$ 131,522.00 ✓

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

101000.10.423.52970.0000.00.000.00.052

S&I Contractors

Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available due to mild winter.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

101000.10.470.52000.0000.00.000.00.052 ✓

Public Services Contract Services

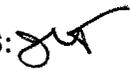
Account Description

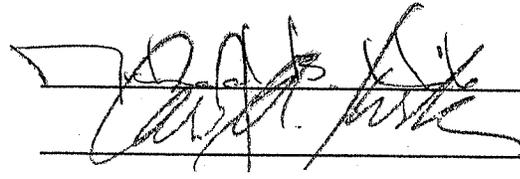
DETAILED ANALYSIS OF NEED(S): Funds needed to cover various spring projects and needs.

TOTAL TRANSFER AMOUNT: \$ 23,000.00 ✓ NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$ 108,522.00

TO ACCOUNT: \$ 37,154.00

APPROVALS: 

DEPT. HEAD: _____ 

DATE: 22 MAY 2012

ADMINISTRATION: _____

DATE: 6/6/12

BUDGET & FINANCE: _____

DATE: _____

CITY COUNCIL: _____

DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 43 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 5/31/2012 BALANCE IN ACCOUNT: \$ 38,350.42

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59100.0000.00.000.00.059
Treas/Collector Debt, Principal
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds not used due to conversion of debt timing.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.138.53410.0000.00.000.00.052
Purchasing, Telephone Service
Account Description

DETAILED ANALYSIS OF NEED(S): Funds were transferred from telephone services to fund excess advertising costs. These funds are restoring the telephone services account.

TOTAL TRANSFER AMOUNT: \$ 5,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 33,350.42
TO ACCOUNT: \$ 5,045.74

APPROVALS:
DEPT. HEAD:  DATE: 5/31/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

____ INTER-departmental requiring City Council approval - 6 Votes Required
 X INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 45 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ DPW _____

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 148,504.13

(FROM) PERSONAL SERVICES ACCOUNT # _____

Unifund Account #

(FROM) ORDINARY EXPENSE ACCOUNT # _____

Unifund Account #

101000.10.472.52110.0000.00.000.00.052

DPW Facilities - Electric Non Street Power

Account Description

DETAILED EXPLANATION OF SURPLUS: _____

Estimated surplus

(TO) PERSONAL SERVICES ACCOUNT # _____

Unifund Account #

(TO) ORDINARY EXPENSE ACCOUNT # _____

Unifund Account #

101000.10.499.52000.0000.00.000.00.052

DPW Other - Contractual Services

Account Description

DETAILED ANALYSIS OF NEED(S): Funds need to contract out various work for June.

TOTAL TRANSFER AMOUNT: \$ 15,000.00

NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$ 133,504.13

TO ACCOUNT: \$ 19,409.01

APPROVALS:

DEPT. HEAD: _____

DATE: 6/4/12

ADMINISTRATION: _____

DATE: 6/6/12

BUDGET & FINANCE: _____

DATE: _____

CITY COUNCIL: _____

DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 46 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 33,350.42

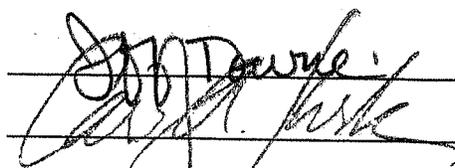
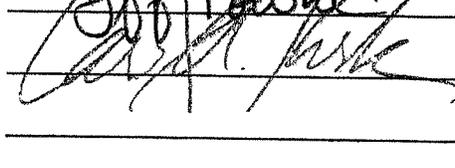
(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59100.0000.00.000.00.059
Treas/Collector Debt, Principal
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.121.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Mayor, Salary/Wage Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 15,675.12 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 17,675.30
TO ACCOUNT: \$ -

APPROVALS:
DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 47 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 17,675.30

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59100.0000.00.000.00.059
Treas/Collector Debt, Principal
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.135.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Auditor, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 6,763.12 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 10,912.18
TO ACCOUNT: \$ -

