



GLOUCESTER CITY COUNCIL

Budget & Finance Committee

Thursday, February 6, 2014 – 5:00 p.m.
1st Fl. Council Committee Rm. – City Hall

AGENDA

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

1. *Administration's proposed comprehensive plan for free cash*
2. *Memorandum requesting City Council approve of a loan authorization in the amount of \$39,774,111 for the West Parish School Project (West Parish School Schematic Design on City Website under City Council Agendas & Packets)*
3. *Memorandum from Community Development Director re: requesting a \$1,120,000 loan authorization as a 20% match to the \$5.6 million in funding from Seaport Advisory Council for repairs to the Stacy Boulevard and Blynman Canal seawalls*
4. *Memorandum, Grant Application & Checklist from Harbor Planning Director re: City Council acceptance of a grant in the amount of \$50,000 for Harbor Planning*
5. *Memorandum from Community Development Director re: an off-cycle recommendation from the Community Preservation Committee for Burnham's Field Phase I Improvements Project*
6. *Memorandum from Harbormaster re: City Council approval for a Launch Fee increase*
7. *Memorandum from Harbormaster & Supplemental Appropriation-Budgetary Transfer Request (#2014-SA-8)*
8. *Memorandum from Harbormaster & Supplemental Appropriation-Budgetary Transfer Request (#2014-SA-9)*
9. *Memorandum from Harbormaster & Supplemental Appropriation-Budgetary Transfer Request (#2014-SA-10)*
10. *Memorandum from Harbormaster & Supplemental Appropriation-Budgetary Transfer Request (#2014-SA-11)*
11. *Memorandum from Harbormaster & Supplemental Appropriation-Budgetary Transfer Request (#2014-SA-12)*
12. *Memorandum from Harbormaster & Supplemental Appropriation-Budgetary Transfer Request (#2014-SA-13)*
13. *Memorandum from City Auditor re: City Council acceptance of FEMA/MEMA February 2013 Blizzard Grant Reimbursement in the amount of \$229,086.57*
14. *Memorandum, Grant Application & Checklist from Community Development Director, Public Health Director & Planning Director re: City Council approval to submit grant application to Mass Council on Aging's Health Aging through the Healthy Community Design grant program in the amount of \$10,000*
15. *Memorandum, Grant Application & Checklist from Community Development Director & Public Health Director re: City Council Acceptance of Addison Gilbert & Beverly Hospitals' Community Collaborative Grant in the amount of \$6,000 to fund the implementation of the Get Fit Gloucester! Workplace Wellness Initiative 2014*
16. *CC2014-001 (Verga/McGeary) Request that B&F Committee in consultation with Police Dept. and local merchants consider adopting certain days as "parking meter holidays" to begin in FY14 (Cont'd from 01/23/14) TBC 02/20/14*
17. *Memo from City Auditor regarding accounts having expenditures which exceed their authorization And Auditor's Report*

COMMITTEE

Councilor Melissa Cox, Chair

Councilor William Fonvielle, Vice Chair

Councilor Paul McGeary

CC: Mayor Carolyn Kirk
Jim Duggan
Kenny Costa
John Dunn
Tom Daniel, Sarah Garcia, Stephen Winslow, Gregg Cademartori
Harbormaster Jim Caulkett, Tony Gross
Noreen Burke
Jonathan Pope, Dr. Richard Safier

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

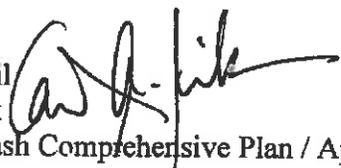
City Hall
Nine Dale Ave
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

MEMORANDUM

TO: Gloucester City Council
FR: Mayor Carolyn A. Kirk 
RE: FY13 Certified Free Cash Comprehensive Plan / Appropriations Request
DT: January 22, 2014

Councilors,

The Administration is pleased to submit this comprehensive plan for the disposition of FY13 Free Cash. Thank you also for moving on the most urgent requests that have already been put forward and acted on by the Council.

With our excellent financial management and team work, we are generating appropriate amounts of free cash and our strong financial performance resulted in Standard & Poor's Rating Services upgrading Gloucester's General Obligations Bonds from A+ to AA. Not only does the increased bond rating afford us the advantage of costing the city less to borrow money, attracting jobs and investment to the city is strengthened by increased confidence in doing business with and in Gloucester.

Comprehensive Free Cash Plan

The comprehensive plan for Free Cash is straightforward – it calls for the protection and monitoring of the city's reserve levels, and adherence to the fiscal policies set forth by the Administration.

Translated this means two things:

- An **overview of** current and projected target reserve levels which is outlined on the following page; and,
- An **expenditure plan** that adheres to the fiscal policies set forth by the Administration. This is also outlined in this correspondence.

Continued fiscal discipline is the approach that guides the Administration, and we are cautioning the City Council today that we are dipping below targeted reserve levels. There are choices to be made and not all requests can be honored. However, in time, and as we are already starting to see, this approach leads to stability and sustainability of the services important to the citizens of Gloucester.

INVESTMENT PLAN - Target Reserve Level = \$5,000,000

The following chart illustrates the current status and projection of the city's target reserve level:

FUNDING TARGET:	ACCOUNT BALANCE	RESERVE REQUESTS:	ACTION REQUIRED:
OPEB Liability Account	\$103,995		
Stabilization Account	\$2,660,944	\$100,000 (Reimbursement for recent draw down)	\$100,000 to be voted from FY13 Free Cash
Capital Project Stabilization Account	\$246,142 (earmarked for Munis)	\$270,850 (earmarked for School Dept. Technology)	\$270,850 to be voted from FY13 Free Cash
Free Cash Reserve (unreserved fund balance)	\$3,763,736	\$1,632,973	Please see Dept. appropriation requests next page.
	TOTAL RESERVE (AS OF 1/22/14): \$6,774,817	RESERVES REQUESTED NOW \$2,003,823	
	ADJUSTED RESERVE (AFTER REQUESTS): \$4,770,994	PROJECTED RESERVE REQUESTS \$1,350,000 \$1,000,000 to support FY15 budget \$250,000 for Munis \$100,000 for OPEB Liability \$?? Snow and Ice Deficit	
	PROJECTED RESERVE (AFTER PROJECTED RESERVE REQUESTS): \$3,420,994	NOTE: Our projected reserves are below prudent target levels.	

EXPENDITURE PLAN - FY13 Free Cash Appropriation Requests for City Council Review and Approval

The Administration's free cash appropriation goals this year are threefold: a) strategic investment, e.g., technology for the school department; b) fill the vulnerable areas in department budgets, e.g., facilities maintenance, and c) plan accordingly for the consolidation and reorganization of the Fire Department beginning FY2015. Please see complete list below.

Available for Departmental Appropriation = \$1,632,973

AMOUNT	DEDICATED PURPOSE	EXPLANATION
\$15,000	City Auditor	Mandated OPEB report (cut from FY14 budget).
\$5,000	DPW	Harborwalk maintenance.
\$2,000	DPW/ Veteran's Services	Memorial Square maintenance.
\$100,000	DPW/ City Hall Restoration	Matching funds for Cultural Facilities grant application for continued restoration of City Hall.
\$490,120	DPW	See memo from Director of Public Works.
\$50,000	Tourism	Support for Tourism Commission.
\$10,000	Mayor's Office	Replenish depleted contingency account which is used to support various department requests throughout year.
\$60,000	IT	Continued investment in IT capital plan for city.
\$50,000	EDIC	PR/marketing support for economic development, job creation and attracting investment to city.
\$50,000	Community Development	Reimbursement to SAC Economic Development grant which was tapped for FY14 in advance of SAC grant covering Harbor Planning Director (which has since been approved).
\$20,000	Health Department	Shingles vaccine.
\$131,000	Police Dept	See Memo from Police Chief Campanello.
\$218,000	Fire Dept.	Station-opening overtime (\$150,000); CERT support (\$14,000); and, Communication Radio Equipment (\$54,000).
\$48,800	Personnel	Expenses associated with settlement of GMAA contract provision associated with annual buybacks (\$36,500) and unanticipated expenses associated with the conversion to GIC (\$12,300).
\$383,053	School Dept.	See explanation from Superintendent of Schools Safier. This amount reflects the gap in the FY14 budget as of Jan. 8, 2014.
TOTAL	\$1,632,973	

This correspondence represents the complete request from the Administration for general FY13 fund free cash appropriations at this time. Thank you for your support.

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: Gloucester City Council President McGarry and Members of the City Council
FR: Mayor Carolyn A. Kirk
RE: Loan Authorization for West Parish School Project
DT: January 22, 2014

Approximately two years ago the city renewed its journey to address the condition at the West Parish School in which our Kindergarten through 5th grade students, parents, teachers, volunteers and school administration are faced with on a daily basis.

Through the unanimous support of the City Council and School Committee, the city submitted a Statement of Interest (SOI) to the Massachusetts School Building Authority (MSBA), requesting that Gloucester be accepted into their program for the construction of a new West Parish School. The SOI defined the deficiencies that exist in the school and how they impacted the delivery of the educational program.

