



CITY CLERK
GLOUCESTER, MA
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GLOUCESTER CITY COUNCIL

9 Dale Avenue, Gloucester, MA 01930

Office (978) 281-9720 Fax (978) 282-3051

Budget & Finance Committee

Thursday, January 17, 2013 – Special Start time of **7:00 p.m.**

1st Fl. Council Committee Rm. – City Hall

AGENDA

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

1. *Supplemental Appropriation-Special Budgetary Request #2013-SA-9 from Mayor's Department (Cont'd from 11/15/12)*
2. *Memorandum & Special Budgetary Transfer Request (2013-SBT-14) from Fire Chief*
3. *Memorandum from Police Chief re: amendment to FY13 State E911 EMD Training Grant*
4. *Memorandum from Police Chief re: Council acceptance of MIAA reimbursement for \$38,832 for cruiser totaled in accident*
5. *Memorandum from Police Chief re: Request permission to pay invoice for services procured without a Purchase Order in place*
6. *Special; Budgetary Transfer Request (2013-SBT-15) from Police Department*
7. *Memorandum from Acting Community Development Director re: Northeast Hospital Corp. Community Collaborative Grant for \$10,000*
8. *Request from Gloucester Public Schools Director of Finance to pay invoices for services procured without a Purchase Order in place*
9. *Memorandum from Harbormaster re: Appropriation of funds from Waterways Enterprise Fund Retained Earnings for \$217,517*
10. *Supplemental Appropriation-Budgetary Request (2013-SA-25) from Harbormaster's Office*
11. *Supplemental Appropriation-Budgetary Request (2013-SA-26) from Harbormaster's Office*
12. *Supplemental Appropriation-Budgetary Request (2013-SA-27) from Harbormaster's Office*
13. *Supplemental Appropriation-Budgetary Request (2013-SA-28) from Harbormaster's Office*
14. *Supplemental Appropriation-Budgetary Request (2013-SA-25) from Harbormaster's Office*
15. *Supplemental Appropriation-Budgetary Request (2013-SA-29) from Harbormaster's Office*
16. *Supplemental Appropriation-Budgetary Request (2013-SA-30) from Harbormaster's Office*
17. *Supplemental Appropriation-Budgetary Request (2013-SA-31) from Harbormaster's Office*
18. *Supplemental Appropriation-Budgetary Request (2013-SA-32) from Harbormaster's Office*
19. *Supplemental Appropriation-Budgetary Request (2013-SA-33) from Harbormaster's Office*
20. *Supplemental Appropriation-Budgetary Request (2013-SA-34) from Harbormaster's Office*
21. *Memorandum from City Auditor re: City's FY2011 OPEB Actuarial Valuation Report*
22. *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

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
Tony Gross/Harbormaster Jim Caulkett
Fire Chief Eric Smith
Police Chief Leonard Campanello
Gregg Cademartori

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

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 9 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ Mayor

APPROPRIATION AMOUNT: \$ 616,075.00

Account to appropriate from:	Unfund Account #	<u>101000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>General Fund Unreserved Fund Balance</u>
Balance Before Appropriation	\$	<u>4,849,638.00</u>
Balance After Appropriation	\$	<u>4,233,563.00</u>

Account Receiving Appropriation:	Unfund Account #	<u>840000.10.991.49700.0000.00.000.00.040</u>
	Account Description	<u>Stabilization Fund - Transfer In From General Fund</u>
Balance Before Appropriation	\$	<u>2,134,962.57</u>
Balance After Appropriation	\$	<u>2,751,037.57</u>

DETAILED ANALYSIS OF NEED(S): To restore the funds transferred from Stabilization Fund to
balance the FY13 General Fund budget.

APPROVALS:

DEPT. HEAD: _____ DATE: 11-6-2012

ADMINISTRATION: _____ DATE: 11/6/12

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

City Hall
Nine Dale Ave
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

MEMORANDUM

TO: City Council
FR: Mayor Kirk
RE: FY12 Certified Free Cash
DT: November 6, 2012

Councilors,

As we previously alerted the Council this past week, we celebrate a third year of across the board successful financial management of the city of Gloucester as shown by the city's recently certified free cash from the Dept. of Revenue (attached).

Gloucester's financial performance is a validation of the fiscal policies that have been implemented over the past few years. These fiscal policies emphasize:

- a. Accurate and conservative budgeting on revenues;
- b. Effective oversight of expenditures;
- c. Strong tax collections;
- d. Elimination of deficit spending and spending beyond our means;
- e. Aggressive pursuit of grant-funding whenever possible.

We can never be too prudent for preparing for the future, and strong free cash performance allows us to be protected against future impacts whether they be from local, state or national circumstances.

At this time, we are advancing only the most urgent and pressing requests for free cash appropriation including reimbursement of the stabilization funds used for the school department budget as an offset to this year's charter school expense (attached). This is a pressing request because we need to fulfill our commitment to reimbursing the stabilization account in order to protect our bond rating.

The Department of Public Works has urgent requests pertaining to facilities and the heating systems in municipal buildings including schools (all attached). Of particular concern is the heating system in Gloucester High School which experienced a significant fire last month causing it to malfunction.

In the coming weeks, the Administration will advance other free cash appropriation requests which will include infrastructure investments, pension and health care liability reduction, capital account funding, and some other necessary mid-year budget adjustments. However, the Administration intends to continue to sock the lion's share away in the city's stabilization account as a hedge against unpredictable future impacts such as infrastructure crises, storm response, economic volatility, etc.

I would like to thank the entire management team for their continued financial discipline but especially Jim Duggan CAO, Jeff Towne CFO, Nancy Papows Principal Assessor, and Kenny Costa City Auditor, and of course our positive relationship with the City Council.



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



Memorandum

TO: Mayor Kirk
FR: Chief Smith
RE: Spec Budgetary Trans Request
DT: 12/13/12

cc: CAO Duggan

Mayor Kirk,

I am requesting a special budgetary transfer due to a significant, unforeseen and unbudgeted increase in expenditures of account 101000.10.220.55000.0000.00.000.00.054. This account is will not sustain our EMS supply needs through the balance of FY13. I am requesting this transfer to provide a temporary solution for this shortfall. The solution for FY 13 will be addressed in my free cash request that is forthcoming.

Account 101000.10.220.58570.0000.00.000.00.058 which is a capital account for EMS equipment (laptops, AEDs, etc) has \$6438.23 available in it, I am requesting that we transfer \$6400.00 from this account into the 55000 account as the temporary solution. This transfer will enable the EMS Coordinator to continue to order operationally imperative supplies for the next several months until free cash or another solution can be put in place.

The reasons for this shortfall in the budget on the 55000 account are due to three primary factors according to EMS Coordinator Schultz.

1. Service contracts that were not budgeted for our Physio-Control equipment (AED's, LifePak 12 & LifePak 15 Monitor Defibrillators, and Lucas 2 Cardiac Compression Devices) have created an unforeseen increase of over \$9000.00.
2. Large amount of routine supplies were needed in order to outfit the two new Rescue Squads.
3. The cost of medical supplies has going up, and we are forced to purchase instead of replacing in kind supplies that were previously replaced at the hospital, particularly pharmaceuticals supplies. Medications are becoming a significant expense that was not foreseen, nor budgeted.

Sander will be generating a complete and detailed report on this issue by the first week in February. If you have any questions please let me know.

A handwritten signature in black ink, appearing to read "Eric Smith".

Fire Chief Eric Smith

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2013**

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

TRANSFER # 2013-SBT- 14 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Fire Department

DATE: 12/13/2012 BALANCE IN ACCOUNT: \$ 6,438.23

(FROM) PERSONAL SERVICES ACCOUNT # *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # *Unifund Account #*
 101000.10.220.58570.0000.00.000.00.058
 Fire Department, Add'l Ems Equip
Account Description

DETAILED EXPLANATION OF SURPLUS: _____

(TO) PERSONAL SERVICES ACCOUNT # *Unifund Account #*
 (TO) ORDINARY EXPENSE ACCOUNT # *Unifund Account #*
 101000.10.220.55000.0000.00.000.00.054
 Fire Department, Med/Surg Supplies
Account Description

DETAILED ANALYSIS OF NEED(S): The 55000 account has been depleted due to outfitting the two new ambulances, service contracts on the Heart Monitors, AED's & the cost of medical supplies have increased, specifically meds.

TOTAL TRANSFER AMOUNT: \$ 6,400.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 38.23
 TO ACCOUNT: \$ -

APPROVALS:
 DEPT. HEAD:  DATE: 12/13/2012
 ADMINISTRATION:  DATE: 1/2/13
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____



GLOUCESTER POLICE DEPARTMENT
Office of the Chief of Police
197 Main Street
Gloucester, MA 01930

Chief Leonard Campanello
(978)281-9775

Memorandum

December 10, 2012

To: Mayor Carolyn Kirk

From: Leonard Campanello

Cc: Jim Duggan, Chief Administrative Officer

RE: Amendment to FY13 State E911 EMD Training Grant

Mayor,

The Police Department applied for and received \$92,186.00 in the FY2013 State E911 EMD Training Grant to be utilized for the training of all officers in Emergency Medical Dispatching, a state requirement for maintaining a public safety dispatch center. State E911 has discontinued use of one of their approved vendors for training, Priority Dispatch, which will result in additional costs in training our personnel by a newly approved vendor. The additional costs will amount to \$19,871.26. State E911 has agreed to amend the grant and cover the additional funds necessary to train under the new vendor. We seek approval of the grant amendment by the Council before submission to State E911.

I respectfully ask that this be presented to the City Council for payment.

Sincerely,

Leonard Campanello

Chief of Police

Gloucester Police Department

Training Grant and Emergency Medical Dispatch Grant

1. **Name of Entity** Gloucester Police Department
 Address 197 Main Street
 City/Town/Zip Gloucester, MA 01930
 Telephone Number 978-281-9775
 Fax Number 978-282-3026
 Website www.gloucester-ma.gov

2. **Name /Title of Authorized Signatory** Leonard Campanello, Chief of Police
 Address (if different from above) _____
 Telephone Number _____
 Fax Number _____
 Email Address lcampanello@gloucester-ma.gov

3. **Contact Name/Title for Grant Questions** Stacie Couture
 Telephone Number 978-281-9775 ext.2
 Fax Number 978-282-3025
 Email Address scouture@gloucester-ma.gov

4. Total State 911 Department Training Grant funds requested.	\$	
Total State 911 Department EMD Grant funds requested.		\$19,871.40
Total		\$19,871.40

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

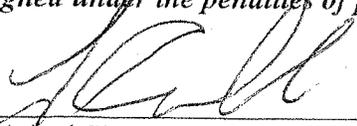
Provide EMD utilizing in-house certified emergency medical dispatchers.
 Please indicate EMD protocol being utilized. (Select One Only)
 APCO PowerPhone Priority Dispatch

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 6th day of December, 2012.



 Original Signature of Authorized Signatory (Blue Ink)

12/6/12

 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	\$9,000	Fifteen 4 hour sessions for a total of 60 hours. Provide comprehensive review of EMD protocol.
B. 1. Personnel Costs *Please complete Appendix D	\$8,821.76	Overtime and backfill for full time and straight time costs for part-time participants attending State 911 approved 16 hours of continuing education, EMD certification/recertification, 3 future academy recruits and Quality Assurance and Quality Improvement completed by 3 Sergeants on OT completing 25 calls per week overseen by 1 Lieutenant.
B 2. Fringe and/or Indirect Costs associated with Personnel Costs	\$2,049.64	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		
TOTAL	\$ 19,871.40	

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).

