

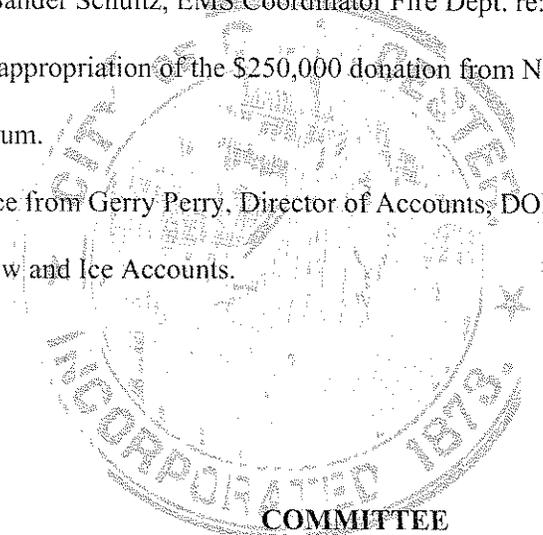


City of Gloucester City Council

CITY HALL • GLOUCESTER • MASSACHUSETTS • 01930
Telephone 508-281-9722 Fax 508-281-8472

CITY COUNCIL
AND
CITY COUNCIL STANDING COMMITTEE
Budget and Finance
Thursday, May 14, 2009 – 7:00 p.m.
Council Conference Room – City Hall

1. Memo from Harbormaster re: acceptance of grant.
2. Comm. from Sander Schultz, EMS Coordinator Fire Dept. re: Ambulance Policies.
3. Supplemental appropriation of the \$250,000 donation from National Grid.
4. Fee Compendium.
5. Correspondence from Gerry Perry, Director of Accounts, DOR.
6. Update on Snow and Ice Accounts.



COMMITTEE
Councilor Jason Grow, Chair
Councilor Joe Ciolino, Vice Chair
Councilor Steve Curcuru
Committee members – Please bring relevant documentation

CC: Mayor
Jim Duggan
Marcia McInnis
Jeffrey Towne
Sander Schultz
Jim Caulkett

Nineteen Harbor Loop
Gloucester, MA 01930



TEL 978-282-3012
FAX 978-978-281-4188
jcaulkett@gloucester-ma.gov

CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

Memorandum

From: Jim Caulkett, Harbormaster
To: Mayor Carolyn Kirk
Date: April 22, 2009
Subject: Mayor's report to Council

RECEIVED

APR 22 2009

Mayor's Office

Mayor Kirk,

In your next Report to Council will you please include the attached contract and request to accept \$5000.00 in grant funds for the disposal of the derelict vessel "Ryan J".

Sincerely,

Jim Caulkett

dc
Massachusetts



March 23, 2009

James W. Caulket, Harbormaster
City of Gloucester
19 Harbor Loop
Gloucester, MA 01930

C

RE: P09-2554-G1 (3754) Removal of an unseaworthy vessel constant flooding in Bilge, Gloucester Harbor, Gloucester MA.

Dear Mr. Caulket:

Enclosed please find a copy of the full endorsed and executed grant for the referenced project. Payment shall be as allowed within the budget section of the contract. Quarterly reports and financial reports are to be developed in accordance with the River and Harbors Program Requirements.

If you have any questions or needs assistance with the report forms please contact the Grant Compliance Officer for this project, whom is Mr. Michael Driscoll whom can be reached for any questions or concerns at (781) 740-1600 x107 or his cell phone at (617) 719-2199.

The Grant Compliance Officer for this project is Mr. Michael Driscoll. He can be reached for any questions or concerns at (781) 740-1600 x 107 or his cell phone at (617) 719-2199.

Sincerely,

Martha C. King

Martha C. King
Director of Waterways

Enclosures

COMMONWEALTH OF MASSACHUSETTS · EXECUTIVE OFFICE OF ENERGY & ENVIRONMENTAL AFFAIRS

Department of Conservation and Recreation
349 Lincoln Street BLDG 45
Hingham, MA 02043
781-740-1600 617-727-2950 Fax
www.mass.gov/dcr



Deval L. Patrick
Governor

Timothy P. Murray
Lt. Governor

Ian A. Bowles, Secretary, Executive
Office of Energy & Environmental Affairs

Richard K. Sullivan, Jr., Commissioner
Department of Conservation & Recreation

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



FY0

This form, to be used for New Contracts and Contract Amendments/Renewals, 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)* for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors should only complete sections marked with a "→". For Instructions and hyperlinks (italics), please view this form at: www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*.

