



GLOUCESTER CITY COUNCIL
Budget & Finance Committee

Thursday, November 21, 2013 – 5:30 p.m.
1st Fl. Council Committee Room – City Hall

AGENDA

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

1. *Community Preservation Committee Recommendations re: Votes to Recommend Applicant Funding to the City Council for Community Preservation Funding, Round 4, FY13 (Cont'd from 11/07/13)*
2. *Memorandum from Principal Assessor re: Tax Classification (Cont'd from 11/07/13)*
3. *Memorandum from CAO & Supplemental Appropriation-Budgetary Request 2014-SA-5 in the amount of \$100,000*
4. *Special Budgetary Transfer Request 2014-SBT-4 from CFO in the amount of \$10,000*
5. *Special Budgetary Transfer Request 2014-SBT-5 from CFO in the amount of \$533.72*
6. *Special Budgetary Transfer Request 2014-SBT-6 from CFO in the amount of \$30,000*
7. *Special Budgetary Transfer Request 2014-SBT-7 from CFO in the amount of \$10,000*
8. *Special Budgetary Transfer Request 2014-SBT-8 from CFO in the amount of \$580.41*
9. *Special Budgetary Transfer Request 2014-SBT-9 from CFO in the amount of \$3,777.59*
10. *Special Budgetary Transfer Request 2014-SBT-10 from the Police Department in the amount of \$2,043.20*
11. *Supplemental Appropriation-Budgetary Request #2014-SA-3 from the DPW in the amount of \$35,000*
12. *Memorandum, Grant Application & Checklist from Fire Chief re: FFY2012 USDHS/FEMA (EMPG) grant in the amount of \$5,000*
13. *Memorandum, Grant Application & Checklist from Public Health Director re: acceptance of a MEMA grant (State Homeland Security- Citizens Corps Program) in the amount of \$7,500*
14. *Request for acceptance the Massachusetts Cultural Council FY2014 Local Cultural Council funds in the amount of \$6,470*
15. *Request from the DPW to pay invoices in the amount of \$1,344 and \$192 for services procured in FY2013 with FY2014 funds*
16. *Letter from Executive Director of PERAC re: Appropriation for Fiscal Year 2015*
17. *CC2013-052 (Whynott/Verga/Cox/Theken) Request the Administration to reduce FY14 Water and Sewer Rates*
18. *Memorandum from City Auditor regarding accounts having expenditures that 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
Nancy Papows
Debbie Laurie/Sandra Dahl-Ronan/J.J. Bell
Police Chief Leonard Campanello
Fire Chief Eric Smith
Noreen Burke
Mike Hale/Mark Cole

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.

**Summary of Community Preservation Committee Recommendations
For Round 4, FY2013 Funding**

Project #	APPLICANT	PROJECT TITLE	CPA CATEGORY	RECOMMENDED AMOUNT
1	Magnolia Library & Community Center	Magnolia Library & Community Center Renovation	Historic Resource	\$7,500
2	Sargent -Murray-Gilman-Hough House Association	Saving the Foundation, Repairing the Structure	Historic Resource	\$20,000
3	Cape Ann Museum and Thacher Island Association	Restoration and preservation of Thacher Island Fresnel Lens	Historic Resource	\$10,000
4	Phyllis A. Marine Association	Stern rebuild of the vessel Phyllis A.	Historic Resource	\$25,000
5	Rocky Neck Art Colony, Inc.	Rehabilitation and restoration of former Christian Science Church, 6 Wonson Street	Historic Resource	\$50,000
6	City Hall Restoration Committee	City Hall Restoration - Repairs/Restoration of Auditorium Windows	Historic Resource	\$36,000
7	Ocean Alliance	Tarr and Wonson Paint Manufactory -- repair chimney & supporting building	Historic Resource	\$30,000
8	Magnolia Historical Society, Inc	Rehabilitation and restoration of the Blynman Schoolhouse to enable use as the Magnolia Historical Museum and Cultural Center	Historic Resource	\$30,000
9	Gloucester Committee for the Arts	City Hall WPA Mural restoration Project- Phase II	Historic Resource	\$35,000
10	Cape Ann Women's Softball League	Mattos Field Rehabilitation Project	Recreational Land	\$10,075
11	City of Gloucester Public Works	Gloucester Skate Park Rehabilitation	Recreational Land	\$25,000
12	George H. Roark and Susannah Wolfe (Friends of Stage Fort Park)	Stage Fort Park - A Walking Path	Recreational Land	\$4,000
13	Gloucester Waterways Board/Harbormaster	Hodgkins Cove Public Landing	Recreational Land	\$8,000
14	Gloucester Waterways Board/Harbormaster	Head of Lobster Cove Public Landing	Recreational Land	\$5,000
15	Magnolia Bike Club	Magnolia Bike Park - Bicycle Track	Recreational Land	\$5,000
16	Friends of Gloucester Dog Park	Gloucester Dog Park	Recreational Land	\$15,000
17	Essex County Greenbelt Association	Norcross Property Acquisition	Open Space	\$100,000
	TOTAL RECOMMENDED			\$415,575

City of Gloucester

City of Gloucester
9 Dale Avenue
Gloucester, MA 01930

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

Memorandum

To: Mayor Carolyn Kirk
From: Nancy A. Papows, Principal Assessor NP
cc: file
Date: Wednesday, September 25, 2013
Subject: Tax Classification

Please be advised that the Mayor's Report should include a request that Tax Classification be included for consideration on the City Council Agenda of October 8, 2013. The City Council should refer this item to the B&F Committee. Thank you.

City Hall
Nine Dale Ave
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

Memorandum

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

From: Jim Duggan, Chief Administrative Officer 

Date: November 1, 2013

Re: **Fire Department Overtime Funding Request**

At the July 2, 2013, special meeting of the city council, I informed the city council that Mayor Kirk had authorized Chief Smith to backfill to 16 firefighters, as necessary, in order to make sure the Bay View fire station remains open 24/7. Furthermore, I explained that as the overtime appropriation in the fire department's FY 14 budget is depleted, the Administration would request a supplemental appropriation in order to continue that the Bay View fire station remains open on the same 24/7 schedule.

True to Mayor Kirk's pledge, with the fire department overtime almost depleted, attached is a request that \$100,000 be transferred from the Stabilization Account to the fire department overtime account to maintain 24/7 staffing at the Bay View fire station.

Please refer this matter to the Budget and Finance Committee for their review. Appropriate staff will be available to answer any questions.

Thank you

**City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2014**

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

APPROPRIATION # 2014-SA- 5 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Mayor's Office

APPROPRIATION AMOUNT: \$ 100,000.00

Account to appropriate from:	Unfund Account #	<u>840000.10.000.35900.0000.00.00.000</u>
	Account Description	<u>Stabilization Fund, Fund Balance</u>
Balance Before Appropriation	\$	<u>2,759,810.76</u>
Balance After Appropriation	\$	<u>2,659,810.76</u>

Account Receiving Appropriation:	Unfund Account #	<u>101000.10.220.51300.0000.00.000.00.052</u>
	Account Description	<u>Fire Department, Sal/Wage Overtime</u>
Balance Before Appropriation	\$	<u>76,115.91</u>
Balance After Appropriation	\$	<u>176,115.91</u>

DETAILED ANALYSIS OF NEED(S): To provide for additional overtime funds to keep Bayview Station open more often.