APPROVALS:
DEPT. HEAD: [Signature] DATE: 6/4/12
ADMINISTRATION: [Signature] DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 48 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 10,912.18

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59100.0000.00.000.00.059
Treas/Collector Debt, Principal
Account Description

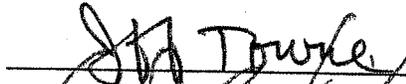
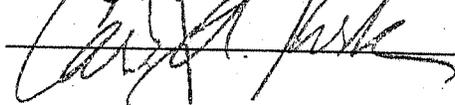
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.138.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Purchasing, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 5,114.63 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 5,797.55
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 50 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 879.50

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59100.0000.00.000.00.059
Treas/Collector Debt, Principal
Account Description

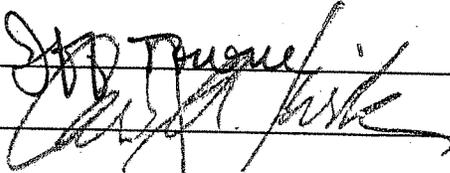
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.163.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Registration, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA increases.

TOTAL TRANSFER AMOUNT: \$ 566.32 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 313.18
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 51 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 206,709.76

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

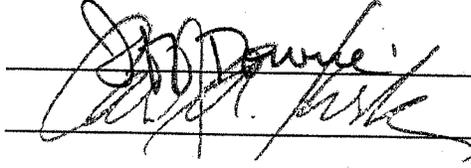
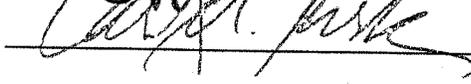
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.151.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
City Legal, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 12,271.77 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 194,437.99
TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 52 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 194,437.99

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.152.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Personnel, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 10,379.89 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 184,058.10
TO ACCOUNT: \$ -

APPROVALS:
DEPT. HEAD: [Signature] DATE: 6/4/12
ADMINISTRATION: [Signature] DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 53 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 184,058.10

(FROM) PERSONAL SERVICES ACCOUNT # Unfund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unfund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unfund Account #
101000.10.161.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unfund Account #
City Clerk, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 6,960.59 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 177,097.51
TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 54 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 177,097.51

(FROM) PERSONAL SERVICES ACCOUNT #

Unifund Account #

(FROM) ORDINARY EXPENSE ACCOUNT #

Unifund Account #

101000.10.145.59150.0000.00.000.00.059

Treas/Collector Debt, Interest (Long-term)

Account Description

DETAILED EXPLANATION OF SURPLUS:

Excess funds.

(TO) PERSONAL SERVICES ACCOUNT #

Unifund Account #

101000.10.165.51250.0000.00.000.00.051

(TO) ORDINARY EXPENSE ACCOUNT #

Unifund Account #

Licensing Board, Sal/Wage - Perm Position

Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA increases.

TOTAL TRANSFER AMOUNT:

\$ 1,400.00

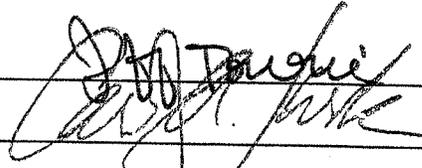
NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$ 175,697.51

TO ACCOUNT: \$ 271.01

APPROVALS:

DEPT. HEAD:



DATE: 6/4/12

ADMINISTRATION:

DATE: 6/6/12

BUDGET & FINANCE:

DATE: _____

CITY COUNCIL:

DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 55 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 175,697.51

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

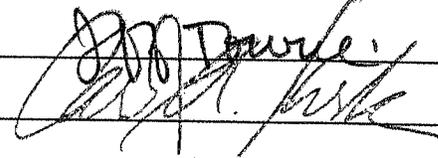
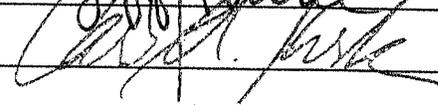
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.181.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Community Development, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 8,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 167,697.51
 TO ACCOUNT: \$ 8,488.86

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

X INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 56 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 167,697.51

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

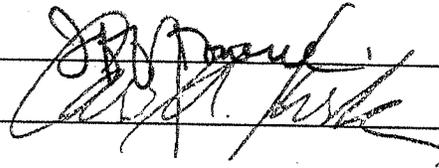
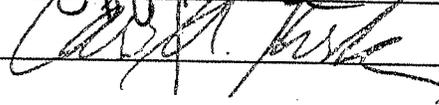
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.210.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Police Admin, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund Police Chief's retirement payout of wages.