→ Contractor Legal Name (and d/b/a): City of Gloucester → Legal Address (from W-9): 19 Harbor Loop, Gloucester MA 01930 → Payment Remittance Address (from W-9): Same → Contract Manager : James W. Caulket Jr., Harbormaster → E-Mail Address : jcaulket@gloucester-ma.gov → Phone : 978-282-3012 → Fax : 978-281-4188 → TTY : → State of Incorporation (if a corporation) or "N/A": → Vendor Code : MMARS Object Code :	Department MMARS Alpha Code and Name : Office of Waterways, DCR Business Mailing Address : 349 Lincoln Street, Hingham, MA, 02043 Billing Address (if different): Same Contract Manager : Martha C. King, Director of Waterways E-Mail Address : MarthaC.King@state.ma.us Phone : 781-741-1600 Fax : 617-727-2950 TTY : MMARS Doc ID(s) : RFR/Procurement or Other ID Number (if applicable): Account(s) Funding Contract : Waterways projects Acct #2800-7097
<p style="text-align: center;">X NEW CONTRACT</p> COMPENSATION (Check only one): <input checked="" type="checkbox"/> Total Maximum Obligation of this Contract \$ <u>5,000.00</u> <input type="checkbox"/> Rate Contract (Attach details of rate(s) units and any calculations): The following COMMONWEALTH TERMS AND CONDITIONS for this Contract has been executed and filed with CTR (Check only one): <input checked="" type="checkbox"/> Commonwealth Terms And Conditions <input type="checkbox"/> Commonwealth Terms And Conditions For Human And Social Services PROCUREMENT OR EXCEPTION TYPE (Check one option only): <input type="checkbox"/> Single Department Procurement/Single Department User Contract <input type="checkbox"/> Single Department Procurement/Multiple Department User Contract <input type="checkbox"/> Multiple Department Procurement/Limited Department User Contract <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input checked="" type="checkbox"/> Grant (as defined by <u>815 CMR 2.00</u>) <input type="checkbox"/> Emergency Contract (attach justification) <input type="checkbox"/> Contract Employee (Complete <u>Employment Status Form</u>) <input type="checkbox"/> Collective Purchase (attach OSD approval) <input type="checkbox"/> Legislative/Legal Exemption (attach authorizing language) <input type="checkbox"/> Other (Specify and attach documentation): ANTICIPATED START DATE : <u>10/20/09</u> <u>2/13/09</u> (Enter the Date Contract Obligations may begin. Review Certification for Effective Date Below prior to entry.) CONTRACT END DATE : <u>6/30/09</u>	<p style="text-align: center;">CONTRACT AMENDMENT/RENEWAL</p> ENTER CURRENT CONTRACT START and END DATES (prior to amendment) Current Start Date: _____ Current End Date: _____ COMPENSATION : (Check Either, "No Compensation Change"; "Maximum Obligation" or "Rate change". ATTACH Amended Scope and Budget to support Amendment.) <input type="checkbox"/> NO Compensation Change (Skip to "OTHER" section below and select change) <input type="checkbox"/> Redistribute Budget Line Items (No Maximum Obligation Change) <input type="checkbox"/> Maximum Obligation Change. a) Current Total Contract Maximum Obligation : \$ _____ (Total Contract Maximum Obligation, including all prior amendments). b) Amendment Amount ("+" or "-"): \$ _____ c) NEW TOTAL CONTRACT MAXIMUM OBLIGATION : \$ _____ <input type="checkbox"/> Rate Changes to Rate Contract OTHER : (Check option, explain under "Brief Description" below, and attach documentation.) <input type="checkbox"/> Amend Duration Only (No Compensation or Performance Change) <input type="checkbox"/> Amend Scope of Services/Performance Only (no budget impact.) <input type="checkbox"/> Interim Contract (Temporary Extension to complete new Procurement) <input type="checkbox"/> Other: (Describe Details and Attach documentation): ANTICIPATED START DATE : _____ (Enter the Date Amendment Obligations may begin. Review Certification for Effective Date Below prior to entry.) NEW CONTRACT END DATE : _____
→ PROMPT PAYMENT DISCOUNTS . Contractor has agreed to the following Prompt Pay Discounts for the listed Payment Issue Dates. See <u>Prompt Payment Discount Policy</u> . ___ % Within 10 Days ___ % Within 15 Days ___ % Within 20 Days ___ % Within 30 Days OR, Check off the following it: <input checked="" type="checkbox"/> Contractor either claims hardship, or chooses not to provide PPD, or compensation is not subject to prompt pay discounts (grants, non-commodity or non-service compensation)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT (Reference to attachments is insufficient): P09-2554-G1 (3754) Removal of an unseaworthy vessel constant flooding in Blige, Gloucester Harbor, Gloucester MA.	
CERTIFICATIONS : Notwithstanding verbal or other representations by the parties, or an earlier Start date listed above, the "Effective Date" of this Contract or Amendment shall be the latest date this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, a later Contract or Amendment Start Date specified above, or the date of any required approvals. By executing this Contract/Amendment, the Contractor makes, under the pains and penalties of perjury, all certifications required under the attached <u>Contractor Certifications</u> , and has provided all required documentation noted with a "→", or shall provide any required documentation upon request, and the Contractor agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein, including the terms of the applicable Commonwealth Terms and Conditions available at www.mass.gov/osc under <u>Guidance For Vendors - Forms</u> or at www.mass.gov/osd under <u>OSD Forms</u> , the terms of the attached <u>Instructions</u> , the Request for Response (RFR), solicitation (if applicable) or other authorization, the Contractor's response to the RFR or solicitation (if applicable), and any additional negotiated performance or budget provisions. The terms of this Contract shall survive its termination for the purpose of resolving any claim, dispute or other Contract action, or for effectuating any negotiated representations and warranties. THE PARTIES HEREBY ALSO CERTIFY THAT (Check one option only): 1. <input checked="" type="checkbox"/> The Contractor has NOT incurred any obligations triggering a payment obligation for dates <u>prior</u> to the Effective Date of this Contract or Amendment OR 2. <input type="checkbox"/> any obligations incurred by the Contractor <u>prior</u> to the Effective Date of this Contract or Amendment (for which a payment obligation has been triggered) are intended to be part of this Contract/Amendment and shall be considered a final Settlement and Release of these obligations which are incorporated herein, and upon payment of these obligations, the Contractor forever releases the Commonwealth from any further claims related to these obligations.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR : → X: <u>[Signature]</u> Date: <u>1/9/09</u> (Signature and Date Must Be Handwritten At Time of Signature) → Print Name: <u>James W. Caulket</u> → Print Title: <u>Harbor Master City of Gloucester</u>	AUTHORIZING SIGNATURE FOR THE DEPARTMENT : X: <u>[Signature]</u> Date: <u>2/13/09</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Richard K. Sullivan, Jr.</u> Print Title: <u>Commissioner</u>