APPROVALS:

DEPT. HEAD: Carl A. Fisk DATE: 11/4/13

ADMINISTRATION: Carl A. Fisk DATE: 11/4/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 4 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 10/28/2013 BALANCE IN ACCOUNT: \$ 21,283.68

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
101000.10.911.51870.0000.00.000.00.051
Unfund Account #

Account Description
Pensions, Non-Contrib Pensions

(FROM) ORDINARY EXPENSE ACCOUNT # _____
DETAILED EXPLANATION OF SURPLUS: One of the retirees passed away after the budget was passed.
Funds are now available for transfer.

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

Unfund Account #
101000.10.138.53480.0000.00.000.00.052
Account Description
Purchasing, Advertising

(TO) ORDINARY EXPENSE ACCOUNT # _____
DETAILED ANALYSIS OF NEED(S): To add funding to this line item in order to fully fund it for FY14.

TOTAL TRANSFER AMOUNT: \$ 10,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 11,283.68
TO ACCOUNT: \$ 10,600.00

APPROVALS:
DEPT. HEAD: _____ DATE: 10/28/13
ADMINISTRATION: _____ DATE: 11/4/13
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 5 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 10/28/2013 BALANCE IN ACCOUNT: \$ 909,376.25

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.942.56200.0000.00.000.00.056
Vocational School Assessment
Account Description

DETAILED EXPLANATION OF SURPLUS: Debt for the Essex Agi School was reduced via a letter dated 10/23/13. Funds can be used elsewhere as a result. Amount of reduced debt is \$49,125.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
101000.10.543.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
Veteran's Services, Sal/Wages Full-time
Account Description

DETAILED ANALYSIS OF NEED(S): Wage increase after budget was set by one step variance.

TOTAL TRANSFER AMOUNT: \$ 533.72 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 908,842.53
 TO ACCOUNT: \$ _____

APPROVALS:

DEPT. HEAD: _____ DATE: 10/28/13
 ADMINISTRATION: _____ DATE: 11/4/13
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 6 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 10/28/2013 BALANCE IN ACCOUNT: \$ 908,842.53

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.942.56200.0000.00.000.00.056
Vocational School Assessment
Account Description

DETAILED EXPLANATION OF SURPLUS: Debt for the Essex Agri School was reduced via a letter dated 10/23/13. Funds can be used elsewhere as a result. Amount of reduced debt is \$49,125.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.543.57720.0000.00.000.00.057
Veteran's Services, Medical
Account Description

DETAILED ANALYSIS OF NEED(S): To add funding to this line item in order to fully fund it for FY14.

TOTAL TRANSFER AMOUNT: \$ 30,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 878,842.53
 TO ACCOUNT: \$ 59,367.34

APPROVALS:

DEPT. HEAD: _____ *Jean C. Fawcett* DATE: 10/28/13
 ADMINISTRATION: _____ *John A. Fitch* DATE: 11/4/13
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 7 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 10/28/2013 BALANCE IN ACCOUNT: \$ 878,842.53

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.942.56200.0000.00.000.00.056
Vocational School Assessment
Account Description

DETAILED EXPLANATION OF SURPLUS: Debt for the Essex Agi School was reduced via a letter dated 10/23/13. Funds can be used elsewhere as a result. Amount of reduced debt is \$49,125.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #*
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #*
101000.10.218.52570.0000.00.000.00.052
Police - Parking, Parking Meter Maintenance
Account Description

DETAILED ANALYSIS OF NEED(S): To add funding to this line item to be used to buy additional parts and equipment to have all meters/poles fully functioning.

TOTAL TRANSFER AMOUNT: \$ 10,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 868,842.53
 TO ACCOUNT: \$ 10,000.00

APPROVALS:

DEPT. HEAD: *Jeffrey Crowell* DATE: 10/28/13
 ADMINISTRATION: *Andrew F. ...* DATE: 11/4/13
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 8 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 10/28/2013 BALANCE IN ACCOUNT: \$ 4,358.00

(FROM) PERSONAL SERVICES ACCOUNT # _____
Unifund Account # 101000.10.900.51100.0000.00.000.00.051

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

General Fund - Sal/Wages Perm Positions
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds parked at budget time for contract/payroll issues.

(TO) PERSONAL SERVICES ACCOUNT # _____
Unifund Account # 101000.10.218.51100.0000.00.000.00.051

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

Police Parking, Sal/Wages Perm Positions
Account Description

DETAILED ANALYSIS OF NEED(S): 2 percent COLA not included in wage line. To clear estimated deficit.

TOTAL TRANSFER AMOUNT: \$ 580.41 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 3,777.59
 TO ACCOUNT: \$ -

APPROVALS:

DEPT. HEAD: _____ DATE: 10/28/13
 ADMINISTRATION: _____ DATE: 11/4/13
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 9 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ CFO _____

DATE: 10/28/2013 BALANCE IN ACCOUNT: \$ 3,777.59

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #* 101000.10.900.51100.0000.00.000.00.051
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #* _____

General Fund - Sal/Wages Perm Positions
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds parked at budget time for contract/payroll issues.

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unifund Account #* 101000.10.218.51100.0000.00.000.00.051
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unifund Account #* _____

Police Admin, Sal/Wages Perm Positions
Account Description

DETAILED ANALYSIS OF NEED(S): 2 percent COLA not included in wage line. To clear estimated deficit.

TOTAL TRANSFER AMOUNT: \$ 3,777.59 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ _____
 TO ACCOUNT: \$ 2,463.43

APPROVALS:
 DEPT. HEAD: _____ *Jeffrey Towne* DATE: 10/28/13
 ADMINISTRATION: _____ *Carl A. Fish* DATE: 11/4/13
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2014**

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

TRANSFER # 2014-SBT- 10 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: POLICE

DATE: 10/29/2013 BALANCE IN ACCOUNT: \$ 144,561.81

(FROM) PERSONAL SERVICES ACCOUNT # 101000.10.211.51100.0000.00.000.00.051
Unfund Account #

(FROM) ORDINARY EXPENSE ACCOUNT # POLICE-UNIFORM, SAL/WAGE-PERM POS
Unfund Account #
Account Description

DETAILED EXPLANATION OF SURPLUS: LT. WILLIAMS & OFFICER SARGENT RETIRED IN JULY 2013.

(TO) PERSONAL SERVICES ACCOUNT # 101000.10.210.51170.0000.00.000.00.051
Unfund Account #

(TO) ORDINARY EXPENSE ACCOUNT # POLICE ADMIN, TEMPORARY UPGRADE
Unfund Account #
Account Description

DETAILED ANALYSIS OF NEED(S): ACCOUNT WAS CUT DURING BUDGET REVIEW. NEED FUNDS THIS IS A CONTRACTUAL COST.

TOTAL TRANSFER AMOUNT: \$ 2,053.20 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 142,508.61
 TO ACCOUNT: \$ -

APPROVALS: [Signature]

DEPT. HEAD: [Signature] DATE: 10/29/13

ADMINISTRATION: [Signature] DATE: 11/4/13

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____

City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2014

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

APPROPRIATION # 2014-SA- 3 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Department of Public Works

APPROPRIATION AMOUNT: \$ 35,000.00

Account to appropriate from:

Unfund Account #	<u>294015</u>
Account Description	<u>Highway Force Account</u>
Balance Before Appropriation	\$ <u>52,599.00</u>
Balance After Appropriation	\$ <u>17,599.00</u>

Account Receiving Appropriation:

Unfund Account #	<u>101000.10.470.58415.0000.00.000.00.058</u>
Account Description	<u>Public Services Paving</u>
Balance Before Appropriation	\$ <u>-</u>
Balance After Appropriation	\$ <u>35,000.00</u>

DETAILED ANALYSIS OF NEED(S): Funds needed for various paving projects throughout the City.