TOTAL TRANSFER AMOUNT: \$ 10,886.30 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 156,811.21
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 57 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 156,811.21

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
101000.10.210.51400.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
Police Admin, Sal/Wage - Longevity
Account Description

DETAILED ANALYSIS OF NEED(S): To fund Police Chief's retirement payout of pro-rata longevity.

TOTAL TRANSFER AMOUNT: \$ 694.52 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 156,116.69
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 58 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 156,116.69

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

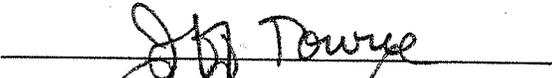
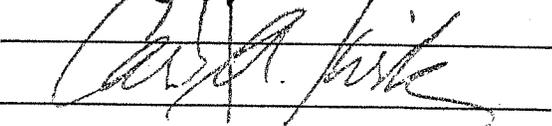
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.210.51950.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Police Admin, Sal/Wage - Career Incentive Pay
Account Description

DETAILED ANALYSIS OF NEED(S): To fund Police Chief's retirement payout of pro-rata career incentive pay.

TOTAL TRANSFER AMOUNT: \$ 411.06 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 155,705.63
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 60 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 155,391.10

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

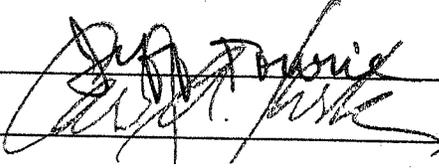
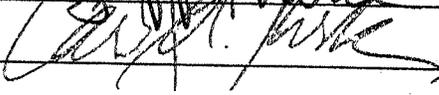
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.218.51250.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Police Parking, Sal/Wage - PT Positions
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA increases.

TOTAL TRANSFER AMOUNT: \$ 498.87 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 154,892.23
TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 61 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 154,892.23

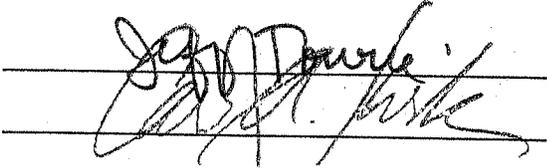
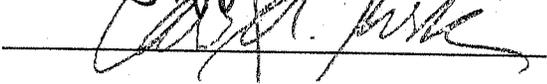
(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.220.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Fire Department, Sal/Wage - Perm Positions
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 144,106.43 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 10,785.80
 TO ACCOUNT: \$ -

APPROVALS:
 DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 62 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ Treasurer/Collector _____

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 10,785.80

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.145.59150.0000.00.000.00.059
Treas/Collector Debt, Interest (Long-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
101000.10.472.51200.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
DPW Facilities, Sal/Wage - Temp Positions
Account Description

DETAILED ANALYSIS OF NEED(S): To fund deficit and provide additional funding for additional work.

TOTAL TRANSFER AMOUNT: \$ 10,785.80 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ _____
 TO ACCOUNT: \$ _____

APPROVALS:

DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 65 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 58,610.56

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

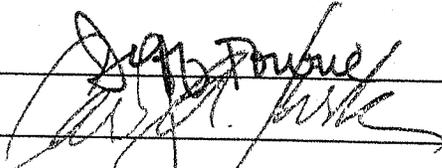
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.220.51450.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Fire Dept, Sal/Wage - Holiday Pay
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA adjustment.