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May
2004



CONTRACTOR LEGAL NAME:
CONTRACTOR VENDOR/CUSTOMER CODE:

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): CAROLYN KIRK

Title: MAYOR

X Carolyn Kirk 1/29/09
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, JAMES A. DUGGAN (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:

JANUARY 29, 2009

My commission expires on: 12-17-2010

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



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760



RECEIVED

APR 15 2009

Mayor's Office

April 15, 2009

The Honorable Carolyn Kirk
Mayor, City of Gloucester
9 Dale Ave.
Gloucester, MA 01930

Dear Mayor Kirk,

I am writing you to propose that we update the Ambulance Billing and Collection Policy for the City of Gloucester Fire Department Ambulance Service in preparation for the FY 2010 Budget.

The first of these updates is to address the ambulance billing fee schedule. Our current fees are one year old and are set at **Medicare + 50%**. I am recommending that we increase our fees to the current **Medicare + 80%**. This increase is slightly greater than in the past, and based on Calendar Year 2008 run volume, will generate an increase in revenue of around **\$174,000.00**.

Last year I recommended that we implement a three part plan to reduce and manage our outstanding uncollected billing balance. All three recommendations have been implemented. The City of Gloucester Fire Department Ambulance Service currently carries an outstanding collections balance of around \$400,818.06. This dates back to 2007, and currently contains approximately 37% uncollectible debt.

