



GLOUCESTER CITY COUNCIL

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

Budget & Finance Committee

Thursday, August 23, 2012 – **SPECIAL TIME: 5:15 p.m.**
1st Fl. Council Committee Rm. – City Hall

AGENDA

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

1. **Continued Business:**
 - A) Memorandum from CAO requesting permission to pay an invoice for K12 Insight in the amount of \$4,999 (Cont'd from 08/09/12)
2. **Memorandum, Grant Application & Checklist from Heath Director re: BSAS MA Call Extension Grant In the amount of \$70,000**
3. **Memorandum, Grant Application & Checklist from Heath Director re: grant of \$188,742 from MDPH Emergency Preparedness Bureau**
4. **Memorandum, Grant Application & Checklist from Heath Director re: grant of \$5,000 from Nat'l Assoc. Of County & City Health Officials**
5. **Memorandum, Grant Application & Checklist from Heath Director re: grant of \$14,285 from MDPH Emergency Preparedness Bureau**
6. **Memorandum from Police Chief requesting permission to pay invoice for services performed by Sgt. Stephen Mays from FY12 with FY13 funds**
7. **Memorandum from Police Chief requesting permission to pay invoice from Destino's Subs from FY12 with FY13 funds**
8. **Memorandum from Police Chief requesting permission to pay invoice from Dell Computers from FY12 with FY13 Funds**
9. **Memorandum, Grant Application & Checklist from Police Chief re: State 911 Training & Emergency Medical Grant for \$92,186**
10. **Memorandum, Grant Application & Checklist from Police Chief re: State 911 Support & Incentive FY13 Grant for \$61,795**
11. **Memorandum from Building Inspector requesting permission to pay invoice from Sprint/Nextel from FY12 With FY13 funds**
12. **Memorandum from CFO requesting permission to pay invoice from D'Ambrosio, Brown, LLP from FY12 with FY13 funds**
13. **Memorandum from CFO requesting permission to pay prior years invoices from Gloucester Contributory Retirement System from FY13 funds**
14. **Memorandum, Grant Application & Checklist from Senior Center Coordinator re: FY13 Formula Grant Application from Executive Office of Elder Affairs**
15. **Memorandum from Acting Community Development Director and recommendations from the Community Preservation Committee for Round 3, FY12 Funds:**

Historic Preservation:

- | | | |
|---|--|----------|
| 2. Lanes Cove Fish Shack Building Committee | Fish Shack Restoration | \$20,000 |
| 3. Cape Ann Museum | Preservation & Digitization of Phillips & Holloran Architectural Plans | \$10,000 |

Open Space

1. *Friends of Good Harbor*

Preservation of 70-74 Thatcher Road

\$150,000

**16. *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

Kenny Costa

Jeffrey Towne

Gregg Cademartori

Deborah Laurie

J.J. Bell/Sandra Dahl-Ronan

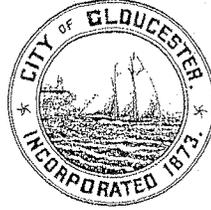
Police Chief Michael Lane

Noreen Burke

Bill Sanborn

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 Hall
Nine Dale Avenue
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

MEMORANDUM

TO: City Council

FROM: Jim Duggan, Chief Administrative Officer

RE: K12 Insight Invoice

DATE: July 3, 2012

We are respectfully requesting permission to pay the attached invoice for services procured by the School Department without a Purchase Order in place.

K12 insight is providing a subscription to its web-based platform for the School Department's use in gathering survey data and community input. The School Department has already used the service to gather community input data on the use of the Fuller School.

A Purchase Order has been opened and funds have been encumbered to pay the invoice, pending City Council approval.

Please refer this matter to the Budget and Finance subcommittee for review and approval. I will be available to answer questions and provide further information as required.



13454 Sunrise Valley Drive
Suite 440
Herndon, VA 20171
703-956-6460

Invoice

Date	Invoice #
2/21/2012	54101248

Bill To
Gloucester Public School District 6 School House Road Gloucester, MA 01930

P.O. No.	Terms	Project
1203562	Net 30	2012/2013

Quantity	Description	Unit Price	Amount
	Subscription to K12 Insight platform--DIY 3/1/12 to 2/28/13	4,999.00	4,999.00
Total			\$4,999.00

Memorandum

To: Mayor Carolyn A. Kirk
From: Noreen Burke, Public Health Director
CC: Joan Whitney, Healthy Gloucester Collaborative Director
Date: 7/26/2012
Re: Bureau of Substance Abuse Services (BSAS), Mass Call Extension Grant \$70,000.

Dear Mayor Kirk,

The Gloucester Health Department is pleased to report that Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Mass Collaborative for Action, Leadership and Learning 2 will provide the City with extension funding of \$70,000. The time period for expenditure of the funds will be from July 1st 2012 to June 30th 2013. June 30th 2013 will then mark the end of this five year Center for Substance Abuse Prevention (CSAP) grant. We expect a new competitive RFR will be released for FY 14.

The Healthy Gloucester Collaborative Overdose Prevention Project has had many notable data driven successes.

These include educating opiate users, community and service providers in overdose prevention techniques, and educating patients in or leaving treatment or detox in appropriate overdose management strategies.

The project led to the creation of a Health Promotion Advocate position located at Addison Gilbert Hospital. Patients with behavioral health/substance abuse issues who utilize ambulance services multiple times per week/day are referred to the Health Promotion Advocate for screening, brief Intervention and referral to treatment.

The project has worked successfully over the past five years with police, EMT and other first responders in addressing users and bystanders' reluctance to contact emergency services when an overdose occurs.

Staff will be available to answer any questions of the City Council.

Thank You for your support.



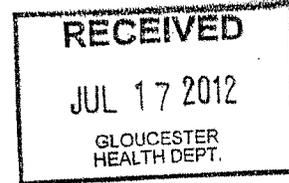
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER



July 12, 2012

TO: City Of Gloucester

RE: Contract# INTR2354MM3900913012

Enclosed please find for your review and signature a Standard Contract package. This package is a result of recent negotiations with the Department of Public Health, as specified in the attached cover letter and includes the items noted below. Please take note of the following:

NEW STANDARD CONTRACT/AMENDMENT/RENEWAL FORM:

Must be signed and dated (Preferred **BLUE INK**). Do not use correction fluid anywhere on the forms. If the provider information that is pre-filled in the upper left hand box is incorrect or missing, please contact me so that I can help you with the process to update. For instructions and hyperlinks, you can view this form at: www.mass.gov/osc under Guidance for Vendors-Forms or at www.mass.gov/osd under OSD Forms.

All attachments **MUST** be completed for your contract package to be processed.

As of July 1, 2011 the POS Office will no longer be making copies of a completed contract package and returning to your contract manager. The POS Office will continue to send copies of all forms signed by a Department representative. Please make copies of all relevant documents for your files before sending your completed packet to the POS Office.

CONTRACTOR AUTHORIZED SIGNATORY LISTING AND AUTHENTICATION FORM:

An original Contractor Authorized Signatory Listing form must be submitted for each new contract package. Once an original is in the contract file, the provider/vendor can include a copy of the Contract Authorized Signatory Listing (first page only) with each subsequent contract amendment package, unless there is a change to the person who signed the Listing, or a name/s on the Contractor Authorized Signatory Listing changes. The contractor/vendor is responsible for ensuring that both pages are current.

If you have any questions, please contact **Sokonthea Dao** at 617-624-6190 . An original contract package must be completed by **July 26, 2012** and mailed to:

Department of Public Health
Purchase of Service Office
250 Washington Street, 8th Floor
Boston, MA 02108-4619
ATTENTION: **Sokonthea Dao**



City of Gloucester
Grant Application and Check List

Granting Authority: State _____ Federal Other _____

Name of Grant: MASSCALL 2 services

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: Massachusetts Department of Public Health, (MDPH), Bureau of Substance Abuse Services

Object of the application:

Any match requirements: No

Mayor's approval to proceed: *[Signature]* 8/7/12
Signature Date

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

Grant Budget by line item account: _____

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

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



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: **Health Dept.**

ACCOUNT NAME: **BOH Substance Abuse & In**

FUND NUMBER AND NAME: (N/A FOR NEW FUND) **292055**

CFDA # (Required for Federal Grants):

DATE PREPARED: **7/23/2012**

APPROVED
AMENDED BUDGET
(IF APPLICABLE)

OBJECT	ORIGINAL BUDGET	AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
45800	\$30,000.00		\$70,000.00	\$100,000.00
				\$0.00
Total:	\$30,000.00	\$0.00	\$70,000.00	\$100,000.00
EXPENSE (5_____)				
51000	\$17,200.00		\$30,482.25	\$47,682.25
51250	\$5,000.00		\$4,540.18	\$9,540.18
51720	\$50.00		\$1,094.45	\$1,144.45
51740	\$100.00		-\$46.65	\$53.35
51750	\$1,100.00		\$9,501.43	\$10,601.43
51840	\$850.00		\$8.34	\$858.34
51860	\$4,150.00		\$1,000.00	\$5,150.00
51990	\$0.00		\$90.00	\$90.00
52000	\$0.00		\$20,080.00	\$20,080.00
54000	\$1,000.00		\$1,000.00	\$2,000.00
57000	\$250.00		\$2,150.00	\$2,400.00
57100	\$300.00		\$100.00	\$400.00
Total:	\$30,000.00	\$0.00	\$70,000.00	\$100,000.00

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____

AUDITING DEPARTMENT INITIALS _____

FORM: AUDIT ACCOUNT BUDGET - V1



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

July 9, 2012

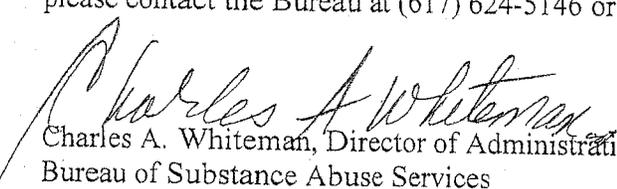
Jack Vondras
City of Gloucester Health Department
3 Pond Road, City Hall Annex
Gloucester, MA 01930

Dear Mr. Vondras:

This is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Abuse Services has amended your contract to provide MASSCALL 2 services. This contract, #INTF2354MM3900913012 has been increased in the amount of \$70,000.00 for a revised maximum obligation of \$100,000.00 and will be in effect through June 30, 2013.

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year and the Department may adjust the encumbrance in the accounting system to reflect the unspent funds for the prior fiscal year.

Please return this contract amendment package as soon as possible. If you have any questions, please contact the Bureau at (617) 624-5146 or the Purchase of Service Office at (617) 624-5800.


Charles A. Whiteman, Director of Administration and Finance
Bureau of Substance Abuse Services

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: City Of Gloucester (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Department Of Public Health MMARS Department Code: DPH	
Legal Address: (W-9, W-4, T&C): 9 Dale Ave Ste 9, Gloucester, MA 01930300		Business Mailing Address: 250 Washington St., Boston, MA 02108	
Contract Manager: Jack Vondras		Billing Address (if different):	
E-Mail: jvondras@gloucesterma.gov		Contract Manager: Sokonthea Dao	
Phone: 978-281-9771	Fax: 978-281-9729	E-Mail: sokonthea.dao@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 617-624-6190	Fax: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address Id Must be set up for EFT payments.)		MMARS Doc ID(s): INTF2354MM3900913012	
		RFR/Procurement or Other ID Number: 900913	
<p style="text-align: center;"><u>NEW CONTRACT</u></p> <p>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</p> <p><input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department)</p> <p><input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget)</p> <p><input type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants <u>815 CMR 2.00</u>) (Attach RFR and Response or other procurement supporting documentation)</p> <p><input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget)</p> <p><input type="checkbox"/> <u>Contract Employee</u> (Attach <u>Employment Status Form</u>, scope, budget)</p> <p><input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)</p>		<p style="text-align: center;"><u>CONTRACT AMENDMENT</u></p> <p>Enter Current Contract End Date <u>Prior</u> to Amendment: <u>06/30, 20 13</u>. Enter Amendment Amount: \$ <u>70,000.00</u>. (or "no change")</p> <p>AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)</p> <p><input checked="" type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget)</p> <p><input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget)</p> <p><input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget)</p> <p><input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)</p>	
The following <u>COMMONWEALTH TERMS AND CONDITIONS (T&C)</u> has been executed, filed with CTR and is incorporated by reference into this Contract. <input type="checkbox"/> Commonwealth Terms and Conditions <input checked="" type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ <u>623,504.00</u> .			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle <input checked="" type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <u>Prompt Pay Discounts Policy</u> .)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) <u>Maximum Obligation Change</u>			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of ____, 20__, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of ____, 20__, a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>06/30, 20 13</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)		X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: _____		Print Name: <u>Toni Gustus</u>	
Print Title: _____		Print Title: <u>Director, Purchase of Service Office</u>	

FY: 2013

Amendment # (if Applicable): _____

If Federal Funds, CFDA# 93.959
93.243

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: City Of Gloucester	Department Name: Massachusetts Department of Public Health
Program Type: Mass Collaborative for Action, Leadership and Learning 2	Document ID #: INTF2354MM3900913012
Program Name: Healthy Gloucester Coll.	UFR Program:
Program Address: 9 Dale Ave Ste 9	MMARS Program Code: 4940
City/State/Zip: Gloucester, MA 019303000	Other Reference information (Information Purposes Only):
Contact Person: Jack Vondras Telephone: 978-281-9771	Contact Person: Sokonthea Dao Telephone: 617-624-6190
<p>RFR INFORMATION: <input type="checkbox"/> Attached <input checked="" type="checkbox"/> RFR Reference # <u>900913</u></p> <p> <input type="checkbox"/> Legislative exemption <input type="checkbox"/> Emergency <input type="checkbox"/> Collective Purchase <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Amendment</p> <p>SCOPE OF SERVICES: <input type="checkbox"/> Bidders Response Attached <input checked="" type="checkbox"/> Description of Services Attached</p> <p>TOTAL ANTICIPATED CONTRACT DURATION: <u>07/01/2008</u> to <u>06/30/2013</u></p> <p>INITIAL DURATION: <u>07/01/2008</u> to <u>06/30/2011</u></p> <p>OPTIONS TO RENEW: *****Refer to RFR for options to renew and for years each option*****</p>	

FISCAL TERMS

	FUNDING SUMMARY					
	Prior Years		Current Years		Future Years	
	FY	Amount	FY	Amount	FY	Amount
Price is established through: (Check 1, 2, or 3)						
<input type="checkbox"/> OPTION 1: PRICE AGREEMENT (list price)						
\$ <u>See Attached</u>						
Rate Regulation (if any) _____						
<input type="checkbox"/> OPTION 2: SUMMARY BUDGET ("T" Lines only)						
<input type="checkbox"/> Unit Rate						
<input type="checkbox"/> Cost Reimbursement						
<input type="checkbox"/> Other _____						
<input checked="" type="checkbox"/> OPTION 3: COMPLETED BUDGET						
<input checked="" type="checkbox"/> Cost Reimbursement						
<input type="checkbox"/> Unit Rate						
<input type="checkbox"/> Other _____						
	Total	\$ 523,504.00	Total:	\$ 100,000.00	Total:	
	Multi Years Total:					\$ 623,504.00
Current Max Obligation: \$ _____ Unit Rate: \$ _____ per _____ # Billable Units: _____						
Additional Payment or Price Specifications:						

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: City of Gloucester # INTF2354MM3900913012

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

New Contract*

Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase : This amendment enables the MassCall program to continue through June 30, 2013, implementing their most successful strategies to reduce fatal and non-fatal opiod overdoses in our state. Some of the strategies include working with police and fire departments to reduce fear of calling 911 in case of opiod overdoses, working with treatment and hospital facilities to develop/modify policies and practices related to opiod overdoses, working with faith-based and other networks to recognize signs and symptoms of opiod overdoses and know where to refer people in need of help.

Decrease

Include a clear explanation of what services are being reduced as a result of the funding decrease.

Other

Identify the changes to the scope of services supported by the amendment (No change in Max Obligation).

Created 7/11/2011/Updated July 22, 2011

* This form will only be included with packages where a procurement exception (waiver) supports the contract.

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

Issued May
2004



CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Signature

Date:

Title:

Telephone:

Fax:

Email:

[Listing can not be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May
2004



CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

It is required that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section **MUST** be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type):

Title:

X

Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, _____ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

_____, 20 ____.

My commission expires on:

AFFIX NOTARY SEAL

I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

_____, 20 ____.

AFFIX CORPORATE SEAL

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

Provider/Vendor Name: _____ Vendor VC No.: _____
 Program Name: _____ Contract ID: _____

Instructions: Providers/vendors must complete and submit to DPH at the time of initial contract execution AND when subcontract dollars and/or vendors/providers are added or deleted. This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Line 206

1. Total Subcontract Dollars* \$ _____

2. Amount of #1 allocated to identified subcontractors (list below): \$ _____

Subcontractor Name/Vendor Number	Subcontract Amount	Type of Service provided and number of service units, if applicable
TOTAL: (Must = #2 above)		

3. Amount of #1 not yet allocated to identified subcontractors: \$ _____

Submitted by: _____ Date: _____ Phone: _____
 Provider/Vendor Authorized Signature

Approved by: _____ Date: _____ Phone: _____
 DPH Program Manager

* For contracts using Attachment 3, the Program Budget Form, 2 + 3 must = Line 206 of the form.