TOTAL TRANSFER AMOUNT: \$ 13,697.16 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 44,913.40
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 66 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 44,913.40

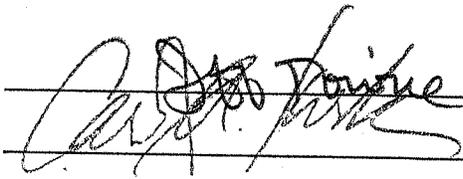
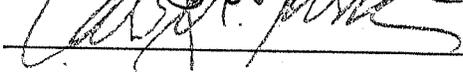
(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.241.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Inspectional Services, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 6,643.11 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 38,270.29
TO ACCOUNT: \$ -

APPROVALS:
DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 67 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 38,270.29

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
101000.10.241.51250.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
Inspectional Services, Sal/Wage - PT Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund wage and COLA increases.

TOTAL TRANSFER AMOUNT: \$ 482.86 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 37,787.43
 TO ACCOUNT: \$ -

APPROVALS:
 DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 69 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 36,911.98

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
101000.10.296.51250.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
Shellfish Control, Sal/Wage - PT Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA increases.

TOTAL TRANSFER AMOUNT: \$ 372.48 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 36,539.50
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 70 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 36,539.50

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.403.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Solid Waste, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA increases.

TOTAL TRANSFER AMOUNT: \$ 931.81 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 35,607.69
TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 72 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 34,400.10

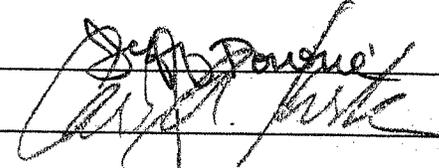
(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.472.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
DPW Facilities, Sal/Wage - Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To increase available funds.

TOTAL TRANSFER AMOUNT: \$ 1,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 33,400.10
 TO ACCOUNT: \$ 7,749.45

APPROVALS:
 DEPT. HEAD:  DATE: 6/4/12
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 73 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 33,400.10

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
101000.10.472.51300.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
DPW Facilities, Sal/Wage - OT
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA increases and to increase available funds.

TOTAL TRANSFER AMOUNT: \$ 10,085.22 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 23,314.88
 TO ACCOUNT: \$ 6,000.00

APPROVALS:

DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

 X INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 74 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ _____ 23,314.88

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*

 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
 _____ 101000.10.145.59250.0000.00.000.00.059
 _____ Treas/Collector Debt, Interest (Short-term)
 _____ *Account Description*

DETAILED EXPLANATION OF SURPLUS: Excess funds.

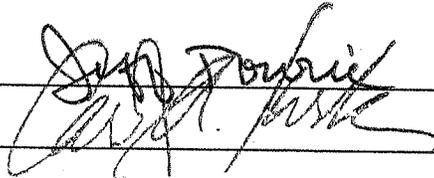
(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 _____ 101000.10.472.51400.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*

 _____ DPW Facilities, Longevity
 _____ *Account Description*

DETAILED ANALYSIS OF NEED(S): To eliminate deficit in account. Underfund due to keeping staffing and retirements.

TOTAL TRANSFER AMOUNT: \$ 5,592.28 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ _____ 17,722.60
 TO ACCOUNT: \$ _____ -

APPROVALS:

DEPT. HEAD: _____  DATE: _____ 6/4/12
 ADMINISTRATION: _____ DATE: _____ 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 76 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 10,722.60

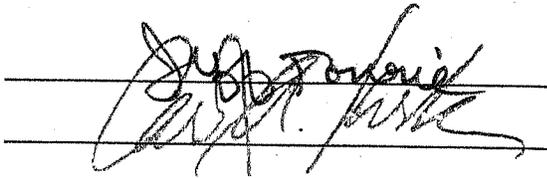
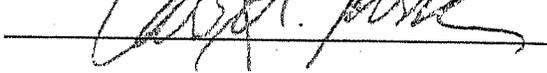
(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.472.51570.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
DPW Facilities, Workers Comp
Account Description

DETAILED ANALYSIS OF NEED(S): To eliminate deficit in account.