APPROVALS:

DEPT. HEAD:	<u>[Signature]</u>	DATE: <u>17 OCT 2013</u>
ADMINISTRATION:	<u>[Signature]</u>	DATE: <u>11/4/13</u>
BUDGET & FINANCE:	_____	DATE: _____
CITY COUNCIL:	_____	DATE: _____



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



Memorandum

TO: Mayor Kirk
FR: Fire Chief Eric Smith
RE: US DHS/FEMA SHSP CCP Grant Acceptance request
DT: 10-23-13

Mayor Kirk,

I am requesting your acceptance of and inclusion in the Mayors report of our application for a FFY12 - US DHS/FEMA SHSP CCP Grant submitted by Emergency Management. The DHS/FEMA Grant Application and City of Gloucester Grant Application and Check List are included with this request for your signature and submission with the Mayors Report to Council.

This small grant (\$5000) if awarded will fund the purchase of "go kits" for 50 MRC and CERT volunteers. The "go kits" will have the basic supplies needed to aid these volunteers when there is a need to assist the Red Cross in shelter management within Cape Ann, or to aid the City of Gloucester if we need to establish and manage areas of safe refuge. This type of basic equipment is a minimum expectation volunteers have when joining these types of organizations and we have an opportunity to provide this at no cost the City of Gloucester. The match requirements are in kind and utilizing the Assistant to the EMD contract as detailed in the grant application and check list.

If you have any question or concerns please feel free to contact me anytime.

Best regards,

Eric L. Smith
Fire Chief



**City of Gloucester
Grant Application and Check List**

Granting Authority: State _____ Federal Other _____

Name of Grant: _____ US DHS/FEMA state Homeland Security Program (SHSP) Citizen Corp Program (CCP)

Department Applying for Grant: _____ Fire Department for Citizens Corps Program (CCP)

Agency-Federal or State application is requested from: _____ FEMA _____

Object of the Application: _____ Shelter Volunteer Go Kits

Any match requirements: _____ yes , 100% in kind, utilizing the Assistant to the EMD contract

Mayor's approval to proceed: _____
Signature *[Signature]* Date 11/4/13

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 Clerks 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 Auditors Office



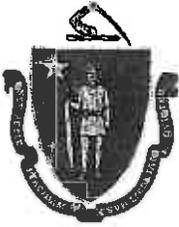
**City of Gloucester
Grant Application and Check List (Continued)**

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

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

Note: All documents must be complete signed copies.

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



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**



MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY

400 Worcester Road Framingham, MA 01702-5399

Tel: 508-820-2000 Fax: 508-820-2030

Website: www.mass.gov/mema

Deval L. Patrick
Governor

Kurt N. Schwartz
Director

Timothy P. Murray
Lieutenant Governor

Andrea J. Cabral
Secretary

**Federal Fiscal Year (FFY) 2012
US DHS/FEMA Emergency Management Performance Grant (EMPG)
Application for Grant Funding (AGF)**

Overview

Through this AGF, the Massachusetts Emergency Management Agency (MEMA) will be accepting applications from municipalities and Federally-recognized Tribes with local emergency management departments for FFY 2012 EMPG Funding.

MEMA plans to make available \$1,845,856 via this grant process, and will use a population-based funding formula for communities and a membership-based funding formula for Tribes to determine award amounts.

This document provides a brief overview of the FFY 2012 EMPG and specific guidance for entities applying for funds. The information included here does not provide complete details of the EMPG, its allowable and unallowable activities, equipment or costs. The applicant is responsible for ensuring that its proposed project fully complies with the federal and State guidance for the EMPG. Links to the federal guidelines for this program and other pertinent documents that must be consulted when preparing the application are found within this document.

MEMA will conduct five general informational sessions regarding this AGF. Attendance at these sessions is optional. The same information will be presented at each session. The sessions will be held on:

MEMA Region I:	May 17, 2013 10-11am	MEMA Region 1, 365 East Street, Tewksbury
MEMA Region II: Bridgewater	May 7, 2013 1-2pm	MEMA Region 2, 12-1 Rear Admin. Rd.,
MEMA Region III:	May 14, 2013 11am-12pm	Holden Fire Dept., 1370 Main St, Holden
MEMA Region IV:	May 15, 2013 11am-12pm	MEMA Region 3 Office, 1002 Suffield St. Agawam
	May 15, 2013 7pm -8pm	MEMA Region 3 Office, 1002 Suffield St. Agawam

Submission Process

Completed applications - using the Template found on pgs 3-10 - must be received no later than June 14, 2013.

Completed applications must be emailed to your respective MEMA Regional Contact (see below).

MEMA Region I: Mikael.Main@state.ma.us, (978) 328-1500

MEMA Region II: James.A.Mannion@state.ma.us (508) 427-0400

MEMA Region III: Patrick.Carnavale@state.ma.us (413) 750-1400

MEMA Region IV: Patrick.Carnavale@state.ma.us (413) 750-1400

Late applications will not be accepted: hand-written applications will not be accepted.

Application for Grant Funding

Using this Template, provide a response to each section (as applicable) in the appropriate spaces below. If the proposal contains an interoperable communications component, the entire Template must be completed.

Applications should be based on an identified gap, and not at the prompting of a vendor that stands to benefit from the awarding of a grant.

Two (or more) communities may use their funds jointly on a project. The communities need to state this in their application(s) and identify one community who will act as the fiscal agent.

1. Entity submitting this Application for Grant Funding

Community/Tribe: Gloucester CERT

Point of Contact Name: Carol McMahon

Address: 9 Digby Lane

Gloucester, MA 01930

Office Telephone: 978-290-1080

Email Address: carol.mcmahon@comcast.net

Fiscal Point of Contact (if different than above)

Name: _____

Telephone: _____

Email: _____

2. Project Period

Estimated start date (month/date/year): July 1, 2013

For planning purposes only, you may use a planned start date of July 1, 2013.

Estimated end date (month/date/year): May 31, 2014

All Projects must be completed by May 31, 2014.

3. Project Summary

Using the format below, provide a clear and comprehensive summary (1 page maximum) that includes response to the following:

- a) the proposed project;
- b) why this is needed, and how this need was identified;
- c) how funds, if awarded, will further Goals/Objectives of the DHS/FEMA National Preparedness System and National Preparedness Goal;¹
- d) how funds, if awarded, will be used to help the community: better prevent terrorism; protect critical infrastructure; or enhance mitigation, response, or recovery efforts (applicants should review the National Preparedness System and National Preparedness Goal);
- e) expected outcomes; and
- f) how outcomes may be measured.

IMPORTANT: All costs must be allowable under the FFY 2012 EMPG grant program. Please refer to page 13 ('Allowable Costs' and 'Unallowable Costs') of this AGF, and the EMPG Guidance document for detail on what is/is not allowable.

IMPORTANT: For Equipment, please state whether the item will be fixed or portable. If fixed, please identify where the item is to be installed.