What followed was an invitation from the MSBA to enter into their Eligibility Period after which the city established a West Parish Building Committee and hired an Owners Project Manager (OPM). A Designer was selected by the Committee and through the support of the City Council, the city invested \$500,000 to have a Feasibility Study Analysis of the West Parish School performed along with identification of potential options. It was conclusive that a new West Parish School should be built in the same location of the existing school and all other options were ruled out.

Over the past twelve months, through the diligence of the West Parish Building Committee working with the OPM and Designer, a schematic design and all required supporting documentation of a new 65,679 square foot West Parish School, with an enrollment of 355 students has been submitted to the MSBA. A component of the submission outlines the estimated total project budget of \$39,774,111 (adjusted to include an additional modular at Beeman School) and includes architects and engineering fees, project management costs, construction, miscellaneous costs, furnishings, equipment, educational technology, contingencies and swing space for students during the construction.

Page 2 of 2
West Parish Loan Authorization Request
January 22, 2014

The MSBA Board is scheduled to vote at their January 29, 2014, meeting on the schematic design submitted. The team will represent Gloucester at the MSBA Board meeting and when recognized, will speak in favor of the project and the collaborative relationship between the city and MSBA.

Upon approval and the subsequent execution of a Project Scope and Budget Agreement, the MSBA will provide the city with assurance that the MSBA supports Gloucester's commitment to providing our children with a safe and effective learning environment.

The Administration respectfully requests the City Council approve a loan authorization in the amount of \$39,774,111, of which the city will receive a reimbursement of 59.73% of eligible expenditures under the MSBA's School Building Program. Language for the loan authorization request will be submitted directly to the Budget & Finance Committee.

As well, a hard copy and electronic version of the schematic design submission to the MSBA was submitted to the City Clerk's Office on January 21, 2014, for your review. The City and School Administrations, Building Committee, OPM and Designer will be on hand to answer any questions you may have.

Thank you

City Hall Annex
Three Pond Road
Gloucester, MA 01930



Tel 978 281-9781
Fax 978 281-9779
tdaniel@gloucester-ma.gov

CITY OF GLOUCESTER
COMMUNITY DEVELOPMENT DEPARTMENT

MEMORANDUM

TO: Carolyn Kirk, Mayor
FROM: Tom Daniel, Community Development Director *TMD*
CC: Jim Duggan, Chief Administrative Officer
John Dunn, Chief Financial Officer
Sarah Garcia, Harbor Planning Director
Michael Hale, Director of Public Works
RE: Request for \$1,120,000 Loan Authorization from City Council
DATE: January 17, 2014

As you know, the city has been awarded \$5.6 million in funding from the Seaport Advisory Council to conduct repairs to the Stacy Boulevard seawall and Blynman Canal seawall. As a requirement of the funding, the City needs to provide a 20 percent match of \$1,120,000.

The project will reconstruct/repair approximately 2,000 linear feet of the existing stone bulkhead along Stacy Boulevard. The project will stabilize and protect existing underground utilities that run along Western Avenue. The project includes the reconstruction of approximately 200 linear feet of the northeast portion of the Blynman Canal seawall, situated along the northeast side of the existing Western Avenue drawbridge. Lastly, the project will provide public restroom facilities in conjunction with the private facility that now serves the bridge tender.

Please refer this matter to the City Council requesting a loan authorization in the amount of \$1,120,000 to serve as the match for this project. The funding and project will be managed by the Department of Public Works.

Appropriate city staff will be available to answer any questions.



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

Granting Authority: State X Federal _____ Other _____

Name of Grant: Stacy Blvd Blynman Canal Recontruction grant

Department Applying for Grant: ComDev

Agency-Federal or State application is requested from: Seaport Advisory Council

Object of the application: Repair of Boulevard/Canal seawalls

Any match requirements: 20%

Mayor's approval to proceed: [Signature] 1/22/14
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**
- 2. Grant Award Letter/Standard Contract Approval Form**
- 3. Council Order Approval**
- 4. Original Grant Account Budget as approved by Grantor**
- 5. Amended Grant Account Budget as approved by Grantor (if applicable)**
- 6. Any additional information as requested by the Auditing Department**

Note: All documents must be complete signed copies.

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

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: DPW

ACCOUNT NAME: _____

FUND NUMBER AND NAME: (N/A FOR NEW FUND) Stacy Blvd & Blynnan Canal Repair

CFDA # (Required for Federal Grants): _____

DATE PREPARED: 15-Jan-14

OBJECT	ORIGINAL BUDGET	APPROVED		REVISED BUDGET
		AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_____)				
Seaport Advisory Council				
46800	\$5,600,000.00			\$5,600,000.00
				\$0.00
Total:	\$5,600,000.00	\$0.00	\$0.00	\$5,600,000.00
EXPENSE (5_____)				
58760	\$5,600,000.00			\$5,600,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$5,600,000.00	\$0.00	\$0.00	\$5,600,000.00

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____



Deval L. Patrick, Governor
Richard A. Davey, Secretary & CEO
Louis Elisa, Executive Secretary, Seaport Advisory Council

massDOT
Massachusetts Department of Transportation
Seaport Advisory Council

January 13, 2014

RECEIVED

JAN 21 2014

Mayor's Office

Mayor Carolyn Kirk
Office of the Mayor
City Hall
9 Dale Avenue
Gloucester, MA 01930

Dear Mayor Kirk:

At the Seaport Advisory Council meeting on November 7, 2013, the Council unanimously approved the recommendation of the Ports Professionals to appropriate \$5,600,000 from the Environmental Bond Bill to fund the Blynman Canal and Stacey Blvd. Seawall Reconstruction Project. This letter is a confirmation of the Council's vote and my authorization of funding.

Funds will be made available to the City of Gloucester in fiscal years 2014 & 2015. The Department of Conservation and Recreation (DCR), is the managing state agency for Seaport projects and will administer the grant.

Mike Driscoll at DCR is the point of contact for this project and will provide oversight of its application. He can be reached at (781) 740-1600, x107.

If you have any questions or concerns regarding this grant process or funding you can speak with the staff at the Seaport Advisory Council. They can be reached at (508) 999-3030

Sincerely,

Richard A. Davey
Secretary & CEO
Seaport Advisory Council Chairman

City Hall Annex
Three Pond Road
Gloucester, MA 01930



CITY OF GLOUCESTER
HARBOR PLANNING

TEL 978-282-8017
FAX 978-281-9779
sgarcia@gloucester-ma.gov

January 15, 2014

To: Mayor Carolyn Kirk
From: Sarah Garcia, Harbor Planning Director
Cc: Tom Daniel, Community Development Director
Re: CC acceptance of \$50,000 grant for Harbor Planning

Dear Mayor Kirk,

At the November 7, 2013 Seaport Advisory Council meeting, held in Gloucester, the Seaport Advisory Council voted to award the city \$50,000 to support the Harbor Planning Director position for the City of Gloucester.

Funding for harbor plan coordination was first awarded in 1998 to each of the four second-tier ports of the Commonwealth: Gloucester, Salem, New Bedford, and Fall River. The position was created to coordinate the new harbor plan development for these cities. Gloucester's first harbor plan was completed in 1999.

The funding for the position has been sporadic. Funding continued from 1998 to 2000, then again awarded in 2002 and 2003, and then reinstated in 2008 continuing to 2012. In 2012, the Seaport Advisory Council underwent restructuring and has now been placed under the MA Department of Transportation. Funding was not awarded for FY13 during that transition. The current grant award will fund 50% of FY14 costs.

As Harbor Planning Director, I coordinate acquiring and managing grant funding from the Seaport Advisory Council, manage the Harbor Plan development, and support an additional array of projects for the development and support of the harbor economy.

My current three priorities are the Groundfish Port Recovery and Revitalization Plan, the Concept Plan for the Multi-tenant Ocean Development Center at I4C2, and the 2014 Harbor Plan.

I provide outreach to state, federal, and organizational maritime contacts for the city. I serve as Port Professional to SAC, as your alternate to the MA Ocean Advisory Council, represent the city to the National Working Waterfronts and Waterways association, to the North Atlantic Ports Association, and to the American Planning Association. When I attend association meetings, I give presentations on the economic opportunities and successes in Gloucester.

The Port of Gloucester
Sustainability and Innovation at the Ocean's Edge

I have the pleasure of staffing the Fisheries Commission, the Mayor's Maritime Partnership, and the Harbor Plan Committee.

Please convey my request to City Council to accept the harbor coordinator's grant funding.

Best regards,

A handwritten signature in cursive script, appearing to read "Sarah Garcia".

Sarah Garcia
Harbor Planning Director



**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.



Deval L. Patrick, Governor
Richard A. Davey, Secretary & CEO
Louis Elisa, Executive Secretary, Seaport Advisory Council



January 13, 2014

Mayor Carolyn Kirk
Office of the Mayor
City Hall
9 Dale Avenue
Gloucester, MA 01930

Dear Mayor Kirk:

At the Seaport Advisory Council meeting on November 7, 2013, the Council unanimously approved the recommendation of the Ports Professionals to appropriate \$50,000 from the Environmental Bond Bill to fund the Harbor Coordinator Position Project. This letter is a confirmation of the Council's vote and my authorization of funding.

Funds will be made available to the City of Gloucester in fiscal year 2014. The Department of Conservation and Recreation (DCR), is the managing state agency for Seaport projects and will administer the grant.

Mike Driscoll at DCR is the point of contact for this project and will provide oversight of its application. He can be reached at (781) 740-1600, x107.