As stated above, the current amount of outstanding and uncollected bills is \$400,818.06. 37% of this, \$150,699.15, is over 180 days old. Our billing company, Comstar Inc., sends us monthly reports including a cumulative request for write-off, which recommends specific outstanding bills that, based on individually stipulated reasons, should be written off. Of these bills, the ones that are over 180 days old date from 09/27/07 to 09/20/08, totaling \$150,699.15. The total length of this document is currently 26 pages.

- My first recommendation is to write off, as uncollectible, the \$150,699.15 as advised by Comstar, bringing the total outstanding debt owed to the City to \$250,118.91.
- My second recommendation, to exercise our policy of sending outstanding bills to a collections agency, has not actually been exercised. Our current billing policy provides for sending bills to the contracted collections agency after 4 bills have been sent over a 120 day period. Although this measure will in fact bring us less than 1% return on our outstanding balance, it will satisfy our due diligence to the citizens of Gloucester with regard to money owed the city.



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760



- My third and last recommendation was that the Fire Chief and the EMS Coordinator annually review the list of uncollected bills and determine which and how many should be written off. This year's review has occurred with the proposed new rates, write-offs, and other changes to the billing policy indicated above.

Our current recovery rate is between 80% and 90%, with the rest going uncollected. Having paid close attention to this for the past four years, it is my opinion that while this is still an acceptable recovery rate, we should be able to do better. In the coming year I will be pursuing avenues of improving this percentage.

Our financial hardship policy works well, utilizing a write-off procedure and will require a simple updating of the write-off levels. We use an accepted formula of two times the federal poverty level as defined by the Federal Government Department of Health and Human Services.

I recommend that this proposal be placed in the Mayor's Report to the City Council for their review and approval. In addition to recording the date of Council acceptance, a certified copy of the vote by the Council will be attached to the approved *ambulance billing and collection* policy.

Sincerely,

A handwritten signature in black ink, appearing to read "Sander R. Schultz".

Sander R. Schultz

EMS Coordinator

Cc: Fire Chief Phil Dench



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760



Attachments

Document One:

Draft update of the City of Gloucester Fire Department Ambulance Service Billing and Collection Policy

List of Attachments:

1. Current City of Gloucester Fire Department Ambulance Service Request for Write-Off Summary Report.
2. Current Cumulative Request for Write-Off from Comstar Inc., Pages 1 and 26.



CITY OF GLOUCESTER FIRE DEPARTMENT
 8 SCHOOL ST.
 GLOUCESTER, MA 01930
 978-281-9760



Effective June 01, 2009

**CITY OF GLOUCESTER
 FIRE DEPARTMENT
 AMBULANCE SERVICE
 BILLING AND COLLECTION POLICY**

1. The City of Gloucester Fire Department Rescue Squads, d/b/a the City of Gloucester Fire Department Ambulance Service, charges all transported patients or responsible parties the same rate for ambulance services. The current rate structure is:

**GLOUCESTER FIRE DEPARTMENT AMBULANCE SERVICE
 June, 2009**

BLS Non-Emergency	\$437.60
BLS Emergency	\$700.16
ALS Non-Emergency	\$525.11
ALS 1 -Emergency	\$831.44
ALS 2	\$1203.39
SCT Special Care Transport	\$1,422.20
Oxygen	\$98.81
Airways	\$240.00
MAST	\$141.16
IV Therapy / IV Drugs	\$211.72
Cardiac Monitoring	\$296.47
Defibrillation	\$211.72
BLS Mileage	
ALS Mileage	
Single Mileage Rate	\$26.78
Extra EMT	\$360.00

2. The City of Gloucester policy is to bill all transported patients, or their responsible parties, regardless of whether they have third party coverage, with the following exceptions.
 - A. Obviously deceased persons with no emergency care intervention/transportation.
 - B. City employees injured in the course of his or her employment.
 - C. City employees retired on a job-related disability.
3. The City of Gloucester, through a contracted billing service, will bill the ambulance patient or responsible party shortly after services have been rendered.
4. When valid third party insurance information is available, our billing service will bill the insurance company directly.