Report Title: Vendor's Worksheet for Program Budget Amendment	Page Number: 1 of 2
	Report Run Date: 07/12/2012
	Report Run Time: 01:40:32 PM

Budget Fiscal Year: 2013	Agency Name: Bureau of Substance Abuse Services	Contract No: INTF2354MM3900913012 - 2013 - CT
Contracting Provider: City Of Gloucester	VCC: VC6000192096	Line Item Budget: ALL
Activity Name: MassCALL	Activity Code: 4940	Amendment No: 4
Budget No: 1		

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
101	Program Function Manager	1.00	\$15,000.00	\$0.00						
137	Program Secretarial, Clerical Staff	1.00	\$5,000.00	\$0.00						
Direct Care / Program Staff Total		2.00	\$20,000.00	\$0.00						

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
215	Program Supplies, Materials and Expendable Items of Equipment and Furnishings	0.00	\$2,500.00	\$0.00						
Other Direct Care/Program Resources Total		0.00	\$2,500.00	\$0.00						

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
301	Program Facilities	0.00	\$3,500.00	\$0.00						
390	Facilities Operation, Maintenance, Equipment and Furnishing		\$1,000.00	\$0.00						
Occupancy Total		0.00	\$4,500.00	\$0.00						

Report Title: Vendor's Worksheet for Program Budget Amendment	Page Number: 2 of 2
	Report Run Date: 07/12/2012
	Report Run Time: 01:40:32 PM

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
410	Agency and Program Administration and Support	0.00	\$3,000.00	\$0.00						
Administrative Support Total		0.00	\$3,000.00	\$0.00						
Budget Total for Contract		2.00	\$30,000.00	\$0.00						
Activity Total for Contract		2.00	\$30,000.00	\$0.00						
Grand Total for Contract		2.00	\$30,000.00	\$0.00				+70,000		100,000



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-281-9771 Fax: 978-281-9729
EMAIL: healthdept@gloucester-ma.gov
WEBSITE: www.gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

MEMO

To: MAYOR CAROLYN A. KIRK
From: NOREEN BURKE, PUBLIC HEALTH DIRECTOR
Date: JULY 26, 2012
Subject: APPLICATION/ACCEPTANCE OF PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) GRANT~ 2012/13

Dear Mayor Kirk ~

The Gloucester Health Department is happy to provide for review and City Council acceptance, a grant in the amount of **\$188,742** from the Massachusetts Department of Public Health (MDPH), Emergency Preparedness Bureau (EPB).

The purpose of the grant is to provide funding to the North Shore/ Cape Ann regional public health emergency preparedness and response activities which includes:

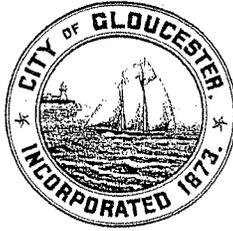
- Meeting all Federal and State emergency preparedness grant deliverables.
- Updating all communities' Emergency Dispensing Site plans annually.
- Scoring all communities' EDS plans with CDC's TAR scoring tool.
- Implementing and drilling various aspects of plans and Emergency Preparedness.
- Completing After Action and Corrective Action Reports on all drilling and training exercises.
- Providing trainings for Coalition members and volunteers on various Emergency Preparedness topics, as determined by needs assessment conducted in August 2011.

Please feel free to contact me if your office or Council members have any further questions.

Respectfully


NOREEN BURKE
HEALTH DIRECTOR

Enc. GRANT COPY
Cc: File



City of Gloucester
Grant Application and Check List

Granting Authority: State ___ Federal X Other _____

Name of Grant: PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: The Massachusetts Department of Public Health, (MDPH), Emergency Preparedness Bureau (EPB).

Object of the application: TO SUPPORT THE PUBIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE ACTIVITES THROUGHOUT THE NORTH SHORE/CAPE ANN.

Any match requirements: NO

Mayor's approval to proceed: [Signature] 8/7/12
Signature Date

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

Grant Budget by line item account:

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

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



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.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBAOH
COMMISSIONER

July 9, 2012

Noreen M. Burke, Director
City of Gloucester Board of Health
3 Pond Road
Gloucester, MA 01930

**RE: Public Health Emergency Preparedness (PHEP) Grant
Notice of Contract Award Amendment
Host Agency – City of Gloucester-North Shore/Cape Ann Emergency Preparedness
Coalition**

Dear Ms. Burke:

The Massachusetts Department of Public Health (MDPH), Emergency Preparedness Bureau (EPB) is pleased to provide funding to the North Shore/Cape Ann Emergency Preparedness Coalition for the purpose of emergency preparedness and response activities for new grant Budget Period 1 (BP1) of 8/10/2012 through 6/30/2013.

- **Your total BP1 PHEP award is \$188,742.** The award includes: \$168,439 in Base dollars; \$13,875 in CRI funds, and \$6,428 in State Match funding. Regarding fund disbursement for the new federal grant cycle (and State Fiscal Year calendar), your EPB initial payment request will combine an abbreviated Q1 (8/10/12 – 9/30/12) payment of \$47,185.50 and Q2 (Oct-Dec) payment of \$47,185.50 for a total of \$94,371. Thereafter, the following 2 quarters will be \$47,185.50 for Jan-Mar and Apr-Jun. The Host Agency is eligible to receive up to 15% of the awarded funds as needed for the fiscal, support, and administrative overhead costs associated with this grant.

Enclosed please find a Standard Contract Form Amendment for your review; completion and authorized signature. **Please return your signed Standard Contract Form Amendment with a budget, proposed workplan and a signed payment voucher** form totaling \$94,371 to the EPB at the address below. The contract form and payment voucher must have an original signature for processing. Once these forms are received by EPB the payment voucher will be processed and the funds disbursed.

Since this award is supported by federal funds (CFDA #93.069) your Agency is required to adhere to the auditing requirements of Federal OMB Circular A-133. For that reason, we encourage you to notify your Certified Public Accountant of this award. Please be advised that these funds must be expended in compliance with all state and federal guidance regarding allowable costs and the MDPH deliverables for BP1, and must be obligated by **June 30, 2013**.

Please return all requested documents to:

Massachusetts Department of Public Health
Emergency Preparedness Bureau
250 Washington Street, 1st floor
Boston, MA 02108
Attn: John Leahy, Contracts Manager

Please retain this letter on file. Any contract related questions regarding this matter should be directed to John Leahy, Contracts Manager for Emergency Preparedness Bureau at 617-994-9833.

Sincerely,



Mary E. Clark, JD, MPH
Director, Emergency Preparedness Bureau
Massachusetts Department of Public Health

Cc: Grace Connolly, Bob Dean, Kerin Milesky

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under [Guidance For Vendors - Forms](#) or www.mass.gov/osd under [OSD Forms](#).

CONTRACTOR LEGAL NAME: City Of Gloucester (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: Department Of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4, T&C): 9 Dale Ave Ste 9, Gloucester, MA 019303000	Business Mailing Address: 250 Washington St., Boston, MA 02108
Contract Manager: Karin Carroll	Billing Address (if different):
E-Mail: kcarroll@gloucester-ma.gov	Contract Manager: John Leahy
Phone: 978-281-9771 Fax: 978-281-9729	E-Mail: John.J.Leahy@ma.state.us
Contractor Vendor Code: VC6000192096	Phone: 617-994-9833 Fax: 617-624-5587
Vendor Code Address ID (e.g. "AD001"): AD001. (Note: The Address Id Must be set up for EFT payments.)	MMARS Doc ID(s): INTF6208P01902414045 RFR/Procurement or Other ID Number: 902414
<p style="text-align: center;"><u>NEW CONTRACT</u></p> PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)	<p style="text-align: center;"><u>X CONTRACT AMENDMENT</u></p> Enter Current Contract End Date <u>Prior</u> to Amendment: <u>08/09</u> , <u>20</u> <u>12</u> . Enter Amendment Amount: \$ <u>No Change</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input checked="" type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract:</u> Enter Total Maximum Obligation for total duration of this Contract (or <u>new</u> Total if Contract is being amended). \$ <u>1,331,128.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Scope Change Only	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and no obligations have been incurred prior to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of ____, 20__, a date LATER than the <u>Effective Date</u> below and no obligations have been incurred prior to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of ____, 20__, a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>08/09</u> , <u>20</u> <u>12</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>[Signature]</u> Date <u>8/7/12</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Toni Gustus</u> Print Title: <u>Director, Purchase of Service Office</u>

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF6208P01902414045

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

New Contract

Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase

Include a clear explanation of what the funding change will support in terms of additional services.
Renewal-Continuation of Services

Decrease

Include a clear explanation of what services are being reduced as a result of the funding decrease.

Other

Identify the changes to the scope of services supported by the amendment (No change in Max Obligation)

Scope of Services
Region 3D North Shore Emergency Preparedness Coalition
Grant Cycle BP1

During the coming grant cycle, BP1, August 10, 2012 to June 30, 2013, Region 3D will complete the following Grant requirements within the timeframes spelled out by Federal, State and local authorities:

- ~ meet all Federal and State emergency preparedness grant deliverables.
- ~update all communities' Emergency Dispensing Site plans annually.
- ~score all communities' EDS plans with CDC's TAR scoring tool.
- ~implement and drill various aspects of plans and Emergency Preparedness.
- ~complete After Action and Corrective Action Reports on all drilling and training exercises.
- ~provide trainings for Coalition members and volunteers on various Emergency Preparedness topics, as determined by needs assessment conducted in August 2011.

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: HEALTH
 ACCOUNT NAME: BOARD OF HEALTH EMERGENCY PREPAREDNESS COALITION
 FUND NUMBER AND NAME: (N/A FOR NEW FUND) 291083
 CFDA # (Required for Federal Grants): 93.069
 DATE PREPARED: JULY 10, 2012

APPROVED
 AMENDED BUDGET

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00
EXPENSE (5_____)				
51000	\$72,000			\$0.00
51700	10,000			\$0.00
52002	35,000			\$0.00
53401	26,000			\$0.00
52414	1,000			\$0.00
54203	1,000			\$0.00
54000	1,000			\$0.00
53499	2,431			\$0.00
57100	2,000			\$0.00
57000	28,311			\$0.00
54001	\$10,000-			\$0.00
Total:	188,742.00	\$0.00	\$0.00	\$0.00

DEPARTMENT HEAD SIGNATURE

Mareen Burke

DATE ENTERED (AUDIT)

AUDITING DEPARTMENT INITIALS



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

MDPH/EPB Vendor Payment Process

To: MDPH/Emergency Preparedness Bureau (EPB) Coalition Host Agents, Medical Reserve Corps, Tribes and Mini-Grant Contractors

RE: Contract Payment Process

Entities involved in Public Health Emergency Preparedness (PHEP) activities in Massachusetts are the local municipal city and town public health officers and non profit organizations with regular cash flow difficulties. Due to severe limitations on funding, these varied groups cannot pay persons to do necessary/required Centers for Disease Control (CDC) and Prevention coordination of emergency preparedness and response drills and exercises without CDC dollars available to pay for these costs. The resulting effect without CDC/MDPH/EPB dollars to these entities is no preparation activities get done resulting in no response capabilities identified/coordinated/delivered in a cohesive and organized manner during an actual State of Emergency.

Payments to Coalition Host Agents, Medical Reserve Corps, Tribes and Mini-grant contractors shall occur within a scheduled 5 to 8 working day period following receipt of an accurate and complete Payment Voucher submission to EPB along with all other required documents as noted in Budget Period Grants Manual schedule. These federal dollars are intended for municipalities to prepare for and respond to emergent public health needs as required by Pandemic All Hazards Preparedness Act (PAHPA) legislation and the CDC PHEP grant.

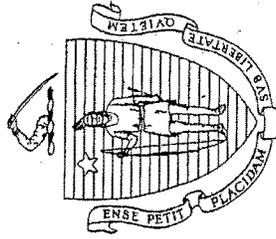
PAYMENT VOUCHER INPUT FORM

DEPARTMENT / ORGANIZATION NAME

Department of Public Health

DOCUMENT ID

TRANS PV	DEPT DPH	R/ORG	Number	PV Date 07/12/12	Acct Prd	BFY
ACTION: (E) (M)	Sch Pay Date	Off Liab Act	VENDOR'S CERTIFICATION I certify that the goods were shipped on time service rendered as set forth below.			
E	(PLEASE SIGN HERE) _____					



THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE COMPTROLLER

Vendor Name and Address
 Gloucester Health Dep
 24 Pond Road
 Gloucester, MA 01931

REFERENCED ORDER	LINE	QUANTITY	STXT	PAYMENT REF NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT	EMP
07/02 emergency preparedness funds from MDPH		1			Funds deposited continue work on regional emergency preparedness activities on the North Shore and Cape Ann	\$94,371	\$94,371	
DOCUMENT TOTAL:								

LN	Trans	Dept	R/Org	LINE	Number	DEPT	APPROP	Sub	Org	S/Org	Obj	S/Obj	Prog	Ty
PROJ/CL/GRC				Fund		BS Acct	PAYMENT REFERENCE NUMBER							
MSA #				LN #	DIS	DATES OF SERVICE	QNTY	Line Amount						P/F

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS:

PREPARED BY: Karin Carroll TITLE: Emergency Preparedness C DATE: 07/12/12

ENTERED BY: Karin Carroll TITLE: Emergency Preparedness C DATE: 07/12/12

INSTRUCTIONS TO VENDOR:
 Fill in shaded areas
 Direct inquiries to state organization

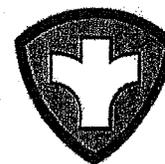
The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations

APPROVED BY: *Karen Burke* TITLE: Director Health Dept. DATE: 07/12/12 PHONE: 978-282-8016



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-281-9771 Fax: 978-281-9729
EMAIL: healthdept@gloucester-ma.gov
WEBSITE: www.gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

MEMO

To: MAYOR CAROLYN A. KIRK
From: NOREEN BURKE, PUBLIC HEALTH DIRECTOR
Date: JULY 26, 2012
Subject: APPLICATION/ACCEPTANCE OF NACCHO GRANT

Dear Mayor Kirk

The Gloucester Health Department is happy to offer for review and City Council acceptance, a grant application and award of \$5,000 from the National Association of County and City Health Officials (NACCHO).

The purpose of the grant is to provide funding that expands the capacity of our Civilian Volunteer Medical Reserve Corps (MRC) volunteers. MRC volunteers are regional medical professionals who could be called upon in the event of a public health emergency, such as a pandemic, or to support local and regional vaccine clinics during the winter flu season. The Gloucester Health Department is the host agency for the North Shore Emergency Preparedness Coalition, which oversees the activities of the MRC volunteers in our area.

Our apologies, as this grant was applied for through the initiative of our regional MRC coordinator, who did not understand the requirements of the City in regards to grant processes. Gloucester has been awarded the grant and received the funds and we are now in the process of ensuring that proper grant procedures are complied with. There is no city match requirement for the grant.

Please feel free to contact me if your office or Council members have any further questions.

Respectfully

NOREEN BURKE
HEALTH DIRECTOR

Enc. GRANT COPY
Cc: File



City of Gloucester
Grant Application and Check List

Granting Authority: State _____ Federal Other _____

Name of Grant: Medical Reserve Corps Grant

Department Applying for Grant: Health / Emergency Preparedness

Agency-Federal or State application is requested from: Nat'l Assoc. of County and City Health Officials (NACCHO)

Object of the application: To support NS/CA-EP volunteer program

Any match requirements: NO

Mayor's approval to proceed: *[Signature]* 8/7/12
Signature Date

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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- free for non-commercial use

To remove this notice, visit:
www.iceni.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.

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

March 29, 2011

Dear MRC Unit or MRC Unit Housing Organization:

Congratulations on your 2009 Capacity Building Award!

Thank you for your assistance in getting this contract in place. Enclosed is a fully executed agreement for your files and a check for the amount indicated in Section 3 of the agreement.

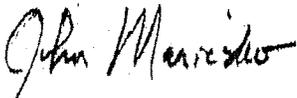
Your obligations under this agreement are listed in Section 1. You are not required to report spending to NACCHO unless you are chosen for a follow-up survey and there is no deadline for spending the amount received.

Point of Contacts

Please contact Moira Tsanga at mtsanga@naccho.org Tel: (202) 507-4272 for any contract administration questions. For any technical questions, please contact to Emily Cohen at ecohen@naccho.org Tel: (202) 507-4206.

NACCHO looks forward to continuing to work with you. Thank you.

Sincerely,



John Mericsko
Chief Financial Officer

Enclosures



National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CONTRACT # MRC 12 482

This Agreement is entered into, effective as of the date of the later signature indicated below (the "Effective Date"), by and between the **National Association of County and City Health Officials** ("NACCHO"), with its principal place of business at 1100 17th St., N.W., 7th Floor, Washington, DC 20036, and **City of Gloucester Health Department** ("Organization"), with its principal place of business at **City of Gloucester Health Department City Hall Annex 3 Pond Road Gloucester, MA 01930.**

WHEREAS, NACCHO has received a grant from the Department of Health and Human Services (Grant Number: 5MRCSG101005-02, CFDA Number: 93.008) (the "Grant") to build the capacity of local Medical Reserve Corps ("MRC") units;

WHEREAS, pursuant to the terms of the Grant, NACCHO has agreed, among other things, to provide support to MRC units and to encourage these units to provide certain information to the Office of the Surgeon General's Office of the Civilian Volunteer Medical Reserve Corps ("OSG/OCVMRC");

WHEREAS, Organization either houses or is itself an MRC unit that is registered in good standing with the OSG/OCVMRC;

WHEREAS, pursuant to the terms of the Grant, NACCHO desires to provide funding to Organization in exchange for Organization agreeing, among other things, to undertake the activities indicated in their capacity building application or oversee such activities and to provide certain information to the OSG/OCVMRC.

NOW, THEREFORE, NACCHO and Organization, intending to be legally bound, in consideration of the promises and mutual covenants and obligations contained herein, hereby agree as follows:

1. **ORGANIZATION'S OBLIGATIONS:** In consideration for the payment described in Section 3, below, Organization agrees, during the Term of this Agreement, to be an MRC Unit in Good Standing by meeting the following criteria below. If Organization houses an MRC Unit, Organization will insure that the unit is an MRC Unit in Good Standing by meeting the following criteria below.
 - a. Have 501c(3) or comparable status or be housed in an organization capable of and willing to receive federal funds on its behalf;
 - b. Monitors and provide updates to the MRC Unit's profile on the MRC web site no less often than once every three months;
 - c. Provides the OSG/OCVMRC with regular updates of programs and plans;
 - d. Actively works towards National Incident Management System ("NIMS") compliance;
 - e. Agrees to participate in MRC Unit Technical Assistance assessments;
 - f. Utilizes capacity building award funds for approved purposes, and as indicated in their capacity building award application;
 - g. Maintains Registered status with the OSG/OCVMRC; and

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

- h. Agrees to participate in an evaluation review by NACCHO
2. TERM OF AGREEMENT: The term of the Agreement shall be begin on December 22, 2011 and shall continue until July 31, 2012 (the "Term").
 3. PAYMENT FOR SERVICES: In consideration for the agreements by Organization set forth in Section 1, above, NACCHO shall pay Organization Five Thousand Dollars (\$5,000). Payment will be made before the expiration of the Term of the Agreement.
 4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
 5. ASSIGNMENT: Organization may not assign this Agreement nor delegate any duties herein without the expressed written approval of NACCHO.
 6. INTERFERING CONDITIONS: Organization shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Organization's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Organization of said duties and responsibilities under this Agreement.
 7. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the consultant, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the consultant and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
 8. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces any and all previous understandings, commitments, or agreements, oral or written.
 9. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, that part, term or provision shall be restated to effectuate the parties' intentions, and the validity of the remaining portions or provisions shall not be

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

affected.

10. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law rules).
11. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Organization's use of funds under this Agreement is subject to the directives of and full compliance with 45 C.F.R. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations). It is the Organization's responsibility to understand and comply with all requirements set forth therein.
12. DEBARRED OR SUSPENDED ORGANIZATIONS: Pursuant to OMB Circular A-110, Organization certifies to the best of its knowledge that its is not presently and will execute no subcontract with 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."
13. AUDITING: Organization agrees to permit independent auditors to have access to its books, records and financial statements for the purpose of monitoring compliance with this contract.
14. NOTICE: All notices under this Agreement shall be in writing and shall be sent via facsimile and first class mail, postage prepaid, to the addresses below. Either party may update its address by providing written notice to the other party pursuant to the terms of this provision.

TO NACCHO:
National Association of County and City Health Officials
Attn: Moira Tsanga
1100 17th Street, N.W., 7th Floor
Washington, DC 20036
Tel. (202) 507-4272
Fax (202) 783-1583
Email: mtsanga@naccho.org

TO ORGANIZATION:
City of Gloucester ~~Health Department~~ ^(K)
Carolyn Kirk
Mayor
City of Gloucester ~~Health Department City Hall Annex 3 Pond Road~~ ^{(K) 9 Dale Ave.,} Gloucester, MA 01930
Tel. 978-281-9700

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

15. AUTHORITY TO BIND PARTY: Each party hereby represents and warrants that the person signing this Agreement on its behalf as the authority to bind such party.

ORGANIZATION:

Authorized Signature:

By: *Carolyn Kirk* Mayor
Date: 1/3/11

Name: Carolyn Kirk
Title: Mayor

Organization: City of Gloucester ~~Health Department~~ ⁽¹²⁾

Address: City of Gloucester, ~~Health Department City Hall Annex 3 Pond Road Gloucester, MA 01930~~ ^{9 Dale Ave,}

Phone: 978-281-9700
Fax: 978-281-9738
EIN: 04-6001390

NACCHO:

Authorized Signature:

By: *Pauline Roberts*
Date: 4/7/12

Name: Pauline Roberts
Title: Director of Grants and Contracts

Organization: National Association of County and City Health Officials

Address: 1100 17th Street, NW
7th Floor
Washington, DC 20036

Phone: 202-783-2490
Fax: 202-783-1583
EIN: 52-1426663

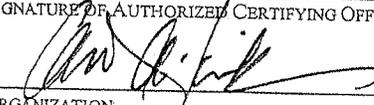
National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that City of Gloucester Health Department ^(KC) has not been debarred or suspended pursuant to OMB Circular A-110 and will not subcontract with 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."

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Mayor
ORGANIZATION City of Gloucester, MA	DATE SIGNED 1-24-2011

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Health (Emergency Preparedness)
 ACCOUNT NAME: FY12 MRC Emergency Prep. - Contract Services
 FUND NUMBER AND NAME: 291121
 CFDA # (Required for Federal Grants): _____
 DATE PREPARED: 6-10-12

APPROVED
 AMENDED BUDGET

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
46800	\$14,285.00		\$5,000.00	\$19,285.00
				\$0.00
				\$0.00
Total:	\$14,285.00		\$5,000.00	\$19,285.00
EXPENSE (5_____)				
52000	\$2,000.00		\$5,000.00	\$7,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$2,000.00	\$0.00	\$5,000.00	\$7,000.00

DEPARTMENT HEAD SIGNATURE *Noreen Burke*
 DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-281-9771 · Fax: 978-281-9729
EMAIL: healthdept@gloucester-ma.gov
WEBSITE: www.gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

MEMO

To: MAYOR CAROLYN KIRK
From: NOREEN BURKE, PUBLIC HEALTH DIRECTOR
Date: JULY 26, 2012
Subject: APPLICATION/ACCEPTANCE OF MRC GRANT

Dear Mayor Kirk ~

The Gloucester Health Department is happy to offer for review and City Council acceptance, a grant award of \$14,285 from the Massachusetts Department of Public Health (MDPH), Emergency Preparedness Bureau (EPB).

The purpose of the grant is to provide funding to assist the North Shore/Cape Ann region in preparing for public health emergencies and enhance their Medical Reserve Corps (MRC) capacity to respond, including:

- Credential MRC volunteers in accordance with established standards.
- Maintain and revise volunteer protocols.
- Coordinate outreach, recruitment, deployment, and training of MRC volunteers throughout other regions of the State as appropriate.
- Recruit, train and retain members specifically to enhance public health preparedness within all communities of the North Shore/ Cape Ann Emergency Preparedness Coalition.
- Provide Coalition representation at all local and state MRC meetings.
- Submit quarterly finance and activity updates as required.
- Maintain MAResponds database to be utilized for all aspects of volunteer management.

Please feel free to contact me if your office or Council members have any further questions.

Respectfully

Noreen Burke
NOREEN BURKE
HEALTH DIRECTOR

Enc. GRANT COPY
Cc: File



City of Gloucester
Grant Application and Check List

Granting Authority: State ___ Federal X Other _____

Name of Grant: Medical Reserve Corps Grant

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: The Massachusetts Department of Public Health (MDPH), Emergency Preparedness Bureau (EPB).

Object of the application: Building the MRC capacity to respond during public health emergency throughout North Shore/Cape Ann.

Any match requirements: No

Mayor's approval to proceed: [Signature] 8/7/12
Signature Date

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

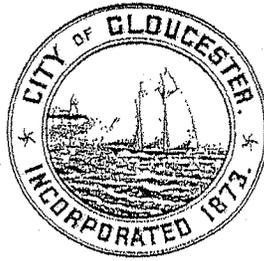
City Clerk's Certification of Vote to City Auditor: _____
Certification Date

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

Grant Budget by line item account: _____

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

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



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.



TOWN OF WESTFORD
BOARD OF HEALTH

TOWN HALL
55 Main Street
WESTFORD, MA 01886
(978) 692-5509 FAX (978) 399-2558

July 26, 2012

Karin Carroll, Emergency Preparedness Coordinator
NS/CA Emergency Preparedness
c/o Gloucester Health Dept.
3 Pond Road
Gloucester, MA 01930

Dear Karin,

The Massachusetts Department of Public Health has provided funds of \$114,285 to the Region 3 Medical Reserve Corps, to assist communities in preparing for public health emergencies and to assist in building their MRC capacity to respond. The grant cycle runs from July 1, 2012 and ends on June 30, 2013.

The town of Westford has been made the fiscal agent for the contract. As some of the money will be returned directly to each MRC, we are providing information so a grant account can be established in your town to draw funds from. This allows the Town of Westford to cut a check directly to each MRC.

According to established protocol, all expenditures made from this local funding must be in accordance with MDPH protocols and deliverables met, as part of the funding requirements. In addition a copy of all expenses must be submitted to the host agency responsible for the fiscal quarterly and year-end reports prior to year end. The MRC Director or Coordinator will assure that the process of approval for expenditures is finalized prior to submittal to the Treasures office.

As of July 26th 2012, the North Shore Cape Ann Emergency Preparedness Coalition MRC has been awarded a preliminary budget of \$14,285. A check for ¼ of this amount was recently issued and should arrive by mail.

For questions please feel free to call me @ 978 399-2908.

Sincerely,

Sandy Collins, RN
Director of Health Care Services

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: Town Of Westford (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: Department Of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4, T&C): 55 Main St, Westford, MA 01886-2551	Business Mailing Address: 250 Washington St., Boston, MA 02108
Contract Manager: Sandy Collins	Billing Address (if different):
E-Mail: scollins@westfordma.gov	Contract Manager: John Leahy
Phone: 978-692-5509 Fax: 978-399-2558	E-Mail: John.J.Leahy@state.ma.us
Contractor Vendor Code: VC8000192045	Phone: 617-994-9833 Fax: 617-624-5587
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address Id Must be set up for EFT payments.)	MMARS Doc ID(s): INTF6208P01902414103 RFR/Procurement or Other ID Number: 902414
<p style="text-align: center;"><u>NEW CONTRACT</u></p> PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input type="checkbox"/> <u>Department Procurement</u> (Includes State or Federal grants §15 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)	<p style="text-align: center;"><u>X CONTRACT AMENDMENT</u></p> Enter Current Contract End Date <u>Prior</u> to Amendment: <u>06/30, 20 12</u> . Enter Amendment Amount: \$ <u>114,286.00</u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input checked="" type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended). <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total If Contract is being amended), \$ <u>438,722.00</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from Invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle ___ statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Renewal Only	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input checked="" type="checkbox"/> 2. may be incurred as of <u>07/01, 20 12</u> , a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of <u> </u> , <u>20 </u> , a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>06/30, 20 13</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Toni Gustus</u> Print Title: <u>Director, Purchase of Service Office</u>

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF6208P01902414103

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

New Contract

Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase

Include a clear explanation of what the funding change will support in terms of additional services.
Renewal-continuation of services.

Decrease

Include a clear explanation of what services are being reduced as a result of the funding decrease.

Other

Identify the changes to the scope of services supported by the amendment (No change in Max Obligation)

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Health (Public Health Emergency Preparedness)
 ACCOUNT NAME: MRC Emergency Prep
 FUND NUMBER AND NAME: 291121
 CFDA # (Required for Federal Grants): _____
 DATE PREPARED: July 30, 2012

APPROVED
 AMENDED BUDGET

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
46800	14,285.00			\$14,285.00
				\$0.00
				\$0.00
Total:	\$14,285.00		\$0.00	\$14,285.00
EXPENSE (5_____)				
52000	12,000.00			\$12,000.00
54203	2,285.00			\$2,285.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$14,285.00	\$0.00	\$0.00	\$14,285.00

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

Town of Westford, Westford, MA 01886

Invoice Date	Invoice Number	GL Account Number	Invoice Description	Net Invoice Amount
07/12/2012	71212-2	25510511 520000	1/4 PAYMENT ALLOCATION - MRC	3,571.25
<hr/>				
Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
93603	CITY OF GLOUCESTER-HEALTH DEPT	00274661	07/19/2012	3,571.25



Town of Westford
 Accounts Payable
 55 Main Street
 Westford, MA 01886

Vendor Number: 93603
 Check Date: 07/19/2012
 Check Number: 00274661
 VOID 180 DAYS FROM DATE OF ISSUE
 \$3,571.25

Pay Three Thousand Five Hundred Seventy One dollars and 25 cents *****

To The Order Of
 CITY OF GLOUCESTER-HEALTH DEPT
 ATTN: MARGARET WHITTAKER
 3 POND ROAD
 GLOUCESTER, MA 01930-0000

Eastern Bank
 Lynn, MA 01901



Christina H. Collins
 Authorized Signature



Chief Michael W. Lane

**Gloucester Police
Department**

Memo

RECEIVED

JUL 18 2012

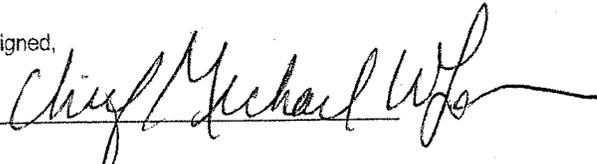
Mayor's Office

To: Jim Duggan- CAO
From: Chief Michael Lane
CC:
Date: July 17, 2012
Re: Permission to pay FY12 invoice with FY13 funds

The Gloucester Police Department requests permission to pay an invoice for Sgt. Stephen May's services rendered in June without a purchase order in place. The department respectfully requests to pay this invoice with FY13 funds.

I am requesting that this memo and the attached paperwork be included in the Mayor's report for submittal to the City Council for referral out to the Budget and Finance Subcommittee for permission to pay the invoice. Please contact me should you have any questions. Thank you.

Signed,



Chief Michael Lane

Stephen W. May
4 Red Oak Acres
Merrimac, MA 01860
978-337-2847

Invoice for Professional Services

Gloucester Police Department
197 Main Street
Gloucester, MA 01930
Attn: Heidi Fialho

06/21/2012

<u>Service Provided</u>	<u>Rate</u>
8 Hour MPTC Breath Test Operator Certification Course	\$35.00/hour

Total Amount Due: \$280.00

Chief Michael W. Lane

**Gloucester Police
Department**

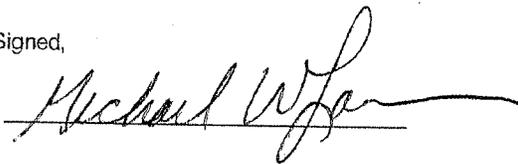
Memo

To: Jim Duggan- CAO
From: Chief Michael Lane
CC:
Date: July 31, 2012
Re: Permission to pay FY12 invoice with FY13 funds

The Gloucester Police Department requests permission to pay an invoice for goods received from Destino's Subs in June with FY13 funds. The FY12 Purchase Order carried over was not enough to cover the June invoice. An additional \$58.79 is necessary.

I am requesting that this memo and the attached paperwork be included in the Mayor's report for submittal to the City Council for referral out to the Budget and Finance Subcommittee for permission to pay the invoice. Please contact me should you have any questions. Thank you.

Signed,



Chief Michael Lane

Destino's

129 Prospect St.
Gloucester, MA 01930

Invoice

Date	Invoice #
6/4/2012	141

Bill To
City of Gloucester Police Department Main St. Gloucester, Ma. 01930

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			6/4/2012			

Quantity	Item Code	Description	Price Each	Amount
1	Food	Prisoner's Dinner	5.89	5.89
1	Food	Prisoner's Dinner	5.89	5.89
1	Food	Prisoner's Breakfast	3.36	3.36
1	Food	Prisoner's Breakfast	3.35	3.35
1	Food	Prisoner's Dinner	5.89	5.89
1	Food	Prisoner's Breakfast	3.35	3.35
2	Food	Prisoner's Dinner	5.89	11.78
2	Food	Prisoner's Dinner	5.89	11.78
1	Food	Prisoner's Breakfast	5.89	5.89
1	Food	Prisoner's Dinner	2.89	2.89
4	Food	Prisoner's Breakfast	5.89	5.89
			3.37	13.48

PO 1200556

Thank you for your business.

Total

\$82.79

RECEIPT

DATE 6/3/12 No. 672839

FROM 1 Prisoners Dinner \$ 5.89

_____ DOLLARS

FOR RENT
 FOR _____

ACCT.		<input type="radio"/> CASH
PAID		<input type="radio"/> CHECK
DUE		<input type="radio"/> MONEY ORDER

FROM _____ TO _____

BY [Signature]

2501

RECEIPT

DATE 06.08.12 No. 672842

FROM Deshiras \$ 3.95

one breakfast _____ DOLLARS

FOR RENT
 FOR _____

ACCT.		<input type="radio"/> CASH
PAID		<input type="radio"/> CHECK
DUE		<input type="radio"/> MONEY ORDER

FROM _____ TO _____

BY [Signature]

2501

Price

RECEIPT

DATE 4/5/12 No. 672840

FROM G.P.D \$ 5.89

1 pr's Dinner _____ DOLLARS

FOR RENT
 FOR _____

ACCT.		<input type="radio"/> CASH
PAID		<input type="radio"/> CHECK
DUE		<input type="radio"/> MONEY ORDER

FROM _____ TO _____

BY [Signature]

2501

RECEIPT

DATE June 14th, 2012 No. 672843

FROM 1 Prisoners breakfast \$ 3.35

_____ DOLLARS

FOR RENT
 FOR _____

ACCT.		<input type="radio"/> CASH
PAID		<input type="radio"/> CHECK
DUE		<input type="radio"/> MONEY ORDER

FROM _____ TO _____

BY [Signature]

2501

RECEIPT

DATE 06.06.12 No. 672841

FROM Deshiras \$ 3.36

one breakfast _____ DOLLARS

FOR RENT
 FOR _____

ACCT.		<input type="radio"/> CASH
PAID		<input type="radio"/> CHECK
DUE		<input type="radio"/> MONEY ORDER

FROM _____ TO _____

BY [Signature]

2501

TO: Bruce

RECEIPT

610 P.D.

DATE 6/19/2012 No. 672844

FROM Destin's \$3.35

1 prisoner breakfast DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM TO

BY *[Signature]*

2501

RECEIPT

DATE 6/24/12 No. 672847

FROM 19 Juna 19 coffee \$5.85

Prisoners lunch DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM TO

BY *[Signature]*

2501

RECEIPT

Colo. P.D.