If you have any questions or concerns regarding this grant process or funding you can speak with the staff at the Seaport Advisory Council. They can be reached at (508) 999-3030

Sincerely,
Richard A. Davey

Secretary and Chief Executive Officer
Seaport Advisory Council Chairman

Commonwealth of Massachusetts

Seaport Advisory Council

DEVAL L. PATRICK
GOVERNOR
40 Center Street
Fairhaven, Massachusetts 02719
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR
COUNCIL CHAIRMAN
www.state.ma.us/seaports

TELEPHONE
(508) 999-3030

FAX
(508) 999-6442

LOUIS ELISA
EXECUTIVE SECRETARY



Seaport Improvement Grant Project Review Form

Date: August 31, 2012

Project Name or Title: Harbor Coordinator Positions

Waterway or Water-Dependent Facility: _____

City/Town: Salem, Gloucester, New Bedford, and Fall River

Municipal Contact Person: Frank Taormina (Salem), Sarah Garcia (Gloucester),
Ed Anthes-Washburn (New Bedford), Ken Fiola (Fall River)

Address: _____

City/Town: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail Address: ftaormina@salem.com, sgarcia@gloucester-ma.gov,
edward.anthes-washburn@newbedford-ma.gov, kenfiolajr@aol.com

Brief Description of Project:

(Include summary of proposed project, project benefits to the commercial maritime industry, cost estimate, and any related issues)

As the Seaport Council's Mission Statement explains, the purpose of the Seaport Advisory Council is to enhance and develop the commercial and industrial maritime resources of the Commonwealth, with an emphasis on the four next tier ports – Fall River, Gloucester, New Bedford and Salem. The Seaport Advisory Council achieves this by investing in projects that are focused on the commercial fishing industry, dredging of waterways, port

marketing, public access, port institutional infrastructure and port physical infrastructure, safety and security, and short sea shipping.

Each of the four next tier ports have a locally vetted and state-approved Municipal Harbor Plan and Designated Port Area Master Plan, they are all Designated Port Areas as defined by the Commonwealth, each have deep drafting harbors and supporting infrastructure and landside facilities that can accommodate a variety of commercial and industrial marine related industries.

Each year the Seaport Advisory Council has historically funded the Harbor Coordinator positions to ensure that each of the next tier ports has a full-time employee dedicated to implementing the goals and objectives of their respective Municipal Harbor Plans and that they continue to improve and enhance their State Designated Port Areas to support the existing and future commercial and industrial marine industries. Specifically the Harbor Coordinators perform the following services for each of their respective ports:

- Liaisons between the port city and Seaport Advisory Council. Attends and participates in all Alliance of Port Professionals Meetings and Seaport Advisory Council Meetings, coordinating local and state priorities.
- Implements the goals and objectives of their respective Municipal Harbor Plans and State Designated Port Area Master Plans developed to represent the specific needs of their unique ports.
- Manages and/or coordinates all municipal port related development or improvement projects.
- Submits funding requests to the Seaport Advisory Council and presents those requests to the Alliance of Port Professionals seeking their positive recommendation to the Seaport Advisory Council.
- Manages all Seaport Advisory Council Funding Contracts and submits required Quarterly Reports for such contracts to the Department of Conservation and Recreation, Waterways Division. Represents the individual port needs and coordinates port involvement in state-wide maritime planning and economic development efforts.

In FY13, MassDOT will issue a Request for Proposals for the Massachusetts Ports Compact Study, which will help outline future business, economic development and planning opportunities as well as infrastructure improvements for the ports of Gloucester, Salem, Boston, New Bedford and Fall River. It is important that the Harbor Coordinators from each port are involved in every stage of this plan. FY13 funding will help to ensure that someone with experience and knowledge in each port is involved with this groundbreaking plan.

Project Information

Type of Project (Coastal Facilities Improvement / Dredge / Sunken Vessel / Fisheries / Other – please describe)

Continued funding for Harbor Coordinator position in each of the Commonwealth's four next tier ports

Cost Estimate (please detail): \$50,000 per port, per year

Other Related Costs (if any): _____

Total Estimated Project Cost: \$400,000 or \$50,000 per port for two years (FY13 and FY14)

Proposed Local Cost Share: \$50,000 does not fund the entire position. Each port supplements their respective Harbor Coordinator position with additional City funds (figure amounts differ from one port to another).

Source of local funds (please identify funds from federal or other state funding sources)

Supplemental funding for each Harbor Coordinator position differs from one port to another.

If Local Cost Share is to be all or part In-Kind Services in-Lieu-of Cash, Please Describe: _____

Preliminary Project Schedule:
(Construction Projects)

Engineering / Design / Permitting

Start Date: _____

End Date: _____

Construction / Implementation

Start Date: _____

End Date: _____

Preliminary Project Schedule:
(Feasibility / Harbor Study / Other Projects)

Implementation

Start Date: _____

End Date: _____

Design Consultant (if selected) _____

Current Project Status:

(Circle one)

No Work Complete/ Ready to Go:	Y	N
Initial Feasibility:	Y	N
Design / Engineering Complete:	Y	N
Permits Acquired:	Y	N
Construction Started:	Y	N

Permits in Hand or Applied for:

Environmental Notification Form Filed?	Y	N
Notice of Intent Filed?	Y	N
Water Quality Certificate Application Filed?	Y	N
Chapter 91 Permit Application Filed?	Y	N
CZM Consistency Certification Filed?	Y	N
US Army Corps of Engineers PGP Filed?	Y	N
Other: _____	Y	N
Other: _____	Y	N

Infrastructure Investment Objectives

(Please provide brief description as to how project satisfies objectives, as applicable, and place N/A next to those that do not apply)

Support job creation in key Massachusetts industry sectors (include number of jobs created and type of jobs created)

The Maritime Economy is a diverse and robust sector of the Commonwealth. From traditional port operations such as bulk cargo, container shipping, and fisheries, to an array of marine science and technology expertise competitive on an international market, Massachusetts has long been a center of maritime excellence. Rapid changes in ocean resources and economies makes planning, and the coordination of local, state, and national priorities more necessary than ever to ensure evolving health of port economies.

Support clean energy production or use:

Many ports are turning to green infrastructure, following initiatives from the Dept of Energy and the Environmental Protection Agency. Additional an economic growth sector is off-shore clean energy, from wind to tidal and wave power.

Reduce energy consumption and/or greenhouse gas emissions:

Planning in the ports supports the evolution of newer and cleaner technologies in port operations.

Promote mobility and/or reduce congestion:

Mobility options are increased with sea-based ferries and cruise ships. Commuter ferries currently run from New Bedford to the islands and from Salem to Boston.

Support other smart growth development projects:

The four second tier ports (second in size to Boston) were developed in historic smart-growth patterns, with dense downtowns adjacent to the ports. Economic opportunities in ports are revitalization engines for urban downtowns. In Gloucester, for example, the downtown neighborhoods traditionally supplied workforce housing for the port, and are still locations of affordable workforce housing.

Support economic development:

Planning in the working ports supports concentrated focus on the maritime economic sector with customized and specialized guidance from the localities.

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Community Development

ACCOUNT NAME: FY14 Harbor Planning Services

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

CFDA # (Required for Federal Grants):

DATE PREPARED: 1/17/2014

**APPROVED
AMENDED BUDGET**

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (46800)				
46800				\$50,000.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$50,000.00
EXPENSE				
5100				\$45,000.00
5400				\$1,000.00
5700				\$4,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$125,000.00

DEPARTMENT SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

3 Pond Road
Gloucester, MA 01930



Telephone: 978-281-9781

Fax: 978-281-9779

CITY OF GLOUCESTER
COMMUNITY DEVELOPMENT DEPARTMENT

MEMORANDUM

TO: Mayor Carolyn A. Kirk
FROM: Tom Daniel, Community Development Director
CC: Deborah Laurie, CPC Senior Project Manager
RE: Off cycle recommendation for Burnham's Field Phase I Improvements Project application from the Community Preservation Committee
DATE: January 15, 2014

The Community Preservation Committee (CPC) has received an off cycle application for funding to support the Burnham's Field Phase I Improvements Project from the Friends of Burnham's Field Committee through the Community Development Department. This application was agreed to be reviewed as an off-cycle application, due to the goal of the completion project deadline by August 30, 2014, and that the lowest qualifying bid returned on November 2013 exceeded the already \$350K committed funds from CDBG and MA DEP NRD grant funds. The CPC also recognizes the importance of this project to the community, neighborhood and the true collaborative support and funding strategy that has unfolded. The Committee held a meeting on January 14, 2014, to hear the project presentation and review the application.

Please find attached a positive recommendation of the CPC on the above named project for your review. The CPC request that you forward this recommendation to the City Council for its review and appropriation. CPC members and Deborah Laurie will be available to answer any questions.

All recommended projects are subject to the terms and conditions imposed by the Community Preservation Committee. The following conditions are common to all recommended projects:

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

Attached are:

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

The Application for this project is available for review in the Community Development Office, Grants Division and on the City website.