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760



5. When insurance information is not accessible or is incomplete, an initial monthly statement (Bill), detailing charges, requesting insurance information for third party billing as well as seeking write-off or payment plan proposals, will be sent to the ambulance patient or responsible third party (Attachment 2 – Front and Back). When no response is received to the first bill, 2 additional bills shall be sent at 30 day intervals. The second and third bills shall contain a dunning notice as authorized by the City. Then a fourth bill (Attachment 7) shall be sent in letter form as approved by the City. This Fourth bill shall be a respectful demand for payment with a warning of referral of the bill to a collection agency. This fourth bill, letter, and mailing envelope shall be sent to the Fire Chief for a personal signature to be added.
6. All outstanding bills shall be transferred to a collection agency identified by the City (Attachment 3), 30 days after the fourth bill/letter is sent. The billing service shall cooperate with the collection agency in pursuing collections up to and including small claims actions in District Court.
7. If, after reasonable and customary attempts to collect a bill, the debt remains unpaid 30 days after the fourth bill is mailed to the patient or responsible party, the debt will be:
 - A. Written-off if the balance is \$50.00 or less.
 - B. Turned over to a collections agent when the bill exceeds \$50.00.
8. Collection efforts will include direct patient contact in person or via telephone, attempts at mail contact if direct contact is not successful, and filing of small claims court actions. Only licensed collection agencies will be employed. The collection agency will be instructed to follow strict guidelines including but not limited to:
 - A. Bills to deceased patients will be written off upon receipt of a copy of the death certificate from their family or estate.
 - B. Write-off patients who complete a write-off application and provide income records for the past two years, in the form of copies of Federal Tax Forms (i.e. W-2, or 1040) filings or a written statement signed by a verifiable employer or employers certifying income paid for the past two years.
 - C. Filing of small claims actions in District Court with acceptance of any payment plan imposed, and enforced by, the court.
 - D. No contacts with patients after hours allowed by collection laws/regulations.
9. The City of Gloucester may establish that the patient or responsible party is either indigent or medically indigent. The City of Gloucester will apply its customary methods for determining the indigence of patients or responsible parties under the following guidelines:
 - A. The City of Gloucester has adopted income guidelines which are 2 times the Federal Poverty Level (Attachment 1, Schedule A). These income levels will be compared to the family income reported by persons seeking write-off so as to determine write-off eligibility. Those persons with family incomes below the Schedule A levels will be written-off.
 - B. The patients indigence will be determined by the City of Gloucester not the patient (i.e., a user-originated statement of his/her inability to pay). A City of Gloucester Financial Information form, supplied by the City and completed by the person seeking to establish a payment schedule, or to have the bill written-off, will be used to detail income levels (see Attachment 4). The City Fire Chief, or his designee, reserves the right to require verification of the income reported on the Financial Information form, by production of Federal Tax Forms (i.e. W-2 or 1040), pay stubs, written employer statements, etc., prior to authorizing write-off. The Fire Chief or his designee shall approve write-off of all ambulance bills.
 - C. The City of Gloucester collection effort will include the use of a collection agency in addition to or in lieu of subsequent billing, follow-up letters, telephone contact or personal contacts. If a collection agency is used, the City of Gloucester will refer all uncollected patient charges of like amount to the agency without regard to patient class (i.e., first or third party bill).



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760



10. The Fire Chief and EMS Coordinator are directed to increase rates annually to coincide with the Medicare National + 50% standardized rate structure.
11. The Gloucester Fire Department Ambulance Service respects the privacy of patient information. The City's privacy policy, as required by the Health Insurance Portability and Accountability Act (HIPAA) is provided as Attachment 5.
12. The Fire Chief and EMS Coordinator shall prepare for submission every year concurrently with the submission of this policy a recommendation for the write-off of uncollectible outstanding bills.

SIGNED: _____

TITLE: Mayor

DATE: _____

4/28/09

APPROVED BY CITY COUNCIL: _____

COMPANY OR SERVICE:

Gloucester Fire Department Ambulance Service
8 School Street
Gloucester, MA 01930



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760



Effective June 01, 2009

**CITY OF GLOUCESTER
FIRE DEPARTMENT
AMBULANCE SERVICE
INCOME ELIGIBILITY FOR BILL WRITE-OFF**

SCHEDULE A

The following income guidelines represent double the current Federal Poverty Level Guidelines and are similar to those used by federal and local health care agencies in establishing benefit eligibility or medical care write-off eligibility.