PROJECT SUMMARY (1 page maximum):

The City of Gloucester is struggling with determining how to create and staff a local mass care emergency shelter/area of safe refuge in the event of an emergency. The city's emergency management personnel, working with the regional Cape Ann Emergency Planning Team shelter committee, has identified that none of the Cape Ann communities have adequate staffing to properly conduct a shelter operation by themselves. (In conjunction with the American Red Cross, a few members of the Gloucester CERT team have been trained as Mass Care Shelter managers and operators, but not in the numbers that will be needed to staff a shelter operation.) Gloucester CERT has been partnering with the North Shore/Cape Ann Emergency Preparedness Planning Team (NSCAEPT) and their Medical Reserve Corps team leader and will be embarking on a recruitment project specifically targeting Cape Ann area residents who would be interested in becoming shelter volunteers.

¹ Information on the National Preparedness System may be found on-line here: http://www.fema.gov/pdf/prepared/nps_description.pdf; the National Preparedness Goal may be found on-line here: <http://www.fema.gov/pdf/prepared/npg.pdf>. Applicants may also review MEMA's Developing FFY 2012 EMPG Applications document.

We know that recruiting, training and retaining these volunteers can be a challenge. People are motivated to volunteer for several reasons, such as assisting in a cause they believe in, meeting new people, or as a means of personal satisfaction. In order to retain these trained volunteers, we need to offer a way for the volunteer opportunity to be convenient as well as making that volunteer know that they are appreciated.

I am requesting a grant in the amount of \$5,000.00 to purchase 50 Shelter volunteer "go kits" to present to our trained volunteers. These kits will be similar to the CERT backpacks and contain items that shelter volunteers will need to open and manage a mass care shelter/area of refuge. These kits will be considered to be portable equipment

Kits will include:

Basic shelter paperwork such as check lists and intake forms

Basic first aid kit

Flashlight/headlight

Personal care kit

Multi-function tool

gloves

rain poncho

emergency blanket

MRE/water packet

Hand Sanitizer

safety goggles

wet wipes

socks

These funds will be used to help Cape Ann to recruit shelter volunteers to assist in the response to disaster events that will necessitate opening a shelter/area of refuge for our temporarily displaced residents and pets. In order to maintain these volunteers we will offer them the additional opportunity to become trained as CERT team members and to encourage them to register as official MRC volunteers.

If awarded, these funds will address the stated Goals/Objectives of the DHS/FEMA National Preparedness System and National Preparedness Goal by assisting the Cape Ann area volunteers as they respond to significant incidents. We embrace the "Whole Community" concept by including individuals, communities, private and nonprofit sectors, faith-based organizations, along with Federal, state, and local government.

Our expected outcome will be to recruit, train and retain 50 volunteers from the 4 Cape Ann communities of Gloucester, Essex, Manchester-by-the-sea and Rockport specifically for the purpose of assisting in shelter operations. Upon completion of their training these volunteers will be presented with a shelter go kit. Outcome will be measured by the number of volunteers that we recruit and train, as well as participate in a shelter drill which we intend to hold in the fall of 2013.

4. **Funding Amount**

MEMA uses a funding formula to determine award amounts. Award amounts may vary from year to year based upon available funding. Please refer to FFY 2012 EMPG Funding- Appendix A for your community's proposed award amount.

Amount of Community/Tribe EMPG funding: \$ 5,000.00

5. **Match**

Applicants **must** provide a 100% (dollar-for-dollar) cash or in-kind match. Please provide:

- a) the match amount (must equal the funding amount): _____
- b) type of match (cash or in-kind): _____ in kind _____
- c) specific match source (**may not be federal funds**): _____
- d) statement that this match is available during the above-referenced Project Period (see #2):
_Carol McMahon is paid by the City of Gloucester as the Assistant to the Emergency Management Director and will be assisting in this project.

The purpose of this project is to train local volunteers in shelter response and preparedness for individuals with functional needs in shelters. These volunteers will be partnered in their community with a staff member in Public Health, Emergency Management or other partnering agencies such as C.E.R.T., American Red Cross and S.M.A.R.T. We will nurture this professional relationship, create resource guides, provide volunteer leadership training, and recruit a strong core group of shelter team volunteers that are invested in the long-term resilience of their community. MRC Volunteers will be trained in Shelter Management, Functional Needs, CPR/First Aid and the MRC Core Competencies. These volunteer teams will largely sustain themselves at zero budget once they are trained and shelter teams are established, we developed this model in the City of Lynn to great success. Volunteers self recruit and are very dedicated to their community service; they are engaged and respond when call upon. We will continue to benefit from this project as we continue to shelter across our region.

Guidance on match may be found on MEMA's website here:

<http://www.mass.gov/eopss/agencies/mema/empg-and-ccp-and-hmep-grants.html>

6. **Interoperable Communications Investment Proposal (ICIP)**

If your Project has an interoperable communications component, please complete the following table on pgs 7-9.

If your Project does NOT have an interoperable communications component, please proceed to section 7, page 10.

ICIP Overview

Interoperable communications projects improve the sharing of electronic information (voice, data, images, video), via radio, internet, microwave, computers, fiber optics. Interoperable Communications projects may include the purchase or modifications of radios, transmission towers and other communications related equipment. Interoperability projects may also include efforts related to communications training and exercises, education and outreach, programming radios, development of Standard Operating Procedures.

When completing the ICIP table, applicants should provide a clear description of the 'Interoperability Problem'. **As an example:**

Problem: Although Mutual Aid Agreements are in place between the applicant and its four neighboring towns for public safety support during emergencies, the towns have no common radio frequencies or Standard Operating Procedures so, radio communications cannot occur amongst the disparate radios during an emergency.

Background Information / Investment Description: It was learned during a multiple alarm chemical fire that responders from the five mutual aid towns were unable to communicate directly with each other effectively. Subsequently, a consultant was hired to develop an interoperable communications plan that assessed the communications gaps and recommended solutions. This project seeks to implement the plan by replacing 30 incompatible portable radios, reprogramming all remaining (220 portable and 15 fixed) radios, conducting 3 training classes for the use of the equipment and the Standard Operating Procedures and conducting 1 table top exercise that will include all 5 towns that are included in the Mutual Aid Agreements.

Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

Date Received by the SWIC:	Control #:	Proposed Federal Funding Source:	Proposed Federal Funding Amount: \$
Committee Referred to:		Committee Chairperson:	
Investment Name:	Applicant Organization:	Applicant Signature:	
Investment Summary			
Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)		<input type="checkbox"/> Governance <input type="checkbox"/> SOP <input type="checkbox"/> Technology	<input type="checkbox"/> Training & Exercise <input type="checkbox"/> Usage
Project Start Date:	Project End Date:	Is an Environmental & Historic Preservation (EHP) review required for this project?	
Applicant Contact Name:	Phone:	Email:	Address:
Review Status		SIEC Member Signature	Date
Assigned to Committee			
Designated Review Date			
Committee Recommendation to the Statewide Management Committee		Approval Denial Amend	
Executive Management Committee Recommendation		Approval Denial Amend	
SIEC Recommendation		Approval Denial Amend	
Applicant notified of Recommendation			

Communications Interoperability Problem Description-

Background Information / Detailed Investment Description-

Expected Outcomes-

Describe the communications interoperability gaps that will be addressed

<p>SCIP Goal-</p> <p>Identify each SCIP goal that this investment will support and describe how that support will be accomplished.</p> <p>See Appendix B for a listing of SCIP goals.</p>	Goal	Describe support	
	Governance		
	SOP		
	Technology		
	Training & Exercise		
	Usage		
<p>Ownership-</p> <p>Identify the proposed owners of all assets procured with this investment (add additional lines as needed)</p>	Organization		Asset Description
<p>Usage Plan-</p> <p>Describe the usage plan for the equipment / project</p>			

Disciplines- <ul style="list-style-type: none"> Identify each responder discipline that will enhance its communications interoperability from this investment Describe the interoperability enhancement 	Discipline	Enhancement
Please use the following abbreviations to represent the corresponding discipline:	LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ - HAZMAT; PW - Public Works; PH - Public Health; GA - Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other	
Multi-jurisdictional Interoperability- All investments must provide interoperability between two or more jurisdictions. Identify each jurisdiction that will achieve interoperability from this investment.		