Submitted by: Community Preservation Committee

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

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

**GLOUCESTER COMMUNITY PRESERVATION COMMITTEE
RECOMMENDATION FOR OFF CYCLE, FY2013**

**BURNHAM'S FIELD PHASE 1 IMPROVEMENTS PROJECT
Project Sponsor: Friends of Burnham's Field through the City of Gloucester,
Community Development Department**

The Community Preservation Committee makes the following recommendation:

The Community Preservation Committee, having agreed to review the off-cycle application of the Community Development Department on behalf of the Friends of Burnham's Field (working through the Community Development Department) recommends that the City Council appropriate \$122,000 (One hundred twenty-two thousand dollars) to the Friends of Burnham's Field Committee for the purpose of funding phase I construction project for Burnham's Field which will include, new swings and play equipment, enhanced with a spray fountain and fenced tot lot; resurfacing of basketball courts and replacing backboards; new pathways and lighting will cross the park, creating neighbor walking links and an internal walking loop that meets ADA standards; a public ADA restroom, drinking fountain, trees and benches will recreate a more pleasant setting for residents of all ages. Water lines will also be extended allowing the expansion of Burnham's Field Community Garden.

Following a favorable vote of the City Council, a grant agreement shall be executed by the City of Gloucester, in a form acceptable to the Community Preservation Committee, and the Friends of Burnham's Field Committee, which agreement will include, among other provisions, that the expiration of the award shall be December 31, 2014.

The Community Preservation Act spending purpose is for open space, recreational purpose.

Community Preservation Criteria

General Evaluation Criteria

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

Open Space Criteria

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

Historic Preservation Evaluation Criteria

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

Community Housing Evaluation Criteria

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

Public Recreation Evaluation Criteria

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

Nineteen Harbor Loop
Gloucester, MA 01930



TEL 978-282-3012

FAX 978-281-4188

jcaulkett@gloucester-ma.gov

CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

Memorandum

From: Jim Caulkett, Harbormaster 
To: Mayor Carolyn Kirk
Date: January 8, 2014
Subject: Launch Fee Increase

The Honorable Mayor Kirk,

Please include the following request in your next Report to the City Council.

The Gloucester Waterways Board at its regularly-scheduled meeting on December 4, 2013, voted unanimously to increase the launch fee to \$5.00 per person, with a provision that passengers 12 years and under are free.

This increase is to support the annual operating costs of the launch service. These include: launch operator salaries, haul out/launch fees, routine maintenance and US Coast Guard inspections. The Waterways Board does not undertake fee increases lightly. However, as you know, the launch operated at a deficit last year and we intend to expand the launch hours this year. While revenues will increase, we will also see increased costs in longer hours and the launch operator salary increases that the Board deemed necessary to attract qualified launch operators.

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

Respectfully



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CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster *JAC*
Date: January 8, 2014
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

In your next Report to Council will you include the following requests for funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$40,698.00.

These funds will be utilized for various projects approved by the Waterways Board as follows;

1/ \$16,000.00 for the purchase and installation of a new engine on the 23' Parker Patrol Boat. # 2014-SA-8

2/ \$4,900.00 for the purchase of new careening wall keel blocks for Cripple Cove Public Landing.

3/ \$4,500.00 for the purchase of technical improvements to the Harbormaster's computer mooring management system and Waterways Board web site.

4/ \$8,900.00 for improvements to Lobster and Hodgkins Cove Public Landings.

5/ \$2,800.00 for matching funds for the purchase of a new engine on the 21' Pumpout Boat.

6/ \$3,598.00 transfer to Municipal Waterways Improvements (Chapter 91) Account 720000 as required by State Law.

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

Respectfully

City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2014

****CITY COUNCIL APPROVAL- 5 VOTES NEEDED****

APPROPRIATION # 2014-SA- 8 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 16,000.00

Account to appropriate from: *Unfund Account #* 700000.10.000.35900.0000.00.000.00.000
Account Description Waterways Enterprise Fund, Retained Earnings

Balance Before Appropriation	\$	<u>89,412.00</u>
Balance After Appropriation	\$	<u>73,412.00</u>

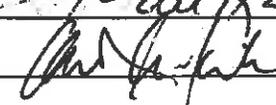
Account Receiving Appropriation: *Unfund Account #* 700000.10.492.58755.0000.00.000.00.058
Account Description WATERWAYS ENTERPRISE, BOAT & EQUIPMENT

Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>16,000.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Waterways Enterprise Fund "Retained Earnings" for the
purpose to purchase and installation of a new engine for a 23' Parker
Patrol boat.

APPROVALS:

DEPT. HEAD:  DATE: 1/3/14

ADMINISTRATION:  DATE: 1/22/14

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____



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CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster *JAC*
Date: January 8, 2014
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

In your next Report to Council will you include the following requests for funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$40,698.00.

These funds will be utilized for various projects approved by the Waterways Board as follows;

1/ \$16,000.00 for the purchase and installation of a new engine on the 23' Parker Patrol Boat.

2/ \$4,900.00 for the purchase of new careening wall keel blocks for Cripple Cove Public Landing. # 2014-SA-9

3/ \$4,500.00 for the purchase of technical improvements to the Harbormaster's computer mooring management system and Waterways Board web site.

4/ \$8,900.00 for improvements to Lobster and Hodgkins Cove Public Landings.

5/ \$2,800.00 for matching funds for the purchase of a new engine on the 21' Pumpout Boat.

6/ \$3,598.00 transfer to Municipal Waterways Improvements (Chapter 91) Account 720000 as required by State Law.

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

Respectfully

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

****CITY COUNCIL APPROVAL- 5 VOTES NEEDED****

APPROPRIATION # 2014-SA- 9 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 4,900.00

Account to appropriate from: *Unfund Account #* 700030.10.000.35900.0000.00.000.00.000
Account Description Waterways Enterprise Fund, Retained Earnings

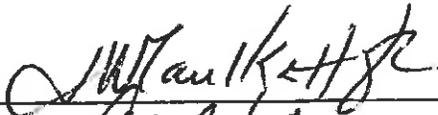
Balance Before Appropriation	\$	<u>73,412.00</u>
Balance After Appropriation	\$	<u>68,512.00</u>

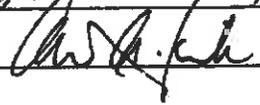
Account Receiving Appropriation: *Unfund Account #* 700000.10.492.52000.0000.00.000.00.052
Account Description Waterways Enterprise, Contractual Services

Balance Before Appropriation	\$	<u>9,959.23</u>
Balance After Appropriation	\$	<u>14,859.23</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Waterways Enterprise Fund "Retained Earnings" for the purpose to purchase a new careening wall keel blocks for Cripple Cove Public Landing.

APPROVALS:

DEPT. HEAD:  DATE: 1/21/14

ADMINISTRATION:  DATE: 1/22/14

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____



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CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster *JAC*
Date: January 8, 2014
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

In your next Report to Council will you include the following requests for funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$40,698.00.

These funds will be utilized for various projects approved by the Waterways Board as follows;

1/ \$16,000.00 for the purchase and installation of a new engine on the 23' Parker Patrol Boat.

2/ \$4,900.00 for the purchase of new careening wall keel blocks for Cripple Cove Public Landing.

3/ \$4,500.00 for the purchase of technical improvements to the Harbormaster's computer mooring management system and Waterways Board web site.

#2014-
SA-10

4/ \$8,900.00 for improvements to Lobster and Hodgkins Cove Public Landings.

5/ \$2,800.00 for matching funds for the purchase of a new engine on the 21' Pumpout Boat.

6/ \$3,598.00 transfer to Municipal Waterways Improvements (Chapter 91) Account 720000 as required by State Law.

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

Respectfully

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

****CITY COUNCIL APPROVAL- 5 VOTES NEEDED****

APPROPRIATION # 2014-SA- 10 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

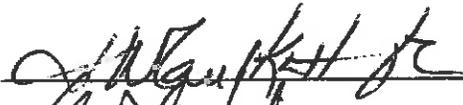
APPROPRIATION AMOUNT: \$ 4,500.00

Account to appropriate from:	Unifund Account #	<u>700000.10.000.35900.0000.00.000.00.000</u>
	Account Description	<u>Waterways Enterprise Fund, Retained Earnings</u>
Balance Before Appropriation	\$	<u>68,512.00</u>
Balance After Appropriation	\$	<u>64,012.00</u>

Account Receiving Appropriation:	Unifund Account #	<u>700000.10.492.52000.0000.00.000.00.052</u>
	Account Description	<u>Waterways Enterprise, Contractual Services</u>
Balance Before Appropriation	\$	<u>14,859.23</u>
Balance After Appropriation	\$	<u>19,359.23</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Waterways Enterprise Fund "Retained Earnings" for the purpose to purchase technical improvements to the Harbormaster's computer mooring management system and Waterways Board website.

APPROVALS:

DEPT. HEAD:  DATE: 1/8/14

ADMINISTRATION:  DATE: 1/22/14

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____



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CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster *JAC*
Date: January 8, 2014
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

In your next Report to Council will you include the following requests for funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$40,698.00.

These funds will be utilized for various projects approved by the Waterways Board as follows;

1/ \$16,000.00 for the purchase and installation of a new engine on the 23' Parker Patrol Boat.

2/ \$4,900.00 for the purchase of new careening wall keel blocks for Cripple Cove Public Landing.

3/ \$4,500.00 for the purchase of technical improvements to the Harbormaster's computer mooring management system and Waterways Board web site.