GLoucester Police Department
 FY2013 E911 Training EMD Grant Worksheet

# TO TRAIN	PATROLMEN	OVERTIME		HOURLY PAY TRAINING		COST	FAMILY MEDICAL 11.5920%	SINGLE MEDICAL 7.7600%	MEDICARE 1.4500%	SUT 2.0000%	PENSION 5.50%		
		RATE	HOURS	RATE	HOURS								
1	Aberle, Josiah	\$33.06	16	\$	528.96	\$	61.32	\$	7.67	\$	10.58	\$	29.09
2	Adelfio, Vincent J.	\$47.09	16	\$	753.44	\$	87.34	\$	10.92	\$	15.07	\$	41.44
3	Alejo, Brian	\$47.09	16	\$	753.44	\$	87.34	\$	10.92	\$	15.07	\$	41.44
4	Alves Jr., Clifford A.	\$49.05	16	\$	784.80	\$		\$	11.38	\$	15.70	\$	43.16
5	Bichao, John		16	\$	393.44	\$		\$		\$		\$	
6	Bouchie, Shawn J.	\$39.24	16	\$	627.84	\$	72.78	\$	9.10	\$	12.56	\$	34.53
7	Brosnan, Jill A.	\$47.09	16	\$	753.44	\$	87.34	\$	10.92	\$	15.07	\$	41.44
8	Cahill, William G	\$47.51	16	\$	760.16	\$	88.12	\$	11.02	\$	15.20	\$	41.81
9	Carr Jr., George W.	\$47.09	16	\$	753.44	\$	87.34	\$	10.92	\$	15.07	\$	41.44
10	Catarrno, Joseph	\$49.05	16	\$	784.80	\$	90.97	\$	11.38	\$	15.70	\$	43.16
11	Cecilio, Marc A.	\$33.06	16	\$	528.96	\$	61.32	\$	7.67	\$	10.58	\$	29.09
12	Cherry, Peter	\$34.72	16	\$	555.52	\$	64.40	\$	8.06	\$	11.11	\$	30.55
13	Chipperfield, Brendan	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
14	Colino, Jerome	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
15	Connors, Sean P.	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
16	Curtis, Ernest		16	\$	385.76	\$		\$		\$		\$	
17	Duffany, Scott B	\$38.01	16	\$	608.16	\$	70.50	\$	8.82	\$	12.16	\$	33.45
18	Duwart Jr, Carlton	\$38.01	16	\$	608.16	\$	70.50	\$	8.82	\$	12.16	\$	33.45
19	Eastman, Wellesley		16	\$	385.76	\$		\$		\$		\$	
20	Footo, John		16	\$	393.44	\$		\$		\$		\$	
21	Footo, Mark Joseph	\$39.24	16	\$	627.84	\$	72.78	\$	9.10	\$	12.56	\$	34.53
22	Frales, Christopher	\$49.05	16	\$	784.80	\$	80.05	\$	10.01	\$	13.81	\$	37.98
23	Genovese, Christopher	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
24	Giaccalone, Anthony	\$38.01	16	\$	608.16	\$	70.50	\$	8.82	\$	12.16	\$	33.45
25	Hicks, Kevin E.	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
26	Johnsen Jr., Robert G.	\$41.81	16	\$	668.96	\$	77.55	\$	9.70	\$	13.38	\$	36.79
27	Katckle, Andrew	\$43.16	16	\$	690.56	\$		\$	10.01	\$	13.81	\$	37.98
28	Lambert, Stephen	\$49.05	16	\$	784.80	\$	90.97	\$	11.38	\$	15.70	\$	43.16
29	Lacos, Christopher	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
30	Mackey, Kevin	\$47.09	16	\$	753.44	\$	87.34	\$	10.92	\$	15.07	\$	41.44
31	Mizzoni, Steven B	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
32	Moseley, Heath	\$38.01	16	\$	608.16	\$	70.50	\$	8.82	\$	12.16	\$	33.45
33	Muise, Kevin	\$43.16	16	\$	690.56	\$		\$	10.01	\$	13.81	\$	37.98
34	Nicastro, Jeremiah	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
35	Officer Jr., James P.	\$49.05	16	\$	784.80	\$	90.97	\$	11.38	\$	15.70	\$	43.16
36	O'Leary, Timothy	\$38.01	16	\$	608.16	\$		\$	8.82	\$	12.16	\$	33.45
37	Palazzo, Robert	\$47.09	16	\$	753.44	\$	87.34	\$	10.92	\$	15.07	\$	41.44
38	Parady, Joseph	\$43.16	16	\$	690.56	\$		\$	10.01	\$	13.81	\$	37.98
39	Piscitello, Ronald A.	\$43.16	16	\$	690.56	\$	80.05	\$	10.01	\$	13.81	\$	37.98
40	Quinn, Michael D	\$49.05	16	\$	784.80	\$	90.97	\$	11.38	\$	15.70	\$	43.16
41	Quinn, Thomas E	\$49.05	16	\$	784.80	\$	90.97	\$	11.38	\$	15.70	\$	43.16
42	Ryan, Kenneth		16	\$	385.76	\$		\$		\$		\$	
43	Sargent, Wayne M	\$47.51	16	\$	760.16	\$	88.12	\$	11.02	\$	15.20	\$	41.81

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	22.04	33.06
Adelfio, Vincent	F	26.16	47.09
Aiello, Brian	F	26.16	47.09
Alves, Clifford	F	26.16	49.05
Bichao, John	P	24.59	0
Bouchie, Shawn	F	26.16	39.24
Brosnan, Jill	F	26.16	47.09
Cahill, William	F	25.34	47.51
Carr, George	F	26.16	47.09
Catarino, Joseph	F	26.16	49.05
Cecilio, Marc	F	26.16	49.05
Cherry, Peter	F	22.04	33.06
Chipperini, Brendan	F	23.15	34.72
Ciolino, Jerome	F	26.16	43.16
Connors, Sean	F	26.16	43.16
Curtis, Ernest	P	24.11	0
Duffany, Scott	F	25.34	38.01

Duwart, Carlton	F	25.34	38.01
Eastman, Wellesley	P	24.11	0
Foote, John	P	24.59	0
Foote, Mark	F	26.16	39.24
Frates, Christoper	F	26.16	49.05
Genovese, Christopher	F	\$26.16	\$43.16
Giacalone, Anthony	F	\$25.34	\$38.01
Hicks, Kevin E.	F	\$26.16	\$43.16
Johnsen Jr., Robert G.	F	\$25.34	\$41.81
Knickle, Andrew	F	\$26.16	\$43.16
Lamberis, Stephen	F	\$26.16	\$49.05
Liacos, Christopher	F	\$26.16	\$43.16
Mackey, Kevin	F	\$26.16	\$47.09
Mizzoni, Steven B	F	\$26.16	\$43.16
Moseley, Heath	F	\$25.34	\$38.01
Muise, Kevin	F	\$26.16	\$43.16
Nicastro, Jeremiah	F	\$26.16	\$43.16
Officer Jr., James P.	F	\$26.16	\$49.05
O'Leary, Timothy	F	\$25.34	\$38.01
Palazola, Robert	F	\$26.16	\$47.09
Parady, Joseph	F	\$26.16	\$43.16
Piscitello, Ronald A.	F	\$26.16	\$43.16
Quinn, Michael D	F	\$26.16	\$49.05
Quinn, Thomas E	F	\$26.16	\$49.05
Ryan, Kenneth	P	24.11	0

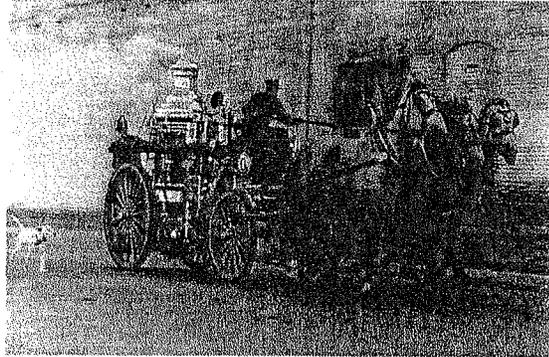
Sargent, Wayne M	F	\$25.34	\$47.51
Scola, Michael	F	\$25.34	\$45.61
Simoos, Troy	F	\$23.15	\$34.72
Stuart, Leon	F	\$25.34	\$38.01
Sutera, Peter	F	\$25.34	\$45.61
Trefry, Jonathan	F	\$26.16	\$47.09
Aiello, Joseph	F	42.31	63.47
Auld, Kathleen	F	41.29	61.94
Fitzgerald, Joseph C.	F	42.31	63.47
Gossom, Michael K.	F	37.96	56.94
Leanos, William	F	36.94	55.41
MacDonald Jr., Eugene R.	F	37.96	56.94
Marshall, James	F	36.45	54.68
McCarthy, John	F	37.24	55.86
Parisi, Anthony	F	35.46	53.19
Quinn, David G.	F	37.96	56.94
Williams, Michael A. Jr	F	40.62	60.93
Williams, Thomas	F	37.24	55.86

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 \$44.03 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 and one Lieutenant who oversees dispatch and the QA/QI program with an overtime rate of \$63.47. This will include listening to the recordings, completing evaluations and meeting with call takers who may need remedial training.

Stephen R. L'Heureux
New England Safety Education
Resources
15 Fieldstone Drive
Hooksett, New Hampshire
03106-1222
603-660-1005
s.lheureux@comcast.net



EMD Training Proposal

Course Title: Emergency Medical Dispatch
Continuing Dispatch Training

Dates: see below

Course Description: The goal of this program is to provide a comprehensive review of each EMD Protocol. The program will include a review of individual protocols in association with the appropriate emergency medical information, post-dispatch and pre-arrival instructions and the EMS components applicable to the specific protocol being taught.

Total Course Hours: Fifteen 4 hours sessions for a total of 60 hours

Course Objectives: Upon successful completion of this course, the student should be able to:

- Understand individual protocols
- Understand the medical/trauma sign and symptoms
- Discuss case review

Program Specifics: Program will be custom design and organization specific to address the objectives as described above.

Target Audience: All Emergency Medical Dispatchers

Special Requirements: White screen for presentation. Table at the front of the room large enough for a laptop, data projector and materials.

Financial Considerations: \$150.00/hr. all inclusive
60 hours x R = \$9000

Proposal Accepted _____ Proposal Declined _____

Signature _____

Date _____

Thank-you for your consideration and your business. Please return the signed copy and keep a copy for your records. Client will be billed monthly for all work completed within the past month. Payment shall be due within 30 days.

Proposed Dates

1st Platoon Group meets 1630 to 2030:

2/7/12

3/5/13

4/2/13

5/2/13

5/20/13

2nd Platoon Group meets 1100 to 1500

1/4/13

2/15/13

3/15/13

4/12/13

5/15/13

3rd Platoon meets 0830 to 1230

1/18/13

2/20/13

3/28/13

4/4/13

5/10/13

Each date will include a four hour presentation with direct lecture, skill practice with an opportunity for Q & A meeting the objectives in the course description as state above

FY2013 Training Grant and EMD Grant

911DeptGrants (EPS) [911deptgrants@state.ma.us]

Sent: Wednesday, October 24, 2012 4:18 PM

To: Michael Lane

Cc: Stacie Couture

Attachments: GLOUCESTER.pdf (167 KB)

Chief Lane,

Attached you will find a scanned copy of your award letter and contract for the **FY2013 Training Grant and EMD Grant**. Your effective **contract start date is: September 17, 2012**.

I will place the original letter and copy of the contract in the mail today for your file. Please keep in mind that all goods and/or services **must be received on or before June 30, 2013** to be eligible for reimbursement under the Fiscal Year 2013 State 911 Department Training Grant and EMD Grant.

PLEASE NOTE: Reimbursement requests should be submitted to the Department within thirty (30) days of the date on which the cost is incurred. Reimbursement requests must include expenditure and activity reports as well as supporting documentation, including but not limited to, copies of receipts, proof of payment and/or payroll records.

PSAPs should be advised the Department is **unable to guarantee funding** of reimbursement requests **received more than six (6) months** after the close of the fiscal year under which costs were incurred.

Special thanks to Stacie Couture for her quick responses to all my requests. It is always a pleasure to work with your Department.

If you should have any questions, please feel free to contact me.

Aarilyn Godfrey | Grants Specialist|

State 911 Department
380 Bay Street – Bldg. C
Dorchester, MA 02780
DIRECT: 508.821.7299
AX: 508.828.2585

Email | 911DeptGrants@state.ma.us

Forms | Applications | EMD Resources | Approved Trainings | www.mass.gov/E911

From: ocemf911@massmail.state.ma.us [mailto:ocemf911@massmail.state.ma.us]

Sent: Wednesday, October 24, 2012 5:12 PM

To: 911DeptGrants (EPS)

Subject: Message from 35C-4



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
1380 Bay Street, Building C - Taunton, MA 02780-1088
Tel: 508-828-2911 ~ TTY: 508-828-4572 - Fax: 508-828-2585
www.mass.gov/e911



DEVAL L. PATRICK
Governor

MARY ELIZABETH HEFFERNAN
Secretary of Public Safety
and Security

TIMOTHY P. MURRAY
Lieutenant Governor

FRANK POZNIAK
Executive Director

October 24, 2012

Chief Michael W. Lane
Gloucester Police Department
197 Main Street
Gloucester, MA 01930

Dear Chief Lane,

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the FY 2013 State 911 Department Training Grant and EMD Grant program.

For your files, attached please find a copy of the executed contract. Please note your contract start date is **September 17, 2012** and will run through June 30, 2013. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services **MUST** be received on or before June 30, 2013.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/e911. For any questions related to this process, please contact Michelle Hallahan at 508-821-7216. Please note that funding of reimbursement requests received more than six (6) months after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, and/or the budget worksheet, please e-mail those proposed changes to 911DeptGrants@state.ma.us. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before May 15, 2013.

Sincerely,


Frank P. Pozniak
Executive Director

cc: FY 2013 Training Grant and EMD Grant File

This form is jointly issued and published by the Executive Office for Administration and Finance (AEF), 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-9, W-4, 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: Marilyn Godfrey	
Phone: 978-281-9775	Fax: 978-282-3026	E-Mail: 911DeplGrants@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 508-821-7299	Fax: 508-828-2565
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID Must be set up for EFT payments.)		MMARS Doc ID(s): CT GRNT	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)		Enter Current Contract End Date <i>Prior</i> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other: (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"/> Rate Contract (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"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$ <u>92,186.00</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 ___ days ___ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle ___ 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 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.) 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 Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date . <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date . <input checked="" type="checkbox"/> 3. were incurred as of <u>9-17, 2012</u> , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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 Contractor Certifications (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 Commonwealth Terms and Conditions , this Standard Contract Form including the Instructions and Contractor Certifications , 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 801 CMR 21.07 , 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>Chief Michael W. Lane</u> Date: <u>7-12-12</u> (Signature and Date Must Be Handwritten At Time of Signature)		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Frank Pozniak</u> Date: <u>10/20/12</u> (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: <u>Michael W. Lane</u>		Print Name: <u>Frank Pozniak</u>	
Print Title: <u>Chief of Police</u>		Print Title: <u>Executive Director</u>	



GLOUCESTER POLICE DEPARTMENT
Office of the Chief of Police
197 Main Street
Gloucester, MA 01930

Chief Leonard Campanello
(978)281-9775

Memorandum

November 28, 2012

To: Mayor Carolyn Kirk

From: Leonard Campanello

Cc: Jim Duggan, Chief Administrative Officer
Jeff Towne, CFO

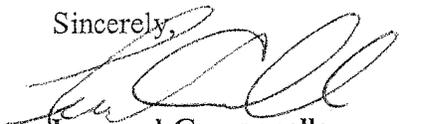
RE: MIA Monies received for reimbursement of cruiser

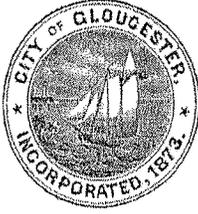
Mayor,

Attached is paperwork regarding monies received (\$32,832.00) to reimburse the police department for a cruiser that was previously totaled in a vehicle accident. While the check has been deposited at the Treasurers Office, we require City Council approval to accept the monies for the purchase of a replacement cruiser.