DATE 6/23 (Sunday) No. 672846

FROM Destin's \$2.85

1 prisoner breakfast DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM TO

BY *[Signature]*

2501

RECEIPT

DATE 6/30/12 No. 672850

FROM 1 Prisoners Dinner \$5.85

DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM TO

BY *[Signature]*

2501

RECEIPT

DATE June 23rd, 2012 No. 672845

FROM 2 Prisoners Lunch \$11.78

Ji O Leay DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM TO

BY

2501

Date 6/18

M _____

Address _____

Reg. No.	Clerk	Account Forward
1		
2		
3	1 Patson	
4	Den.	
5		
6		
7		5.85
8		
9		
10		
11		
12		
13		
14	9732-39	
15		

A-1200/3510/3530 T-45202/46202/46203 Your Account Stated to Date - If Error is Found, Return at Once

Date 6/22

M _____

Address _____

Reg. No.	Clerk	Account Forward
1		
2		
3		
4	2 Patson	
5	Den	
6		
7		
8		
9		
10		
11		
12		
13		
14	9600-36	
15		

A-1200/3510/3530 T-45202/46202/46203 Your Account Stated to Date - If Error is Found, Return at Once

Police

RECEIPT

DATE 6/30/12 No. 672849

FROM Deshner \$ 13.48

_____ DOLLARS

FOR RENT
 FOR 4 breakfast

ACCT. _____ PAID _____ DUE _____

CASH
 CHECK
 MONEY ORDER

FROM _____ TO _____ BY [Signature]

2501

CITY OF GLOUCESTER

Purchase Order Pay History and Encumbrance

Vendor: DESTINOS
 Order Type: Purchase Order
 DAC: C Police Department
 Ship To:
 Project: undesignated
 PO Status: Open
 Requester: Heidi Fialho

Fiscal Year: 2011-2012
 P.O. No. Name Of Vendor
 P.O. Date Req. Number Original Amount Requester Amount Encumbrance
 07/26/11 1200004 708.85 Heidi Fialho Project undesignated Purchase Order

Item #	Account Number	Qty	Description	Invoice	Voucher	Check	Amount	Amount Paid	Encumbrance	
2685	101000.10.211.54900.0000.00.000.00.054	708.85	Meals for Prisoner's in custody ordered July 1, 2011-June 30, 2012				708.85	708.85		
2685	101000.10.211.54900.0000.00.000.00.054	101.66		Invoice: 95	Voucher: 1123	Check: 15446		08/19/11	\$101.66	
2685	101000.10.211.54900.0000.00.000.00.054	111.58		Invoice: 97	Voucher: 1140	Check: 16512		09/30/11	\$111.58	
2685	101000.10.211.54900.0000.00.000.00.054	41.12		Invoice: 1033	Voucher: 1153	Check: 17544		10/28/11	\$41.12	
2685	101000.10.211.54900.0000.00.000.00.054	67.63		Invoice: 105	Voucher: 1169	Check: 18561		12/01/11	\$67.63	
2685	101000.10.211.54900.0000.00.000.00.054	79.13		Invoice: 110	Voucher: 1183	Check: 19404		12/23/11	\$79.13	
2685	101000.10.211.54900.0000.00.000.00.054	26.34		Invoice: 114-122811	Voucher: 1198	Check: 20249		01/20/12	\$26.34	
2685	101000.10.211.54900.0000.00.000.00.054	35.23		Invoice: 125	Voucher: 1223	Check: 21953		03/21/12	\$35.23	
2685	101000.10.211.54900.0000.00.000.00.054	29.15		Invoice: 41-12	Voucher: 1211	Check: 21104		02/17/12	\$29.15	
2685	101000.10.211.54900.0000.00.000.00.054	61.68		Invoice: 130	Voucher: 1246	Check: 23163		04/27/12	\$61.68	
2685	101000.10.211.54900.0000.00.000.00.054	79.24		Invoice: 135	Voucher: 1266	Check: 24270		06/08/12	\$79.24	
2685	101000.10.211.54900.0000.00.000.00.054	52.09		Invoice: 138	Voucher: 1285	Check: 25196		06/29/12	\$52.09	
							PO Totals:	\$708.85	\$684.85	\$24.00
							Grand Totals:	\$708.85	\$684.85	\$24.00

End of Report

Chief Michael W. Lane

**Gloucester Police
Department**

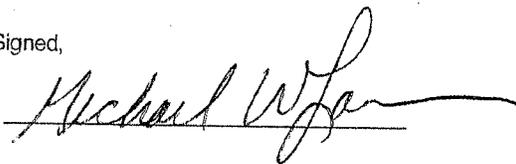
Memo

To: Jim Duggan- CAO
From: Chief Michael Lane
CC:
Date: July 31, 2012
Re: Permission to pay FY12 invoice with FY13 funds

The Gloucester Police Department requests permission to pay an invoice for goods received from Destino's Subs in June with FY13 funds. The FY12 Purchase Order carried over was not enough to cover the June invoice. An additional \$58.79 is necessary.

I am requesting that this memo and the attached paperwork be included in the Mayor's report for submittal to the City Council for referral out to the Budget and Finance Subcommittee for permission to pay the invoice. Please contact me should you have any questions. Thank you.

Signed,



Chief Michael Lane

Destino's

129 Prospect St.
Gloucester, MA 01930

Invoice

Date	Invoice #
6/4/2012	141

Bill To
City of Gloucester Police Department Main St. Gloucester, Ma. 01930

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			6/4/2012			

Quantity	Item Code	Description	Price Each	Amount
1	Food	Prisoner's Dinner	5.89	5.89
1	Food	Prisoner's Dinner	5.89	5.89
1	Food	Prisoner's Breakfast	3.36	3.36
1	Food	Prisoner's Breakfast	3.35	3.35
1	Food	Prisoner's Dinner	3.35	3.35
1	Food	Prisoner's Breakfast	5.89	5.89
2	Food	Prisoner's Dinner	3.35	3.35
2	Food	Prisoner's Dinner	5.89	11.78
1	Food	Prisoner's Dinner	5.89	11.78
1	Food	Prisoner's Breakfast	5.89	5.89
1	Food	Prisoner's Dinner	2.89	2.89
4	Food	Prisoner's Breakfast	5.89	5.89
			3.37	13.48

PO 1200556

Thank you for your business.	Total	\$82.79
------------------------------	--------------	---------

RECEIPT

DATE 6/3/12 No. 672839

FROM 1 Prisoners Dinner \$ 5.89

_____ DOLLARS

FOR RENT
 FOR _____

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM _____ TO _____

BY [Signature]

RECEIPT

DATE 4/5/12 No. 672840

FROM G.P.D \$ 5.89

1 pr's Dinner _____ DOLLARS

FOR RENT
 FOR _____

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM _____ TO _____

BY [Signature]

RECEIPT

DATE 06.06.12 No. 672841

FROM Deshires \$ 3.36

one breakfast _____ DOLLARS

FOR RENT
 FOR _____

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM _____ TO _____

BY [Signature]

RECEIPT

DATE 06.08.12 No. 672842

FROM Deshires \$ 3.35

one breakfast _____ DOLLARS

FOR RENT
 FOR _____

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM _____ TO _____

BY [Signature]

RECEIPT

DATE June 14th 2012 No. 672843

FROM 1 Prisoners breakfast \$ 3.35

_____ DOLLARS

FOR RENT
 FOR _____

ACCT. PAID DUE

CASH
 CHECK
 MONEY ORDER

FROM _____ TO _____

BY [Signature]

Blice

TO: Blice

RECEIPT

Colo. P.D.

DATE 6/19/2012 No. 672844

FROM Destinos \$ 3.35

1 prisoner breakfast DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM TO
 CHECK BY
 MONEY ORDER

[Signature]

2501

RECEIPT

DATE 6/24/12 No. 672847

FROM 19 Juna 19 coffee \$ 5.85

Prisoners lunch DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM TO
 CHECK BY
 MONEY ORDER

[Signature]

2501

RECEIPT

Colo. P.D.

DATE 6/23 (Sunday) No. 672846

FROM Destinos \$ 2.85

1 prisoner breakfast DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM TO
 CHECK BY
 MONEY ORDER

[Signature]

2501

RECEIPT

DATE 6/30/12 No. 672850

FROM 1 Prisoners Dinner \$ 5.85

DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM TO
 CHECK BY
 MONEY ORDER

[Signature]

2501

RECEIPT

DATE June 23rd, 2012 No. 672845

FROM 2 Prisoners Lunch \$ 11.78

J. O'Leary DOLLARS

FOR RENT
 FOR

ACCT. PAID DUE

CASH FROM TO
 CHECK BY
 MONEY ORDER

2501

Date 6/18

M _____

Address _____

Reg. No.	Clerk	Account Forward
1		
2		
3	1 Parson	
4		
5		
6		5.85
7		
8		
9		
10		
11		
12		
13		
14	9732-39	
15		

A-1200/3510/3530 T-45202/46202/46203 Your Account Stated to Date - If Error is Found, Return at Once

Date 6/22

M _____

Address _____

Reg. No.	Clerk	Account Forward
1		
2		
3		
4	2 Parson	
5		
6	Den	
7		
8		
9		
10		
11		
12		
13		
14	9600-36	
15		

\$11.75

A-1200/3510/3530 T-45202/46202/46203 Your Account Stated to Date - If Error is Found, Return at Once

RECEIPT

Police

DATE 6/30/12 No. 672849

FROM Deshmoo \$ 13.48

_____ DOLLARS

FOR RENT
 FOR 4 breakfast

ACCT. _____ PAID _____ DUE _____

CASH CHECK MONEY ORDER

FROM _____ TO _____ BY [Signature]

2501

CITY OF GLOUCESTER

**Purchase Order Pay History
and Encumbrance**

Vendor: DESTINOS
Order Type: Purchase Order
DAC: C. Police Department
Ship To:

Project: undesignated
PO Status: Open
Requester: Heidi Fialho

Fiscal Year: 2011-2012
P.O. No. Name Of Vendor

Item #	Account Number	P.O. Date	Req. Number	Original Amount	Requester	Project	Award #	Order Type
1200556	DESTINOS	07/26/11	1200004	708.85	Heidi Fialho	undesignated		Purchase Order

Item #	Account Number	Qty	Description	Invoice:	Voucher:	Check:	Amount	Amount Paid	Encumbrance
2685	101000.10.211.54900.0000.00.000.00.054	708.85	Meals for Prisoner's in custody ordered July 1, 2011-June 30, 2012				708.85	708.85	
2685	101000.10.211.54900.0000.00.000.00.054	101.66		Invoice: 95	Voucher: 1123	Check: 15446		08/19/11	\$101.66
2685	101000.10.211.54900.0000.00.000.00.054	111.58		Invoice: 97	Voucher: 1140	Check: 16512		09/30/11	\$111.58
2685	101000.10.211.54900.0000.00.000.00.054	41.12		Invoice: 1033	Voucher: 1153	Check: 17544		10/28/11	\$41.12
2685	101000.10.211.54900.0000.00.000.00.054	67.63		Invoice: 105	Voucher: 1169	Check: 18561		12/01/11	\$67.63
2685	101000.10.211.54900.0000.00.000.00.054	79.13		Invoice: 110	Voucher: 1183	Check: 19404		12/23/11	\$79.13
2685	101000.10.211.54900.0000.00.000.00.054	26.34		Invoice: 114-122811	Voucher: 1198	Check: 20249		01/20/12	\$26.34
2685	101000.10.211.54900.0000.00.000.00.054	35.23		Invoice: 125	Voucher: 1223	Check: 21953		03/21/12	\$35.23
2685	101000.10.211.54900.0000.00.000.00.054	29.15		Invoice: 41-12	Voucher: 1211	Check: 21104		02/17/12	\$29.15
2685	101000.10.211.54900.0000.00.000.00.054	61.68		Invoice: 130	Voucher: 1246	Check: 23163		04/27/12	\$61.68
2685	101000.10.211.54900.0000.00.000.00.054	79.24		Invoice: 135	Voucher: 1266	Check: 24270		06/08/12	\$79.24
2685	101000.10.211.54900.0000.00.000.00.054	52.09		Invoice: 138	Voucher: 1285	Check: 25196		06/29/12	\$52.09

PO Totals: \$708.85 \$684.85 \$24.00
Grand Totals: \$708.85 \$684.85 \$24.00

End of Report

Chief Michael W. Lane

**Gloucester Police
Department**

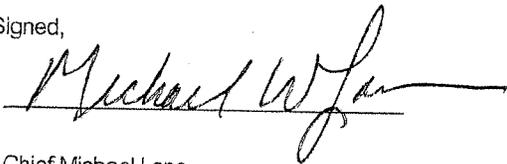
Memo

To: Jim Duggan- CAO
From: Chief Michael Lane
CC:
Date: July 31, 2012
Re: Permission to pay FY12 invoice with FY13 Federal Seizure funds

The Gloucester Police Department requests permission to pay an invoice for goods received from Dell Computers in June with FY13 Federal Seizure money. The FY12 Purchase Order was closed out by accident and therefore the \$32,211 remaining on the PO was not carried forward to FY13.

I am requesting that this memo and the attached paperwork be included in the Mayor's report for submittal to the City Council for referral out to the Budget and Finance Subcommittee for permission to pay the invoice. Please contact me should you have any questions. Thank you.

Signed,



Chief Michael Lane

CITY OF GLOUCESTER

**Purchase Order Pay History
and Encumbrance**

Fiscal Year: 2011-2012

P.O. No. Name Of Vendor

1203392 DELL MARKETING L P

Item # Account Number

9574 292047.10.210.58500.0000.00.000.00.058

9574 292047.10.210.58500.0000.00.000.00.058

Vendor: DELL MARKETING L P
Order Type: Purchase Order
DAC: C Police Department
Ship To:

P.O. Date Req. Number

05/29/12 1202942

Original Amount Requester

2,845.53 Heidi Flialho

Project: undesignated
PO Status: Closed
Requester: Heidi Flialho

Project

undesignated

Award # Order Type

Purchase Order

Amount Encumbrance

2,845.53

POWER EDGE T 310 CHASSIS FOR USE AS SERVER TO
DISPATCH COMPUTERS WHICH USE THE NEW
EMERGENCY MEDICAL DISPATCH SOFTWARE REQUIRED
BY THE STATE 911 DEPARTMENT

2813.32 Invoice: XFRXKRPW5 Voucher: 1272 Check: 24790 06/22/12 \$2,813.32

PO Totals: \$2,813.32

Grand Totals: \$2,845.53

End of Report



FID Number: 74-2616805
 Sales Rep: CHARLES D MYERS
 For Sales: (800)981-3355
 Sales Fax: (800)433-9527
 For Customer Service: (800)981-3355
 For Technical Support: (800)981-3355
 Dell Online: <http://www.dell.com>

Customer Number: 006498254
 Purchase Order: 1203392
 Order Number: 106741487
 Order Date: 05/29/12
 83 01 0 01 01 N

Invoice Number: **XFRW1X925**
 Invoice Date: 05/30/12
 Payment Terms: NET DUE 30 DAYS
 Due Date: 06/29/12
 Shipped Via: UPS MAIL INNOVATIONS
 Waybill Number: 91029690059343561503



4805113100132801

SOLD TO:
 #BWNHQPV
 #0064 9825 49#

CITY OF GLOUCESTER
 9 DALE AVE
 GLOUCESTER MA 01930-0300

SHIP TO:
 HEIDI
 CITY OF GLOUCESTER
 197 MAIN ST GLOUCESTER POLICE, POLI
 CE HQ
 GLOUCESTER, MA 01930-6099

PLEASE REVIEW IMPORTANT TERMS & CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE

Order	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	430-4205	PCIe 10/100/1000 Network Card, Low Profile, Dell OptiPlex 790, Customer Install	EA	32.21	32.21

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE, ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT WWW.DELL.COM/PUBLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	32.21
Taxable:	Tax:	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	32.21



DETACH AT PERF AND RETURN WITH PAYMENT

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.
 C/O DELL USA L.P.
 PO BOX 643561
 PITTSBURGH, PA 15264-3561

Invoice Number: XFRW1X925
 Customer Name: CITY OF GLOUCESTER
 Customer Number: 006498254
 Purchase Order: 1203392
 Order Number: 106741487



Ship. &/or Handling	\$	0.00
Subtotal	\$	32.21
Taxable:	Tax:	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	32.21
	\$	
	\$	
Balance Due	\$	32.21
Amt. Enclosed	\$	

000XFRW1X92500000000032218300064982547



Dell Computer Corporation
 One Dell Way
 Round Rock, Texas 78682

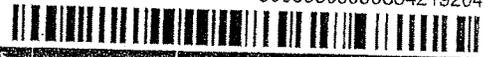
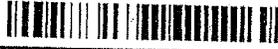
Telephone 800.289.3355
 www.dell.com
 www.dell.com/recycle

AL07-17-A3
 20120529206

S CITY OF GLOUCESTER
 H HEIDI FIALHO
 I GLOUCESTER POLICE, POLICE HQ
 P 197 MAIN ST
 T GLOUCESTER
 O MA 01930-6099, US

S CITY OF GLOUCESTER
 O L HEIDI FIALHO
 D GLOUCESTER POLICE, POLICE HQ
 T 197 MAIN ST
 O GLOUCESTER
 MA 01930-6099, US

3NV



00009999990354219204

CUSTOMER NUMBER	CUSTOMER PURCHASE ORDER NUMBER	DPS NUMBER	DPS TYPE	ORDER DATE	ORDER NO.		
	1203392			5/29/2012	106741487		
STATION	SHIP BY DATE	SHIP DATE	SHIP VIA	BILL OF LADING NO.			
1006775300	6/01/2012	5/29/2012	UPS Mail Innovat	9102969005934356150959			
LOC 1	QTY	PART NUMBER	BAR CODE	DESCRIPTION	SUB-FOR	TIE#	SKU NUMBER
AL0717A3	1	D765K <i>PK</i>		PCle 10/100/1000 Network Card, Low Profile, Dell O		001	430-4205
NOPIKB5	1	02087		PCle 10/100/1000 Network Card, Low Profile, Dell O		002	430-4205
TOTAL WT.	TOTAL QTY	RETURN TRACKING NUMBERS		DRIVER'S SIGNATURE	DATE	TIME	
.33000	2						

Chief Michael W. Lane

**Gloucester Police
Department**

Memo

RECEIVED

JUL 18 2012

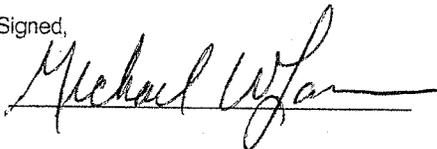
Mayor's Office

To: Jim Duggan- CAO
From: Chief Michael Lane
CC:
Date: July 17, 2012
Re: State 911 Training and Emergency Medical Dispatch Grant

The Gloucester Police Department requests permission to apply for the State 911 Department's Training and Emergency Medical Dispatch Grant. This grant offers financial assistance to E911 call takers who utilize in-house certified emergency medical dispatchers by reimbursing for overtime paid to police officers who are required to attend continuing EMD education as well as Sergeants who are trained for quality assurance and improvement of the EMD calls. The grant, which does not have any match requirement, is in the amount of \$92,186.00 for FY 2013.

I am requesting that this memo and the attached paperwork be included in the Mayor's report for submittal to the City Council for referral out to the Budget and Finance Subcommittee for permission to apply for the grant. Please contact me should you have any questions. Thank you.