TOTAL TRANSFER AMOUNT: \$ 3,278.66 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 7,443.94
TO ACCOUNT: _____

APPROVALS:
DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 77 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 7,443.94

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
101000.10.541.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
Council On Aging, Sal/Wage Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA.

TOTAL TRANSFER AMOUNT: \$ 1,108.15 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 6,335.79
 TO ACCOUNT: _____

APPROVALS:
 DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 78 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 6,335.79

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.59250.0000.00.000.00.059
Treas/Collector Debt, Interest (Short-term)
Account Description

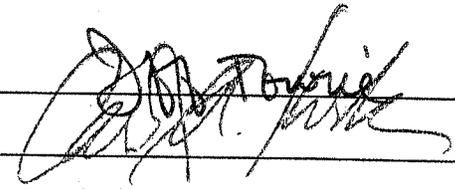
DETAILED EXPLANATION OF SURPLUS: Excess funds.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.543.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Veteran's Services, Sal/Wage Perm Position
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA.

TOTAL TRANSFER AMOUNT: \$ 1,720.91 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 4,614.88
TO ACCOUNT: _____

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION: _____ DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 80 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Treasurer/Collector

DATE: 6/1/2012 BALANCE IN ACCOUNT: \$ 10,829.24

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account #
(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.145.57430.0000.00.000.00.059
Treas/Collector - Self Insurance Auto
Account Description

DETAILED EXPLANATION OF SURPLUS: Less deductibles for accidents than budgeted for.

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #
101000.10.499.51100.0000.00.000.00.051
(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
DPW, Other - Sal/Wages Perm Positions
Account Description

DETAILED ANALYSIS OF NEED(S): To fund COLA.

TOTAL TRANSFER AMOUNT: \$ 4,701.52 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 6,127.72
TO ACCOUNT: _____

APPROVALS:

DEPT. HEAD:  DATE: 6/4/12
ADMINISTRATION:  DATE: 6/6/12
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 81 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 6/4/2012 BALANCE IN ACCOUNT: \$ 70,240.00

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.900.52000.0000.00.000.00.05
Special Reserve, Contractual Services
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds were placed aside for the hiring of a new Fire and Police Chief.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.992.59600.0000.00.000.00.059
Transfer out - Special Revenue Fund
Account Description

DETAILED ANALYSIS OF NEED(S): To fund one year of the tri-annual revaluation that we weren't able to originally budget for in FY12.

TOTAL TRANSFER AMOUNT: \$ 35,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 35,240.00
 TO ACCOUNT: \$ 35,000.00

APPROVALS:

DEPT. HEAD: _____ DATE: 6/4/12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 83 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 6/4/2012 BALANCE IN ACCOUNT: \$ 12,648.00

(FROM) PERSONAL SERVICES ACCOUNT # _____

Unifund Account #

(FROM) ORDINARY EXPENSE ACCOUNT # _____

Unifund Account #

101000.10.942.56200.0000.00.000.00.056

Assessments, Vocational School Assessment

Account Description

DETAILED EXPLANATION OF SURPLUS: _____

Assessment came in underbudget.

(TO) PERSONAL SERVICES ACCOUNT # _____

Unifund Account #

101000.10.472.51200.0000.00.000.00.051

(TO) ORDINARY EXPENSE ACCOUNT # _____

Unifund Account #

DPW Facilities, Sal/Wages - Temp Position

Account Description

DETAILED ANALYSIS OF NEED(S): _____

To provide additional funding for temporary help in the month of June.

TOTAL TRANSFER AMOUNT: \$ 8,000.00

NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$ 4,648.00

TO ACCOUNT: \$ 9,885.80

APPROVALS:

DEPT. HEAD: _____

DATE: 6-4-12

ADMINISTRATION: _____

DATE: 6/6/12

BUDGET & FINANCE: _____

DATE: _____

CITY COUNCIL: _____

DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 85 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO

DATE: 6/4/2012 BALANCE IN ACCOUNT: \$ 9,805.82

(FROM) PERSONAL SERVICES ACCOUNT # _____
Unifund Account #
101000.10.911.51870.0000.00.000.00.051
 (FROM) ORDINARY EXPENSE ACCOUNT # _____
Unifund Account #

Pensions, Non-Contrib Pensions
Account Description

DETAILED EXPLANATION OF SURPLUS: One non-contrib employee passed away during fiscal year.