I respectfully ask that these monies be approved and accepted by City Council so that the Police Department may purchase a replacement vehicle.

Sincerely,


Leonard Campanello
Chief of Police
Gloucester Police Department



GLOUCESTER POLICE DEPARTMENT
Office of the Chief of Police
197 Main Street
Gloucester, MA 01930

Chief Leonard Campanello
(978)281-9775

Memorandum

November 28, 2012

To: Mayor Carolyn Kirk

From: Leonard Campanello

Cc: Jim Duggan, Chief Administrative Officer

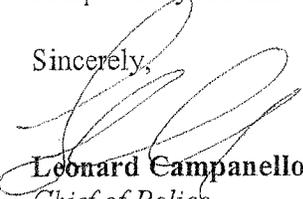
RE: United Parcel Services Invoice/No purchase order

Mayor,

Attached is an invoice reflecting charges incurred in July 2012 from UPS. This was as the result of a large generator being returned that had been damaged during shipping. Since July there has been contention about responsibility for the bill between four entities and an agreement was made that we would only be responsible for one third of the shipping costs, or \$368.04.

I respectfully ask that this bill be presented to the City Council for payment.

Sincerely,



Leonard Campanello

Chief of Police

Gloucester Police Department

UPS FreightSM

**Past Due Summary
Customer Copy**

Please retain for your records



Customer Name: GLOUCESTER POLICE DEPT	Statement No: SEE FREIGHT BILL
Customer No: 08251432	Statement Date: 10-22-2012
Payment Terms: Due Upon Receipt	Payment Due Date: ON RECEIPT

The balance of account 08251432 is \$ **918.04** reflecting payments received as of 10/20/12

0 - 30 days	31 - 60 days	61 - 90 days	91 - 365 days	Over 365 days
\$ 0.00	\$ 0.00	\$ 0.00	\$ 918.04	\$ 0.00

Total credit and other \$ 0.00

Balances in **bold** are past due. Other accounts for which you are responsible are not included and your total balance may be different.

PRO Number	Ship Date	Customer Reference	P/C	Amount	Remarks	Important Message
608394500	07-20-2012	NONE	P	918.04	PAST DUE NBR 01	<p>VIEW, MANAGE, PAY ONLINE</p> <p>UPS Freight now offers you the ability to view, manage, and pay your invoices online through the secured UPS Billing Center.</p> <p>Once enrolled, you can:</p> <ul style="list-style-type: none"> - View Invoices - Review supporting documents - Schedule secured payments through your bank account - Report on freight activity - And More <p>Enrollment is easy; just have this statement available to enter some key information.</p> <p>To sign up please go to:</p> <p>UPS.com/billing</p> <p>And select "Enroll in UPS Billing Center"</p>
TOTAL PROS		TOTAL PAST DUE		918.04 USD		

For customer service, please call: 1-800-333-7400
 Mail other correspondence to: P.O. BOX 1216, RICHMOND, VA 23218-1216
 Web Site: www.upsfreight.com DUNS#: 00-599-5071
 Fed ID#: 54-0461236 A VIRGINIA CORPORATION

Please detach and return with payment



77596200008775
 AT 01 000130 57257 H 1 B**80GT
 GLOUCESTER POLICE DEPT
 197 MAIN ST
 GLOUCESTER, MA 01930-6099

Customer No: 08251432
Statement No: SEE FREIGHT BILL
Statement Date: 10-22-2012
Payment Due Date: ON RECEIPT
Payment Terms: Due Upon Receipt

Past Due Summary - Remittance

Important Note - Please complete the back of this remittance with the payment detail. Doing so will allow us to properly apply your payment. Thank you!

REMIT TO: UPS FREIGHT
 P.O. BOX 730900
 DALLAS, TX 75373-0900

TOTAL DUE : 918.04 USD

00P4429145 2 102212 4223 6 00000918040 4

000130 1/3

UPS FREIGHT LTL

UPS Freight SM
 REMIT TO:
 P.O. BOX 730900
 DALLAS, TX 75373-0900



COPY OF PAST DUE FREIGHT BILL

SHIP DATE	ORIGIN	DESTINATION	FREIGHT BILL NO.		Net Amount Due			
07-20-2012	STO	SBR	608394500		\$ 918.04 USD			
CONSIGNEE: 04323964 INFRA RED BUILDING & POWER SW 152 CENTRE ST HOLBROOK, MA 02343			P.O. NO. NONE		Payment Due			
			B/L NO. NONE		ON RECEIPT			
			ADV SCAC	PRO#	DATE	BY SCAC		
SHIPPER: 08251432 GLOUCESTER POLICE DEPT 197 MAIN ST GLOUCESTER, MA 01930			BILL TO: 08251432 GLOUCESTER POLICE DEPT 197 MAIN ST GLOUCESTER, MA 01930					
PCS	MM	PKG	DESCRIPTION	WEIGHT	NMFC	CLASS	RATE	CHARGES
2		SK	INFRA RED EQUIPMENT 0001000 AS WEIGHT 002770 LTL FUEL ADJUSTMENT UPGF 580 07/16/12 C N 180986	800	009100-00	100	71.89	718.90
			PREVIOUSLY INVOICED ON: 08/02/12 20798249 918.04				27.70	199.14
2			TOTAL AMOUNT DUE PAST DUE NOTICE NBR 01	800				918.04 PPD

If you have questions regarding this invoice, please contact Customer Service at 1-800-333-7400.

000130 2/3



The GLOUCESTER PUBLIC SCHOOLS

Our mission is for all students to be successful, engaged, lifelong learners.

Hans Baumhauer
Director of finance and Operations
6 School House Road
Gloucester, MA 01930
Phone: 978-281-9802 / Fax 978-281-9899
jbaumhauer@gloucester.k12.ma.us

To: Gloucester Budget and Finance Committee
From: Hans Baumhauer
Date: 01/10/2013
RE: City Council Matters

Requesting your permission to pay services / goods procured without a purchase order in place.

Project Adventure - Teacher attended training session at the last minute when a space unexpectedly opened up. Unfortunately there was some miscommunication as to who should input the Purchase Req. and it went in late.

Rich's Transportation - This Purchase Req. is normally set up at the beginning of the schoolyear by the Food Service Director. Unfortunately it was overlooked in the transition to our new Food Director this summer.

I will be available at your January 17 meeting to answer any questions on the above.

Hans.



Project Adventure

Advancing Active Learning

P 800.468.8898

www.pa.org

A Non-Profit Organization. Project Adventure is an equal opportunity employer.

Remit to: 719 Cabot Street - Beverly, MA 01915

Gloucester Public Schools
6 School House Road
Gloucester MA 01930

Workshop Participant Invoice

Date: 12/02/2012	Customer # GLOUBLAH
Invoice # 12ABC0601	PO # NEED COPY
Workshop # ABC06	Adventure Based Counseling 11/29/2012 - 12/02/2012
Miranda Berman	
	Tuition \$540.00
	Room \$0.00
	Board \$60.00
	Charge for Extra Night(s) \$0.00
	Insurance \$0.00
	Shuttle \$0.00
	Misc. Charge \$0.00
	(Membership Discount) \$0.00
	(Misc Discount) \$0.00
	Total before Taxes \$600.00
	Room State Tax \$0.00
	Room County Tax \$0.00
	Room Other Tax \$0.00
	Board State Tax \$0.00
	Board County Tax \$0.00
	Board Other Tax \$0.00
	Total \$600.00
	(Deposit/1st Payment) \$0.00
	(2nd Payment) \$0.00
	(3rd Payment) \$0.00
	Balance Due \$600.00

Please Note: Check must be in U.S. Funds and drawn from a U.S. Bank.
Please make check payable to Project Adventure, Inc. and return a copy of this invoice with payment within 30 days.
A finance charge of 1.5% per month will be added to past due accounts. Thank you.

For Internal Use Only

Miranda Berman 3100-160(\$540.00); 3013-011(\$60.00)

Purchase Requisition

S School Main Office Requisitions

No. 312456

Vendor Information
Project Adventure
719 Cabot Street

Beverly MA 01915-1027
Contact Person:
Phone: (978) 524-4500 Fax: (978) 524-4501

Requisition Information
SHIP TO: Gloucester High School
REQUESTER: Ann Grassetti
PROJECT: undesignated
REQUISITION TYPE: Purchase Order
ORDER METHOD: Mail
REQUISITION DATE: 12/7/2012 DATE REQUIRED: 12/22/2012
REFERENCE:
BUYER: AWARD NUMBER:

Line	Qty	Unit	Part#	Description	Account Number	Unit Price	Extended	Tax	Freight
1	600	EA		Project based counseling - Nov 29th - Dec 2nd	285018.20.348.57000.2440.00.000.00.057	1.00	600.00	0.00	0.00

APPROVAL SIGNATURES: _____

Sub-Total: 600.00
Freight: 0.00
Tax: 0.00
Total Amount: 600.00

NOTES:

FILE COPY

Purchase Order

CITY OF GLOUCESTER
Gloucester Public Schools
6 School House Rd
Gloucester MA 01930

No. 1302154

Prices as quoted are less any and all federal taxes.
Please indicate delivery date and any and all discounts.

Invoice/Inquiries to above address
All invoices must reference PO number
Sales Tax Exempt #: E-046001390

P.O. Date: 11/30/2012

Questions ? Martha Jo Fleming (978) 281-9806

Account:

P.O. Issued To :

Ship To:

Reference:

Richs Transportation Services Inc
425 Constitution Drive
Taunton MA 02780

Gloucester Public Schools
Attn: Phil Padulsky
6 School House Rd
Gloucester MA 01930
(978) 281-9812

Contact:

Location: Gloucester Public Schools

Phone:

Fax:

Project: undesignated

Req# 312362

Qty	Unit	Part#	Description	Account Number	Unit Price	Extended	Tax	Freight
1	EA		Vendor for USDA commodities, monthly deliveries through June	223000.20.330.54910.3400.30.372.00.054	3,000.00	3,000.00	0.00	0.00

APPROVAL SIGNATURES:

The unencumbered balance of the appropriation to be charged is sufficient to liquidate the amount of this order and the amount has been recorded as an encumbrance against said appropriation.

By

Auditor

I hereby certify -
That this order is authorized by a properly executed and approved requisition on file in this office.

City Purchasing Agent

Sub-Total:	3,000.00
Freight:	0.00
Tax:	0.00
Total Amount:	3,000.00

To do business with the City of Gloucester, all vendors should be aware of Mass. Gen. Laws (c. 30B, c. 14B, dec. 44 et seq., c30, sec. 39 et seq.)

1. No work, services, or supplies can be received by any City agency without a proper Purchase Order or Contract in place.
2. All Purchase Orders/Contracts exceeding \$5000 in value will follow the quotation/bid process prior to award. No contracts for Construction-related services subject to MGL Chap. 149, and MGL Chap. 30, sec. 39 will be awarded until all required documentation is received, i.e., Certificate of Eligibility, Update Statement, etc.
3. All invoices must detail the services performed and/or materials delivered. Any invoices submitted for work, services, or supplies performed or provided after the expiration date of a Purchase Order/Contract, or after the \$\$ limit of a Purchase Order/Contract has been reached will likewise not be honored by the City. All packing slips for delivered goods which are submitted with invoice for payment must be signed by authorized personnel from the contracting City department at the time of delivery.
4. Any work, services, or supplies provided without following the above mentioned guidelines are not the responsibility or liability of the City, and any invoice that violates these provisions will not be honored for payment.

NOTES:

Order Via: **Mail**

FILE COPY



CITY OF GLOUCESTER
COMMUNITY DEVELOPMENT DEPARTMENT
3 POND ROAD, GLOUCESTER, MA 01930

MEMORANDUM

DATE: November 28, 2012

TO: Mayor Carolyn Kirk

FROM: Gregg Cademartori, Acting Community Development Director

CC: Stephen Winslow, Senior Project Manager, *SPW*
Noreen Burke, Health Director

Re: Northeast Hospital Corporation's Community Collaborative Grant
Gloucester Bicycle Accommodations

Northeast Hospital Corporation (now Lahey) has invited the Get Fit Gloucester! Partnership to submit a final grant application in the amount of \$10,000 to fund a proposal to provide improved accommodations for bicycling in Gloucester. The proposal plans to match any NEHS funding with \$10,000 that has been set aside from the Mass in Motion funds provided by the MA Department of Public Health.

The 2012 Community Health Assessment conducted by NEHS indicates that adults in Gloucester are more sedentary than other communities. While the area's obesity, heart disease and cancer rates were at state averages, 28 percent of those surveyed said they didn't regularly exercise. More than 15 percent of those surveyed said they have diabetes - more than double the state average of 7.4 percent.