Signed,



Chief Michael Lane



City of Gloucester
Grant Application and Check List

Granting Authority: State X Federal _____ Other _____

Name of Grant: FY13 State 911 Training Grant + Emergency Medical Dispatch

Department Applying for Grant: Police

Agency-Federal or State application is requested from: State 911 Dept.

Object of the application: Provide funding for EMD continuing education and quality assurance/improvement

Any match requirements: \$0

Mayor's approval to proceed: [Signature] 8/7/12
Signature Date

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.infix.com/unlock.htm

Training Grant and Emergency Medical Dispatch Grant

1. Name of Entity Address City/Town/Zip Telephone Number Fax Number Website	Gloucester Police Department 197 Main Street Gloucester, MA 01930 978-281-9775 978-282-3026 www.gloucester-ma.gov
2. Name /Title of Authorized Signatory Address (if different from above) Telephone Number Fax Number Email Address	Michael W. Lane, Chief of Police mlane@gloucester-ma.gov
3. Contact Name/Title for Grant Questions Telephone Number Fax Number Email Address	 978-281-9775 ext.2 978-282-3025 hfialho@gloucester-ma.gov
4. Total State 911 Department Training Grant funds requested. Total State 911 Department EMD Grant funds requested.	\$14,517 \$77,669 Total \$92,186

5. Applicant meets the EMD requirements established by the State 911 Department as follows:
 (choose one)

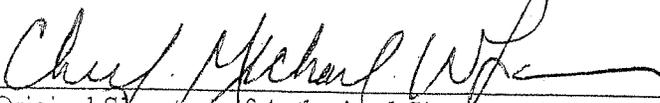
Provide EMD utilizing in-house certified emergency medical dispatchers.
 Please indicate EMD protocol being utilized. (Select One Only)
 APCO PowerPhone Priority Dispatch

OR

Provide EMD through a Certified EMD Resource:
 Name of Certified EMD Resource:

Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the application packet.

Signed under the penalties of perjury this 12th day of July, 2012.


 Original Signature of Authorized Signatory (Blue Ink)

7/12/12
 Date Signed

TRAINING GRANT BUDGET WORKSHEET

CATEGORY	AMOUNT	NARRATIVE DESCRIPTION OF WHAT FUNDING WILL BE USED FOR AND IDENTIFICATION OF TYPES OF TRAINING
A. FEES	\$	
B. 1. Personnel Costs *Please complete Appendix D	\$14,517	Eligible personnel costs for new hire training and/or continuing education required for EMD certification and compliance.
B 2. Fringe and/or Indirect Costs associated with Personnel Costs	\$	Attach documentation supporting fringe and/or indirect cost rates and/or charges, if applying for funding under this category.
C. Training Software and Other Products	\$	
D. Lodging	\$	
TOTAL	\$14,517	

In order to receive reimbursement for allowable expenses relating to EMD and/or Quality Assurance of EMD programs, the applicant shall select and use a single EMD certification organization and a single EMDPRS.

I hereby certify that all Training Grant funds shall first be exhausted to meet the minimum training and certification requirements for enhanced 911 telecommunicators and minimum requirements governing emergency medical dispatch established by the State 911 Department, and upon satisfying such requirements, Training Grant funds may, to the extent that funding is available, be utilized for other eligible expenses as outlined in the Training Grant Guidelines.

EMERGENCY MEDICAL DISPATCH GRANT BUDGET WORKSHEET

CATEGORY	AMOUNT	NARRATIVE DESCRIPTION OF WHAT FUNDING WILL BE USED FOR AND IDENTIFICATION OF TYPES OF TRAINING
A. FEES	\$	
B. 1. Personnel Costs *Please complete Appendix D	\$25,551	
B 2. Fringe and/or Indirect Costs associated with Personnel Costs	\$15,562	Attach documentation supporting fringe and/or indirect cost rates and/or charges, if applying for funding under this category.
C. Training Software and Other Products	\$	
D. Lodging	\$	
E. Certified EMD Resource	\$	
F. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services	\$36,556	
TOTAL	\$ 77,669	

Grant applicants seeking supplemental funding under the State 911 Department Emergency Medical Dispatch Grant shall complete a project narrative. Applicants shall state good cause why supplemental funding should be awarded (e.g., training/certification of unanticipated new hire; unanticipated increase in contractual obligation, etc.) and shall include any and all additional information that further supports the request for such supplemental funding. (i.e., spreadsheet/worksheet attachment).

I hereby certify that all Training Grant funds have been exhausted to meet the minimum training and certification requirements for enhanced 911 telecommunicators and minimum requirements governing emergency medical dispatch established by the State 911 Department.

The Gloucester Police Department has exhausted all funds awarded under the State 911 training grant to meet minimum training and certification requirements governing emergency medical dispatch established by the 911 department. The department requests that our award of \$14,517 be applied toward EMD training and continuing education.

The Gloucester Police Department uses uniformed police officers as dispatcher on a rotating schedule. It is necessary for all police officers, including supervisors, to be E911 and EMD trained. There are currently 56 sworn officers with an average overtime rate of \$43.64 per hour. There are 3 future academy recruits.

The quality assurance and quality improvement will be completed by 3 Sergeants with an overtime rate of \$56.94 who will be completing 25 calls per week as outlined by Priority Dispatch protocols. This will include listening to the recordings, completing evaluations and meeting with call takers who may need remedial training.

GLoucester Police Department
 FY2013 E911 Training EMD Grant Worksheet

# TO TRAIN	PATROLMEN	FY2013		FAMILY MEDICAL	SINGLE MEDICAL	MEDICARE	SUT	PENSION			
		OVERTIME RATE	TRAINING HOURS								
1	Aberle, Josiah	\$34.66	16	\$ 554.56	\$ 64.28	11.5920%	7.7600%	1.4500%	2.0000%	5.50%	30.50
2	Adelfio, Vincent J.	\$45.16	16	\$ 722.56	\$ 83.76			\$ 8.04	\$ 11.09	\$ 14.45	\$ 39.74
3	Aiello, Brian	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
4	Alves Jr., Clifford A.	\$47.04	16	\$ 752.64				\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
5	Bouchie, Shawn J.	\$37.64	16	\$ 602.24	\$ 69.81			\$ 8.73	\$ 12.04	\$ 12.04	\$ 33.12
6	Brosnan, Jill A.	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
7	Cahill, William G.	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
8	Carr Jr., George W.	\$45.16	16	\$ 722.56	\$ 83.76	\$ 56.07		\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
9	Catarino, Joseph	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
10	Cecilio, Marc A.	\$47.04	16	\$ 752.64	\$ 87.25			\$ 8.04	\$ 11.09	\$ 11.09	\$ 30.50
11	Cherry, Peter	\$34.66	16	\$ 554.56	\$ 64.28			\$ 7.31	\$ 10.09	\$ 10.09	\$ 27.74
12	Chippolini, Brendan	\$31.52	16	\$ 504.32	\$ 58.46			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
13	Ciolino, Jerome	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
14	Connors, Sean P.	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
15	Duffany, Scott B.	\$37.64	16	\$ 602.24	\$ 69.81			\$ 8.73	\$ 12.04	\$ 12.04	\$ 33.12
16	Duwart Jr, Carlton	\$37.64	16	\$ 602.24	\$ 69.81			\$ 8.73	\$ 12.04	\$ 12.04	\$ 33.12
17	Footle, Mark Joseph	\$37.64	16	\$ 602.24	\$ 69.81			\$ 8.73	\$ 12.04	\$ 12.04	\$ 33.12
18	Frates, Christopher	\$47.04	16	\$ 752.64				\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
19	Genovese, Christopher	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
20	Giaccalone, Anthony	\$34.38	16	\$ 550.08	\$ 63.77			\$ 7.98	\$ 11.00	\$ 11.00	\$ 30.25
21	Hicks, Kevin E.	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
22	Johnsen Jr., Robert G.	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
23	Knickle, Andrew	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
24	Lamberis, Stephen	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
25	Liacos, Christopher	\$41.39	16	\$ 662.24	\$ 76.77			\$ 9.60	\$ 13.24	\$ 13.24	\$ 36.42
26	Mackey, Kevin	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
27	Marshall, James W.	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
28	Mizzoni, Steven B.	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
29	Moseley, Heath	\$34.38	16	\$ 550.08	\$ 63.77			\$ 7.98	\$ 11.00	\$ 11.00	\$ 30.25
30	Muise, Kevin	\$36.10	16	\$ 577.60		\$ 44.82		\$ 8.38	\$ 11.55	\$ 11.55	\$ 31.77
31	Nicasastro, Jeremiah	\$41.65	16	\$ 666.40	\$ 77.25			\$ 9.66	\$ 13.33	\$ 13.33	\$ 36.65
32	Officer Jr., James P.	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
33	O'Leary, Timothy	\$37.63	16	\$ 602.08				\$ 8.73	\$ 12.04	\$ 12.04	\$ 33.11
34	Palazola, Robert	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
35	Parady, Joseph	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
36	Piscifello, Ronald A.	\$41.40	16	\$ 662.40	\$ 76.79			\$ 9.60	\$ 13.25	\$ 13.25	\$ 36.43
37	Quinn, Michael D.	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
38	Quinn, Thomas E.	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
39	Sargent, Wayne M.	\$47.04	16	\$ 752.64	\$ 87.25			\$ 10.91	\$ 15.05	\$ 15.05	\$ 41.40
40	Scola, Michael	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 14.45	\$ 14.45	\$ 39.74
41	Simoens, Troy	\$36.25	16	\$ 580.00				\$ 8.41	\$ 11.60	\$ 11.60	\$ 31.90
42	Stuart, Leon	\$38.01	16	\$ 608.16	\$ 70.50			\$ 8.82	\$ 12.16	\$ 12.16	\$ 33.45
43	Sutera, Peter	\$45.15	16	\$ 722.40	\$ 83.74			\$ 10.47	\$ 14.45	\$ 14.45	\$ 39.73

GLoucester Police Department

FY2013 E911 Training EMD Grant Worksheet

# TO TRAIN	PATROLMEN	FY2013 OVERTIME RATE	TRAINING HOURS	COST	FAMILY MEDICAL		SINGLE MEDICAL	MEDICARE	SUT	PENSION	
					11.5920%	7.7600%					
44	Trefry, Jonathan	\$45.16	16	\$ 722.56	\$ 83.76			\$ 10.48	\$ 2,000.00	\$ 14.45	
45	Aiello, Joseph	\$ 63.47	16	\$ 1,015.52	\$ 117.72			\$ 14.73	\$ 20.31	\$ 39.74	
46	Auld, Kathleen	\$ 61.94	16	\$ 991.04	\$ 114.88			\$ 14.37	\$ 19.82	\$ 55.85	
47	Fitzgerald, Joseph C.(QA/QI)	\$ 63.47	22	\$ 1,396.34	\$ 161.86			\$ 20.25	\$ 27.93	\$ 54.51	
48	Gossom, Michael K.(QA/QI)	\$ 56.94	230	\$ 13,096.20	\$ 1,518.11			\$ 189.89	\$ 261.92	\$ 76.80	
49	Leanos, William	\$ 55.41	16	\$ 886.56	\$ 102.77			\$ 12.86	\$ 17.73	\$ 48.76	
50	MacDonald Jr., Eugene R.(QA/QI)	\$ 56.94	230	\$ 13,096.20	\$ 1,518.11			\$ 189.89	\$ 261.92	\$ 720.29	
51	McCarthy, John	\$ 55.86	16	\$ 893.76	\$ 103.60			\$ 12.96	\$ 17.88	\$ 49.16	
52	Parisi, Anthony	\$ 53.19	16	\$ 851.04	\$ 98.65			\$ 12.34	\$ 17.02	\$ 46.81	
53	Quinn, David G.(QA/QI)	\$ 56.94	230	\$ 13,096.20	\$ 1,518.11			\$ 189.89	\$ 261.92	\$ 720.29	
54	Williams, Michael A. Jr	\$ 54.68	16	\$ 874.88	\$ 101.42			\$ 12.69	\$ 17.50	\$ 48.12	
55	Williams, Thomas	\$ 55.86	16	\$ 893.76	\$ 103.60			\$ 12.96	\$ 17.88	\$ 49.16	
56	Fiatho, Heidi	\$ 36.24	16	\$ 579.88		\$ 45.00		\$ 8.41	\$ 11.60	\$ 31.89	
57	Crowley, Brian	\$ 31.52	80	\$ 2,521.20	\$ 292.26			\$ 36.56	\$ 50.42	\$ 138.67	
58	Balbo, Joseph	\$ 36.24	16	\$ 579.84		\$ 45.00		\$ 8.41	\$ 11.60	\$ 31.89	
TOTAL DISPATCHERS				\$ 76,623.98	\$ 8,350.21	\$ 353.83		\$ 1,111.05	\$ 1,532.48	\$ 4,214.32	
TOTAL GPD PAYROLL				\$ 76,623.98							
PRIORITY DISPATCH QUOTE (ATTACHED)				\$							
MICROSYSTEMS QUOTE (ATTACHED)				\$							
ORIGINAL TRAINING FUNDING				\$ 14,517.00							
ORIGINAL EMD FUNDING AWARDED				\$ 62,106.98							
SUPPLEMENTAL FUNDING REQUESTED FOR PAYROLL TAXES AND FRINGE BENEFITS				\$ 15,561.88	\$ 8,350.21	\$ 353.83		\$ 1,111.05	\$ 1,532.48	\$ 4,214.32	
ADJUSTED FY2012 TOTAL FUNDING				\$ 92,185.86							

Appendix D -Personnel Costs

Personnel costs – List Certified Enhanced 911 Telecommunicators

Last Name, First Name	Please indicate Full (F) or Part-time (P)	Hourly Pay Rate	OT Pay Rate
Aberle, Josiah	F	21.01	34.66
Adelfio, Vincent	F	25.09	45.16
Aiello, Brian	F	25.09	45.16
Alves, Clifford	F	25.09	47.04
Bouche, Shawn	F	25.09	37.64
Brosnan, Jill	F	25.09	45.16
Cahill, William	F	25.09	47.04
Carr, George	F	25.09	45.16
Catano, Joseph	F	25.09	47.04
Cecilio, Marc	F	25.09	47.04
Cherry, Peter	F	21.01	34.66
Chipperini, Brendan	F	21.01	31.52
Ciolino, Jerome	F	25.09	41.40
Connors, Sean	F	25.09	41.40
Duffany, Scott	F	25.09	37.64
Duwart, Carlton	F	25.09	37.64
Foote, Mark	F	25.09	37.64

Erates, Christopher	F	25.09	47.04
Genovese, Christopher	F	\$25.09	\$41.40
Giacalone, Anthony	F	\$22.92	\$34.38
Hicks, Kevin E.	F	\$25.09	\$41.40
Johnsen Jr., Robert G.	F	\$25.09	\$41.40
Knickle, Andrew	F	\$25.09	\$41.40
Lamberis, Stephen	F	\$25.09	\$47.04
Liacos, Christopher	F	\$25.09	\$41.39
Mackey, Kevin	F	\$25.09	\$45.16
Marshall, James W	F	\$25.09	\$45.16
Mizzoni, Steven B	F	\$25.09	\$41.40
Moseley, Heath	F	\$22.92	\$34.38
Muise, Kevin	F	\$22.92	\$36.10
Nicastro, Jeremiah	F	\$25.34	\$41.65
Officer Jr., James P.	F	\$25.09	\$47.04
O'Leary, Timothy	F	\$25.09	\$37.63
Palazola, Robert	F	\$25.09	\$45.16
Parady, Joseph	F	\$25.09	\$41.40
Piscitello, Ronald A.	F	\$25.09	\$41.40
Quinn, Michael D	F	\$25.09	\$47.04
Quinn, Thomas E	F	\$25.09	\$47.04
Sargent, Wayne M	F	\$25.09	\$47.04
Scola, Michael	F	\$25.09	\$45.16
Simoese, Troy	F	\$21.01	\$36.25
Stuart, Leon	F	\$25.34	\$38.01

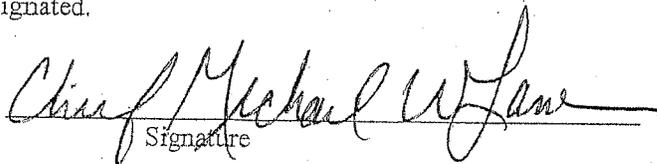
INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Michael W. Lane	Chief of Police

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.


Signature

Date: 7-12-12

Title: Chief of Police

Telephone: 978-281-9775

Fax: 978-282-3026

Email: mlane@gloucester-ma.gov

[Listing can not be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Michael W. Lane

Title: Chief of Police

X Chief Michael W. Lane
Signature as it will appear on contract or other document (Complete only in presence of notary):

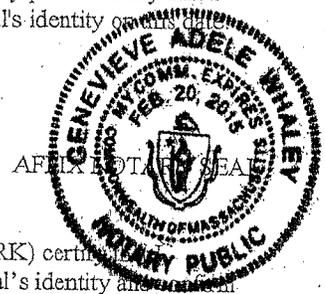
AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

SSEX COUNTY, MASSACHUSETTS

I, Genevieve Adele Whaley
I, GENEVIEVE ADELE WHALEY (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity of CHIEF LANE IS PERSONALLY KNOWN TO ME.