4/ \$8,900.00 for improvements to Lobster and Hodgkins Cove Public Landings.

5/ \$2,800.00 for matching funds for the purchase of a new engine on the 21' Pumpout Boat.

6/ \$3,598.00 transfer to Municipal Waterways Improvements (Chapter 91) Account 720000 as required by State Law.

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

Respectfully

#2014-
SA-11

City of Gloucester
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST
Fiscal Year 2014

****CITY COUNCIL APPROVAL- 5 VOTES NEEDED****

APPROPRIATION # 2014-SA- 11 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 8,900.00

Account to appropriate from: *Unfund Account #* 700000.10.000.35900.0000.00.0000.00.0000
Account Description Waterways Enterprise Fund, Retained Earnings

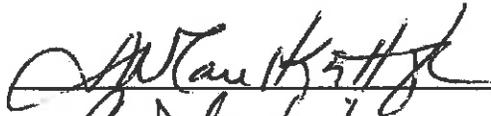
Balance Before Appropriation	\$	<u>64,012.00</u>
Balance After Appropriation	\$	<u>55,112.00</u>

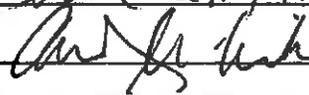
Account Receiving Appropriation: *Unfund Account #* 700000.10.492.58760.0000.00.0000.00.058
Account Description Waterways Enterprise, Public Landing Improvements

Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>8,900.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Waterways Enterprise Fund "Retained Earnings" for the purpose to make improvements to Lobster and Hodgkins Cove Public Landings.

APPROVALS:

DEPT. HEAD:  DATE: 1/8/14

ADMINISTRATION:  DATE: 1/22/14

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____



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CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster *JAC*
Date: January 8, 2014
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

In your next Report to Council will you include the following requests for funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$40,698.00.

These funds will be utilized for various projects approved by the Waterways Board as follows;

1/ \$16,000.00 for the purchase and installation of a new engine on the 23' Parker Patrol Boat.

2/ \$4,900.00 for the purchase of new careening wall keel blocks for Cripple Cove Public Landing.

3/ \$4,500.00 for the purchase of technical improvements to the Harbormaster's computer mooring management system and Waterways Board web site.

4/ \$8,900.00 for improvements to Lobster and Hodgkins Cove Public Landings.

5/ \$2,800.00 for matching funds for the purchase of a new engine on the 21' Pumpout Boat.

#2014 - SA-12

6/ \$3,598.00 transfer to Municipal Waterways Improvements (Chapter 91) Account 720000 as required by State Law.

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

Respectfully

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

****CITY COUNCIL APPROVAL- 5 VOTES NEEDED****

APPROPRIATION # 2014-SA- 12 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 2,800.00

Account to appropriate from: *Unifund Account #* 700000.10.000.35900.0000.00.000.00.000
Account Description Waterways Enterprise Fund, Retained Earnings

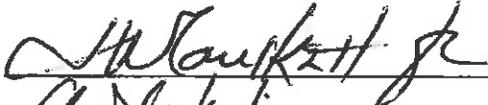
Balance Before Appropriation	\$	<u>55,112.00</u>
Balance After Appropriation	\$	<u>52,312.00</u>

Account Receiving Appropriation: *Unifund Account #* 700000.10.492.58755.0000.00.000.00.058
Account Description WATERWAYS ENTERPRISE, BOAT & EQUIPMENT

Balance Before Appropriation	\$	<u>16,000.00</u>
Balance After Appropriation	\$	<u>18,800.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Waterways Enterprise Fund "Retained Earnings" for the purpose to fund a portion of the purchase of a new engine of the 21' Pumpout Boat.

APPROVALS:

DEPT. HEAD:  DATE: 1/3/14

ADMINISTRATION:  DATE: 1/22/14

BUDGET & FINANCE: _____ DATE: _____

CITY COUNCIL: _____ DATE: _____



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CITY OF GLOUCESTER
HARBORMASTER'S OFFICE

MEMORANDUM

To: Carolyn Kirk, Mayor
From: Jim Caulkett, Harbormaster *JAC*
Date: January 8, 2014
Subject: Appropriation of Funds from Retained Earnings

Dear Mayor,

In your next Report to Council will you include the following requests for funds from the Waterways Enterprise Fund Retained Earnings in the amount of \$40,698.00.

These funds will be utilized for various projects approved by the Waterways Board as follows;

1/ \$16,000.00 for the purchase and installation of a new engine on the 23' Parker Patrol Boat.

2/ \$4,900.00 for the purchase of new careening wall keel blocks for Cripple Cove Public Landing.

3/ \$4,500.00 for the purchase of technical improvements to the Harbormaster's computer mooring management system and Waterways Board web site.

4/ \$8,900.00 for improvements to Lobster and Hodgkins Cove Public Landings.

5/ \$2,800.00 for matching funds for the purchase of a new engine on the 21' Pumpout Boat.

6/ \$3,598.00 transfer to Municipal Waterways Improvements (Chapter 91) Account 720000 as required by State Law.

#2014-
SA-13

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

Respectfully

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

****CITY COUNCIL APPROVAL- 5 VOTES NEEDED****

APPROPRIATION # 2014-SA- 13 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 3,598.00

Account to appropriate from: *Unfund Account #* 700000.10.000.35900.0000.00.000.00.000
Account Description Waterways Enterprise Fund, Retained Earnings

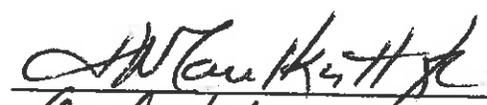
Balance Before Appropriation	\$	<u>52,312.00</u>
Balance After Appropriation	\$	<u>48,714.00</u>

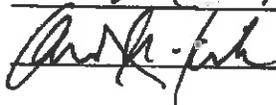
Account Receiving Appropriation: *Unfund Account #* 720000.10.996.49700.0000.00.000.00.040
Account Description RIA Municipal Waterways, Trans. In - from Enterprise Fds

Balance Before Appropriation	\$	<u>26,470.00</u>
Balance After Appropriation	\$	<u>30,068.00</u>

DETAILED ANALYSIS OF NEED(S): Appropriate Waterways Enterprise Fund "Retained Earnings" for the purpose to transfer funds to the Municipal Waterways Improvements (Chapter 91) Fund as required by State Law.

APPROVALS:

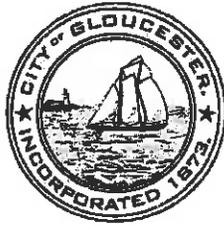
DEPT. HEAD:  DATE: 1/8/14

ADMINISTRATION:  DATE: 1/22/14

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

TO: Carolyn A. Kirk, Mayor
FROM: Kenny Costa, City Auditor *KC*
RE: FEMA/MEMA February 2013 Blizzard Grant Reimbursement
Date: January 10, 2014

The City has been awarded a FEMA/MEMA February 2013 Blizzard Grant Reimbursement in the amount of \$229,086.57 from the Federal Emergency Management Agency (FEMA) passed through the Massachusetts Emergency Management Agency (MEMA). The grant reimbursements are for snowstorm related costs expended by the City on February 8-9, 2013 Blizzard. As stated in the contract form, the City took such actions as necessary to save lives, protect public health and safety and protect improved property City-wide.

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

Please refer this matter to the Budget & Finance Committee.



City of Gloucester
Grant Application and Check List

Granting Authority: State _____ Federal Other _____

Name of Grant: FEMA-4110-DR-MA February 2013 Blizzard

Department Applying for Grant: Fire / EMD Department

Agency-Federal or State application is requested from: FEMA / MEMA

Object of the application: Reimbursement from February 2013 Blizzard

Any match requirements: None

Mayor's approval to proceed: _____
Signature Date

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

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

City Council's Approval or Rejection: _____
Vote Date

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

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

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

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

FORM: AUDIT GRANT CHECKLIST - V.1



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

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

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

Note: All documents must be complete signed copies.