Providing on-road bicycling accommodations will be one component to improving bicycling in and around Gloucester and ultimately encouraging more adults and children to bicycle. Safety studies indicate that most bicycle crashes occur in Downtown along Stacy Boulevard, Rogers and Main Street so the bicycle accommodations will be focused on that corridor. The proposal also anticipates creating a bicycle route from Riverdale to Downtown, avoiding the intersection of Washington Street and Route 128 and Grant Circle. The bicycling accommodations under consideration including bicycle lanes, additional bicycle "sharrows" and bicycle route signs.

The Open Space and Recreation Committee led by Heidi Wakeman has held several community meetings that have been publicized these proposals through local media and also handed out fliers to the businesses along affected sections of Main and Rogers Street. The bicycling community in Gloucester strongly welcomed more bicycle accommodations as did several local

businesses that attended the meetings. We're not aware of any objections to the proposed bicycle accommodations at this time. Councillor Cox has initiated the process to adopt a city ordinance allowing the creation bicycle lanes and the OSRC also plans to present the proposal to the Traffic Commission as well.

Due to the short deadlines in the grant application process, the Community Development Department took the initiative to submit this application on the City's behalf. We request that you submit this application for City Council approval at your earliest convenience.



City of Gloucester
Grant Application and Check List

Granting Authority: State _____ Federal _____ Other XX

Name of Grant: Northeast Hospital Corporation's Community Collaborative Grant

Department Applying for Grant: Community Development Department

Agency-Federal or State application is requested from: N/A

Object of the application: \$10,000 in funds to rehabilitate Burnham's Field

Any match requirements: \$10,000 in FY 12 Mass in Motion Funds

Mayor's approval to proceed: *[Signature]* 11/28/2012
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



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 - Attached
2. Grant Award Letter/Standard Contract Approval Form - Attached
3. Council Order Approval
4. Original Grant Account Budget as approved by Grantor - Attached
5. Amended Grant Account Budget as approved by Grantor (n/a)
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: Community Development

ACCOUNT NAME: Northeast Hospital Corporation's Community Collaborative Grant

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

CFDA # (Required for Federal Grants):

DATE PREPARED: 11/28/2012

OBJECT	APPROVED			REVISED BUDGET
	ORIGINAL BUDGET	AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_____)				
	\$10,000.00			\$10,000.00
				\$0.00
				\$0.00
Total:	\$10,000.00			\$10,000.00
EXPENSE (5_____)				
Personnel				\$0.00
Consultants	\$10,000.00			\$10,000.00
Operating Expenses				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$10,000.00	\$0.00	\$0.00	\$10,000.00

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

APPLICATION COVER PAGE

Name of Organization or Group:	City of Gloucester
Address:	9 Dale Avenue
City, State, Zip	Gloucester, MA 01930
Project Title:	Cape Ann Loop Bicycle Accommodations
Grant Category:	Category 2: Chronic Disease Management (Heart Disease, Stroke, Cancer and Diabetes)
Amount of Funding Requested:	\$10,000
Contact Person:	Stephen Winslow
Title:	Senior Project Manager
Phone:	978-282-8007
Email:	swinslow@gloucester-ma.gov
Fiscal Agent (if different from your organization):	Same
Fiscal Contact:	
Address:	
City, State, Zip	
Phone:	
Email:	

APPLICATION NARRATIVE QUESTIONS

Please answer the following questions about your project (**no longer than six pages including budget**). Please include both the question, and your response. Use a one-inch margin and 12-point font. Abstract should not be more than a half page at most and will be used to describe your program to others.

1. ABSTRACT

This project seeks to increase bicycling in Downtown Gloucester and through-out Cape Ann. New bicycle lanes and other accommodations will be installed on Stacy Boulevard, Roger and Main Street and allow for the installation of new signs for a Cape Ann Bicycle Loop from Downtown Gloucester around to Rockport and Lanesville. The target population will be sedentary adults in Gloucester. The number of adults expected to be impacted will be upwards of 240 per weekend.

Grant Category 2: Chronic Disease Management (Heart Disease, Stroke, Cancer and Diabetes)

2. PROJECT DESCRIPTION:

Need: The target population will be sedentary adults. The 2012 Community Health Assessment conducted by NEHS indicates that adults in Gloucester are more sedentary than other communities. While the area's obesity, heart disease and cancer rates were at state averages, 28 percent of those surveyed said they didn't regularly exercise. More than 15 percent of those surveyed said they have diabetes - more than double the state average of 7.4 percent.

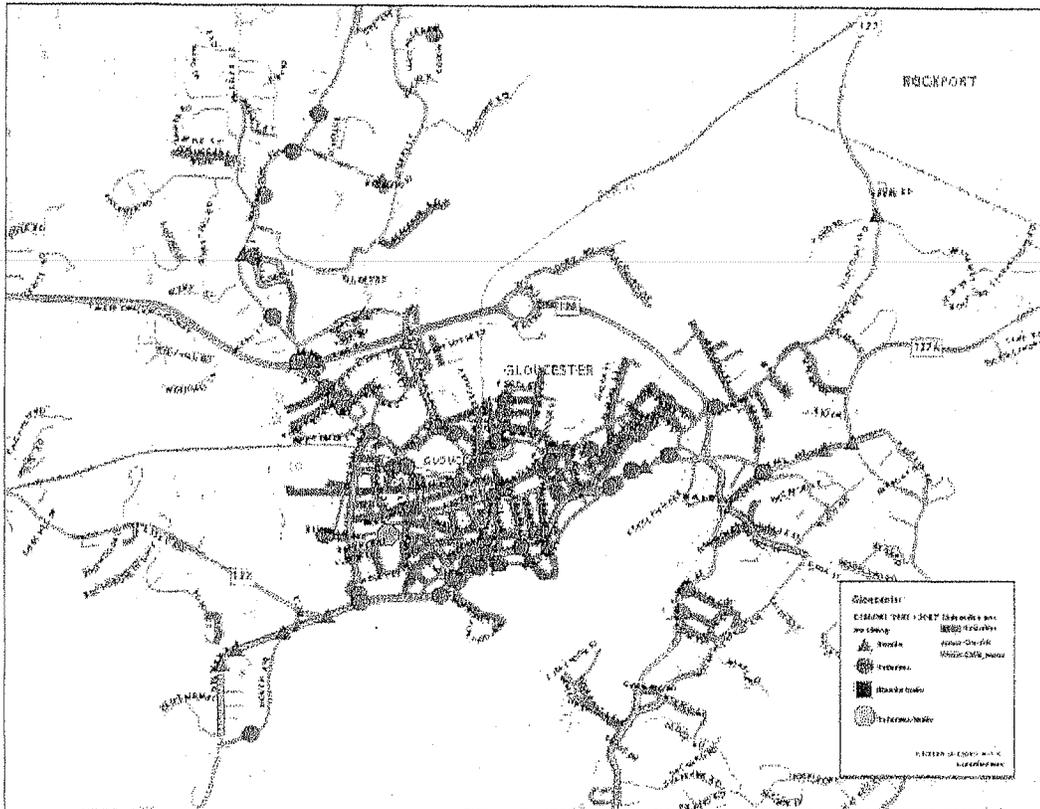
Strategy: Bicycling can be a fun and safe activity for adults for recreation and as part of their daily activities such as shopping and commuting. Bicycle lanes installed on Beacon Street in Somerville increased the number of regular bicyclists from 75 an hour to 500 an hour over a three-year period, a 666% increase.

Gloucester's draft Complete Streets Plan has a section focusing on bicycle accommodations, "*Cape Ann's varied and historic landscape and oceanfront views make Gloucester attractive to local bicyclists, regional bicycle groups and bicycle tour operators. The routes described below tend to attract more road savvy bicyclists rather than casual recreational riders. Roads in Downtown Gloucester and the Back Shore have narrow stretches where casual riders can feel squeezed and intimidated by passing traffic.*"

Improving bicycling conditions will be one component to improving bicycling in and around Gloucester. Safety studies indicate that most bicycle crashes occur in Downtown along Stacy Boulevard, Rogers and Main Street. As shown in Figure 1, bicycle crashes in the City primarily occur along the major Cape Ann bicycle routes that run through Gloucester along Routes 127, 127A and 133 (19 of 26; 73%). Clusters of crashes occur along Route 127 and 127A from Stage Fort Park, Rogers and Main Streets to Bass Avenue. Another cluster occurs near Route 128 and Poplar Street where bicyclists try to navigate through or around Grant Circle. The only crashes along the Back Shore loop have occurred on Bass Avenue

Focusing resources in these areas will allow more adults to bicycle safely through this congested area. A recent study in Canada showed that bicycle lanes helped reduce accidents involving bicyclists by 50%.

Figure 1 – Cape Ann Bicycle Crash Data



Gloucester's draft Complete Streets Plan has a section focusing on bicycle accommodations.

Back Shore Loop (7-mile loop): Local cyclists can enjoy a seven-mile loop around East Gloucester...

Cape Ann Loop (25 + miles): A regionally popular route enters Gloucester via Ocean Avenue in Manchester (off Rte 127) which becomes Raymond Street in Magnolia. The route heads along scenic Shore Road in Magnolia to Hesperus Avenue passing Hammond Castle on the way back onto Rte 127 / Western Avenue. Bicyclists turn right and roll through Stage Fort Park, visit the Fishermen's Wives and the Fisherman and the Wheel Statue along Stacy Boulevard before turning down towards Rogers and Main Streets. The route heads down East Main Street with views of Rocky Neck and crashing waves of the Atlantic Ocean along the Back Shore of East Gloucester. Bicyclists then head out along Thatcher Road and Good Harbor Beach to loop into Rockport and then back towards Gloucester via Route 127 in Lanesville. Some routes venture down Leonard Street into Annisquam and then back on Washington Street via the Lobster Cove footbridge. As the route reaches Riverdale, bicyclists turn left onto Stanwood Road, head right down Cherry, Poplar and Maplewood Streets back into Downtown Gloucester. Longer routes connect back into Stacy Boulevard and then head out Route 133 and Concord Street towards Ipswich.

Partners: This initiative is being supported by the Gloucester Open Space and Recreation Committee and Get Fit Gloucester!. The OSRC has held several stakeholder meetings and has developed a Bicycle Ordinance that has now been introduced to City Council. Big Mikes Bikes is also assisting located on Maplewood Avenue supports the effort. The City of Gloucester will serve as the fiscal agent. The Get Fit Gloucester! Partnership includes participants from local government, schools, non-profits and businesses. The Get Fit Gloucester! Project Manager will have overall responsibility for implementing the project.

The Community Development Department manages Get Fit Gloucester! (GFG!) The GFG! Project Manager will work with local residents, the Traffic Commission and city officials to finalize plans for the bicycle lanes and signs. The GFG! Project Manager will work Gloucester DPW and the Traffic Commission to implement those plans through a private contractor.

3. **Project Plan.** Outline specific project goals and objectives, correlating activities, measures, and timeline, and entity responsible for implementing. Use the following grid format. Goals/objectives must be measurable. Activities must correlate with each goal. See sample plan on page 7.

Goal 1: Bicycle Lane Ordinance

Objective 1. Adopt Ordinances Necessary to Implement Bicycle Lanes

Strategies/Activities	Benchmark/Measures	Timeline	Responsible
Bicycle Ordinance Filed		Done	Councillor Cox / OSRC
Public Meeting	Favorable Public Comment	2/1/2013	Cox / OSRC
Ordinance Adopted	Passage of Ordinance	3/1/2013	Cox / OSRC

Goal 2: Bicycle Lanes and Sign Designs

Objective 1. Design and Approve

Strategies/Activities	Benchmark/Measures	Timeline	Responsible
Concept Presented to DPW and Traffic Commission	Approval by Traffic Commission and DPW	4/1/2013	GFG! PM

Goal 3: Bicycle Lanes and Signs Installations

Objective 1.

Strategies/Activities	Benchmark/Measures	Timeline	Responsible
Order Signs	Signs delivered	5/1/2013	GFG! PM
Hire Lane Installer	Contract Signed	5/1/2013	GFG! PM
Install Lanes and Signs	Work Completed	5/15/2013	DPW Oversight
Promote Bicycle Lanes	Ride and other action	6/1/2012	GFG! / OSRC
Evaluate Success	Conduct Bike/Ped Counts # of Added Bicyclists /hr	09/2013	GFG! / OSRC

4. Describe your intended evaluation methods and tools used to determine whether the project met the stated goals/objectives.

The goal of the project will to be increase bicycling in and around Downtown Gloucester by at least 50% initially and 270% within 3 years. The outcome will be measured by conducting bicycle counts along major streets before and after the implementation of the bicycle accommodations. The number of adults expected to be impacted will be upwards of 240 per weekend (30 additional bicyclists per hour / four hours per day) and additional adults during the week The adults will primarily be from Gloucester, with some impact on Rockport and Manchester residents expected as well.

5. How will you apply what you learn from this funding opportunity to future work? Please identify two or more of the following ways your program/service will continue beyond this current one-year funding period.

Once implemented the City will be expected to refresh the bicycle lanes on a three to five year cycle and replace missing bicycle route signs as needed. This should result in a annual investment of about \$6600 per year starting in 2015. The City may also undertake additional initiatives to improve bicycling conditions depending upon the success of this project.

6. Why should your organization be awarded this grant? Make a compelling case. If this grant is *not* received, will the project be partially or fully implemented? Explain.