<u>FAMILY SIZE</u>	<u>INCOME</u>
1	\$ 21,660.
2	\$ 29,140.
3	\$ 36,620.
4	\$ 44,100.
5	\$ 51,580.
6	\$ 59,060.
7	\$ 83,220.
8	\$ 92,580.

Add \$3,740 to the income for each additional family member beyond eight.

Request for Write-Off Summary - CITY OF GLOUCESTER

Company IS CITY OF GLOUCESTER; AND Trip Date IS BETWEEN 09/28/2007 AND 09/20/2008; AND Status IS Billed OR Complete OR Not Billed OR On Hold OR Verified; AND Schedule IS WRITE-OFF REQUEST

Write-Off Reason	Count	Amount
ALL STEPS EXHAUSTED-MGT	3	1,225.33
BAD ADDRESS/NO PHONE	31	24,694.35
BANKRUPTCY - PATIENT	1	700.00
DECEASED	7	2,275.42
HARDSHIP REQUEST	3	760.52
HOMELESS / INDIGENT NO ADDRESS	18	14,028.51
INCORR/INSUFF INFO FROM CLIENT	4	4,106.10
LATE RESP FROM WELFARE PT-MGT	2	522.70
NO RESP TO COLLECTION LETTER	115	97,136.78
NO RESPONSE FROM PATIENT	6	4,589.36
OUT OF STATE WELFARE	1	660.08

TOTAL 170

GRAND TOTAL \$ 150,699.15

**SUPPLEMENTAL APPROPRIATIONS FOR
NATIONAL GRID'S DONATION OF \$250,000**

UNDER SEPARATE COVER

City Hall
Nine Dale Ave
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

Memorandum

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

From: Jim Duggan, Chief Administrative Officer 

Date: May 1, 2009

Re: **Fee Compendium**

Attached for your review are proposed new fees and amendments to existing fees from the Health Department, City Clerk, and Department of Public Works.

When applicable, the departments compared their fees against Rockport, Danvers, Salem, Beverly and Newburyport and made suggested changes to individual fees the department manager believes are appropriate.

Please refer the matter to the Ordinance and Administration. Necessary department personnel will be available throughout the process to answer any questions.

Health Department Fee Comparison Chart

Type	Existing	Rockport	Danvers	Beverly	Salem	Newburyport	Proposed
Body Art - Establishment	150		170/125	350/250	315	100/150+	200
Catering	60			125	25	100	100
Disposal Works Installers	100	150	150	75		10	125
Food Service - Establishment	150	200	100+	100+	140-420	5-550	200
Food Service Retail	100	200	100+	100-300+	70-420	100	125
Food Service Grocery Store (new)	-						300
Frozen Desert	60			125	25	10	75
Tanning	50	50	50	100/150	140	100	100
Funeral Directors	50	50	100	75		25	75
Food Service Mobile w/o PHF	60	100				100	100
Temporary Food Service w/PHF	120	50-200		75-100+	300-600	25	150
Temporary Food Service w/o PHF	60	50-200		75-100+		25	75