8. FEMA Environmental Planning and Historic Preservation ("EHP") Requirements
All federal homeland security grant funding must comply with federal Environmental Planning and Historic Preservation ('EHP') laws, executive orders, and regulations.

The following activities would NOT require completion of an FEMA EHP Screening Form:

- Planning;
- Personnel;
- Management and Administration;
- Classroom-Based Training;
- Seminars, Workshops, Table-Top, and Functional Exercises; and
- Mobile and Portable Equipment (no installation): These are equipment devices that do not require any fixed installation and may be transported, such as hand-held radios, personal protective equipment (PPE), mobile/satellite phones, dive equipment, boats, response and mobile command vehicles, and other similar devices that do not require installation.

All other activities DO require completed FEMA EHP Screening Forms. These activities include:

- Surveillance and Detection Equipment;
- Physical Security Enhancements;
- Installation of Generators;
- Field Training and Field Exercises;
- Equipment Enhancements/Installations;
- Modifications to or Renovations/Altering of Facilities;
- Construction;
- Demolition of Buildings or Structures;
- Communication Towers; Antenna Collocations; and
- Any Project that Directly or Indirectly Involves Ground-Disturbing Activity.

Completion of the FEMA EHP Screening Form is the responsibility of the grantee. MEMA will work with applicants to develop their FEMA EHP Screening Form. The FEMA EHP Screening Form does not need to be submitted with this application, however must be submitted and approved by FEMA prior to start of any related work. Please refer to FEMA Informational Bulletins #271 and #329 for further information.

The FEMA EHP Screening Form may be found on FEMA's EHP website here:
<http://www.fema.gov/library/viewRecord.do?fromSearch=fromsearch&id=4802>

General Guidance for Applicants

Applicants do NOT need to provide response to this section.

1) Non-Supplanting

Federal grant funds must supplement state or local initiatives and **shall not replace (or supplant)** funding appropriated from State and local governments with their Federal grant funding.

2) Specificity

Specificity in your 'Project Summary'. To the extent applicable — follow the 'Who, What, When, Where, Why, and How' approach.

*Who (specifically) is benefiting from this proposal, and who is implementing?
What (specifically) is being proposed? (Define the project and its scope)
When will the project(s) begin and end?
Where will any equipment be housed?
Why is this project important? How was this determined?
How will the project be implemented?*

Please note that these questions above are provided as a guide. For instance, a proposal stating "two generators will be procured" does not provide enough detail.

3) Budget Section: All costs must be allowable under the EMPG

Allowable cost information may be found in the FFY 2012 EMPG grant guidance and/or Authorized Equipment List.

The FFY 2012 EMPG Guidance may be found on FEMA's website here:
http://www.fema.gov/pdf/government/grant/2012/fy12_empg_foa.pdf

The Authorized Equipment List may be found on-line here:
<https://www.rkb.us/>

Important: all equipment must be allowable under the EMPG; applicants should ensure that the AEL number provided is specific to the EMPG grant.

4) Grammar Counts

We are requesting concise proposals that provide adequate detail and are written clearly so the review team can provide appropriate review. **Hand-written applications will not be accepted.**

5) Allowable Costs

EMPG funds may be spent in the following areas:

- Planning
- Organizational
- Equipment (EMPG-allowable equipment *only*, as listed online at <http://www.rkb.us>)
- Training
- Exercises
- Construction/Renovation (**Note: this is limited to the principal EOC**)

*For detail on allowable costs, please refer to the FFY 2012 EMPG Guidance.

6) Unallowable Costs

For further detail on unallowable costs, please refer to the FFY 2012 EMPG guidance. In general, EMPG funds will not support the following:

- Weapons and ammunition
- Hiring of first responders
- Supplanting

Applicants with questions may contact their respective MEMA Regional Office and/or MEMA Local Coordinator. Applicants may also contact Kathy Estridge (Kathleen.Estridge@state.ma.us ; 508.820.1447)
--

Appendix B

Statewide Communications Interoperability Plan (SCIP) Goals

SCIP Goals		
G1		Establish Governance
	G1.A	Recommend Executive Orders/Statutory/Regulatory Action (Complete)
	G1.B	Formalize Charter
	G1.C	Develop Office of the Coordinator
G2		Funding Governance
	G2.A	Develop Intake and Scoring mechanism
	G2.B	Allocate PSIC Grant Funding
	G2.C	Allocate Funds from Existing Grant Programs
	G2.D	Develop Strategy for Sustained Funding for each Project
	G2.E	Research and Apply for New Grant/Other Sources of Funds
G3		Project Governance
	G3.A	Develop Detailed Project Plans
	G3.B	Develop Detailed Project Cost Estimates
	G3.C	Maintain Project Budgets
	G3.D	Provide Quality Process Assurance
	G3.E	Adopt Standard Architecture
SCIP Goals		
S1		Channel Planning
	S1.A	Collect and Verify Existing Channel Plans
	S1.B	Determine Channel Planning Gaps
	S1.C	Define and Standardize Channel Plan Template
S2		SOP Development
	S2.A	Collect and Verify Existing SOP's
	S2.B	Develop SOP Protocol Template
	S2.C	Create and Distribute the Tactical Channel Plan
	S2.D	Create SOPs for all Interoperability Channels in the Tactical Channel Plan
SCIP Goals		
T1		Assess Technology
	T1.A	Develop NIMS-based Communication Requirements
	T1.B	Technology Assessment
T2		Infrastructure Technology

	T2.A	Develop Detailed Infrastructure Requirements
	T2.B	Develop Detailed Network Requirements
	T2.C	Perform 700-800 MHz Infrastructure Preparation
	T2.D	Develop 700-800 MHz RFPs
T3		Equipment Technology
	T3.A	Procure, Integrate, Deploy, and Verify Equipment
	T3.B	Provide Mobile or Portable Radios to Fill Interoperability Gaps
	T3.C	Procurement, Integration, and Test
T4		Information Sharing/Statewide Backbone
	T4.A	Develop Massachusetts Public Safety Enterprise Architecture
	T4.B	Capture Information-sharing Requirements
	T4.C	Develop Backbone Requirements
	T4.D	Plan/Integrate the Statewide Backbone
	T4.E	Develop an Implementation Plan
T5		Consolidation
	T5.A	Consolidated Dispatch Implementation Plan
	T5.B	Support for Ongoing Command Consolidation Implementation
	T5.C	Support for Ongoing Command Consolidation
T6		Innovation
	T6.A	Develop an innovation life cycle/pipe line and process
	T6.B	Develop innovative technologies
	T6.C	Execute Innovation Project
	T6.D	Develop Innovation White Paper
		SCIP Goals
E1		Training
	E1.A	Develop Interoperability Training Template
	E1.B	COML, COM Tech, COM Coordinator training
	E1.C	SOP/Tactical Channel Plan Training
E1		Exercise
	E2.A	Implement HSEEP Process with Interoperability Planning

	E2.B	Integrate COML, COM Tech, COM Coordinator into Exercise & Evaluation
	E2.C	SOP/Tactical Channel Plan
	E2.D	Develop Interoperability Exercise Requirement
		SCIP Goals
U1		Planned Events
	U1.A	
	U1.B	
U2		Localized Emergency Incidents
	U2.A	
	U2.B	
U3		Regional Incident Management
	U3.A	
	U3.B	
U4		Daily Usage
	U4.A	
	U4.B	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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/oc under Guidance For Vendors - Forms or www.mass.gov/oc under OSD Forms.