JULY 12, 2012, 20 12

My commission expires on: FEBRUARY 20, 2015



I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and authority as an authorized signatory for the Contractor on this date:

_____, 20 ____

AFFIX CORPORATE SEAL

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: City of Gloucester Police Department (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: State 911 Department MMARS Department Code: EPS	
Legal Address: (W, W, T & C) 197 Main Street Gloucester, MA 01930		Business Mailing Address: 1380 Bay Street, Building C, Taunton, MA 02780	
Contract Manager: Chief Michael W. Lane		Billing Address (if different):	
E-Mail: mlane@gloucester.ma.gov		Contract Manager: Marlyn Godfrey	
Phone: 978-281-9775	Fax: 978-282-3026	E-Mail: 911DeptGrants@state.ma.us	
Contractor/Vendor Code: VC6000192096		Phone: 508-821-7299	Fax: 508-828-2585
Vendor Code Address ID (e.g. "AD001"): AD__ (Note: The Address ID Must be set up for EFT payments.)		MMARS Doc ID(s): CT GRNT	
		RFR/Procurement or Other ID Number: FY2013 GRNT	
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <u>Department Procurement</u> (Includes State or Federal grants <u>815 CMR 2.00</u>) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__. Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or <u>new</u> Total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __% PPD; Payment issued within 20 days __% PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <u>Prompt Pay Discounts Policy</u> .)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) For disbursement of funds under the State 911 FY2013 Department Training and Emergency Medical Dispatch Grant as authorized and awarded in compliance with program guidelines and grantee's approved application.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of ____, 20__, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of ____, 20__, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 2013</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: <input checked="" type="checkbox"/> <u>Michael W. Lane</u> Date: <u>7-12-12</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Michael W. Lane Print Title: Chief of Police		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: <input type="checkbox"/> _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Frank Pozniak Print Title: Executive Director	



CITY OF GLOUCESTER
INSPECTIONAL SERVICES
3 POND ROAD □ GLOUCESTER MA 01930
PHONE 978-281-9774 FAX 978-282-3036

July 27, 2012

TO: Jim Duggan, Chief Admin Officer
Mayor's Office

FROM: Bill Sanborn, Inspector of Buildings
Inspectional Services 

RE: Request for payment of FY12 invoice from FY13 funds

On June 27, 2012 a shortfall of funds was noticed for coverage of the department's Telephone Services. Three transfer requests were submitted and approved for a total amount of \$439.47 (copies attached); however, the process was not completed—an increase was needed to the Purchase Order that was in place and that was not done.

Although the proper amount was transferred to the account, the increased amount was not added to the purchase order, therefore, the transferred amount fell to the bottom line.

I am requesting that payment for Invoice #703673218-130 to Nextel be made in the amount of \$383.77 from the account of Inspectional Services/Telephone Service #101000.10.241.53410.0000.00.000.00.052.

I respectfully submit this request be presented to the Mayor and City Council for payment.

YOUR SPRINT INVOICE

> ACCOUNT INFORMATION

Account Name
CITY OF GLOUCESTER SVC

Account Number
703673218

Invoice Number
703673218-130

Previous P.O.

TIN Number
47-0882463

ABA Number
111-000-012

Previous P.O. Date
October 18, 2004

Current P.O.
SA1118BS

Invoice Date
July 14, 2012

Total Amount Due
\$788.85

> MONTHLY INVOICE SUMMARY

June 11 - July 10, 2012

Prior Past Due balance	0.00
Outstanding Prior Past Due Balance Upon Receipt	\$0.00
Prior balance not past due	405.08
Outstanding Balance	\$405.08
0001-Access and Related Items	378.03
0002-Cellular Services	1.99
0008-Government Fees and Taxes	3.75
*Total Current Charges for 703673218-130 Due 08/24/12	\$383.77

Due date reflects 45 day net due term

Total Amount Due **\$788.85**

PO #1200476

acct 101000.10.241.53410.0000.00.0000.00.052

> CUSTOMER CARE

Register and Logon
www.sprint.com

Call Sprint
1-877-639-8351

> SPRINT NEWS AND NOTICES

This section contains

important updates about your Sprint Services, including Service or Rate Changes, Promotions and Offers.

Correspondence

Please send all correspondence including billing inquiries to:
Sprint Customer Service
PO Box 8077

London, KY 40742

Do not enclose your payment with the correspondence.

You may also contact Sprint Customer Care at the number listed on your invoice or by going to sprint.com.

> PAYMENT OPTIONS



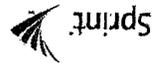
To Pay Your Bill Online Go To
www.sprint.com/mysprint
Sign up for Recurring Direct Debit!



To Pay Your Bill By Phone Call
1-800-784-2608 or
*3 from your Sprint phone

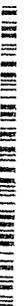


To Pay Your Bill By Mail
See reverse side for details. >



PO BOX 8077
London, KY 40742
#BWNKCTX
#0000 0703673218 B 8#
MANIFESTLINE
CITY OF GLOUCESTER SVC
BILL SANBORN
3 POND RD
GLOUCESTER, MA 01930-1884

*Any unpaid balance after the due date may be subject to a late payment charge per your contract.



City Hall
Nine Dale Avenue
Gloucester, MA 01930



TEL 978-281-9707
FAX 978-281-8472
jtowne@gloucester-ma.gov

CITY OF GLOUCESTER
OFFICE OF THE CFO

TO: Jim Duggan, Chief Administrative Officer
Mayor's Office

FROM: Jeff Towne, CFO 

DATE: July 31, 2012

RE: Request to pay prior year invoice from FY13 funds

Attached is an invoice dated July 3, 2012 from D' Ambrosio Brown, LLP, in the amount of \$15,726.81. This invoice represents amount due for collection of tax title accounts for the month of June 2012 and should have been paid from FY12 funds.

The purchase order for this invoice was inadvertently closed during the year-end carry-over process. Therefore, I am respectfully requesting the Mayor and Council's approval for payment from Fiscal 13 funds.

D'AMBROSIO BROWN LLP

COUNSELORS AT LAW
185 Devonshire Street, 10th Floor
Boston, Massachusetts 02110
Telephone: (617) 720-5657
Facsimile: (617) 723-4967
Website: www.dambrosiobrown.com

GERRY D'AMBROSIO*
PETER A. BROWN*

MATTHEW A. SLATER*
DANIEL W. BUCKLEY
AMY O'NEAL
REBECCA A. BINDER*
STEPHEN D. COPPOLO*
ALEXANDRA J. WITTMANN
KATHRYN M. MARTIN
EMILIE L. GROSSMAN
CORY D. RHOADES
DAVID P. RODRIGUES

OF COUNSEL
JOHN CATALDO*
THOMAS P. CAMPBELL

- ALSO ADMITTED IN NEW HAMPSHIRE
- *ALSO ADMITTED IN NEW YORK
- ALSO ADMITTED IN WASHINGTON D.C. & FLORIDA
- *ALSO ADMITTED IN WASHINGTON D.C.

PARALEGALS
CARMINE MASTROMARINO, J.D.
ANGELA M. ALMECIGA
LISA TAMMARO
VIVIAN P. SOUZA
ANIELA RICCI

July 3, 2012

Via First Class Mail

City of Gloucester
Attn: Jeffrey C. Towne, Chief Financial Officer
Nine Dale Avenue
Gloucester, MA 01930

RE: Invoice No. 185424
Billing Period: June 1, 2012 – June 30, 2012

Dear Mr. Towne:

The following tax title accounts were fully satisfied from June 1st through June 30th, 2012. The legal fees and expenses owed for this period is \$15,726.81.

4 Fair Street	\$4,751.81	22.1 hours at \$175.00 & exp.
23 Hampden Street	\$3,602.50	16.5 hours at \$175.00 & exp.
4 Madison Court	\$ 725.00	3.0 hours at \$175.00 & exp.
6 Madison Court	\$1,127.50	5.3 hours at \$175.00 & exp.
8 Madison Court	\$2,302.50	12.0 hours at \$175.00 & exp.
21 Kettle Cove Lane, Unit B5	\$ 917.50	4.1 hours at \$175.00 & exp.
21 Kettle Cove Lane, Unit B12	\$ 917.50	4.1 hours at \$175.00 & exp.
21 Kettle Cove Lane, Unit B13	\$ 917.50	4.1 hours at \$175.00 & exp.
10 Becker Lane	\$ 465.00	1.8 hours at \$175.00 & exp.

North Shore Office:
14 Proctor Avenue, Revere, MA 02151

Mr. Jeffrey C. Towne, Chief Financial Officer
July 3, 2012
Page Two

Please make your check payable to D'Ambrosio Brown LLP. Thank you
for your patronage.

Very truly yours,

Peter A. Brown /lt
Peter A. Brown

PAB/lt

City Hall
Nine Dale Avenue
Gloucester, MA 01930



TEL 978-281-9707
FAX 978-281-8472
jtowne@gloucester-ma.gov

CITY OF GLOUCESTER
OFFICE OF THE CFO

TO: Jim Duggan, Chief Administrative Officer
Mayor's Office

FROM: Jeff Towne, CFO 

DATE: July 31, 2012

RE: Request to pay prior year invoices from FY13 funds

Attached are three invoices from Gloucester Contributory Retirement System totaling \$2,715.96 which represent the City's share of pension reimbursement for employees who are on active military duty.

These invoices dated 2010 and 2011 are billed to the City based on calendar year and cannot be billed until the employee's military term is over and/or their employment with the City has been terminated. Now that these criteria have been met, the Retirement System has submitted invoices for payment in which I respectfully request the Mayor and Council's approval for payment from Fiscal 13 funds.

**City Of Gloucester
Analysis Of Military Service Annuity Calculation**

John Conroy
Calendar Year 2011 Military Service Data

Pay Period	Begin Date	End Date	Hrs Paid	Normal Hrs	Other Reg Earns	Reg Earns	Total Paid	Normal Earnings	Normal Over/(Under)	2% Taken	9% Taken	Reg Ded Over/(Under)	2% Over/(Under)
15	1/2/2011	1/15/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
16	1/16/2011	1/29/2011	44.40	84.00	235.41	995.45	1,230.86	1,883.28	(887.83)	1.54	110.78	(79.90)	(17.76)
17	1/30/2011	2/12/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
18	2/13/2011	2/26/2011	44.40	84.00	235.41	995.45	1,230.86	1,883.28	(887.83)	1.54	110.78	(79.90)	(17.76)
19	2/27/2011	3/12/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
20	3/13/2011	3/26/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
21	3/27/2011	4/9/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
22	4/10/2011	4/23/2011	44.40	84.00	235.41	995.45	1,230.86	1,883.28	(887.83)	1.54	110.78	(79.90)	(17.76)
23	4/24/2011	5/7/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
24	5/8/2011	5/21/2011	44.40	84.00	-	995.45	995.45	1,883.28	(887.83)	-	89.59	(79.90)	(14.59)
25	5/22/2011	6/4/2011	44.40	84.00	244.55	1,034.08	1,278.63	1,956.36	(922.28)	2.50	115.08	(83.01)	(16.05)
26	6/5/2011	6/18/2011	44.40	84.00	-	1,034.08	1,034.08	1,956.36	(922.28)	-	93.07	(83.01)	(16.44)
1	6/19/2011	7/2/2011	44.00	84.00	-	1,024.76	1,024.76	1,956.36	(931.60)	-	92.23	(83.01)	(16.05)
2	7/3/2011	7/16/2011	44.40	84.00	622.11	1,034.08	1,656.19	1,956.36	(922.28)	10.05	149.06	(83.01)	(18.44)
3	7/17/2011	7/30/2011	44.40	84.00	-	1,034.08	1,034.08	1,956.36	(922.28)	-	93.07	(83.01)	(16.05)
4	7/31/2011	8/13/2011	44.40	84.00	425.00	1,034.08	1,459.08	1,956.36	(922.28)	6.10	131.32	(83.01)	(18.45)
5	8/14/2011	8/27/2011	44.40	84.00	-	1,034.08	1,034.08	1,956.36	(922.28)	-	93.07	(83.01)	(16.05)
6	8/28/2011	9/10/2011	44.40	84.00	366.82	1,034.08	1,400.90	1,956.36	(922.28)	4.94	126.08	(83.01)	(18.45)
7	9/11/2011	9/24/2011	44.40	84.00	-	1,034.08	1,034.08	1,956.36	(922.28)	-	93.07	(83.01)	(16.05)
			843.20	1,596.00	2,364.71	19,290.53	21,655.24	36,513.12	(17,222.59)	28.21	1,948.00	(1,550.03)	(310.89)

Normal Base Regular	Actual Other	Total Normal Regular Compensation
36,513.12	2,364.71	38,877.83
Total Normal Regular Compensation 38,877.83		
Normal Deductions Taken	12/31/11	
3,499.03	1,949.00	1,550.03
339.10	28.21	310.89
3,838.13	1,977.21	1,860.92
FY 2012 Interest 1.24		
Total Due By 08/31/2012: 1,862.16		

City Of Gloucester
Analysis Of Military Service Annuity Calculation

John Conney
Calendar Year 2010 Military Service Data

Pay Period	Begin Date	End Date	Hrs Paid	Normal Hrs	Othr Reg Earns	Reg Earns	Total Paid	Normal Earnings	Over/(Under) Normal	2% Taken	9% Taken	Reg Ded Over/(Under)	2% Over/(Under)					
11	11/7/2010	11/20/2010	44.4	84	235.40	995.45	1,230.85	1,883.28	(687.83)	1.54	110.78	(79.90)	(17.76)					
12	11/21/2010	12/4/2010	44.4	84	353.10	995.45	1,348.55	1,883.28	(887.83)	1.54	110.78	(90.49)	(20.11)					
13	12/5/2010	12/18/2010	44.4	84	706.20	995.45	1,701.65	1,883.28	(887.83)	1.54	110.78	(68.72)	(13.05)					
14	12/19/2010	1/1/2011	177.6	336	1,294.70	3,981.80	5,276.50	7,533.12	(3,551.32)	6.16	443.12	(351.38)	(78.09)					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Normal Base Regular</td> <td style="width: 50%; text-align: right;">7,533.12</td> </tr> <tr> <td>Actual Other</td> <td style="text-align: right;">1,294.70</td> </tr> <tr> <td>Total Normal Regular Compensation</td> <td style="text-align: right;">8,827.82</td> </tr> </table>													Normal Base Regular	7,533.12	Actual Other	1,294.70	Total Normal Regular Compensation	8,827.82
Normal Base Regular	7,533.12																	
Actual Other	1,294.70																	
Total Normal Regular Compensation	8,827.82																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total Normal Reg Ded</td> <td style="width: 50%; text-align: right;">784.50</td> </tr> <tr> <td>Total Normal Inc Ded</td> <td style="text-align: right;">84.25</td> </tr> <tr> <td>Total Deductions Due GCRS:</td> <td style="text-align: right;">878.75</td> </tr> </table>													Total Normal Reg Ded	784.50	Total Normal Inc Ded	84.25	Total Deductions Due GCRS:	878.75
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Total Deductions Due GCRS:	878.75																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Normal Deductions Taken</td> <td style="width: 50%; text-align: right;">443.12</td> </tr> <tr> <td>Due From City</td> <td style="text-align: right;">351.38</td> </tr> <tr> <td>Total Deductions Due GCRS:</td> <td style="text-align: right;">429.47</td> </tr> </table>													Normal Deductions Taken	443.12	Due From City	351.38	Total Deductions Due GCRS:	429.47
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Due From City	351.38																	
Total Deductions Due GCRS:	429.47																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FY 2011 Interest</td> <td style="width: 50%; text-align: right;">0.86</td> </tr> <tr> <td>FY 2012 Interest</td> <td style="text-align: right;">0.29</td> </tr> <tr> <td>Total Due By 08/31/2012:</td> <td style="text-align: right;">430.62</td> </tr> </table>													FY 2011 Interest	0.86	FY 2012 Interest	0.29	Total Due By 08/31/2012:	430.62
FY 2011 Interest	0.86																	
FY 2012 Interest	0.29																	
Total Due By 08/31/2012:	430.62																	

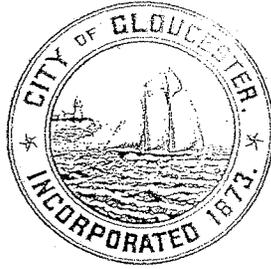
City Of Gloucester
Analysis Of Military Service Annuity Calculation

Paul Hudson
Calendar Year 2010 Military Service Data

Pay Period	Begin Date	End Date	Hrs Paid	Normal Hrs	Other Reg Earns	Reg Earns	Total Paid	Normal Earnings	Normal Over/(Under)	2% Taken	9% Taken	Reg Ded Over/(Under)	2% Over/(Under)
2	7/4/2010	7/17/2010	34.36	84	407.15	874.12	1,281.27	2,136.96	(1,262.84)	2.55	115.31	(113.66)	(30.36)
3	7/18/2010	7/31/2010	34.36	84	-	874.12	874.12	2,136.96	(1,262.84)	-	78.67	(113.66)	(19.66)
4	8/1/2010	8/14/2010	34.36	84	425.00	874.12	1,299.12	2,136.96	(1,262.84)	2.91	116.92	(113.66)	(31.07)
			103.08	252	832.15	2,622.36	3,454.51	6,410.88	(3,786.52)	5.46	310.90	(340.97)	(81.09)

Normal Base Regular	6,410.88
Actual Other	832.15
Total Normal Regular Compensation	7,243.03

Normal Deductions Taken	651.87	Due From City	340.97
Total Normal Reg Ded	727.50		
Total Normal Inc Ded	75.63		
Total Deductions Due GCRS:	727.50		
		FY 2011 Interest	422.06
		FY 2012 Interest	0.84
		Total Due By 08/31/2012:	423.18



CITY CLERK
GLOUCESTER, MA
12 AUG 14 AM 11:42

City of Gloucester
Grant Application and Check List

Granting Authority: State X Federal _____ Other _____

Name of Grant: Formula Grant Allocation FY2013

Department Applying for Grant: Council on Aging

Agency - ~~Federal~~ or State application is requested from: Executive Office of Elder Affairs

Object of the application: Salary Council on Aging Staff/ Senior Clerk/Outreach Social Worker P/T Activity Assistant

Any match requirements: NONE

Mayor's approval to proceed: _____
Signature Date

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 \$51,828

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

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

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Council on Aging

ACCOUNT NAME: Grant: COA Formula

FUND NUMBER AND NAME: (N/A FOR NEW FUND) Revenue Acct: 291012.10.541.46800.0000.00.000.00.040

CFDA # (Required for Federal Grants): _____

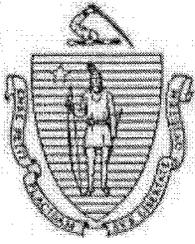
DATE PREPARED: 7/30/2012

APPROVED
AMENDED BUDGET

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4____)	\$51,828			
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00
EXPENSE (5____)	\$51,828			
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00

DEPARTMENT HEAD SIGNATURE *Ronan J. Sheehan*

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____



J4I

The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02108

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

ANN L. HARTSTEIN
Secretary

SANDRA K. ALBRIGHT
Undersecretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD 1-800-872-0166
www.mass.gov/elder

**A Message to Massachusetts Council on Aging (COA) Directors
Regarding FY2013 Formula Grant Allocation and Award Process**

This document provides guidance to the FY2013 Formula Grant Allocation and Award process. It is intended to serve as a reference for COA Directors and interested municipal officials.