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

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Fire/EMD Department
 ACCOUNT NAME: Prior Grant Reimbursement
 FUND NUMBER AND NAME: (N/A FOR NEW FUND) 101000 - General Fund
 CFDA # (Required for Federal Grants): 97.036
 DATE PREPARED: January 10, 2013

APPROVED
 AMENDED BUDGET
 (IF APPLICABLE)

OBJECT	ORIGINAL BUDGET	AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
48401	229,086.57			229,086.57
				\$0.00
				\$0.00
Total:	229,086.57	\$0.00	\$0.00	229,086.57
EXPENSE (5_____)				
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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PW-00297

CONTRACTOR LEGAL NAME: Town of Gloucester (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: CDA Massachusetts Emergency Management Agency MMARS Department Code: CDA	
Legal Address: (W-9, W-4,T&C): 9 Dale Avenue, Gloucester, MA 01930		Business Mailing Address: 400 Worcester Road, Framingham, MA 01702	
Contract Manager: Ms. Carolyn Kirk		Billing Address: (if different):	
E-Mail: ckirk@gloucester-ma.gov		Contract Manager: Paula Krumsiek, Contract Specialist	
Phone: 978-262-4100	Fax:	E-Mail: Paula.Krumsiek@state.ma.us	
Contractor Vendor Code: VC6000192896		Phone: 508-820-1424	Fax: 508-820-1404
Vendor Code Address ID (e.g. "AD001"): AD ____ (Note: The Address ID Must be set up for EET payments.)		MMARS Doc ID(s): CTREMA4110GLOUC00297	
		RFR/Procurement or Other ID Number: FEMA-4110-DR-MA February 2013 Blizzard	
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input 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 checked="" type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__ Enter Amendment Amount: \$ _____ (or "no charge") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$8,649.30			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EET 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __% PPD; Payment issued within 20 days __% PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: __ agree to standard 45 day cycle __ statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) (Reference CFDA # 97 036) PW-00297 To reimburse for FEMA 4110 February 8-9, 2013 Blizzard - The applicant took such actions as necessary to save lives, protect public health and safety and protect improved property Good Harbor. Assistance for restoration of publicly owned parks, recreational areas, and other facilities under Category G under the FEMA Public Assistance Program			
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 <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> . <input checked="" type="checkbox"/> 3. were incurred as of 2/8/2013, 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 12/31/2013, 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 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>Carolyn A. Kirk</u> Date: <u>10/30/13</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 Mahr</u> Date: <u>10/20/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mahr</u> Print Title: <u>Chief Fiscal Officer</u>	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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PW-00298

CONTRACTOR LEGAL NAME: Town of Gloucester (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: CDA Massachusetts Emergency Management Agency MMARS Department Code: CDA	
Legal Address: (W-9, W-4,T&C): 9 Dale Avenue, Gloucester, MA 01930		Business Mailing Address: 400 Worcester Road, Framingham, MA 01702	
Contract Manager: Ms. Carolyn Kirk		Billing Address (if different):	
E-Mail: ckirk@gloucester-ma.gov		Contract Manager: Paula Krumsiek, Contract Specialist	
Phone: 978-262-4100	Fax:	E-Mail: Paula.Krumsiek@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 508-820-1424	Fax: 508-820-1404
Vendor Code Address ID (e.g. "AD001"): AD__ (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CTFEMA4110GLOUC00298	
		RFR/Procurement or Other ID Number: FEMA-4110-DR-MA February 2013 Blizzard	
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input 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 checked="" type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>prior</u> to Amendment: ____, 20__ Enter Amendment Amount: \$ ____, (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option). The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$1,641.00			
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); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) (Reference CFDA # 97.036) PW-00298 To reimburse for FEMA 4110 February 8-9, 2013 Blizzard - The applicant took such actions as necessary to save lives, protect public health and safety and protect improved property Magnolia Harbor. Assistance for restoration of publicly owned parks, recreational areas, and other facilities under Category G under the FEMA Public Assistance Program.			
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 <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> . <input checked="" type="checkbox"/> 3. were incurred as of 2/8/2013, 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 12/31/2013, 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 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>[Signature]</u> Date: <u>10/30/13</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>[Signature]</u> Date: <u>10/30/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mahr</u> Print Title: <u>Chief Fiscal Officer</u>	

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PW-00308

CONTRACTOR LEGAL NAME: Town of Gloucester (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: CDA Massachusetts Emergency Management Agency HMARS Department Code: CDA	
Legal Address: (W-9, W-4,T&C): 8 Dale Avenue, Gloucester, MA 01930		Business Mailing Address: 400 Worcester Road, Framingham, MA 01702	
Contract Manager: Ms. Carolyn Kirk		Billing Address (if different):	
E-Mail: ckirk@gloucester-ma.gov		Contract Manager: Paula Krumsiek, Contract Specialist	
Phone: 978-282-4100	Fax:	E-Mail: Paula.Krumsiek@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 508-820-1424	Fax: 508-820-1404
Vendor Code Address ID (e.g. "AD001"): AD ___ (Note: The Address ID must be set up for EET payments.)		HMARS Doc ID(s): CTFEMA4110GLOUC00308	
RFR/Procurement or Other ID Number: FEMA-4110-DR-MA February 2013 Blizzard			
<input checked="" type="checkbox"/> NEW CONTRACT 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>Department Procurement</u> (includes State or Federal grants <u>815 CMR 2.00</u>) (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) <input checked="" type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__ Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) ___ <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. <input checked="" type="checkbox"/> 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. ___ <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): <u>\$2,428.86</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through <u>EFT</u> 45 days from Invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: ___agree to standard 45 day cycle ___ statutory/legal or Ready Payments (<u>G.L. c. 29, § 23A</u>); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) (Reference CFDA # 97.036) PW-00308 To reimburse for FEMA 4110 February 8-9, 2013 Blizzard - The applicant took such actions as necessary to save lives, protect public health and safety and protect improved property Gloucester PD. Assistance for emergency protective measures and debris removal under Category A&B under the FEMA Public Assistance Program			
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 <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> . <input checked="" type="checkbox"/> 3. were incurred as of <u>2/8/2013</u> , a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
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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>10/8/13</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 Mehr</u> Date: <u>10/24/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mehr</u> Print Title: <u>Chief Fiscal Officer</u>	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



PW-00300

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CONTRACTOR LEGAL NAME: Town of Gloucester (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: CDA Massachusetts Emergency Management Agency MMARS Department Code: CDA
Legal Address: (W-9, W-4, T&C): 9 Dale Avenue, Gloucester, MA 01930	Business Mailing Address: 400 Worcester Road, Framingham, MA 01702
Contract Manager: Ms. Carolyn Kirk	Billing Address (if different):
E-Mail: ckirk@gloucester.ma.gov	Contract Manager: Paula Krumsiek, Contract Specialist
Phone: 978-282-4100 Fax:	E-Mail: Paula.Krumsiek@state.ma.us
Contractor Vendor Code: VC6000192096	Phone: 508-820-1424 Fax: 508-820-1404
Vendor Code Address ID (e.g. "AD001"): AD__ (Note: The Address ID Must be set up for EFT payments.)	MMARS Doc ID(s): CTFEMA4110GLOUC00300 RFR/Procurement or Other ID Number: FEMA-4110-DR-MA February 2013 Blizzard
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input 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 checked="" type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)	<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__ Enter Amendment Amount: \$____, (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> <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 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$5,408,88	
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: <input type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discount 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.) (Reference CFDA # 97 036) PW-00300 To reimburse for FEMA 4110 February 8-9, 2013 Blizzard – The applicant took such actions as necessary to save lives, protect public health and safety and protect improved property Gloucester FD. Assistance for emergency protective measures and debris removal under Category A&B under the FEMA Public Assistance Program	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of ____, 20__, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input checked="" type="checkbox"/> 3. were incurred as of 2/8/2013, 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 12/31/2013, 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 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>Carolyn A. Kirk</u> Date: <u>10/8/13</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 Mahr</u> Date: <u>10-2-13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mahr</u> Print Title: <u>Chief Fiscal Officer</u>

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office of Administration and Finance (ANF), the Office of the Comptroller (TR) 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](#).

PW-00299

CONTRACTOR LEGAL NAME: Town of Gloucester (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: CDA Massachusetts Emergency Management Agency MMARS Department Code: CDA
Legal Address: (W-9, W-4,T&C): 9 Date Avenue, Gloucester, MA 01930	Business Mailing Address: 400 Worcester Road, Framingham, MA 01702
Contract Manager: Ms. Carolyn Kirk	Billing Address (if different):
E-Mail: ckirk@gloucester-ma.gov	Contract Manager: Paula Krumsiek, Contract Specialist
Phone: 978-282-4180 Fax:	E-Mail: Paula.Krumsiek@state.ma.us
Contractor Vendor Code: VC8000192098	Phone: 508-820-1424 Fax: 508-820-1404
Vendor Code Address ID (e.g. "AD001"): AD__ (Note: The Address ID must be set up for EFT payments.)	MMARS Doc ID(s): CTFEMA4110GLOUC00299 RFR/Procurement or Other ID Number: FEMA-4110-DR-MA February 2013 Blizzard
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input 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 <u>Employment Status Form</u> , scope, budget) <input checked="" type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)	<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__ Enter Amendment Amount: \$ ____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): \$209,787.43	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows. Payment issued within 10 days __% PPD; Payment issued within 15 days __% PPD; Payment issued within 20 days __% PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: __agree to standard 45 day cycle __ statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <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.) (Reference CFDA # 97.036) PW-00299 To reimburse for FEMA 4110 February 8-9, 2013 Blizzard - The applicant took such actions as necessary to save lives, protect public health and safety and protect improved property Townwide. Assistance for emergency protective measures and debris removal under Category A&B under the FEMA Public Assistance Program	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <ol style="list-style-type: none"> <input type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> <input type="checkbox"/> 2. may be incurred as of ____, 20__, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u>. <input checked="" type="checkbox"/> 3. were incurred as of 2/8/2013, 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 12/31/2013, 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 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>Carolyn Kirk</u> Date: <u>10/8/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Carolyn Kirk</u> Print Title: <u>Mayor</u>	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>David Mahr</u> Date: <u>10/28/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mahr</u> Print Title: <u>Chief Fiscal Officer</u>

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



PW-00524

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/osc under [OSD Forms](#).