CONTRACTOR LEGAL NAME: CITY OF GLOUCESTER (and d/b/a): Gloucester CERT	COMMONWEALTH DEPARTMENT NAME: Massachusetts Emergency Management Agency MMARS Department Code: GDA
Legal Address: 9 Digby Lane, Gloucester, MA 01930	Business Mailing Address: 400 Worcester Road, Framingham, MA 01702-5309
Contract Manager: Jeff Towne	Billing Address (if different):
E-Mail: towne@gloucester-ma.gov	Contract Manager: David Cruz
Phone: 978-261-9707 Fax:	E-Mail: David.Cruz@state.ma.us
Contractor Vendor Code: VC600192086	Phone: 508-620-2089 Fax: 508-620-2030
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID must be set up for EFT payments.)	MMARS Doc ID(s): FY14CCP1200000GLOUC RFR/Procurement or Other ID Number: 2012 SHSPICGP AGF
<p style="text-align: center;"><u> X </u> NEW CONTRACT</p> PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ___ <u>Statewide Contract</u> (OSD or an OSD-designated Department) ___ <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <u> X </u> <u>Department Procurement</u> (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) ___ <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) ___ <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) ___ <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)	<p style="text-align: center;">___ CONTRACT AMENDMENT</p> Enter Current Contract End Date <u>Prior</u> to Amendment: ____/____/20____ Enter Amendment Amount: \$ _____ (or "no change"). AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) ___ <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) ___ <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) ___ <u>Contract Employee</u> (Attach any updates to scope or budget) ___ <u>Legislative/Legal or Other</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <u> X </u> Commonwealth Terms and Conditions ___ 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 8.00. ___ <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <u> X </u> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): \$5,000.00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L.c. 29, § 23A); <u> X </u> 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.) Funding for this grant is provided through the FY2012 State Homeland Security Program grant. The catalogue of Federal Domestic Assistance (CFDA) number is 97-067. The entity intends to purchase shelter volunteer "go-kits."	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <u> X </u> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . ___ 2. may be incurred as of ____/____/20____, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . ___ 3. were incurred as of ____/____/20____, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>May 31, 2014</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>Carolyn A. Kirk</u> Date: <u>9/16/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Carolyn A. Kirk</u> Print Title: <u>Mayor</u>	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>David Cruz</u> Date: <u>10/14/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Cruz</u> Print Title: <u>Chief Fiscal Officer</u>



Public Health
Prevent. Promote. Protect.

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



CITY OF GLOUCESTER

To: MAYOR CAROLYN KIRK AND CITY COUNCIL
From: NOREEN BURKE, PUBLIC HEALTH DIRECTOR
Date: October 22, 2013
Subject: APPLICATION/ACCEPTANCE OF MEMA GRANT

Dear Mayor Kirk ~

The Gloucester Health Department is happy to offer for review and City Council acceptance, a grant award of \$7,500 from the Massachusetts Emergency Management Agency (MEMA).

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

- Coordinate outreach, recruitment and training of MRC volunteers
- Recruit, train and retain members specifically to assist in sheltering situations including heating and cooling as well as overnight sheltering.

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

Respectfully,

NOREEN BURKE
HEALTH DIRECTOR

Enc. GRANT COPY
Cc: File



**City of Gloucester
Grant Application and Check List**

Granting Authority: State X Federal Other

Name of Grant: State Homeland Security Program- Citizens Corps Program

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: Massachusetts Emergency Management Agency

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

Any match requirements: No

Mayor's approval to proceed: [Signature] 11/4/13
Signature Date

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

Budget & Finance Standing Committee:
Positive or Negative Recommendation Date

City Council's Approval or Rejection:
Vote Date

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

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

Grant Budget by line item account:

Auditor's distribution to managing department:
Department Date sent

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

North Shore Cape-Ann MRC SHSP/CCP 2012 Contract

Cruz, David (CDA) [david.cruz@state.ma.us]

Sent: Tuesday, September 10, 2013 3:22 PM

To: Karin Carroll

Cc: Main, Mikael (CDA) [mkael.main@state.ma.us]

Attachments: North Shore Cape-Ann MRC 2~1.doc (96 KB) ; Attachment B CASL_Form.doc (87 KB) ; MEMA PMO SpecialConditions~1.doc (58 KB) ; On Completing the Contract~1.doc (28 KB) ; standard-contract-firm - PA~1.doc (298 KB)

Hello Ms. Carroll,

On behalf of Director Kurt Schwartz, I am pleased to provide your community with the attached FFY2012 SHSP/CCP contract. Please note: **Funds cannot be spent at this point. Please do not proceed with your project UNTIL a finalized contract is returned to you.**

The following contract documents and guidance are attached to this email:

- your Contract (first page, and pages 2-5)
- the 'CASL'
- MEMA PMO Special Conditions document
- SIEC Special Conditions (PMO - attach as needed)
- Guidance on Completing the CASL

Please have the authorized person in your community sign and date the Contract, CASL, SIEC form (if applicable), and Special Conditions and send the signed originals to your MEMA Regional Contact listed below. **We cannot accept copies.**

As possible, return these forms within ten business days to your MEMA Regional Contact:

MEMA Region I

Mike Main

PO Box 116

Tewksbury MA 01876

When MEMA receives your signed contract documents we will review and process them. Once MEMA's Chief Fiscal Officer signs the contract, it will be finalized.

We will then send you a copy of your finalized contract via email, authorizing you to expend funds.

Thank you, and please contact me with any questions.

David Cruz

Project Management Office Coordinator

Massachusetts Emergency Management Agency

400 Worcester Road

Framingham, MA 01702

Tel 508.820.2009

Fax 508.820.0258

david.cruz@state.ma.us

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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

CONTRACTOR LEGAL NAME: CITY OF GLOUCESTER (and d/b/a): North Shore-Cape Ann Emergency Preparedness Coalition MRC		COMMONWEALTH DEPARTMENT NAME: Massachusetts Emergency Management Agency MMARS Department Code: CDA	
Legal Address: Gloucester Health Dept., City Hall Annex, 3 Pond Road, Gloucester MA 01930		Business Mailing Address: 400 Worcester Road, Framingham, MA 01702-5399	
Contract Manager: Karin Carroll		Billing Address (if different):	
E-Mail: kcarroll@gloucester-ma.gov		Contract Manager: David Cruz	
Phone: 978-282-8026	Fax:	E-Mail: David.Cruz@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 508-820-2009	Fax: 508-820-2030
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): FY14CCP1200000GLOUC	
		RFR/Procurement or Other ID Number: 2012 SHSP/CCP AGF:	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <u>Department Procurement</u> (Includes State or Federal grants <u>815 CMR 2.00</u>) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> <u>Commonwealth Terms and Conditions</u> <input type="checkbox"/> <u>Commonwealth Terms and Conditions For Human and Social Services</u>			
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 8.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$7,500.00			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle ___ statutory/legal or Ready Payments (<u>G.L.c. 29, § 23A</u>); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <u>Prompt Pay Discounts Policy</u> .)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Funding for this grant is provided through the FFY2012 Emergency Management Program Performance grant. The catalogue of Federal Domestic Assistance (CFDA) number is 97-042. The entity intends to conduct training.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of _____, 20____, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>May 31, 2014</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u><i>Carolyn A. Kirk</i></u> Date: <u>9/16/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Carolyn A. Kirk</u> Print Title: <u>Mayor</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u><i>David Mahr</i></u> Date: <u>10.10.13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mahr</u> Print Title: <u>Chief Fiscal Officer</u>	