With the passage of the FY2013 General Appropriation Agreement (GAA), the Executive Office of Elder Affairs (EOEA) intends to issue Formula Grant Allocations at a rate of \$7.00 per elder, per municipality. Regardless of size, all communities are eligible to apply for at least \$3,500. (*Please see table of allocations below.*)

EOEA uses the (2010) federal census as the foundation for award allocations.

To ensure that initial payments (50% of your award amount) will be made as soon as practicable, COAs are asked to complete and submit their "Statement of Grant/Allocation Balance for FY2012" no later than September 14th. Late submission of required material will be subject to payment processing delays.

Formula Grant/Allocation contracts for FY2013 will be issued in late August; they should be completed by the COA (municipality) and returned to Elder Affairs within 45 days or as soon as practicable.

Elder Affairs will review each COA's "Statement of Grant/Allocation Balance" for FY12 prior to issuing a "Final FY2013 Formula Grant Accounting Report" to the identified contract manager (typically the COA Director or Chair in the absence of paid staff). Based on that final Accounting Report, Elder Affairs will ultimately issue a second (final) payment for the balance of each COA's FY2013 Formula Grant: our goal is to complete all such payments by early spring of 2013.

COA Administrator

Councils on Aging in Massachusetts

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August 1, 2012

Process for FY2013 Formula Grant Allocation & Award

(Web post and PDF updated to correct an error. 8-1-2012-5:01pm)

This web posting provides guidance to the FY2013 Formula Grant Allocation and Award process. It is intended to serve as a reference for COA Directors and interested municipal officials.

([Download 2013 COA Formula Grant Awards & Process - Letterhead](#), PDF file.

The text of this letter is identical to this web post.)

With the passage of the FY2013 General Appropriation Agreement (GAA), the Executive Office of Elder Affairs (EOEA) intends to issue Formula Grant Allocations at a rate of \$7.00 per elder, per municipality. Regardless of size, all communities are eligible to apply for at least \$3,500. *(Please see table of allocations below.)*

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To ensure that initial payments (50% of your award amount) will be made as soon as practicable, COAs are asked to complete and submit their "Statement of Grant/Allocation Balance for FY2013" no later than September 14th. Late submission of required material will be subject to payment processing delays.

Formula Grant/Allocation contracts for FY2013 will be issued in late August; they should be completed by the COA (municipality) and returned to Elder Affairs within 45 days or as soon as practicable.

Elder Affairs will review each COA's "Statement of Grant/Allocation Balance" for FY12 prior to issuing a "Final FY2013 Formula Grant Accounting Report" to the identified contract manager (typically the COA Director or Chair in the absence of paid staff). Based on that final Accounting Report, Elder Affairs will ultimately issue a second (final) payment for the balance of each COA's FY2013 Formula Grant: our goal is to complete all such payments by early spring of 2013.

Please contact the COA Program Manager, Emmett Schmarsow, (emmett.schmarsow (at) state.ma.us, or toll-free 1-800-698-9723) with any questions.

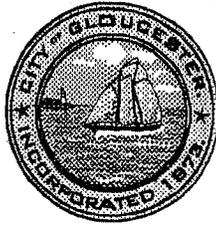
Thank you.

Table of Allocations

Municipality	Elders aged 60+ per 2010 census	FY2013	Formula Grant Payment #1 may be adjusted per COA "Statement of Grant/ Allocation Balance" for FY2012
Abington	2,795	\$ 19,565.00	\$ 9,782.50

Table of Allocations			
Municipality	Elders aged 60+	FY2013	Formula Grant Payment #1
	<i>per 2010 census</i>		<i>may be adjusted per COA "Statement of Grant/ Allocation Balance" for FY2012</i>
Dartmouth	7,473	\$ 52,311.00	\$ 26,155.50
Dedham	5,973	\$ 41,811.00	\$ 20,905.50
Deerfield	1,214	\$ 8,498.00	\$ 4,249.00
Dennis	5,910	\$ 41,370.00	\$ 20,685.00
Dighton	1,349	\$ 9,443.00	\$ 4,721.50
Douglas	1,081	\$ 7,567.00	\$ 3,783.50
Dover	1,146	\$ 8,022.00	\$ 4,011.00
Dracut	5,387	\$ 37,709.00	\$ 18,854.50
Dudley	1,981	\$ 13,867.00	\$ 6,933.50
Dunstable	509	\$ 3,563.00	\$ 1,781.50
Duxbury	3,530	\$ 24,710.00	\$ 12,355.00
East Bridgewater	2,651	\$ 18,557.00	\$ 9,278.50
East Brookfield	436	\$ 3,500.00	\$ 1,750.00
East Longmeadow	4,026	\$ 28,182.00	\$ 14,091.00
Eastham	2,169	\$ 15,183.00	\$ 7,591.50
Easthampton	3,505	\$ 24,535.00	\$ 12,267.50
Easton	4,163	\$ 29,141.00	\$ 14,570.50
Edgartown	959	\$ 6,713.00	\$ 3,356.50
Egremont	451	\$ 3,500.00	\$ 1,750.00
Erving	391	\$ 3,500.00	\$ 1,750.00
Essex	753	\$ 5,271.00	\$ 2,635.50
Everett	6,527	\$ 45,689.00	\$ 22,844.50
Fairhaven	4,171	\$ 29,197.00	\$ 14,598.50
Fall River	18,194	\$ 127,358.00	\$ 63,679.00
Falmouth	10,857	\$ 75,999.00	\$ 37,999.50
Fitchburg	6,872	\$ 48,104.00	\$ 24,052.00
Florida	172	\$ 3,500.00	\$ 1,750.00
Foxborough	3,228	\$ 22,596.00	\$ 11,298.00
Framingham	12,887	\$ 90,209.00	\$ 45,104.50
Franklin	4,399	\$ 30,793.00	\$ 15,396.50
Freetown	1,751	\$ 12,257.00	\$ 6,128.50
Gardner	4,122	\$ 28,854.00	\$ 14,427.00
Georgetown	1,428	\$ 9,996.00	\$ 4,998.00
Gill	343	\$ 3,500.00	\$ 1,750.00
Gloucester	7,404	\$ 51,828.00	\$ 25,914.00
Goshen	225	\$ 3,500.00	\$ 1,750.00
Gosnold	22	\$ 3,500.00	\$ 1,750.00
Grafton	2,882	\$ 20,174.00	\$ 10,087.00
Granby	1,262	\$ 8,834.00	\$ 4,417.00
Granville	320	\$ 3,500.00	\$ 1,750.00

6 Manuel F Lewis Street
Gloucester, MA 01930



TEL 978 281-9765
FAX 978 282-1350

CITY OF GLOUCESTER
OFFICE OF THE COUNCIL ON AGING
ROSE BAKER SENIOR CENTER

Date: July 20, 2012

To: Jackie Hardy, President ✓
Gloucester City Council

To: Kenneth Costa, Auditor
City of Gloucester

From: Lucia E. Sheehan
Gloucester Council on Aging

Enclosed are copies of Statement of Authorization and Budget attachment pages representing application to State of MA Executive of Office Elder Affairs for Formula Grant Funding for FY 2013. Formula Grant funding is determined by census-based allocation of available grant funds, which are to support Council on Aging activities.

Gloucester Formula Grant funding allocations support:

- Salary for Senior Center Senior Clerk – 35 hrs week
- A partial salary amount for Outreach Social Worker
- Salary for Activity/Volunteer Assistant – 16 hrs week/ 40 weeks

The additional funding amount this year, because of Gloucester's senior population growth to 7,404 seniors age 60+, is hoped to support a part-time Activity/Volunteer Assistant position.



City of Gloucester
Grant Application and Check List

Granting Authority: State Federal _____ Other _____

Name of Grant: Formula Grant Allocation FY2013

Department Applying for Grant: Council on Aging

Agency-~~Federal~~ or State application is requested from: Executive Office of Elder Affairs

Object of the application: Salary COA Senior Clerk / Partial Salary Outreach Social Worker
Salary P/T Activity Assistant

Any match requirements: NO

Mayor's approval to proceed: *[Signature]* 8/7/12
Signature Date

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

Grant Budget by line item account: 291012 10 541 46800 0000 00 000 00 040

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

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



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: _____

ACCOUNT NAME: _____

FUND NUMBER AND NAME: (N/A FOR NEW FUND) _____

CFDA # (Required for Federal Grants): _____

DATE PREPARED: _____

OBJECT	APPROVED AMENDED BUDGET			REVISED BUDGET
	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_____)				
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00
EXPENSE (5_____)				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00

DEPARTMENT HEAD SIGNATURE _____

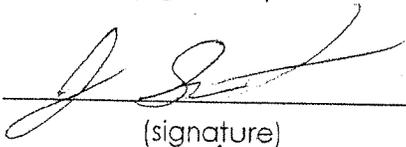
DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

FY2013 FORMULA GRANT/ALLOCATION -- STATEMENT OF AUTHORIZATION
(Affix to your Attachment B budget.)

<u>Gloucester</u> (Name of COA/Agency)	<u>978 281-9765</u> (Daytime Phone)
<u>6 Manuel F. Lewis Street</u> (Mailing Address)	<u>978 282-1350</u> (Fax number)
<u>Gloucester</u> <u>01930</u> (ZIP)	
<u>Same</u> (Street Address)	<u>lsheehan@gloucester-ma.gov</u> E-MAIL

The persons whose signatures appear below are authorized to commit the Council on Aging to the Attachment B Formula Grant Allocation Budget and hereby agree to its submission to the Executive Office of Elder Affairs (Elder Affairs).

Elder Affairs reserves the right to modify the purposes and/or proposed Attachment B expenditures prior to execution of the contract agreement. The allocation amount is subject to final appropriation by the General Court.

<u>Lucia E. Sheehan</u> (PRINT) Director/Coordinator	(x)	<u></u> (signature)	<u>July 26, 2012</u> (date)
<u>Jay Gustafarro</u> (PRINT) Chairperson	(x)	<u></u> (signature)	<u>JULY 27-12</u> (date)
<u>Carolyn Kirk</u> (Print) Mayor	(x)	<u></u> (signature)	<u>7/27/12</u> (date)
		(other title)	

For **contract purposes**, please note:

The legal address of the municipality: 9 Dale Avenue, Gloucester, Ma 01930

The payment remittance address of the municipality (from your W-9): 9 Dale Avenue, Gloucester, MA 01930

CITY OF GLOUCESTER
COUNCIL ON AGING

JOB DESCRIPTION

TITLE: Council on Aging / Senior Center Activity / Volunteer Assistant

JOB SUMMARY: Work with Council on Aging Staff in arranging daily activities and programs that meet the needs /desires of senior center participants; and provide information, referral and advocacy to participants as needed.

RATE OF PAY: \$16.00 / hr. 16 hrs/wk for 40 weeks

REPORT TO: Senior Center Coordinator

DUTIES / RESPONSIBILITIES:

- Work with and supervise volunteers to assist in Senior Center activities and programs
- Plan, coordinate and activities and programs.
- Plans trips and other special functions.
- Maintain a physical presence to:
 - welcome new participants
 - assist participants in need of information
 - provide spontaneous opportunities for activities and recreation
- Work with Senior Center Welcome Group to assist in planning and problem solving for the Center and activities.
- Work with Outreach Program to develop strategies to stimulate participation at the Center by the general community.
- Write articles for monthly Council on Aging newsletter; and prepares Council on Aging press releases.
- Collects and maintains statistical data for all activities, as required by funding sources and by management.
- Responsible for planning, coordination and implementation of recreational activities.

QUALIFICATIONS:

- High School Graduate
- Experience in elder services.
- Sensitivity to and knowledge of issues of aging.
- Good program planning and administrative skills.
- Cheerful, positive attitude.
- Continual endorsement of all programs / activities associated with Council on Aging, its Board, and the City of Gloucester.

City of Gloucester
Office of the COUNCIL ON AGING

JOB DESCRIPTION

Title: Senior Clerk

Supervisor: Senior Center Coordinator

Rate of Pay: Grade 5 - \$17.41 - \$17.93 hr/wk - 52.2 wk/yr

Job Summary: Responsible for moderately complex clerical duties and office management functions for the Council on Aging, including maintenance of service records and newsletter editing. Routinely makes operational decisions in the absence of the Senior Center Coordinator and exercises initiative and judgment.

Duties:

- Oversees the general affairs of the Council on Aging office on an ongoing basis.
- Performs moderately complex clerical functions for the Senior Center Coordinator and Council on Aging Chairperson.
- Coordinates monthly activities and services statistics from staff to track monthly unduplicated clients and service units.
- Types materials as necessary and prepares monthly newsletter for distribution.
- Oversees special mailing projects of the COA such as outreach Brochure & friend's mailings.
- Performs all clerical functions relating organization's fiscal affairs, including recording all COA receipts, deposits, payroll for COA staff and stipend volunteers.
- Organizes and maintains files and records. Routinely screens telephone, correspondence and walk-in inquiries from the public, City Officials and staff. Makes referrals for problem resolution.
- Assists as needed with various COA functions and activities.

Qualifications:

- High School Graduate with supplemental business courses.
- Ability to type (30 wpm) and operate office equipment.
- Knowledge of Business English and Arithmetic.
- Ability to understand and follow both oral and written instructions.
- Ability to understand responsibilities of increasing variety with initiative and judgment.
- Excellent interpersonal skills, including effective communications with staff and senior population.

CITY OF GLOUCESTER
Office of the COUNCIL ON AGING

JOB DESCRIPTION

TITLE: Outreach Social Worker - Gloucester Council on Aging

RATE OF PAY: \$24.75 - \$25.13 / 30 hr/wk, 52.2 wks./yr.

JOB SUMMARY: Oversees the ongoing operation of the Outreach Program. Assesses needs of Gloucester seniors and makes recommendations to Senior Center Coordinator for new and adjusted programming. Maintains statistics and provides program reports as required. Provides S.H.I.N.E. assistance.

REPORTS TO: Senior Center Coordinator

SUPERVISES: Senior Aides and student interns as available

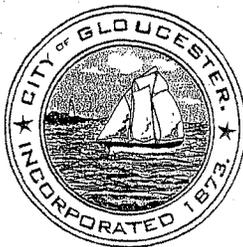
DUTIES AND RESPONSIBILITIES:

- Recruits, trains and provides support to volunteers who assist in friendly visiting and shopping assistance programs
- Provides case management and support to elders, and family members to meet ongoing needs
- Provide S.H.I.N.E. (Serving Health Information Needs Elders) Counseling
- Organizes and facilitates workshops to support elders with specific needs such as grief workshops, Caretakers Support Group, etc.
- Makes regular contact with clients in person and by telephone to assess needs and provide follow up
- Provides client with information and referral to community service agencies
- Makes regular contact with community service organizations to follow up on services and to advocate for clients
- Prepares monthly statistics as required by funding sources and Executive Director
- Attends professional workshops and trainings

QUALIFICATIONS:

- Bachelors of Arts Degree in Social Work, Gerontology or related field or
- Five years experience in elder services
- Certified S.H.I.N.E. Counselor
- Sensitivity to the issues of aging
- Knowledge of local aging network or ability to learn same
- Knowledge of State Protective Service Regulations

3 Pond Road
Gloucester, MA 01930



Telephone: 978-281-9781

Fax: 978-281-9779

CITY OF GLOUCESTER
COMMUNITY DEVELOPMENT DEPARTMENT

MEMORANDUM

TO: Mayor Carolyn A. Kirk
FROM: Greg Cadematori, Acting Community Development Director *GC*
CC: Deborah Laurie, CPC Senior Project Manager
RE: Recommendations from the Community Preservation Committee for Round 3, FY2012 Funds
DATE: July 10, 2012

The Community Preservation Committee has received, reviewed and made recommendations on the third round of project applications for the Community Preservation Act funding.

Please find attached the Committee's submission of recommended projects for your review, and for forwarding to the City Council for their review and appropriation.

Thank you.

The Community Preservation Committee recommends \$260,715 in funding for one-time projects. All recommended projects are subject to the terms and conditions imposed by the Community Preservation Committee. The following conditions are common to all recommended projects:

1. Projects financed with Community Preservation Act funds must comply with all applicable State and municipal requirements. Funds are administered and disbursed by the City of Gloucester.
2. Project oversight, monitoring, and financial control are the responsibility of the Community Preservation Committee or its designee.
3. The Community Preservation Committee will require quarterly project status updates from Community Preservation Act Fund recipients. Additionally, recipients shall also provide an interim report at the 50% Completion Stage along with budget documentation.
4. All projects will be required to state *"This project received funding assistance from the citizens of Gloucester through the Community Preservation Act"* in their promotional material and, where appropriate, on exterior signage.

Attached are:

1. Summary of Community Preservation Committee Recommendations
2. Project Summaries for each Recommendation
3. Criteria for Project Evaluation adopted and published by the Community Preservation Committee

Estimated Community Preservation Fund Revenue available for appropriation or reservation is \$554,725. This includes receipts for the local surcharge during FY 2012 and accumulated interest, and estimated receipts for FY 2012, plus the anticipated 26% state match. After administrative costs of \$27,736 and the dept service estimated at \$215,000 there is a balance of \$311,989. After reducing the balance by \$55,472, (10% reserve for Community Housing no applications) there is an approximate balance of \$256,517. The remaining \$4,198. will be allocated from unreserved balance.

Applications for all projects are available for review in the Community Development Office, Grants Division.