CONTRACTOR LEGAL NAME: Town of Gloucester (and db/a):		COMMONWEALTH DEPARTMENT NAME: CDA Massachusetts Emergency Management Agency MARS Department Code: CDA	
Legal Address: (W-S, W-4, T&C): 9 Dale Avenue, Gloucester, MA 01930		Business Mailing Address: 406 Worcester Road, Framlingham, MA 01702	
Contract Manager: Ms. Carolyn Kirk		Billing Address (if different):	
E-Mail: ckirk@gloucester-ma.gov		Contract Manager: Paula Krumsiek, Contract Specialist	
Phone: 978-282-4100	Fax:	E-Mail: Paula.Krumsiek@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 508-820-1424	Fax: 508-820-1404
Vendor Code Address ID (e.g. "AD001"): AD (Note: The Address ID must be set up for EFT payments.)		MARS Doc ID(s): CTFEMA4110GLOUC00524	
RF/Procurement or Other ID Number: FEMA-4110-DR-MA February 2013 Blizzard			
<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 type="checkbox"/> <u>Department Procurement</u> (Includes State or Federal grants §15 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input checked="" 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)	
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PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
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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 <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> . <input checked="" type="checkbox"/> 3. were incurred as of 2/8/2013, 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.			
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AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>Carolyn A. Kirk</u> Date: <u>10/8/13</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 Mahr</u> Date: <u>10/28/13</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David Mahr</u> Print Title: <u>Chief Fiscal Officer</u>	

TAILS:

ENTITY ASSIGNED NUM: 000001

CB
12/5/13
80

LINE: 00001
TRANSACTION REF NUM: FEB 2013 BLIZZARD PW-00297 101000 145 48401
AMOUNT PAID: ✓ \$8,649.30
VOUCHER: FEB 2013 BLIZZARD PW-00297
PRC CDA11261300000000047355400 Worcester Rd
VOUCHER: FEB 2013 BLIZZARD PW-00297 6742
EMERGENCY MANAGEMENT AGENCY
508-820-2065

LINE: 00002
TRANSACTION REF NUM: FEB 2013 BLIZZARD PW-00298
AMOUNT PAID: ✓ \$1,641.90
VOUCHER: FEB 2013 BLIZZARD PW-00298
PRC CDA11261300000000047357400 Worcester Rd
VOUCHER: FEB 2013 BLIZZARD PW-00298
EMERGENCY MANAGEMENT AGENCY
508-820-2065

REPORT TOTALS: TOTAL TRANSACTIONS: 1

CREDITS: \$10,291.20

INTF2354140111000073
INTF2354140182000019

\$742.14
\$5,892.89

CB
11/8/13
80

TAILS:

ENTITY ASSIGNED NUM: 000001

LINE: 00001

TRANSACTION REF NUM: FEB 2013 BLIZZARD PW-00308

AMOUNT PAID: \$2,428.86

VOUCHER:

FEB 2013 BLIZZARD PW-00308

PRC CDA1028130000000037926400 Worcester Rd

VOUCHER:

FEB 2013 BLIZZARD PW-00308

EMERGENCY MANAGEMENT AGENCY

508-820-2065

101000 145 48401

6404

LINE: 00002

TRANSACTION REF NUM: FEB 2013 BLIZZARD PW-00300

AMOUNT PAID: \$5,406.88

VOUCHER:

FEB 2013 BLIZZARD PW-00300

PRC CDA1028130000000037928400 Worcester Rd

VOUCHER:

FEB 2013 BLIZZARD PW-00300

EMERGENCY MANAGEMENT AGENCY

508-820-2065

101000 145 48401

6405

LINE: 00003

TRANSACTION REF NUM: INTF2354140111000073

AMOUNT PAID: \$742.14

VOUCHER:

INTF2354140111000073

PRC DPHINTF2354140111000073250 Washington Street

VOUCHER:

INTF2354140111000073

DEPARTMENT OF PUBLIC HEALTH - Jamie

617-624.5823

292083 510 45800 --- 040

14 BOH Underage Drinking Fed Rev.
6406

ACVCTEDI-01 373
CITY OF GLOUCESTER

011301798

ACCOUNT NUMBER:
NOVEMBER 5, 2013

PAGE: 14435
00003

LINE: 00004

TRANSACTION REF NUM: INTF2354140182000019

AMOUNT PAID: \$5,892.89

VOUCHER:

INTF2354140182000019

PRC DPHINTF2354140182000019250 Washington Street

VOUCHER:

INTF2354140182000019

DEPARTMENT OF PUBLIC HEALTH Jamie

617-624.5823

292082 510 45800 --- 040

14 Mass Opioid Prevention
6407 Fed Rev.

REPORT TOTALS:

TOTAL TRANSACTIONS: 1

CREDITS: \$14,470.77

TY ASSIGNED NUM: 000001

CB
11-18-13
JK

LINE: 00001
TRANSACTION REF NUM: FEB 2013 BLIZZARD PW-00299
AMOUNT PAID: \$209,767.43
VOUCHER: FEB 2013 BLIZZARD PW-00299
PRC CDAL1061300000000041051400 Worcester Rd
VOUCHER: FEB 2013 BLIZZARD PW-00299
EMERGENCY MANAGEMENT AGENCY
508-820-2065

6524 101000 145 48401

LINE: 00002
TRANSACTION REF NUM: FEB 2013 BLIZZARD PW-00524
AMOUNT PAID: \$1,192.20
VOUCHER: FEB 2013 BLIZZARD PW-00524
PRC CDAL1061300000000041058400 Worcester Rd
VOUCHER: FEB 2013 BLIZZARD PW-00524
EMERGENCY MANAGEMENT AGENCY
508-820-2065

6525

REPORT TOTALS: TOTAL TRANSACTIONS: 1

CREDITS: \$210,959.63



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

MEMORANDUM

DATE: January 6, 2014

TO: Mayor Carolyn Kirk

FROM: Tom Daniel, Community Development Director ^{TMD}
Noreen Burke, Health Director
Gregg Cadematori, Planning Director

CC: Stephen Winslow, Senior Project Manager ^{SPW}
Lucy Sheehan, Senior Center Coordinator

Re: *Get Fit Gloucester!*: MA Council on Aging Grant Application:
Healthy Aging through Healthy Community Design

The Community Development and Health Departments seek your support and authorization to submit a grant application to the Massachusetts Council on Aging's Healthy Aging through Healthy Community Design Grant program in the amount of \$10,000. This grant program is being made only to communities that have Mass in Motion programs – such as Get Fit Gloucester!

The Community Development Department and the Metropolitan Area Planning Council will be initiating a Transit – Orientated Development (TOD) planning study of the Railroad Avenue area in Downtown Gloucester. The MBTA commuter rail stop and a Shaw's grocery store sit at the heart of the study area. Four major senior housing complexes sit near the TOD study area including the Clark Building and McPherson Park on Prospect Street, the Sheedy on Pleasant Street and the Willowood Gardens on Maplewood Avenue.

The proposed grant project would add a "Safe Routes for Seniors" element to the TOD study. The "Safe Routes for Seniors" would study the walkability of the Railroad Avenue area for seniors. Tasks would include: (1) a walk audit of the routes from the senior housing sites to Railroad Avenue, (2) outreach to the residents of the complexes and other seniors in Downtown through the Council on Aging, (3) identification of the key walking routes from senior housing to the Railroad Avenue area, and (4) proposals for improvements along the walking routes to make the Commuter Rail and grocery store more accessible for all seniors living downtown.

The Council on Aging / Senior Center will be involved in the walkability audit and the outreach to the residents of each of the housing complexes. MAPC will help facilitate the overall process. The final product will include a map showing the major walking routes for seniors, barriers to walkability along those routes and proposed improvements to reduce or eliminate those barriers.

Grant funds will support MAPC's development of the "Safe Routes for Seniors" element of the TOD study and for funding for the Senior Center to participate in the planning effort.



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

Granting Authority: State XX Federal _____ Other _____

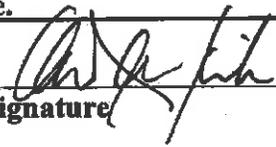
Name of Grant: MA Council on Aging: Healthy Aging through Healthy Community Design

Department Applying for Grant: Community Development Department

Agency-Federal or State application is requested from: MA Council on Aging

Object of the application: \$10000 grant for "Safe Downtown Routes for Seniors" Planning

Any match requirements: None.

Mayor's approval to proceed:  1-22-2014
Signature Date

City Council's referral to Budget & Finance Standing Committee: _____ 2014
Vote Date

Budget & Finance Standing Committee: _____ 2014
Positive or Negative Recommendation Date

City Council's Approval or Rejection: _____ 2014
Vote Date

City Clerk's Certification of Vote to City Auditor: _____ 2014
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

ACCOUNT BUDGET

DEPARTMENT NAME: Community Development

ACCOUNT NAME: FY 14 MA Council on Aging: Healthy Aging through Healthy Community Design

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

CFDA # (Required for Federal Grants):

DATE PREPARED: 1/6/2014

**APPROVED
AMENDED BUDGET**

OBJECT	ORIGINAL BUDGET	AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
	\$10,000.00		\$0.00	\$10,000.00
				\$0.00
				\$0.00
Total:	\$10,000.00	\$0.00	\$0.00	\$10,000.00
EXPENSE (5_____)				
Personnel	\$0.00			\$0.00
Consultants	\$9,600.00			\$9,600.00
Operating Expenses	\$400.00			\$400.00
				\$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** _____

Healthy Aging through Healthy Community Design Champions:

Responses to this RFP should include the following variables (and should not exceed 2 pages):

1. ***Mass in Motion Contact Information:***

Name: Stephen Winslow, Sr. Project Manager
Get Fit Gloucester!, City of Gloucester
3 Pond Road
Gloucester MA 01930
978-282-8007
swinslow@gloucester-ma.gov

2. ***Brief description of current activities impacting healthy aging, including any existing relationships with COA/Senior Center***

The Get Fit Gloucester! Partnership includes Hank Camille, the representative from the Gloucester Council on Aging. The Get Fit Gloucester! Project Manager meets on at least an annual basis with the Senior Center Director Lucille Sheehan. Get Fit Gloucester! and the Senior Center have collaborated on several initiatives including expanding the Cape Ann Farmer's Market Senior Coupon Program, the Gloucester Walks map developed by WalkBoston and summer walks.