Budget & Finance Committee
November 21, 2013

**A complete copy of the Massachusetts Emergency Management
Agency (MEMA) Grant documentation
Is on file in the City Clerk's Office**

City Hall
Nine Dale Avenue
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

October 21, 2013

Michael Nagle
Fiscal Officer
Massachusetts Cultural Council
10 St. James Avenue
Boston, MA 02116-3803

Dear Mr. Nagle:

Enclosed please find the executed contract for the City of Gloucester which covers the transfer of FY2014 Local Cultural Council funds from the Massachusetts Cultural Council to our local cultural council account for the Gloucester Cultural Council.

Should you require any further information, please do not hesitate to contact our office.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Christine Pantano".

Christine Silva Pantano
Executive Secretary
Office of Mayor Carolyn A. Kirk

Enclosure

cc: Jeffrey C. Towne, Chief Financial Officer
Kenny Costa, City Auditor



10 St. James Avenue
Boston, MA 02116-3803
617.727.3668
800.232.0960 Toll Free
617.338.9153 TTY
617.727.0044 Fax
mcc@art.state.ma.us E-mail
www.massculturalcouncil.org Web

October 16, 2013

Carolyn A. Kirk, Mayor
City of Gloucester
City Hall
9 Dale Avenue
Gloucester MA 01930-3023

Dear Mayor Kirk:

Enclosed is a contract and scope of services for the City of Gloucester that covers the transfer of FY 2014 Local Cultural Council funds from the Massachusetts Cultural Council to your local cultural council account for the Gloucester Cultural Council.

State Comptroller regulations require State Agencies to have a signed contract and signature authorization form on file for all transfers of funds from state to local accounts unless the agency is statutorily released from this mandate, which the Massachusetts Cultural Council is not.

The contract includes: a signature page with the amount of the allocation (\$6,470), dates of service (July 1, 2013 to June 30, 2014), and a place to sign. You only need to sign it and include an email address, if possible. By using some of the contact information you provide, we hope to be able to build a database to allow more specific mailings to the officials of your municipality, including yourself. The second page is the scope of services which defines how the funds are to be expended following Massachusetts Cultural Council regulations. Lastly, the Signature Authorization page is a required form for all contracts with state agencies that clearly identifies the person or persons authorized to sign contracts for a vendor, in this case your municipality.

The contract should be signed with a completed Signature Authorization form and returned to me by November 30, 2013.

I will not be able to transfer the Local Cultural Council allocation until I have a completed contract package from your municipality. If you or any of your staff have any questions, please feel free to call me at 617/858-2722.

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Nagle".

Michael Nagle
Fiscal Officer

Attachments



COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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

CONTRACTOR LEGAL NAME: City of Gloucester (and d/b/a): City Hall 9 Dale Avenue Legal Address: (W-9, W-4,T&C): Gloucester MA 01930-3023 Contract Manager: Carolyn A. Kirk, Mayor E-Mail: cpantano@gloucester-ma.gov Phone: 978/281-9700 Fax: 978/281-9779 Contractor Vendor Code: VC6000192096 Vendor Code Address ID (e.g. "AD001"): AD (Note: The Address ID must be set up for EFT payments.)	COMMONWEALTH DEPARTMENT NAME: Massachusetts Cultural Council MMARS Department Code: ART Business Mailing Address: 10 St. James Ave. 3rd Fl., Boston MA 02116 Billing Address (if different): Contract Manager: Michael Nagle E-Mail: Michael.Nagle@state.ma.us Phone: 617/858-2722 Fax: 617/727-0044 MMARS Doc ID(s): RFR/Procurement or Other ID Number:
--	--

<p style="text-align: center;">NEW CONTRACT</p> PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)	<p style="text-align: center;">CONTRACT AMENDMENT</p> Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____ Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification and updated scope and budget)
--	---

The following **COMMONWEALTH TERMS AND CONDITIONS (T&C)** has been executed, filed with CTR and is incorporated by reference into this Contract.
 Commonwealth Terms and Conditions 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.
 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.)
 Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended), \$6,470

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ___ 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.)

Local Cultural Allocation for the Gloucester Cultural Council

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
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.
3. were incurred as of July 1, 2013, 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 June 30, 2014, 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: *Carolyn A. Kirk* Date: 10/21/13
 (Signature and Date Must Be Handwritten At Time of Signature)
 Print Name: CAROLYN A. KIRK
 Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
 X: _____ Date: _____
 (Signature and Date Must Be Handwritten At Time of Signature)
 Print Name: David T. Slatery
 Print Title: Deputy Director

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

Issued May
2004



CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

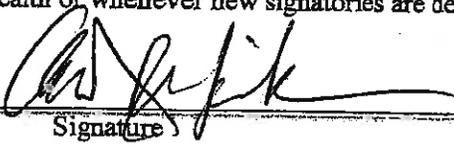
INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In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

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

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

AUTHORIZED SIGNATORY NAME	TITLE

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


Signature

Date: 10/21/13

Title: **MAYOR**

Telephone: **978-281-9700**

Fax: **978-281-9738**

Email: **CKirk@gloucester-ma.gov**

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

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



MASSACHUSETTS CULTURAL COUNCIL

10 St. James Avenue
Boston, MA 02116-3803
617.727.3668
800.232.0960 Toll Free
617.338.9153 TTY
617.727.0044 Fax
mcc@art.state.ma.us E-mail
www.massculturalcouncil.org Web

Scope of Services/Budget

The allocated amount or maximum obligation for the contracted city or town will be deposited in the local account for the local or regional cultural council, provided that the city or town:

- Maintain a revolving account for the local or regional cultural council as required by Massachusetts General Law, Chapter 10, Section 58
- Report on said fund annually by completing the Massachusetts Cultural Council's Local Cultural Council Account Form

The local or regional cultural council will expend the funds following the procedures outlined in Massachusetts Cultural Council guidelines and regulations (962 CMR 2.00 – 3.00)



Public Works
28 Poplar Street
Gloucester, MA 01930



TEL 978-281-9785
FAX 978-281-3896
mcole@gloucester-ma.gov

CITY OF GLOUCESTER
DEPARTMENT OF PUBLIC WORKS

TO: Michael Hale, DPW Director
FR: Mark Cole, Asst DPW Director *mc*
DT: October 28, 2013
SUBJ: Unpaid Invoices

Please submit the following invoices to the City Council with the next Mayor's Report. We are unable to pay these invoices without approval from City Council.

Water Enterprise Account 610000.10.450.52000.0000.00.000.00.052

Ipswich Police Department Inv. #2505	Dated: 4/24/13	Amount Due: \$1,344.00
Ipswich Police Department Inv. #2522	Dated: 4/25/13	Amount Due: \$192.00



TOWN OF IPSWICH

IPSWICH, MASSACHUSETTS 01938

Paul A. Nikas Chief of Police
Lieutenant Daniel L. Morlarty
Executive Officer

POLICE DEPARTMENT
15 ELM STREET

Phone (978) 356-4343
FAX (978) 356-6625

October 16, 2013

City of Gloucester
Department of Public Works
9 Dale Avenue
Gloucester, MA 01930

Dear Sir/Madam:

According to our records the following details remain unpaid for the months April and May 2013.