City Clerk Fee Comparison Chart

Type	Existing	Rockport	Danvers	Beverly	Salem	Newburyport	Proposed
Carnival	N/A	N/A	N/A	N/A	N/A	N/A	
Underground Storage	45.00	5.00	150-500+	50-500	50-500 & Advertising	50-300	100.00
Taxi & Private Livery	30.00	20.00	100+50 per cab	30.00	50.00 /cab	225.00	50.00
Class I, II, III	100.00	200.00	100.00	100.00	100.00	50.00	150.00
Junk Dealer	50.00	20.00	50.00	100.00	100.00	N/A	100.00
2nd Hand Articles	50.00	50.00	50.00	100.00	N/A	N/A	100.00
Misc. Permits/Licenses	20.00+	N/A	N/A	N/A	N/A	N/A	50.00
Hawkers & Peddlers	54.00	25.00	50.00	100/year, 25/21 day, 5/day	62.50	N/A	100.00
Marriage Intention	24.00	20.00	20.00	25.00	20.00	25.00	40.00
Antique Dealer	50.00	50.00	50.00	100.00	100.00	N/A	100.00
St. Peter's Fiesta- fee depends on amusements		N/A	N/A	N/A	N/A	N/A	
Horribles Parade	None	None	N/A	N/A	N/A	N/A	N/A
Labor Day Fireworks	None	N/A	N/A	N/A	N/A	N/A	N/A
First Night	None	None	N/A	N/A	N/A	N/A	N/A
Business Certificate	60.00	20.00	30.00	25.00	10.00	30.00	100.00
Bus. Cert Amnd/Dis	5.00	None	10.00	10.00	5.00	N/A	10.00
Notary	1.00	Not Offered	N/C Res. only	2.00	5.00	N/C	2.00
True Copy Attest (each copy)	2.00	None	4.00	5.00	2.00	N/C	5.00
Outdoor Parking Permit \$100.00 plus \$10 per auto		N/A	N/A	N/A	N/A	N/A	
Data Processing	15.00	N/A	N/A	25.00	25.00	10.00	25.00
Short Form Vital	3.00	2.00	N/A	N/A	N/A	N/A	5.00
Street Listing Books	15.00	10.00	20.00	25.00	25.00	15.00	25.00
Resident Claim	40.00	N/A	5.00 Bait only	2.00/year seaworm	10.00/year seaworm	N/A	50.00
Non Res. Claim - year	175.00	N/A	N/A	N/A	N/A	N/A	200.00
Comm. Claim Over 70	No Charge	N/A	N/A	N/A	N/A	N/A	200.00
**Note 70 and over obtain free clamming permits							

DPW FEE SCHEDULE

Existing Proposed

SOLID WASTE		Existing	Proposed	
Residential Rubbish	Trash bag	\$2.00		
	Bulky item sticker	\$5.00		
	Appliance/CRT sticker	\$25.00		
	New recycling bin	\$5.00		
CEMETERY				
Sale of lots	Full Grave	\$500.00		
	Cremation grave	\$250.00		
WATER				
Readings	Final reading	\$35.00		
	Service turn on/off (new service)		\$75.00	
		(seasonal service)		\$50.00
		(routine plumbing)		\$50.00
Meters (includes bracket and RF)	5/8 inch	\$225.00	\$356.00	
	3/4 inch	\$275.00	\$416.00	
	1 inch	\$350.00	\$500.00	
	1.5 inch	\$400.00	\$560.00	
	2 inch	\$600.00	\$770.00	
	replace RF		\$225.00	
	test meter - fee only applies if meter works properly		\$100.00	
	seasonal activation of meter/RF		\$100.00	
Water Taps	1 inch	\$250.00	\$600.00	
	1.5 inch	\$350.00	\$750.00	
	2 inch	\$450.00	\$850.00	
Entry Fee <i>these charges do not reflect any additional fees</i>	4 inch	\$600.00	\$4,500.00	
	6 inch	\$750.00	\$6,000.00	
	8 inch	\$1,000.00	\$9,000.00	
	>8 inches		\$10,000.00	
Fire Service Connection <i>(does cover tap)</i>	< 1.25 inch		\$100.00	
	>1.25 inch to 2 inch		\$1,000.00	
	>2 inch to 4 inch		\$3,000.00	
	>4 inch to 6 inch		\$4,500.00	
	>6 inch		\$6,000.00	
Backflow Device	Test	\$45.00		
Residential			\$45.00	
Commercial			\$100.00	
	Retest of device		\$30.00	
Hydrant Flow Test	per test		\$250.00	
Metered Hydrant	per day plus water usage		\$50.00	
MISCELLANEOUS				
Sidewalk Obstruction		\$75.00		
	per week of obstruction		\$75.00	
SEWER				
Septage (Gloucester only)	per 1000 gallons	\$80.00		