Bicycling is a fun, inexpensive and exhilarating activity that can help Gloucester residents be more active. Gloucester with its spectacular setting should be a location like Cape Cod that attracts local and tourist residents to bicycle more. This will only incur on Cape Ann if more investment is made to accommodate bicyclists just like has happened in Cape Cod. Many studies have shown that bicycle lanes encourage more bicycling and can also result in a 50% decrease in the rate of bicycle accidents due to the increased number of bicyclists.

7. Provide an itemized one-year budget for the total amount of funding you are requesting through this grant. Use the sample budget format on page 9. Expenses for the total grant request must be itemized. Any additional supporting funds must be identified in a total project budget. The total project budget includes funds from a larger project that may support this initiative as well as any additional matching or contributing funds. If you plan to use funds for staff time, consultants, or capital improvements your budget narrative *must* describe how this is necessary to meet and/or sustain program objectives. Programs that fund staff time without demonstration of how services will continue beyond the lifecycle of this grant will not be favored. Up to 5% of funds applied for may be used for administrative overhead. For example, if you apply for \$7,500 you may budget 5% or up to \$375 for administrative costs.

APPLICATION BUDGET

Organization Name:
Project Title:
Total program budget: \$28,155
Total being requested: \$7,500

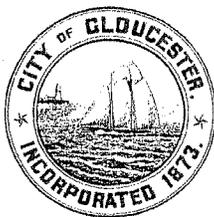
Expense Category	Funding Request	In-Kind or Other Funding Sources	Total Budget
Personnel			
Get Fit Gloucester! Manager	\$0	\$1200	\$1200
Total Personnel	\$0	\$1200	\$1200
Program Expenses			
Signs	\$1000	\$1000	\$1000
Pavement Markings	\$9000	\$9000	\$18000
Sub Total	\$10,000	\$10,000	\$20,000
Administrative Costs (5% Max of Subtotal)	\$0	\$0	\$0
TOTAL	\$10,000	\$11,200	\$21,200

Budget Narrative

Personnel: The Get Fit Gloucester! Project Manager will dedicate at least \$200 of time a month over a 6 month period

Program Expenses: The City plans to purchase 20 signs at a cost of about \$60 each and then spend \$140 on materials and labor to install the signs. The City will install at least 18,000 linear feet of thermoplastic bicycle lane pavement markings at \$1.00 per linear foot.

Administrative Costs: The City is not seeking administrative costs



Nineteen Harbor Loop
Gloucester, MA 01930

TEL 978-282-3012

FAX 978-978-281-4188

jcaulkett@gloucester-ma.gov

<http://gloucester-ma.gov/harbormaster>

CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster
Date: December 21, 2012
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

I am writing this memo in regards to requesting funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$217,571.00.

These funds will be utilized to improve several public landings, boating safety on the Annisquam River, maintenance to City Commercial Marinas and the purchase of a City operated launch.

Detailed statements of each request have been attached.

Please refer this matter to the Budget and Finance subcommittee for review and discussion.

Regards,

Jim Caulkett
Harbormaster

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 25 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 765.00

Account to appropriate from:

Unfund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$ <u>292,741.00</u>
Balance After Appropriation	\$ <u>291,976.00</u>

Account Receiving Appropriation:

Unfund Account #	<u>700000.10.492.52000.0000.00.000.00.052</u>
Account Description	<u>Waterways Enterprise, Contracted Services</u>
Balance Before Appropriation	\$ <u>0.75</u>
Balance After Appropriation	\$ <u>765.75</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to purchase a "No Wake" sign.

APPROVALS: JCT

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 26 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 4,700.00

Account to appropriate from:	Unifund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$	<u>291,976.00</u>
Balance After Appropriation	\$	<u>287,276.00</u>

Account Receiving Appropriation:	Unifund Account #	<u>700000.10.492.54860.0000.00.000.00.054</u>
	Account Description	<u>Waterways Enterprise, Marine Hardware & Accessories</u>
Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>4,700.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to purchase a "No Wake" and "No anchoring" buoys.

APPROVALS: SCA

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 27 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 11,400.00

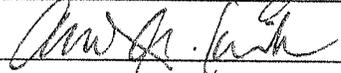
Account to appropriate from:	<i>Unifund Account #</i>	<u>700000.10.000.35900.0000.00.000.00.000</u>
	<i>Account Description</i>	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$	<u>287,276.00</u>
Balance After Appropriation	\$	<u>275,876.00</u>

Account Receiving Appropriation:	<i>Unifund Account #</i>	<u>700000.10.492.58760.0000.00.000.00.058</u>
	<i>Account Description</i>	<u>Waterways Enterprise, Public Landing Improvements</u>
Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>11,400.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to purchase 2 Public Landing Gangways.

APPROVALS: JA

DEPT. HEAD:  DATE: 12/21/12

ADMINISTRATION:  DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 28 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ Harbormaster's Office

APPROPRIATION AMOUNT: \$ 32,800.00

Account to appropriate from:

Unfund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$ <u>275,876.00</u>
Balance After Appropriation	\$ <u>243,076.00</u>

Account Receiving Appropriation:

Unfund Account #	<u>710000.10.492.58760.0000.00.000.00.058</u>
Account Description	<u>C/P-Waterways-Solomon Jacobs Park Float System</u>
Balance Before Appropriation	\$ <u>-</u>
Balance After Appropriation	\$ <u>32,800.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to complete Engineering Services for Solomon Jacobs
Public Landing.

APPROVALS: JW

DEPT. HEAD:	<u>[Signature]</u>	DATE: <u>12/21/12</u>
ADMINISTRATION:	<u>[Signature]</u>	DATE: <u>1/2/13</u>
BUDGET & FINANCE:	_____	DATE: _____
CITY COUNCIL:	_____	DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 29 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 25,000.00

Account to appropriate from:	Unfund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$	<u>243,076.00</u>
Balance After Appropriation	\$	<u>218,076.00</u>

Account Receiving Appropriation:	Unfund Account #	<u>710001.10.492.58760.0000.00.000.00.058</u>
	Account Description	<u>Capital Projects -Waterways-Sailing School Floats</u>
Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>25,000.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to purchase sailing school floats.

APPROVALS: JA

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 30 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

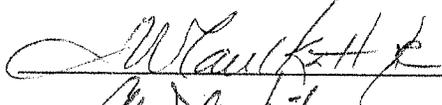
APPROPRIATION AMOUNT: \$ 8,072.00

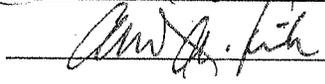
Account to appropriate from:	Unifund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$	<u>218,076.00</u>
Balance After Appropriation	\$	<u>210,004.00</u>

Account Receiving Appropriation:	Unifund Account #	<u>700000.10.492.52000.0000.00.000.00.052</u>
	Account Description	<u>Waterways Enterprise, Contracted Services</u>
Balance Before Appropriation	\$	<u>765.75</u>
Balance After Appropriation	\$	<u>8,837.75</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to fund various emergency repairs.

APPROVALS: JCS

DEPT. HEAD:  DATE: 12/21/12

ADMINISTRATION:  DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 31 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 2,834.00

Account to appropriate from:	Unifund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$	<u>210,004.00</u>
Balance After Appropriation	\$	<u>207,170.00</u>

Account Receiving Appropriation:	Unifund Account #	<u>700000.10.492.52520.0000.00.000.00.052</u>
	Account Description	<u>Waterways Enterprise, Boat & Marine Maintenance</u>
Balance Before Appropriation	\$	<u>0.36</u>
Balance After Appropriation	\$	<u>2,834.36</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to fund emergency engine repairs.

APPROVALS: [Signature]

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 32 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 2,000.00

Account to appropriate from:

Unfund Account # 700000.10.000.35900.0000.00.000.00.000

Account Description Waterways Enterprise. Retained Earnings

Balance Before Appropriation \$ 207,170.00

Balance After Appropriation \$ 205,170.00

Account Receiving Appropriation:

Unfund Account # 700000.10.492.53100.0000.00.000.00.052

Account Description Waterways Enterprise, Eng./Arch Prof. Services

Balance Before Appropriation \$ 315.00

Balance After Appropriation \$ 2,315.00

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to fund engineering services.

APPROVALS: JLS

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 33 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 5,000.00

Account to appropriate from:

Unifund Account # 700000.10.000.35900.0000.00.000.00.000

Account Description Waterways Enterprise. Retained Earnings

Balance Before Appropriation \$ 205,170.00

Balance After Appropriation \$ 200,170.00

Account Receiving Appropriation:

Unifund Account # 700000.10.492.53100.0000.00.000.00.052

Account Description Waterways Enterprise, Eng./Arch Prof. Services

Balance Before Appropriation \$ 2,315.00

Balance After Appropriation \$ 7,315.00

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to fund surveying services of the public landings.

APPROVALS: [Signature]

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2013**

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

APPROPRIATION # 2013-SA- 34 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 125,000.00

Account to appropriate from:	Unfund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>Waterways Enterprise. Retained Earnings</u>
Balance Before Appropriation	\$	<u>200,170.00</u>
Balance After Appropriation	\$	<u>75,170.00</u>

Account Receiving Appropriation:	Unfund Account #	<u>710002.10.492.58755.0000.00.000.00.058</u>
	Account Description	<u>Capital Projects-Waterways, Launch Boat</u>
Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>125,000.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Retained Earnings from the Waterways Enterprise
Fund to purchase a launch boat.

APPROVALS: JTS

DEPT. HEAD: [Signature] DATE: 12/21/12

ADMINISTRATION: [Signature] DATE: 1/2/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

City Hall
Nine Dale Avenue
Gloucester, MA. 01930



TEL 978 281 9730
FAX 978 281 8472

CITY OF GLOUCESTER
CITY AUDITOR'S OFFICE

MEMORANDUM

CITY CLERK
GLOUCESTER, MA
12 DEC 17 PM 2:59

TO: Gloucester City Council
FROM: Kenny Costa, City Auditor *KC*
RE: City's FY 2011 OPEB Actuarial Valuation Report
Date: December 17, 2012

I am pleased to transmit to you the City of Gloucester's OPEB Actuarial Valuation Report of postemployment welfare benefits as of June 30, 2011 under GASB Statements number 43 and 45. The results are in accordance with the Governmental Accounting Standards, which prescribe an accrual methodology for accumulating the value of other postemployment benefits (OPEB) over participants' active working lifetimes. The accounting standard supplements cash accounting, under which the expense for postemployment benefits is equal to benefit and administrative costs paid on behalf of retirees and their dependents (i.e. a pay-as-you-go basis).

Key Valuation Results

The **unfunded actuarial accrued liability (UAAL)** as of June 30, 2011 is \$204,228,540.

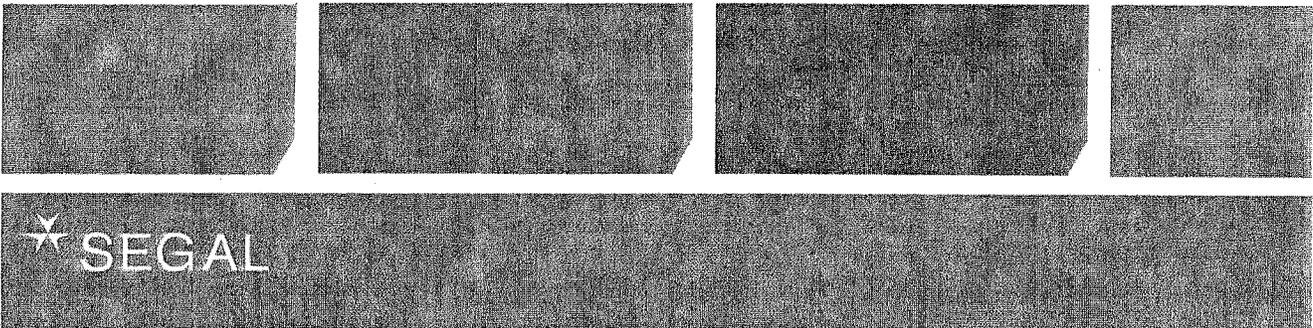
The **Annual Required Contribution (ARC)** for fiscal year 2013 is \$14,757,171. The ARC is expected to remain relatively level as percentage of payroll, as long as the ARC is fully funded each year. If the ARC is not fully funded, it may be expected to increase as a percentage of payroll over time.

Please refer this matter to the Budget and Finance subcommittee for review and discussion.

City of Gloucester

Actuarial Valuation and Review of Other
Postemployment Benefits (OPEB) as of
June 30, 2011 in accordance with
GASB Statements No. 43 and No. 45

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THE SEGAL COMPANY
116 Huntington Ave., 8th Floor Boston, MA 02116
T 617.424.7300 F 617.424.7390 www.segalco.com

December 7, 2012

Mr. Kenny Costa
City Auditor
9 Dale Avenue
City Hall
Gloucester, MA 01930

Dear Mr. Costa:

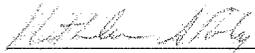
We are pleased to submit this report on our actuarial valuation of postemployment welfare benefits as of June 30, 2011 under Governmental Accounting Standards Board Statements Number 43 and 45. It establishes the liabilities of the postemployment welfare benefit plan in accordance with GASB Statements Number 43 and 45 for the fiscal year ending June 30, 2012 and summarizes the actuarial data.

This report is based on information received from the City. The actuarial projections were based on the assumptions and methods described in Exhibit II and on the plan of benefits as summarized in Exhibit III.

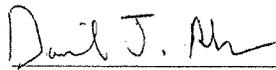
We look forward to discussing this with you at your convenience.