Submitted by: Community Preservation Committee

J.J. Bell, Co-Chair and At-Large
Bill Dugan, Housing Authority
Karen Gallagher, Planning Board
Charlie Crowley, Open Space and Recreation
Scott Smith, At-large

Sandy Dahl-Ronan, Co-Chair and At-Large
Rob Gulla, Conservation Commission
Tom O'Keefe, Historic Commission
Stacy Randell, At-large

**Summary of Community Preservation Committee Recommendations
For Round 3, FY2012 Funding**

Project No.	Applicant	Project Title	Category	Recommended Amount
1	North Shore Art Association	Window Replacement	Historic Preservation	\$15,000
2	Lanes Cove Fish Shack Building Committee	Fish Shack Restoration	Historic Preservation	\$20,000
3	Cape Ann Museum	Preservation & Digitization of Phillips & Holloran Architectural Plans	Historic Preservation	\$10,000
4	Magnolia Historical Society	Archives Manager	Historic Preservation	\$5,000
5	Maritime Gloucester	Restoration of Marine Railways & Mill Building	Historic Preservation	\$20,300
6	Phyllis A. Marine Association, Inc.	Restoration of stanchions, planking & rail caps	Historic Preservation	\$25,415
7	Friends of Good Harbor	Preservation of 70-74 Thatcher Road	Open Space	\$150,000
8	Community Development Department	North Gloucester Woods appraisals & surveys	Open Space	\$15,000
TOTAL				\$260,715

galleries, and are not part of this project. The remaining 22 (twenty-two) operating windows admit light into various areas of the building where natural light is desirable and necessary for office work and for viewing paintings hung on the walls. Many of these windows appear to be original to the building and are six-over-six (6/6) double-hung wood-frame construction. They are all well beyond their service life, are leaking, have extensive rot, and cannot be repaired. The NSAA has recently replaced its roof.

Because the Thomas E. Reed Building has no central heat or air conditioning, it is vital to the comfort of our staff, volunteers and visitors that the windows in the building be both airtight and functional.

The old windows will be replaced with compatible 6/6 double-hung windows that are double paned for insulation and have attachable screens. The intention is that the exterior appearance of the new windows be consistent with the current historic appearance.

**PROJECT NO. 2
LANES COVE FISH SHACK RENOVATION**

Project Sponsor: CITY OF GLOUCESTER, BUILDING COMMITTEE FOR LANES COVE FISH SHACK

The Community Preservation Committee recommends the appropriation of \$20,000 to the City of Gloucester, Lanes Cove Fish Shack Building Committee for Lane's Cove Fish Shack for the preservation and restoration of the Lanes Cove Fish Shack, an historical asset with the following conditions:

Following a favorable vote of the City Council, an agreement being executed by the City of Gloucester and the applicant, said agreement will be in a form acceptable to the Community Preservation Committee and will include, among other provisions governing the use of the award, the following :

1. The expiration of the award shall be December 31, 2013;
2. The project must include educational signage for public benefit, acceptable to the CPC, such signage indicating the cultural and historical significance of the property;
3. CPA funds shall not be used for the ongoing maintenance of the Fish Shack.

The CPC asked Karen Gallagher, Treasurer, and Debbie Laurie, Project Manager, to work with Kenny Costa to determine the appropriate account(s) from which the funds shall be appropriated.

The Community Preservation Act spending purpose for this appropriation is to restore historic resources.

Project Summary:

The historic fish shack at Lanes Cove has fallen into disrepair. The land is a public landing owned by the City of Gloucester and the shack itself is city owned property. Historical use has been as a storage and work space for commercial fishermen and as a subject of countless painting and photographs. The plan is to continue such use after repair of the structure.

Work on the shack will include structural members being removed and reused if possible or replaced with new timber. New wood for the task will be milled locally and used rough sawn. Traditional white cedar shingles siding will be used. The chimney will be rebuilt from the ground up. Roofing will copy the present red roll roofing as closely as possible. A carpenter member of the building committee has offered to construct traditional windows and doors and donations of siding and roofing has already been made.

The Committee has currently raised approximately \$6000. A project with strong grass roots enthusiasm, many skilled volunteers will donate their time to renovate the building. The overall budget for the project is \$80,000, which is part in-kind donations and labor.

PROJECT NO. 3
THE PRESERVATION AND DIGITIZATION OF THE COLLECTION OF PHILLIPS & HOLLORAN
ARCHITECTURAL PLANS, 1894-1960
Project Sponsor: THE CAPE ANN MUSEUM

The Community Preservation Committee recommends the appropriation of \$10,000 to the Cape Ann Museum for the purpose of preserving an historic asset by conserving and digitizing the collection of Phillips & Holloran Architectural plans, 1894 – 1960, including, but not limited to, unrolling, flattening and cleaning prior to digitization, with the following conditions

Following a favorable vote of the City Council, an agreement shall be executed by the City of Gloucester and the applicant, said agreement shall be in a form acceptable to the Community Preservation Committee and will include, among other provisions governing the use of the award, the following:

1. The expiration of the Award shall be December 31, 2013;
2. Funds to be utilized for plans for public buildings and shall make public aware of availability of same.

The CPC asked Karen Gallagher, Treasurer, and Deb Laurie, Project Manager to work with Kenny Costa to determine the appropriate account(s) from which the funds shall be appropriated.

The Community Preservation Act spending purpose for this appropriation is to restore historic resources.

Project Summary:

In 2011 the Cape Ann Museum received an extraordinary collection of more than 300 architectural plans of Gloucester business and municipal buildings and private homes from the estate of Robert Holloran, who was the last partner in the architectural firm of Phillip & Holloran. These plans had been stored, tightly rolled for over fifty years. Many are in fragile condition. The Museum is going to conserve (flatten, clean and repair) and digitize the plans so that they can be made available to researchers and the general public and to prevent further damage. This preservation will be done in multi phases. Total cost of the project is approximately \$120,000.

With the assistance of CPA funding in Round 2, the Phyllis A. has hauled and is in the process of restoring the hull of the vessel. The haul out will insure the integrity of the hull to keep her afloat and present her in a respectable manner. This third round of funding would consist of replacing and rebuilding of some planking, stanchions and the rail which will enable the reattachment of metal posts and rope lines to the rail cap to bring the rail height up to 42 inches, which the Coast Guard requires for a dockside attraction vessel. This will allow on board tours. Total cost is estimated at 35,415.

PROJECT NO. 7
GOOD HARBOR GATEWAY PROJECT
Project Sponsor: FRIENDS OF GOOD HARBOR, INC

The Community Preservation Committee recommends the appropriation of \$150,000 to the The City of Gloucester (working with the FRIENDS OF GOOD HARBOR, INC.) for the purpose of acquiring approximately 6 acres of property located at 70 - 74 Thatcher Road, Gloucester MA, in order to preserve open space, with the goal of restoring it as a salt marsh, restoring its natural vegetation and wildlife habitat and preserving it for public access, appreciation and education, with the following conditions:

Following a favorable vote of the City Council, an agreement shall be executed by the City of Gloucester and the applicant, said agreement shall be in a form acceptable to the Community Preservation Committee and will include, among other provisions governing the use of the award, the following:

1. The expiration of the Award shall be June 30, 2013, or at the expiration of the Purchase and Sales Agreement, whichever occurs first.

The CPC asked Karen Gallagher, Treasurer, and Deb Laurie, Project Manager to work with Kenny Costa to determine the appropriate account(s) from which the funds shall be appropriated.

The Community Preservation Act spending purpose for this appropriation is to preserve open space.

Project Summary:

The Friends of Good Harbor (FOGH) hope to preserve six acres of filled land, 70-74 Thatcher Road, across from the entrance of Good Harbor Beach, restore it as a salt marsh and preserve it for public access, appreciation and education. The current owners of three properties intend to develop it for housing under 40B. The FOGH and the owners of the property, Brier Neck Realty LLC, have reached agreement on a purchase price of \$720,000. The overall budget for the property acquisition is \$750,000 with intended tri-partite funding from the Community Preservation Act (City of Gloucester), from the Executive Officer of Energy and Environmental Affairs' LAND Grant, (Comm. of Mass), and from general fund raising from private individuals and foundations (FOGH), including a substantial tax credit contribution by the owners. FOGH has been working in cooperation with the City of Gloucester and it is the intention of FOGH and the City that the City of Gloucester will own the property with the vision that it will be restored to its natural vegetation and wildlife habitat, that it will become a gateway to the Good Harbor marsh and wetlands, that a pedestrian walkway will encourage public access to the area, and that appropriate signage will promote public awareness and sensitivity related to the preservation of one of Gloucester's prominent natural resources.

Community Preservation Criteria

General Evaluation Criteria

1	Eligible for Community Preservation Act Funding	√
2	Consistent with various plans which are relevant to and utilized by the City regarding open space, recreation, historic resources and affordable housing	
3	Preserve and enhance the essential character of Gloucester	
4	Protect resources that would otherwise be threatened	
5	Serve more than one CPA purpose or demonstrate why serving multiple needs is not feasible	
6	Demonstrate practicality and feasibility, and that the project can be implemented within budget/ on schedule	
7	Produce and advantageous cost/benefit value	
8	Leverage additional public and/or private funds or receive partial funding from other sources and/or voluntary contributions of goods and services	
9	Preserve or improve city owned assets	
10	Receive endorsement from other municipal boards or departments and broad-based support from community members	

Open Space Criteria

1	Permanently protect important wildlife habitat, particularly areas that include: locally significant biodiversity; variety of habitats with a diversity of geologic features and types of vegetation; endangered habitat or species of plant or animal	
2	Preserve active agricultural use	
3	Provide opportunities for passive recreation and environmental education	
4	Protect or enhance wildlife corridors, promote connectivity of habitat or prevent fragmentation of habitats	
5	Provide connections with existing trails or protected open space	
6	Acquire land or easements for potential trail linkages	
7	Preserve scenic and historic views	
8	Border a scenic road	
9	Protect drinking water quantity and quality	
10	Provide flood control/storage	
11	Preserve and protect important surface water bodies, including streams, wetlands, vernal pools, riparian zones or Areas of Critical Environmental Concern (ACEC)	
12	Buffer protected open space, or historic resources	

Historic Preservation Evaluation Criteria

1	Protect, preserve, enhance, restore and/or rehabilitate historical, cultural, architectural or archaeological resources of significance, especially those that are threatened	
2	Protect, preserve, enhance, restore and/or rehabilitate city-owned properties, features or resources of historical significance	
3	Protect, preserve, enhance, restore and/or rehabilitate the historical function of a property or site	
4	Demonstrate a public benefit	
5	Ability to provide permanent protection for the historic resource	

Community Housing Evaluation Criteria

1	Contribute to the goal of 10% affordability as defined by chapter 40B of the Massachusetts General Laws	
2	Promote a socioeconomic environment that encourages a diversity of incomes	
3	Provide housing that is harmonious in design and scale with the surrounding community	
4	Intermingle affordable and market rate housing at levels that exceed state requirements for percentage of affordable units pursuant to chapter 40B	
5	Ensure long-term affordability	
6	Address the needs of range of qualified household, including very low, low, and low-to-moderate income families and individuals	
7	Provide affordable rental and affordable ownership opportunities	
8	Promote use of existing buildings or construction on previously-developed or city-owned sites	

Public Recreation Evaluation Criteria

1	Addresses a need or objective identified in a City plan	
2	Serves a significant number of residents	
3	Preserves and expands the range of recreational opportunities available to city residents of all ages and abilities, including those at-risk of obesity as identified through the Get Fit.Gloucester! Community Action Plan	
4	Promotes recreational activities	
5	Maximizes the utility of land already owned by city	
6	Promotes the creative use of railway and other corridors to create safe and healthful non-motorized transportation opportunities	
7	Preserves and enhances the natural habitat functions and values of open space for wildlife	

Community Preservation Fund
Fund Balances

City of Gloucester

CITY CLERK
GLOUCESTER, MA

Fiscal Year: 2011-2012

12 JUL 25 PM 12: 56

CPA Fund & Reserves

Fund	Description	Beginning Balance	Revenue	Expense	Transfers	Fund Balance
270000	Community Preservation Fund					
270100	CPA COMMITTEE, OPEN SPACE RESERVE	\$ 267,249.43	\$ 610,579.31	\$ (26,700.68)	\$ (619,869.00)	\$ 231,259.06
270200	CPA COMMITTEE, COMMUNITY HOUSING RES	56,000.00	-	-	1,472.00	57,472.00
270300	CPA COMMITTEE, HISTORICAL PRESERVATION RES	56,000.00	-	-	(528.00)	55,472.00
270400	CPA COMMITTEE, GENERAL RESERVE	56,000.00	-	-	(528.00)	55,472.00
	Totals	\$ 435,249.43	\$ 610,579.31	\$ (26,700.68)	\$ (619,453.00)	\$ 399,675.06

Current CPA Funds - Uncommitted

CH Reserve \$ (55,472.00)
Adj. Total \$ 344,203.06

Fiscal Year	Description	FY2012 Budget Amount	Actual Expense Amount	Remaining Amount
FY2012	CPA COMMITTEE, OPEN SPACE RESERVE	55,472.00	-	55,472.00
FY2012	CPA COMMITTEE, COMMUNITY HOUSING RES	55,472.00	-	55,472.00
FY2012	CPA COMMITTEE, HISTORICAL PRESERVATION RES	55,472.00	-	55,472.00
FY2012	ADMINISTRATIVE EXPENSES	27,736.00	(26,700.68)	1,035.32
FY2012	GENERAL RESERVE	360,573.00	(215,000.00)	145,573.00

Totals \$ 554,725.00 \$ (241,700.68) \$ 313,024.32
TIES to RECAP

CH Reserve \$ (55,472.00)
Adj. Total \$ 257,552.32

Community Preservation Fund
Fund Balances

City of Gloucester

Fiscal Year: 2011-2012

CPA Projects

Fund	FY	Description	Beginning Balance	Revenue	Expense	Transfers	Fund Balance
271000	2010	CPA-OS-DOGTOWN/NO GLOU WDS PRESRV PLNING	\$ 30,000.00	-	\$ (28,000.00)	(2,000.00)	\$ -
271001	2011	CPA-OS-LITTLE RIVER STREAM HABITAT & REST PROJ	-	-	-	15,000.00	\$ 15,000.00
271002	2011	CPA-OS TOMPSON STREET RESERVATION GATEWAY	-	-	(120,000.00)	120,000.00	-
272000	2010	CPA-CH-CENTRAL GRAMMER APTS	50,000.00	-	(50,000.00)	-	-
272001	2010	CPA-CH-CAPE ANN HOMEOWNERSHIP CENTER	19,042.00	-	(19,042.00)	-	-
272002	2010	CPA-CH-10 TAYLOR STREET CONDOS	110,000.00	-	(99,000.05)	-	\$ 10,999.95
272003	2011	CPA-CH-SHEEDY PARK ROOF REPLACEMENT	-	-	-	86,453.00	\$ 86,453.00
275000	2010	CPA-HP-SCHOONER ADV-WINDLASS&ANCHOR CHAIN	7,620.01	-	(7,620.01)	-	-
275001	2010	CPA-HP-UNIVERSALIST MEETINGHOUSE-PHASE II	30,000.00	-	(18,780.00)	-	\$ 11,220.00
275002	2010	CPA-HP-GLOUCESTER STREET SURVEY UPDATE	7,500.00	-	(7,500.00)	-	-
275003	2010	CPA-HP-BEAUPORT WINDOW CONSERVATION	16,667.00	-	(16,667.00)	-	-
275004	2011	CPA-HP-WHITE ELLERY HOUSE (1710) WINDOW REST	-	-	-	25,000.00	\$ 25,000.00
275005	2011	CPA-HP-SAVE THE ADVENTURE PROJECT	-	-	(25,000.00)	25,000.00	-
275006	2011	CPA-HP-PHYLLIS A. MAST & HULL REST PROJECT	-	-	-	20,000.00	\$ 20,000.00
275007	2011	CPA-HP-WPA MURALS RESTORATION PROJ	-	-	-	15,000.00	\$ 15,000.00
275008	2011	CPA-HP-MAGNOLIA HISTORICAL SOC ARCHIVAL PRES	-	-	(8,520.01)	10,000.00	\$ 1,479.99
275009	2011	CPA-HP-SARGENT HOUSE MUSEUM FENCE REPLACE	-	-	-	15,000.00	\$ 15,000.00
275010	2011	CPA-HP-SAWYER FREE LIBRARY LANDSCAPING PROJ	-	-	-	75,000.00	\$ 75,000.00
340000	2010	CPA-OS-WOSTREL ENVIRNMENTL ADVENTURE CTR	10,100.00	-	(5,292.50)	-	\$ 4,807.50
346000	2010	CPA-HP-CITY HALL EXTERIOR RESTORATION	215,000.00	1,970,000.00	(370,816.22)	215,000.00	\$ 2,029,183.78
Totals			\$ 495,929.01	\$ 1,970,000.00	\$ (776,237.79)	\$ 619,453.00	\$ 2,309,144.22

COMMUNITY PRESERVATION FUNDING BY CATEGORY
FOR ROUND III, 2012

Project Number	Applicant	Project Title	Category	Recommended Amount	New Fund #	Funding Source				Total	
						Open Space Reserve	Community Housing Reserve	Hist. Pres. Reserve	Undes./General Reserve		
1	North Shore Art Association	Thomas E. Reed Bldg Window Replacement	Historic Preservation	\$15,000					\$15,000	15,000.00	
2	Lanes Cove Fish Shack Building Cmte	Fish Shack Restoration	Historic Preservation	\$20,000					\$20,000	20,000.00	
3	Cape Ann Museum	Preserve & digitize Phillip & Hollozan plans	Historic Preservation	\$10,000				\$10,000		10,000.00	
4	Magnolia Historical Society	Archives Manager	Historic Preservation	\$5,000					\$2,802	\$2,198	5,000.00
5	Maritime Gloucester	Restoration of Mill Building	Historic Preservation	\$20,300				\$20,300		20,300.00	
6	Phyllis A. Marine Association	Restoration of stanchions, planking & rail caps	Historic Preservation	\$25,415				\$25,172	\$243	25,415.00	
7	Friends of Good Harbor	Preservation of 70-74 Thatcher Road	Open Space	\$150,000		\$42,472			\$107,528	150,000.00	
8	Community Development Dept. (Open Space Committee)	N. Gloucester Woods appraisals & surveys	Open Space	\$15,000		\$15,000				15,000.00	
Totals				260,715.00		57,472.00		55,472.00	145,573.00	2,198.00	260,715.00

*addtl \$2000 returned to fund 270100

Total CPA funds available
Less Community Housing (no apps)
Approximate amount to give
CPA Recommendations
Diff

\$313,024
55,472
\$257,552
\$260,715
(\$3,163)