#2505	4/24/13	\$1344.	PS
#2522	4/25/13	192.	PS
#2596	5/22/13	456.	WATER-3A
#2602	5/23/13	600.	WATER 3A
#2603	5/23/13	1056.	WATER DPW
#2619	5/31/13	528.	WATER 3A

Please remit payment promptly for these outstanding details. If you have any questions, please call me at 978-356-4343, X4106.

Cordially,

Susan M. Burns
Ipswich Police Department
Encl.

TOWN OF IPSWICH
POLICE DEPARTMENT
15 Elm Street
IPSWICH, MA 01938
978-356-4343

250

Employer City of Ipswich Caller 501-6205

Street 185 New Boston St City/Town Ipswich State MA

Tel. # _____ State 01901-6205

Location City Date Detail _____

Time 4:15 Rate 42.00

Add'l Comments _____

Off. _____ Off. _____

Int. AD Hrs. 12 Amt. 624.00

Off. M Hrs. 12 Amt. 624.00

Officer _____ Hrs. _____ Amt. _____

Officer _____ Hrs. _____ Amt. _____

Officer _____ Hrs. _____ Amt. _____

Dun 5-30-13

Sub Total \$ 1248.00

Admin. Fee 10% (MHL Ch.44 S.53C) \$ _____

Total Amount Due \$ 1348.00

Prompt payment requested. Please make checks payable to the Town of Ipswich and mail to the Ipswich Police Dept. 15 Elm Street Ipswich, MA 01938

TOWN OF IPSWICH
POLICE DEPARTMENT
15 Elm Street
IPSWICH, MA 01938
978-356-4343

2522

Employer Norwich Police Caller G.P.O.

Street _____ City/Town _____

Tel. # _____ State _____

Location EAST MAN Date Detail 4-25-13

Time 8:45 Rate 578.00

Add'l Comments CRUISED DETAIL

Off. _____ Off. _____

Int. 10 Hrs. 4 Amt. 192.00

Officer _____ Hrs. _____ Amt. _____

Officer _____ Hrs. _____ Amt. _____

Officer _____ Hrs. _____ Amt. _____

Dun 5-30-13

Sub Total \$ 192.00

Admin. Fee 10% (MHL Ch.44 S.53C) \$ _____

Total Amount Due \$ 192.00

Prompt payment requested. Please make checks payable to the Town of Ipswich and mail to the Ipswich Police Dept. 15 Elm Street Ipswich, MA 01938

PERAC

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION

DOMENIC J. F. RUSSO, *Chairman*

JOSEPH E. CONNARTON, *Executive Director*

Auditor SUZANNE M. BUMP | ALAN MACDONALD | JAMES M. MACHADO | DONALD R. MARQUIS | ROBERT B. MCCARTHY | GREGORY R. MENNIS

MEMORANDUM

TO: Gloucester Retirement Board
FROM: *Joseph E. Connarton*
Joseph E. Connarton, Executive Director
RE: Appropriation for Fiscal Year 2015
DATE: October 31, 2013

13 NOV - 4 AM 11:06
CITY CLERK
GLOUCESTER, MA

Required Fiscal Year 2015 Appropriation: **\$7,418,285**

This Commission is hereby furnishing you with the amount to be appropriated for your retirement system for Fiscal Year 2015 which commences July 1, 2014.

Attached please find summary information based on the present funding schedule for your system and the portion of the Fiscal Year 2015 appropriation to be paid by each of the governmental units within your system.

If your System has a valuation currently in progress, you may submit a revised funding schedule to PERAC upon its completion. The current schedule is/was due to be updated by Fiscal Year 2016.

If you have any questions, please contact PERAC's Actuary, Jim Lamenzo, at (617) 666-4446 Extension 921.

JEC/jrl
Attachments

cc: Office of the Mayor
City Council
c/o City Clerk

p:\actuarial\approp\approp15\fy15 for web\gloucesterapprop15.doc



Gloucester Retirement Board

Projected Appropriations

Fiscal Year 2015 - July 1, 2014 to June 30, 2015

Aggregate amount of appropriation: \$7,418,285

Fiscal Year	Estimated Cost of Benefits	Funding Schedule (Excluding ERI)	ERI	Total Appropriation	Pension Fund Allocation	Pension Reserve Fund Allocation	Transfer From PRF to PF
FY 2015	\$9,086,004	\$7,359,385	\$58,900	\$7,418,285	\$7,418,285	\$0	\$1,667,719
FY 2016	\$9,603,489	\$7,693,208	\$58,900	\$7,752,108	\$7,752,108	\$0	\$1,851,381
FY 2017	\$10,150,045	\$8,042,053	\$58,900	\$8,100,953	\$8,100,953	\$0	\$2,049,092
FY 2018	\$10,727,304	\$8,399,246	\$58,900	\$8,458,146	\$8,458,146	\$0	\$2,269,158
FY 2019	\$11,336,992	\$8,726,036	\$0	\$8,726,036	\$8,726,036	\$0	\$2,610,956

The Total Appropriation column shown above is in accordance with your current funding schedule and the scheduled payment date(s) in that schedule. Whenever payments are made after the scheduled date(s), the total appropriation should be revised to reflect interest at the rate assumed in the most recent actuarial valuation. Payments should be made before the end of the fiscal year.

For illustration, we have shown the amount to be transferred from the Pension Reserve Fund to the Pension Fund to meet the estimated Cost of Benefits for each year. If there are sufficient assets in the Pension Fund to meet the Cost of Benefits, this transfer is optional.

Gloucester Retirement Board
Appropriation by Governmental Unit

Fiscal Year 2015 - July 1, 2014 to June 30, 2015

Aggregate amount of appropriation: **\$7,418,285**

UNIT	Percent of Aggregate Amount	Funding Schedule (excluding ERI)	ERI	Total Appropriation
City of Gloucester	94.23%	\$6,934,748	\$48,547	\$6,983,295
Gloucester Housing Authority	5.77%	\$424,637	\$10,353	\$434,990
UNIT TOTAL	100%	\$7,359,385	\$58,900	\$7,418,285

The Total Appropriation column shown above is in accordance with your current funding schedule and the scheduled payment date(s) in that schedule. Whenever payments are made after the scheduled date(s), the total appropriation should be revised to reflect interest at the rate assumed in the most recent actuarial valuation. Payments should be made before the end of the fiscal year.



**CITY OF GLOUCESTER 2013
CITY COUNCIL ORDER**

ORDER: CC#2013-052
COUNCILLORS: Bob Whynott, Greg Verga
Melissa Cox, Sefatia Romeo Theken

DATE RECEIVED BY COUNCIL: 11/12/13
REFERRED TO: Administration & B&F
FOR COUNCIL VOTE:

ORDERED that the City Council request the Mayor's Office to appropriate Water and Sewer "Retained Earnings" as of July 1, 2013, once certified and approved by the Department of Revenue this fall for the purpose of reducing the Fiscal Year 2014 Water Rate of \$9.17 and Sewer Rate of \$12.21 per thousand gallons.

Bob Whynott
Councillor At Large

Greg Verga
Ward 5 Councillor

Melissa Cox
Ward 2 Councillor

Sefatia Romeo Theken
Councillor At Large