Sincerely,

THE SEGAL COMPANY

By: 
Kathleen A. Riley, FSA, MAAA, EA
Senior Vice President and Actuary

771806762/13495.003


Daniel J. Rhodes, ASA, FCA, MAAA
Consulting Actuary

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SECTION 1: Executive Summary for City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

PURPOSE

This report presents the results of our actuarial valuation of the City of Gloucester (the "Employer") postemployment welfare benefit plan as of June 30, 2011. The results are in accordance with the Governmental Accounting Standards, which prescribe an accrual methodology for accumulating the value of other postemployment benefits (OPEB) over participants' active working lifetimes. The accounting standard supplements cash accounting, under which the expense for postemployment benefits is equal to benefit and administrative costs paid on behalf of retirees and their dependents (*i.e.*, a pay-as-you-go basis).

HIGHLIGHTS OF THE VALUATION

During the fiscal year ending June 30, 2012, we project the City will pay benefits (net of retiree contributions) on behalf of retired employees of about \$6,136,000. This amount is less than the annual "cost" (the "Annual Required Contribution," or ARC) of approximately \$14,109,000.

The GASB statements provide the method for selecting the investment return assumption (discount rate). If the benefits are funded, the discount rate should be based on the estimated long-term investment yield on the investments expected to be used to finance the payment of benefits. If financing is on a pay-as-you-go basis, the discount rate should be based on the expected yield on the assets of the employer.

Because the benefits are not being funded, we have used a 3.50% discount rate (referred to as the pay-as-you-go interest rate).

The GASB statements allow the use of one of six funding methods to determine the actuarial liabilities. We have used the projected unit credit cost method.

To determine the amortization payment on the unfunded actuarial accrued liability (UAAL), an amortization period and amortization method must be selected. We have used a 30-year open amortization of the UAAL (the maximum permitted by the GASB statements), with payments increasing at 3.75% per year. The GASB statements allow for either an open or closed amortization period. In open amortization, the period is reset to the initial value every year and the UAAL is reamortized, while under a closed amortization, the remaining period decreases and the UAAL is eventually "paid off."

Page 8 is an illustration of how the pay-as-you-go liabilities and the ARC will change over time.

If the benefits are funded in the future, assets set aside to fund OPEB liabilities would have to be held in a trust or equivalent arrangement, through which assets are accumulated and benefits are paid as they come due. Employer contributions to the plan are irrevocable, trust assets are dedicated to providing benefits to retirees and their spouses in accordance with the terms of the plan, and trust assets will be legally protected from creditors of the employer.

Chapter 68 of the Acts of 2011 permits municipalities, authorities and certain other government entities of the Commonwealth to establish a liability trust fund for funding retiree benefits (other than pension), also known as Other Post-Employment Benefits (OPEB). The legislation also ensures that these entities have access to the state's investment trust, the State Retiree Benefits Trust Fund (SRBTF) for purposes of investment OPEB funds.

GASB guidelines prohibit the offset of OPEB obligations by the future value of Medicare Part D subsidies. Therefore, these calculations do not include an estimate for retiree

SECTION 1: Executive Summary for City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

prescription drug plan federal subsidies that the Employer may be eligible to receive for plan years beginning in 2006.

Employer decisions regarding plan design, cost sharing between the Employer and its retirees, actuarial cost method, amortization techniques, and integration with Medicare are just some of the decisions that affect the magnitude of OPEB obligations. We are available to assist you with any investigation of such options you may wish to undertake.

This valuation does not include the potential impact of any future changes due to the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA) of 2010 other than those previously adopted as of the valuation date.

KEY VALUATION RESULTS

- The **unfunded actuarial accrued liability (UAAL)** as of June 30, 2011 is \$204,229,000. Going forward, net unfunded plan obligations will be expected to change due to normal plan operations, which consist of continuing accruals for active members, plus interest on the total actuarial accrued liability, less expected benefit payments and contributions. Future valuations will analyze the difference between actual and expected unfunded actuarial accrued liabilities.
 - As of June 30, 2011 the ratio of assets to the AAL (the funded ratio) is 0.00%.
- The **Annual Required Contribution (ARC)** for fiscal year 2012 is \$14,109,000. If the ARC is not fully funded, it may be expected to increase as a percentage of payroll over time.

Plan obligations of \$204,229,000 as of June 30, 2011 represent a decrease of \$16,527,000 from the obligations of \$220,756,000 as shown in the June 30, 2009 valuation.

Plan obligations had been expected to increase \$15,969,000 due to normal plan operations, which consist of continuing accruals for active members, plus interest on the total obligation, less expected benefit payments. The decrease was the net effect of the following:

- An **actuarial experience loss** increased obligations by \$9,806,000. This was the net result of gains and losses due to demographic changes.
- **Valuation assumption and plan changes** decreased obligations by \$42,302,000. This was the net result of a *decrease* in obligations due to 1) valuation year per capita health costs not increasing as much as projected, partially offset by *increases* in obligations due to 2) a change in future trend on per capita health costs based on what is likely to occur in the marketplace and 3) changes in the mortality assumption. The complete set of assumptions is shown in Exhibit II.

SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

ACCOUNTING REQUIREMENTS

The Governmental Accounting Standards Board (GASB) issued Statement Number 43 -- *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*, and Statement Number 45 -- *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*. Under these statements, all state and local governmental entities that provide other post employment benefits (OPEB) are required to report the cost of these benefits on their financial statements.

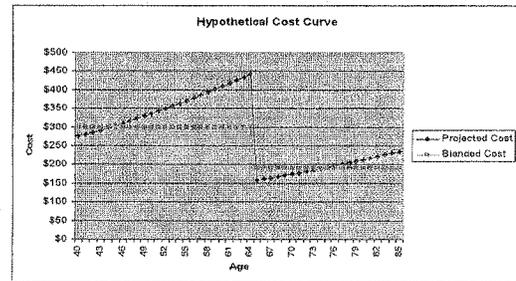
The statements cover postemployment benefits of health, prescription drug, dental, vision and life insurance coverage for retirees; long-term care coverage, life insurance and death benefits that are *not* offered as part of a pension plan; and long-term disability insurance for employees. These benefits, referred to as OPEB, are typically financed on a pay-as-you-go basis. The new standard introduces an accrual-basis accounting requirement; thereby recognizing the employer cost of postemployment benefits over an employee's career. The standards also introduce a consistent accounting requirement for both pension and non-pension benefits.

The total cost of providing postemployment benefits is projected, taking into account assumptions about demographics, turnover, mortality, disability, retirement, health care trends, and other actuarial assumptions. This amount is then discounted to determine the actuarial present value of the total projected benefits (APB). The actuarial accrued liability (AAL) is the portion of the present value of the total projected benefits allocated to years of employment prior to the measurement date. The unfunded actuarial accrued liability (UAAL) is the difference between the AAL and actuarial value of assets in the Plan.

Once the UAAL is determined, the Annual Required Contribution (ARC) is determined as the normal cost (the APB allocated to the current year of service) and the amortization of the UAAL. This ARC is compared to actual contributions made and any difference is reported as the net OPEB obligation (NOO). In addition, required supplementary information (RSI) must be reported, including historical information about the UAAL and the progress in funding the Plan.

The benefits valued in this report are limited to those described in Exhibit III of Section 4.

The following graph illustrates why a significant accounting obligation may exist even though the retiree contributes most or all of the blended premium cost of the plan. The average cost for retirees is likely to exceed the average cost for the whole group, leading to an implicit subsidy for these retirees. The accounting standard requires the employer to identify and account for this implicit subsidy as well as any explicit subsidies the employer may provide.



SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

This graph shows how the actuarial present value of the total projected benefits (APB) is broken down and allocated to various accounting periods.

The exact breakdown depends on the actuarial cost method and amortization methods selected by the employer.

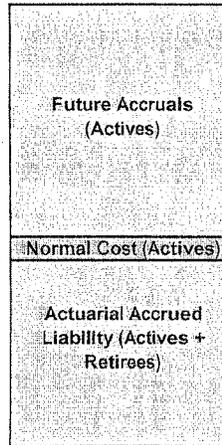
GASB 43/45 Measurement

Present Value
of Future Benefits

Future
Accounting
Periods

Current Period

Historical
Accounting
Periods



Normal Cost
+
30 Years Amortization
of Unfunded Actuarial Accrued Liability
Annual Required Contribution (ARC)

$$\text{Net OPEB Obligation} = \text{ARC}_1 + \text{ARC}_2 + \text{ARC}_3 + \dots - \text{Contribution}_1 - \text{Contribution}_2 - \text{Contribution}_3 - \dots$$

SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

Actuarial computations under GASB statements are for purposes of fulfilling certain welfare plan accounting requirements. The calculations shown in this report have been made on a basis consistent with our understanding of GASB. Determinations for purposes other than meeting the financial accounting requirements of GASB may differ significantly from the results reported here.

Calculations are based on the benefits provided under the terms of the substantive plan in effect at the time of the valuation and on the pattern of sharing costs between the employer and plan members. The projection of benefits does not incorporate the potential effect of legal or contractual funding limitations on the pattern of cost sharing between the employer and plan members in the future.

Actuarial calculations reflect a long-term perspective, and the methods and assumptions use techniques designed to reduce short term volatility in accrued liabilities and the actuarial value of assets, if any.

The calculation of an accounting obligation does not, in and of itself, imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Employer is required to implement a funding policy to satisfy the projected expense.

Actuarial valuations involve estimates of the value of reported amounts and assumptions about the probability of events far into the future, and the actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.

SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

**SUMMARY OF VALUATION RESULTS
ALL DEPARTMENTS**

The key results for the current year are shown on a pay-as-you-go basis.

	Pay-as-you-go (3.5% discount rate)
Actuarial Accrued Liability by Participant Category	
1. Current retirees, beneficiaries and dependents	\$106,430,793
2. Current active members	<u>97,797,747</u>
3. Total as of June 30, 2011: (1) + (2)	\$204,228,540
4. Actuarial value of assets as of June 30, 2011	<u>0</u>
5. Unfunded actuarial accrued liability (UAAL) as of June 30, 2011	<u>\$204,228,540</u>
Annual Required Contribution for Fiscal Year Ending June 30, 2012	
6. Normal cost as of July 1, 2011	\$7,296,374
7. Adjustment for timing	<u>126,588</u>
8. Normal cost, adjusted for timing: (6) + (7)	\$7,422,962
9. 30-year amortization (increasing at 3.75% per year) of the unfunded actuarial accrued liability (UAAL) as of June 30, 2011	6,572,158
10. Adjustment for timing	<u>114,023</u>
11. Amortization payment adjusted for timing: (9) + (10)	\$6,686,181
12. Total Annual Required Contribution (ARC): (8) + (11)	14,109,143
13. Projected benefit payments	<u>6,136,077</u>

Note: Assumes payment in the middle of the fiscal year.

SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

DEPARTMENT RESULTS

Actuarial Accrued Liability (AAL) and Annual Required Contribution – Pay-As-You-Go (3.50% discount rate)

	All Other	Sewer	Water	Waterways	Total
Actuarial Accrued Liability by Participant Category					
1. Current retirees, beneficiaries and dependents	\$101,847,440	\$2,217,047	\$2,366,306	\$0	\$106,430,793
2. Current active members	<u>93,442,710</u>	<u>2,034,090</u>	<u>2,171,032</u>	<u>149,915</u>	<u>97,797,747</u>
3. Total as of June 30, 2011: (1) + (2)	\$195,290,150	\$4,251,137	\$4,537,338	\$149,915	\$204,228,540
4. Actuarial value of assets as of June 30, 2011	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
5. Unfunded actuarial accrued liability (UAAL) as of June 30, 2011	\$195,290,150	\$4,251,137	\$4,537,338	\$149,915	\$204,228,540
Annual Required Contribution for Fiscal Year Ending June 30, 2012					
6. Normal cost as of July 1, 2011	\$6,987,634	\$149,246	\$159,494	\$0	\$7,296,374
7. Adjustment for timing	<u>121,232</u>	<u>2,589</u>	<u>2,767</u>	<u>0</u>	<u>126,588</u>
8. Normal cost, adjusted for timing: (6) + (7)	\$7,108,866	\$151,835	\$162,261	\$0	\$7,422,962
9. 30-year amortization (increasing at 3.75% per year) of the unfunded actuarial accrued liability (UAAL) as of June 30, 2011	6,284,518	136,803	146,013	4,824	6,572,158
10. Adjustment for timing	<u>109,033</u>	<u>2,373</u>	<u>2,533</u>	<u>84</u>	<u>114,023</u>
11. Amortization payment adjusted for timing: (9) + (10)	\$6,393,551	\$139,176	\$148,546	\$4,908	\$6,686,181
12. Total Annual Required Contribution (ARC): (8) + (11)	13,502,417	291,011	310,807	4,908	14,109,143
13. Projected benefit payments	5,922,884	98,621	106,861	7,711	6,136,077

Note: Assumes payment in the middle of the fiscal year.

SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

PROJECTION OF ARC

30 Years Open (3.50% discount rate), payments increasing at 3.75%

Fiscal Year Ended June 30	(1) Projected Benefit Payments	(2) Normal Cost with Interest	(3) Amortization of UAAL	(4) ARC (3) + (2)	(5) Additional Funding (4) - (1)	(6) Assets at End of Year	(7) AAL at End of Year	(8) UAAL at End of Year (7) - (6)
2012	\$6,136,077	\$7,422,962	\$6,686,181	\$14,109,143	\$0	\$0	\$212,685,751	\$212,685,751
2013	6,531,163	7,794,110	6,963,061	14,757,171	-	-	221,414,610	221,414,610
2014	7,058,322	8,183,816	7,248,832	15,432,648	-	-	230,309,142	230,309,142
2015	7,720,329	8,593,007	7,540,028	16,133,035	-	-	239,257,780	239,257,780
2016	8,310,741	9,022,657	7,832,995	16,855,652	-	-	248,356,070	248,356,070
2017	8,915,821	9,473,790	8,130,861	17,604,651	-	-	257,616,182	257,616,182
2018	9,460,980	9,947,480	8,434,026	18,381,506	-	-	267,127,689	267,127,689
2019	10,000,767	10,444,854	8,745,420	19,190,274	-	-	276,928,950	276,928,950
2020	10,611,273	10,967,097	9,066,301	20,033,398	-	-	286,983,461	286,983,461
2021	11,090,010	11,515,452	9,395,473	20,910,925	-	-	297,460,705	297,460,705
2022	11,555,867	12,091,225	9,738,485	21,829,710	-	-	308,416,476	308,416,476
2023	12,133,660	12,695,786	10,097,163	22,792,949	-	-	319,782,931	319,782,931
2024	12,740,343	13,330,575	10,469,286	23,799,861	-	-	331,575,806	331,575,806
2025	13,377,360	13,997,104	10,855,370	24,852,474	-	-	343,811,455	343,811,455
2026	14,046,228	14,696,959	11,255,949	25,952,908	-	-	356,506,877	356,506,877
2027	14,748,540	15,431,807	11,671,581	27,103,388	-	-	369,679,739	369,679,739
2028	15,485,967	16,203,397	12,102,844	28,306,241	-	-	383,348,407	383,348,407
2029	16,260,265	17,013,567	12,550,339	29,563,906	-	-	397,531,973	397,531,973
2030	17,073,278	17,864,245	13,014,691	30,878,936	-	-	412,250,282	412,250,282
2031	17,926,942	18,757,457	13,496,549	32,254,006	-	-	427,523,966	427,523,966
2032	18,823,290	19,695,330	13,996,590	33,691,920	-	-	443,374,474	443,374,474
2033	19,764,454	20,680,097	14,515,516	35,195,613	-	-	459,824,110	459,824,110
2034	20,752,677	21,714,102	15,054,056	36,768,158	-	-	476,896,059	476,896,059
2035	21,790,311	22,799,807	15,612,970	38,412,777	-	-	494,614,431	494,614,431
2036	22,879,826	23,939,797	16,193,047	40,132,844	-	-	513,004,297	513,004,297
2037	24,023,817	25,136,787	16,795,107	41,931,894	-	-	532,091,727	532,091,727
2038	25,225,008	26,393,626	17,420,006	43,813,632	-	-	551,903,830	551,903,830
2039	26,486,259	27,713,307	18,068,629	45,781,936	-	-	572,468,801	572,468,801
2040	27,810,572	29,098,972	18,741,900	47,840,872	-	-	593,815,962	593,815,962
2041	29,201,100	30,553,921	19,440,778	49,994,699	-	-	615,975,812	615,975,812

Note: Assumes payment in the middle of the fiscal year.

SECTION 2: Valuation Results for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

December 7, 2012

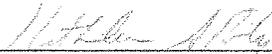
ACTUARIAL CERTIFICATION

This is to certify that The Segal Company has conducted an actuarial valuation of certain benefit obligations of the City of Gloucester other postemployment benefit programs as of June 30, 2011, in accordance with generally accepted actuarial principles and practices. The actuarial calculations presented in this report have been made on a basis consistent with our understanding of GASB Statements Number 43 and 45 for the determination of the liability for postemployment benefits other than pensions.

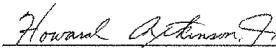
The actuarial valuation is based on the plan of benefits verified by the City and on participant and premium data provided by the City or from vendors employed by the City.

The actuarial computations made are for purposes of fulfilling plan accounting requirements. Determinations for purposes other than meeting financial accounting requirements may be significantly different from the results reported here. Accordingly, additional determinations may be needed for other purposes, such as judging benefit security at termination or adequacy of funding an ongoing plan.

To the best of our knowledge, this report is complete and accurate and in our opinion presents the information necessary to comply with GASB Statements Number 43 and 45 with respect to the benefit obligations addressed. The signing actuaries are members of the Society of Actuaries, the American Academy of Actuaries, and other professional actuarial organizations and collectively meet their "General Qualification Standards for Statements of Actuarial Opinion" to render the actuarial opinion contained herein. Further, in our opinion, the assumptions as approved by the City are reasonably related to the experience and expectations of the postemployment benefit programs.



Kathleen A. Riley, FSA, MAAA, EA
Senior Vice President and Actuary



Howard Atkinson, Jr., ASA, MAAA, FCA
Vice President and Health Actuary

SECTION 3: Valuation Details for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

CHART 1
Required Supplementary Information – Schedule of Employer Contributions

Fiscal Year Ended June 30,	Annual OPEB Costs	Actual Contributions	Percentage Contributed
2009	\$11,818,624	\$4,469,661	37.8%
2010	12,683,069	4,782,465	37.7%
2011	13,791,187	4,574,904	33.2%
2012	14,164,467	6,136,077	43.3%
2013	14,830,649	6,531,163	44.0%

Note: 2013 information assumes there will be no plan changes that need to be reflected.

SECTION 3: Valuation Details for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

This schedule of funding progress presents multi-year trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liability for benefits.

CHART 2
Required Supplementary Information – Schedule of Funding Progress

Actuarial Valuation Date	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (UAAL) (b) - (a)	Funded Ratio (a) / (b)	Covered Payroll (c)	UAAL as a Percentage of Covered Payroll [(b) - (a) / (c)]
01/01/2008	\$0	\$147,790,883	\$147,790,883	0.00%	\$47,234,000	312.89%
06/30/2009	0	220,755,787	220,755,787	0.00%	47,216,775	467.54%
06/30/2011	0	204,228,540	204,228,540	0.00%	--	--

* Enter covered payroll for fiscal 2012.

SECTION 3: Valuation Details for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

CHART 3
Required Supplementary Information – Net OPEB Obligation (NOO)

Fiscal Year Ended June 30,	Annual Required Contribution (a)	Interest on Existing NOO (b)	ARC Adjustment (c)	Annual OPEB Cost (a) + (b) + (c) (d)	Actual Contribution Amount (e)	Net Increase in NOO (d) - (e) (f)	NOO as of Following Date (g)
2009	\$11,818,624	\$0	\$0	\$11,818,624	\$4,469,661	\$7,348,963	\$7,348,963
2010	12,605,779	330,703	(253,413)	12,683,069	4,782,465	7,900,604	15,249,567
2011	13,756,703	533,735	(499,251)	13,791,187	4,574,904	9,216,283	24,465,850
2012	14,109,143	856,305	(800,981)	14,164,467	6,136,077	8,028,390	32,494,240
2013	14,757,171	1,137,298	(1,063,820)	14,830,649	6,531,163	8,299,486	40,793,726

Note: 2013 information assumes there will be no plan changes that need to be reflected.

SECTION 3: Valuation Details for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

CHART 4
Summary of Required Supplementary Information

Valuation date	June 30, 2011
Actuarial cost method	Projected Unit Credit
Amortization method	Payments increasing at 3.75% per year
Remaining amortization period	30 years open
Asset valuation method	Market value
Actuarial assumptions:	
Investment rate of return	3.50%
Inflation rate	3.75%
Medical/drug cost trend rate	9.0% decreasing by 0.5% for 8 years to an ultimate level of 5.00% per year.
Plan membership:	
Current retirees, beneficiaries, and dependents*	895
Current active participants	654
Total	1,549

* Includes 10 retirees with life insurance only.

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

This exhibit summarizes the participant data used for the July 1, 2009 and July 1, 2011 valuations.

**EXHIBIT I
Summary of Participant Data**

	July 1, 2011	July 1, 2009
Active employees covered for medical benefits		
Number of employees		
Male	291	298
Female	<u>363</u>	<u>358</u>
Total	654	656
Average age	49.4	49.1
Average service	13.1	13.1
Retired employees, spouses and beneficiaries covered for medical benefits		
Number of individuals	885	843
Average age	71.2	70.7
Retired employees eligible for life insurance		
Number of individuals*	520	531
Average age	72.2	71.9

** Includes 10 retirees with life insurance only for 2011 and 44 for 2009.*

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

**EXHIBIT II
Actuarial Assumptions and Actuarial Cost Method**

Data:	Detailed census data, premium rates, and summary plan descriptions for postemployment welfare benefits were provided by the City of Gloucester.
Actuarial Cost Method:	Projected Unit Credit
Per Capita Cost Development:	
<i>Medical and drug (Non-Teachers)</i>	Per capita costs were based on the fully-insured premium rates effective August 1, 2011. Premiums were combined by taking a weighted average based on the number of participants in each plan, and were then trended to the midpoint of the valuation year at assumed trend rates. For plans that are not community rated, actuarial factors were then applied to the premium to estimate individual retiree and spouse costs by age and by gender.
<i>Medical and drug (Teachers)</i>	Per capita costs for retired teachers participating in the Group Insurance Commission's (GIC) Retired Municipal Teachers plan were taken from the January 1, 2011 Commonwealth of Massachusetts Postemployment Benefit Plans Actuarial Valuation dated September 30, 2011. These costs shown in the report were trended to the midpoint of the valuation at the assumed trend rates.
Measurement Date:	June 30, 2011
Discount Rate:	3.50% pay-as-you-go

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

Mortality Rates:

<i>Pre-Retirement (Non-Teachers)</i>	RP-2000 Healthy Employee Mortality Table projected 12 years with Scale AA (previously, RP-2000 Healthy Employee Mortality Table)
<i>Healthy (Non-Teachers)</i>	RP-2000 Healthy Annuitant Mortality Table projected 12 years using Scale AA (previously, RP-2000 Healthy Annuitant Mortality Table)
<i>Disabled (Non-Teachers)</i>	RP-2000 Healthy Annuitant Mortality Table set forward 5 years projected 12 years using Scale AA (previously, RP-2000 Healthy Annuitant Mortality Table set forward 5 years)
<i>Pre-Retirement (Teachers)</i>	RP-2000 Healthy Employee Mortality Table projected 10 years with Scale AA
<i>Healthy (Teachers)</i>	RP-2000 Healthy Annuitant Mortality Table projected 10 years with Scale AA
<i>Disabled (Teachers)</i>	RP-2000 Healthy Annuitant Mortality Table set forward 3 years for males

Accrued liability and service cost were increased by 1.25% for Teachers to be consistent with the assumptions in the January 1, 2012 Massachusetts Teachers' Retirement System Actuarial Valuation Report.

These mortality tables were determined to contain provision appropriate to reasonably reflect future mortality improvement, based on a review of the mortality experience as of the measurement date.

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

Termination Rates before Retirement:

Groups 1 and 2 (excluding Teachers) - Rate per year (%)

Age	Mortality					
	Current		Previously		Disability	Withdrawal
	Male	Female	Male	Female		
20	0.03	0.02	0.03	0.02	0.03	37.51
25	0.03	0.02	0.04	0.02	0.04	28.23
30	0.04	0.02	0.04	0.03	0.06	17.35
35	0.07	0.04	0.08	0.05	0.08	10.07
40	0.10	0.06	0.11	0.07	0.12	7.21
45	0.13	0.09	0.15	0.11	0.18	5.68
50	0.17	0.14	0.21	0.17	0.31	4.57
55	0.24	0.23	0.30	0.26	0.50	--
60	0.40	0.37	--	--	0.61	--

Note: 55% of the rates shown represent accidental disability and death.

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

Group 4 - Rate per year (%)

Age	Mortality				Disability	Withdrawal
	Current		Previously			
	Male	Female	Male	Female		
20	0.03	0.02	0.03	0.02	0.10	3.15
25	0.03	0.02	0.04	0.02	0.12	2.85
30	0.04	0.02	0.04	0.03	0.18	2.48
35	0.07	0.04	0.08	0.05	0.26	1.88
40	0.10	0.06	0.11	0.07	0.38	0.84
45	0.13	0.09	0.15	0.11	0.58	--
50	0.17	0.14	0.21	0.17	0.98	--
55	0.24	0.23	0.30	0.26	1.60	--
60	0.40	0.37	--	--	1.97	--

Note: 90% of the rates shown represent accidental disability and death.