Holding tank waste	Gloucester only	\$12.09		
Recreational vehicles	Residential & Tourist	\$5.00		
ENGINEERING				
Sewer Connection	Residential	\$100.00		
	Commercial/industrial	\$200.00		
Sewer Extensions (Main line sewer)	Plan review-per linear foot	\$1.00		
	Inspection-per linear foot	\$2.00		
Drainage & Grading	Residential additions	\$100.00		
	Residential/new construction	\$200.00		
	Commercial additions	\$200.00		
	Commercial/new	\$400.00		
Road Opening	Application - each	\$200.00		
	Inspection - each	\$300.00		
Drain Layer	Application	\$100.00		
Copy Costs	8.5 x 11	\$0.25		
	8.5 x 14	\$0.35		
	11 x 17	\$0.75		
	24 x 36	\$3.00		
PUBLIC PROPERTY				
Beach Stickers	Residential sticker	\$20.00		
	Resident Armed Forces Service member	\$20.00		
	Non-domiciled Resident Senior Citizen sticker (65+)	n/c		
	Non-domiciled Resident (property owner) sticker	\$50.00		
	Non-domiciled Resident (+60 day renter) sticker	\$50.00		
	Non-resident sticker - Essex and Rockport	\$100.00		
	Non-resident sticker - (200)	\$250.00		
	Re-issue fee	\$5.00		
Parking Rates	Passenger car, station wagon, mini van			
	GHB & WING	Weekdays 8:00AM - 3:00PM	\$20.00	
	GHB & WING	Weekdays 3:00PM - 5:00PM	\$10.00	
	GHB & WING	Weekends/holidays 8:00AM - 3:00PM	\$25.00	
	GHB & WING	Weekends/holidays 3:00PM - 5:00PM	\$15.00	
	GHB & WING	Motorcycle	\$5.00	
	GHB & WING	Van (+7 seats) weekdays only Wingaersheek	\$15.00	\$25.00
	GHB & WING	Bus (+12 seats) weekdays only Wingaersheek	\$20.00	\$30.00
	GHB & WING	Bus (+25 seats) weekdays only Wingaersheek	\$25.00	\$35.00
	Stage Fort Park	Weekdays	\$10.00	
	Stage Fort Park	Weekends	\$15.00	
	Stage Fort Park	Van (+7 seats) weekdays only	\$15.00	
	Stage Fort Park	Bus (+12 seats) weekdays only	\$20.00	
	Stage Fort Park	Bus (+25 seats) weekdays only	\$25.00	
Guest Voucher Discounts	Stage Fort Park (off the daily parking rate)	\$5.00		
	GHB & Wingaersheek Beach (off daily parking rate)	\$10.00		
Beach & Park Rentals	Wingaersheek group use (Schools/YMCA's/Camps/etc)	\$25.00		
	Stage Fort Park group use (Schools/YMCA's/Camps/etc)	\$25.00		
	Stage Fort Park group use - non catered	\$50.00		
	Stage Fort Park group use - catered	\$200.00		
	Stage Fort Park - Bandstand / Gazebo Wedding	\$100.00		

	Stage Fort Park - Rose garden Wedding	\$100.00	
	Beach Wedding	\$100.00	
	SFP/Beach off season commercial usage	\$300.00	\$250.00
	SFP/Beach in season commercial usage	\$500.00	\$400.00
Building Usage	Permit fee	\$100.00	
	Custodial coverage per hour (min. 4 hours)	\$40.00	

Massachusetts Department of Revenue Division of Local Services

Navjeet K. Bai, Commissioner Robert G. Nunes, Deputy Commissioner & Director of Municipal Affairs



April 22, 2009

The Honorable Carolyn Kirk
Mayor, City of Gloucester
9 Dale Avenue
Gloucester, MA. 01930

Dear Mayor Kirk:

I want to take this opportunity to congratulate you and your staff in the City of Gloucester for successfully having your FY09 tax rate approved by this office on December 22, 2008. Further I also commend your finance team for resolving the late filing of balance sheets and audit reports which has occurred over the past several years. Timely reporting of your finances obviously serve the best interests of the taxpayers and citizens of Gloucester.

During your tenure, we have developed a close working relationship in an effort to meet the fiscal challenges of the city. I have had recent conversations with your staff pertaining to the certification of your FY10 tax rate, and approval of your free cash. Given these conversations, it is my opinion that it would serve your best interests to have both your audit report completed, and balance sheet approved before setting the FY10 tax rate. Therefore, I will require that the FY09 audit report be completed and submitted as well as having your balance sheet for the close of FY09 submitted, and free cash approved before we set the FY10 tax rate. As you know, any deficits for the close of FY09 must be raised in your FY10 tax rate certification.

If you have any questions regarding these matters, feel free to contact me or your field representative Everett Griffiths.

Sincerely,

A handwritten signature in cursive script that reads "Gerard D. Perry".

Gerard D. Perry
Director of Accounts
Massachusetts Department of Revenue