(TO) PERSONAL SERVICES ACCOUNT # _____
Unifund Account #

 (TO) ORDINARY EXPENSE ACCOUNT # _____
Unifund Account #
101000.10.472.52000.0000.00.000.00.052
DPW Facilities, Contract Services
Account Description

DETAILED ANALYSIS OF NEED(S): To provide additional funding for contract service help in the month of June.

TOTAL TRANSFER AMOUNT: \$ 4,352.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 5,453.82
 TO ACCOUNT: \$ 132,955.26

APPROVALS:

DEPT. HEAD: _____ DATE: 6-4-12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 86 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO

DATE: 6/4/2012 BALANCE IN ACCOUNT: \$ 5,453.82

(FROM) PERSONAL SERVICES ACCOUNT # _____
Unifund Account #
101000.10.911.51870.0000.00.000.00.051
 (FROM) ORDINARY EXPENSE ACCOUNT # _____
Unifund Account #
Pensions, Non-Contrib Pensions
Account Description

DETAILED EXPLANATION OF SURPLUS: One non-contrib employee passed away during fiscal year.

(TO) PERSONAL SERVICES ACCOUNT # _____
Unifund Account #
 (TO) ORDINARY EXPENSE ACCOUNT # _____
Unifund Account #
101000.10.472.54000.0000.00.000.00.054
DPW Facilities, General Supplies
Account Description

DETAILED ANALYSIS OF NEED(S): To provide additional funding for supplies.

TOTAL TRANSFER AMOUNT: \$ 3,148.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 2,305.82
 TO ACCOUNT: \$ 7,510.19

APPROVALS:

DEPT. HEAD: _____ DATE: 6-4-12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

INTER-departmental requiring City Council approval - 6 Votes Required
 INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 87 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 6/4/2012 BALANCE IN ACCOUNT: \$ 17,854.12

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #* 101000.10.145.51100.0000.00.000.00.051
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #* _____

 _____ **Treas/Collector, Wages Perm Positions** _____
Account Description

DETAILED EXPLANATION OF SURPLUS: Retirement and vacancy in bookkeeper position lag funds.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #* _____
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #* 101000.10.472.54000.0000.00.000.00.054
 _____ **DPW Facilities, General Supplies** _____
Account Description

DETAILED ANALYSIS OF NEED(S): To provide additional funding for supplies.

TOTAL TRANSFER AMOUNT: \$ 4,852.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 13,002.12
 TO ACCOUNT: \$ 12,362.19

APPROVALS:
 DEPT. HEAD: _____ DATE: 6-4-12
 ADMINISTRATION: _____ DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2012**

____ INTER-departmental requiring City Council approval - 6 Votes Required
 ____ INTRA-departmental requiring City Council approval - Majority Vote Required

TRANSFER # 2012-SBT- 89 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: DPW

DATE: _____ BALANCE IN ACCOUNT: \$ 40,000.00

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.403.53960.0000.00.000.00.052
Solid Waste Rubbish Disposal
Account Description

DETAILED EXPLANATION OF SURPLUS: Projected trash costs for FY12 higher than actual cost.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.499.54110.0000.00.000.00.054
Central Gasoline
Account Description

DETAILED ANALYSIS OF NEED(S): Budget for gasoline slightly lower than necessary.

TOTAL TRANSFER AMOUNT: \$ 6,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 34,000.00
 TO ACCOUNT: \$ 6,000.00

APPROVALS: 

DEPT. HEAD:  DATE: 5 JUNE 2012
 ADMINISTRATION:  DATE: 6/6/12
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____