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Age	Teachers - Rate per year (%)		
	Mortality		Disability
	Male	Female	
20	0.03	0.02	0.00
25	0.03	0.02	0.01
30	0.04	0.02	0.01
35	0.07	0.04	0.01
40	0.10	0.06	0.01
45	0.13	0.10	0.03
50	0.18	0.14	0.05
55	0.25	0.23	0.08
60	0.42	0.37	0.10

*Notes: 35% of the disability rates shown rates represent accidental disability.
55% of the death rates shown represent accidental death.*

Withdrawal Rates:

Age	Teachers - Rate per year (%)					
	0 - 4 Years of Service		5 - 9 Years of Service		10+ Years of Service	
	Male	Female	Male	Female	Male	Female
20	12.0	10.0	4.5	9.0	1.0	5.0
30	11.4	12.0	4.5	9.0	1.0	5.0
40	9.7	11.0	5.4	6.5	1.7	2.9
50	10.0	8.2	4.8	4.2	2.2	2.1

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Retirement Rates:	Rate per year (%)		
	Age	Groups 1 and 2 (excluding Teachers)	Group 4
	50 – 54	--	2.0
	55	10.0	5.0
	56 – 58	3.0	5.0
	59	5.0	5.0
	60 – 61	5.0	10.0
	62 – 64	10.0	20.0
	65	100.0	100.0

SECTION 4: Supporting information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

Age	Teachers - Rate per year (%)					
	Years of Service					
	Less than 20		20 - 29		30 or more	
	Male	Female	Male	Female	Male	Female
50 - 53	0.0	0.0	1.0	1.5	2.0	2.0
54	0.0	0.0	1.0	1.5	2.0	2.0
55	3.0	2.0	3.0	3.0	6.0	6.0
56	8.0	2.0	5.0	3.0	20.0	15.0
57	15.0	8.0	8.0	7.0	35.0	30.0
58	15.0	10.0	10.0	7.0	50.0	35.0
59	20.0	15.0	20.0	11.0	50.0	35.0
60	15.0	20.0	20.0	16.0	50.0	35.0
61	30.0	20.0	25.0	20.0	50.0	35.0
62	20.0	25.0	30.0	30.0	40.0	40.0
63	30.0	24.0	30.0	30.0	40.0	35.0
64	40.0	20.0	30.0	30.0	40.0	35.0
65	40.0	30.0	40.0	30.0	50.0	35.0
66	40.0	30.0	30.0	30.0	50.0	35.0
67	40.0	30.0	30.0	30.0	50.0	30.0
68	40.0	30.0	30.0	30.0	50.0	30.0
69	40.0	30.0	30.0	30.0	50.0	30.0
70	100.0	100.0	100.0	100.0	100.0	100.0

Dependents:

Demographic data was available for spouses of current retirees. For future retirees, husbands were assumed to be three years older than their wives. For future retirees who elect to continue their health coverage at retirement, 70% were assumed to have an eligible spouse who also opts for health coverage at that time.

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

Per Capita Health Costs:

Fiscal 2011 - 2012 medical and prescription drug claims costs are shown in the table below for retirees and for spouses at selected ages. These costs are net of deductibles and other benefit plan cost sharing provisions.

City Plans

Age	Non-Medicare Plans				Medicare Plans			
	Retiree		Spouse		Retiree		Spouse	
	Male	Female	Male	Female	Male	Female	Male	Female
45	\$7,143	\$8,961	\$4,431	\$6,689	N/A	N/A	N/A	N/A
50	8,478	9,657	5,922	7,754	N/A	N/A	N/A	N/A
55	10,069	10,395	7,924	8,975	N/A	N/A	N/A	N/A
60	11,957	11,205	10,608	10,409	N/A	N/A	N/A	N/A
65	14,201	11,886	14,201	11,716	\$5,128	\$4,359	\$5,128	\$4,359
70	16,459	13,008	16,459	13,008	5,943	4,697	5,943	4,697
75	17,737	14,002	17,737	14,002	6,405	5,056	6,405	5,056
80	19,100	15,096	19,100	15,096	6,897	5,451	6,897	5,451

Medicare Advantage Plan: \$2,598

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

GIC Plans*

Retired on or before June 1, 1990

Age	Indemnity				HMO			
	Non-Medicare Eligible		Medicare Eligible		Non-Medicare Eligible		Medicare Eligible	
	Retiree	Spouse	Retiree	Spouse	Retiree	Spouse	Retiree	Spouse
45	\$7,182	\$6,879	N/A	N/A	\$4,963	\$4,794	N/A	N/A
50	8,450	8,092	N/A	N/A	5,839	5,640	N/A	N/A
55	9,938	9,518	N/A	N/A	6,869	6,634	N/A	N/A
60	11,861	11,359	N/A	N/A	8,197	7,917	N/A	N/A
65	14,594	13,985	\$2,890	\$2,890	10,077	9,739	\$2,483	\$2,483
70	16,846	16,149	3,333	3,333	11,630	11,241	2,864	2,864
75	18,982	18,201	3,753	3,753	13,098	12,664	3,225	3,225
80	20,774	19,930	4,103	4,103	14,330	13,858	3,526	3,526

Retired after June 1, 1990

Age	Indemnity				HMO			
	Non-Medicare Eligible		Medicare Eligible		Non-Medicare Eligible		Medicare Eligible	
	Retiree	Spouse	Retiree	Spouse	Retiree	Spouse	Retiree	Spouse
45	\$6,871	\$6,464	N/A	N/A	\$4,786	\$4,532	N/A	N/A
50	8,083	7,604	N/A	N/A	5,631	5,332	N/A	N/A
55	9,508	8,945	N/A	N/A	6,623	6,272	N/A	N/A
60	11,347	10,674	N/A	N/A	7,903	7,485	N/A	N/A
65	13,971	13,154	\$2,733	\$2,733	9,722	9,214	\$2,334	\$2,334
70	16,130	15,191	3,153	3,153	11,222	10,639	2,693	2,693
75	18,180	17,130	3,550	3,550	12,642	11,989	3,031	3,031
80	19,905	18,767	3,880	3,880	13,834	13,127	3,315	3,315

* Costs are net of contributions.

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Health Care Cost Trend Rates: Health care trend measures the anticipated overall rate at which health plan costs are expected to increase in future years. The rates shown below are "net" and are applied to the net per capita costs shown above. The trend shown for a particular plan year is the rate that is applied to that year's cost to yield the next year's projected cost.

Year Ending June 30	Medical/Drug	Administrative Expenses
2012	9.0%	5.0%
2013	8.5%	5.0%
2014	8.0%	5.0%
2015	7.5%	5.0%
2016	7.0%	5.0%
2017	6.5%	5.0%
2018	6.0%	5.0%
2019	5.5%	5.0%
2020 & later	5.0%	5.0%

Retiree Contribution Increase Rate: Retiree contributions for medical and prescription drug coverage are expected to increase with medical trend.

Participation and Coverage Election: 100% of active employees with coverage are assumed to elect retiree coverage. 100% of retirees over age 65 are assumed to remain with their current medical plan for life.

City Plans: For future retirees hired prior to 1986 and current retirees under age 65, 95% are assumed to be eligible for Medicare and are assumed to enroll in a Medicare Supplement plan upon reaching age 65, and 5% are assumed to be ineligible for Medicare and remain enrolled in a non-Medicare plan. For future retirees hired in 1986 or later, 100% are assumed to enroll in a Medicare Supplement plan upon reaching age 65.

GIC Plans: If less than age 65 at retirement, 100% are assumed to elect a GIC non-Medicare Indemnity plan upon retirement. For future retirees hired before 1986 and current retirees under the age of 65, 85% are assumed to be eligible for Medicare and elect a

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

<i>Life Insurance:</i>	GIC Medicare Indemnity plan upon reaching age 65. The other 15% are assumed to be ineligible for Medicare and elect a GIC non-Medicare indemnity plan upon reaching age 65. For future retirees hired in 1986 or later, 100% are assumed to be eligible for Medicare and elect a GIC Medicare indemnity plan upon reaching age 65. 100% of current and future retirees with medical coverage are assumed to have life insurance coverage.
Plan Design:	Development of plan liabilities was based on the substantive plan of benefits in effect as described in Exhibit III.
Administrative Expenses:	Administrative expenses for City retirees were assumed to be included in the fully insured premium rates. Administrative expenses are assumed to be \$565 for the GIC Indemnity plans and \$385 for the GIC HMO plans and are assumed to increase at 5.0%.
Annual Maximum Benefits:	No increase in the annual maximum benefit levels was assumed.
Lifetime Maximum Benefits:	No information was available regarding accumulations toward lifetime maximum benefits and no such accumulations were assumed.
Missing Participant Data:	A missing census item for a given participant was assumed to equal the average value of that item over all other participants of the same status for whom the item is known.
Health Care Reform Assumption:	This valuation does not include the potential impact of any future changes due to the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA) of 2010 other than those previously adopted as of the valuation date.

SECTION 4: Supporting Information for the City of Gloucester June 30, 2011 Measurement Under GASB 43 and 45

**Assumption Changes
since Prior Valuation:**

The per capita health costs were updated to reflect current experience.

The medical and prescription drug trend assumptions were revised to reflect current experience and future expectations.

Demographic assumptions were revised to match the assumptions used in the January 1, 2012 Gloucester Retirement System valuation dated August 22, 2012.

Accrued liability and service cost were increased by 1.25% for Teachers to be consistent with the assumption in the January 1, 2012 Massachusetts Teachers' Retirement System Actuarial Valuation Report dated October 19, 2012.

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**EXHIBIT III
Summary of Plan**

This exhibit summarizes the major benefit provisions as included in the valuation. To the best of our knowledge, the summary represents the substantive plans as of the measurement date. It is not intended to be, nor should it be interpreted as, a complete statement of all benefit provisions.

Eligibility:	<p>Retired and receiving a pension from the Gloucester Retirement System or Massachusetts State Teachers Retirement System.</p> <p>Group 1 and Group 2 (including Teachers):</p> <ul style="list-style-type: none">> Retirees with at least 10 years of creditable service are eligible at age 55;> Retirees with at least 20 years of creditable service are eligible at any age. <p>Group 4</p> <ul style="list-style-type: none">> Retirees are eligible at age 55;> Retirees with at least 20 years of creditable service are eligible at any age. <p>Disability: Accidental (job-related) Disability has no age or service requirement. Ordinary (non-job related) Disability has no age requirement but requires 10 years of creditable service.</p> <p>Pre-Retirement Death: Surviving spouses of members who die in active service on Accidental (job-related) Death are eligible at any age. Surviving spouses of members who die in active service on Ordinary (non-job related) Death are eligible after two years of service.</p> <p>Post-Retirement Death: Surviving spouse is eligible.</p>
Benefit Types:	<p>Medical and prescription drug benefits are provided to all eligible retirees through plans offered by Harvard Pilgrim Health Care. The City of Gloucester pays 50% of the retiree life insurance premium, \$24.10 of the Part B premium and reimburses the Medicare Part B penalty for four retirees and spouses.</p>

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Benefit Types (Teachers):	Medical and prescription drug benefits are provided to all eligible retirees through a variety of plans offered through the Commonwealth of Massachusetts group Insurance Commission (GIC). (Dental coverage is offered but it is 100% retiree paid and therefore has no impact on this valuation.)
Duration of Coverage:	Lifetime.
Dependent Benefits:	Medical and Prescription Drugs.
Dependent Coverage:	Benefits are payable to a spouse for their lifetime, regardless of when the retirees dies.
MGL Chapter 32B, Section 18A:	Adopted.
Retiree Life:	\$2,000
Retiree Contributions:	Premium rates and retiree contributions as of August 1, 2011 and July 1, 2012 are summarized on the following pages:

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	Subscribers			Retirees 65 and over*	Monthly Premium (eff. 8/1/2011)	City Cost	Retiree cost	Surviving Spouse Cost
	Active	Retiree	Total					
<u>Non-Medicare Actives and Retirees</u>								
Harvard Pilgrim HMO								
Individual	212	45	257	8	\$636.98	\$477.74	\$159.25	\$159.25
Family	426	42	468	5	\$1,691.20	\$1,268.40	\$422.80	\$422.80
Harvard Pilgrim PPO								
Individual	5	2	7	0	\$733.47	\$550.10	\$183.37	\$183.37
Family	11	2	13	0	\$1,947.36	\$1,460.52	\$486.84	\$486.84
<u>Non-Medicare Total</u>	654	91	745	13				
	Subscribers			Monthly Premium (eff. 8/1/2011)	City Cost	Retiree cost	Surviving Spouse Cost	
	Active	Retiree	Total					
<u>Medicare Supplement Plans</u>								
Medicare Enhanced**	N/A	223	223		\$468.63	\$375.57	\$93.06	\$93.06
Tufts Medicare Preferred	N/A	3	3		\$226.00	\$193.60	\$32.40	\$32.40
<u>Medicare Total</u>		226	226					
<u>Retiree Total***</u>		317						

* 13 of 234 over-65 retirees are in a non-Medicare plan

** Includes 2 members on the Elderly Governmental Retiree Plan

*** In addition, there are 220 spouses of retirees covered under an individual or family policy.

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	<i>Retirees 65 and over*</i>		Monthly Cost (eff. 7/1/2012)	
	Retirees		Retired on or before July 1, 1990 (10% of premium)	Retired after July 1, 1990 (15% of premium)
<u>Non-Medicare Retirees - GIC Plans</u>				
Commonwealth Indemnity (Comprehensive)				
Individual	50	22	\$105.97	\$141.94
Family	27	2	\$256.66	\$343.12
Commonwealth indemnity (Non-Comprehensive)				
Individual	1	1	\$67.33	\$103.30
Family	0	0	\$161.85	\$248.31
Neighborhood Health Plan				
Individual	0	0	\$47.35	\$71.02
Family	1	0	\$125.47	\$188.20
<u>Non-Medicare Total</u>	79	25		
	Retirees		Monthly Cost (eff. 7/1/2012)	
<u>Medicare Retirees - GIC Plans</u>				
Commonwealth Indemnity Plan (Comprehensive)	158		\$40.28	\$56.41
Commonwealth Indemnity Plan (Non-Comprehensive)	1		\$30.27	\$46.40
Harvard Pilgrim Senior Plan	1		\$38.55	\$57.83
Tufts Medicare Preferred	4		\$24.20	\$36.30
<u>Medicare Total</u>	164			
<u>Retiree Total**</u>	243			

* 25 of 183 over-65 retirees are in a non-Medicare plan

** In addition, there are 105 spouses and surviving spouses of retirees covered under an individual or family policy.
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