The City's DPW Director Mike Hale serves on the Council Aging board.

3. ***Brief description of current healthy community design initiatives***

The City since 2009 has replaced or repaired over 11 miles of sidewalks in Gloucester including ADA ramp improvements. The City created the "Harbor Walk along portions of Gloucester's waterfront to attract tourists and local residents alike. Crosswalks have been re-striped using a bolder – ladder pattern to help make crossing the street safer for residents of all ages. The reconstruction of Burnham's Field will include paved pathways, benches and a public bathroom making this downtown park more accessible for seniors of the nearby Sheedy Apartments.

The City through its Community Development Department has been holding community forums to better connect downtown neighborhoods to the Main Street business district and the Gloucester waterfront. Gloucester's downtown has several large senior apartment buildings within the study area. The Healthy Gloucester Collaborative recently held a "World Café"; senior residents mentioned the need to provide more walkable routes to a major grocery store located next to the Gloucester MBTA commuter rail station.

4. Proposed grant project:

The Community Development Department and the Metropolitan Area Planning Council will be initiating a Transit – Orientated Development planning study of the Railroad Avenue area in Downtown Gloucester. The MBTA commuter rail stop and a major grocery store sit at the heart of the study area.

Four major senior housing complexes sit near the TOD study area including the Clark Building and McPherson Park on Prospect Street, the Sheedy on Pleasant Street and the Willowood Gardens on Maplewood Avenue.

The proposed grant project would add a “Safe Routes for Seniors” element to the TOD study. The “Safe Routes for Seniors” would study the walkability of the Railroad Avenue area for seniors. Tasks would include: (1) a walk audit of the routes from the senior housing sites to Railroad Avenue, (2) outreach to the residents of the complexes and other seniors in Downtown through the Council on Aging, (3) identification of the key walking routes from senior housing to the Railroad Avenue area, and (4) proposals for improvements along the walking routes to make the Commuter Rail and grocery store more accessible for all seniors living downtown.

The Council on Aging / Senior Center will be involved in the walkability audit and the outreach to the residents of each of the housing complexes. WalkBoston’s assistance will be helpful with the walkability audit. MAPC will help facilitate the overall process. The final product will include a map showing the major walking routes for seniors, barriers to walkability along those routes and proposed improvements to reduce or eliminate those barriers.

5. Budget: Costs for proposed project and any necessary, related information.

Tasks	Cost	Explanation
1. Walk Audit	\$1600	~16 hours of time by COA a \$25/hr (\$400) plus Technical Staff budget of \$1200
2. Senior Outreach	\$1600	~16 hours of time by COA a \$25/hr (\$400) plus Technical Staff budget of \$1200
3. Map Major Walk Routes	\$3200	~16 hours of time by COA a \$25/hr (\$400) plus Technical Staff budget of \$2800
4. Proposal to Reduce Barriers	\$3200	~16 hours of time by COA a \$25/hr (\$400) plus Technical Staff budget of \$2800
Materials	\$400	
TOTAL	\$10,000	\$1600 Gloucester Council on Aging, \$8000 Technical Staff, \$400 Materials

Healthy Aging through Healthy Community Design Champions

Application for Funding for Mass in Motion Communities

Background and Purpose:

Healthy community design brings evidence-based health strategies into community planning, transportation, and land-use decisions with the goal of creating opportunities for active living and easy access to healthy food. It is imperative that these strategies consider impacts on all residents and across the life span. This approach is embodied by the “8 to 80” concept: If you create a city that’s good for an 8 year old and good for an 80 year old, you will create a successful city for everyone.

MDPH in partnership with the Massachusetts Council on Aging is making available 5 grants of up to \$10,000 each to Mass in Motion communities to support pilot projects that integrate Senior Centers/Councils on Aging into their healthy community design related projects. These grants can be used to build relationships with Senior Centers/Councils on Aging or used to enhance/expand existing initiatives. For example:

- A community focusing on Safe Routes to School or other walkability/bikeability projects can use these funds to ensure efforts are positively impacting older adults’ opportunities for active living;
- Funds can be used to initiate a broad planning process with a Senior Center focused on ensuring healthy aging principles are incorporated into a communities master planning process;
- Funds can be used to assess transportation or other built environment related barriers to older adults’ access to healthy food.

This grant funded project is not meant to be used for programmatic strategies related to healthy aging (e.g. supporting chronic disease self-management programs).

Grants may be used for:

- Compensating COA/Senior Center staff time to ensure participation in planning
- MiM staff time (not supplanting)
- Promotional materials
- Direct costs associated with implementation of chosen healthy community design strategies

Grants may not be used for:

- Supplanting existing public funding

Expectations for Healthy Aging through Healthy Community Design Champions:

- Healthy Aging through Healthy Community Design Champions will be expected to complete a final report on how the use of the grant funds and the related improvements affected their healthy community design strategies as well as how they will sustain the changes in the future. (Approximate due date in September 2014.)
- Healthy Aging through Healthy Community Design Champions will participate in the April 28th Mass in Motion Action Institute to share best practices and lessons learned to-date

Healthy Aging through Healthy Community Design Champions:

Responses to this RFP should include the following variables (and should not exceed 2 pages):

1. ***Mass in Motion Contact Information:*** Name, address, telephone and e-mail
2. ***Brief description of current activities impacting healthy aging, including any existing relationships with COA/Senior Center***
3. ***Brief description of current healthy community design initiatives***
4. ***Proposed grant project:*** applicant must describe how their local Senior Center/COA will be involved with the effort. Note that awardees will be provided with access to a limited amount of technical assistance that will be negotiated with each awardee. For example, a community can request that Walk Boston assist with a walkability assessment; request that a facilitator help with a visioning process or; request that a regional planning agency assist with reviewing existing zoning/regulatory barriers to healthy aging. The applicant should describe their anticipated technical assistance needs.
5. ***Budget:*** Costs for proposed project and any necessary, related information.

Application Deadline and/or Questions: The application is due on **January 13th, 2014 at 5:00 pm** and should be e-mailed to Dave Stevens, Executive Director of MCOA at david@mcoaonline.com.

Ben Wood (ben.wood@state.ma.us) at MDPH should be cc'd on this email submission. Questions are welcome; please e-mail or call (413-586-7525) Ben Wood.

Award Announcements and Project Start Dates: Anticipated to be February 3rd, 2014. Projects will be completed by September 30th, 2014.



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

MEMORANDUM

DATE: January 7, 2014
TO: Mayor Carolyn Kirk
FROM: Tom Daniel, Community Development Director
Noreen Burke, Health Director
CC: Stephen Winslow, Senior Project Manager *SPW*
Sally Pozin, Personnel Director
Re: **Get Fit Gloucester! Workplace Wellness Initiative**
Addison Gilbert & Beverly Hospitals' Community Collaborative Grant

The Community Development and Health Departments are pleased to report the City has been selected to receive an Addison Gilbert & Beverly Hospitals' Community Collaborative Grant of \$6000 to fund the implementation of the Get Fit Gloucester! Workplace Wellness Initiative in 2014. The Initiative will follow the guidance provided by the "Mass in Motion Workplace Wellness Toolkit" developed by the MA Department of Public Health¹.

Get Fit Gloucester! annually develops a work plan to identify initiatives that help create a Fit Friendly! Gloucester. The MA Department of Public Health provides Mass in Motion partners guidance on initiatives that have proven through research to promote healthier lifestyles. Workplace wellness initiatives improve employee health and have also been shown to provide fiscal benefits. *In one study, every dollar invested in workplace wellness resulted in six dollars of benefit for employers* through reduced healthcare and absentee costs. Harvard Pilgrim Healthcare provided the Health Department a study of the City's healthcare costs that indicates a workplace wellness program focused on steps to address hypertension, diabetes and obesity will have substantial health benefits and cost savings.

Get Fit Gloucester! will use \$6000 in Year 5 Mass in Motion funds for the initial assessment and planning phase. The \$6000 Addison Gilbert & Beverly Hospitals' Community Collaborative Grant will fund the implementation of the workplace wellness plan developed by the Initiative. The implementation phase can include yoga and nutrition classes, encouraging employees to be more active and eat healthier.

Please forward the grant award to the City Council for their review and acceptance and sign the attached grant agreement.

¹ A copy of the table of context of the Mass in Motion Toolkit is included at the end of the grant application attached to this memo.



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

Granting Authority: State _____ Federal _____ Other XX

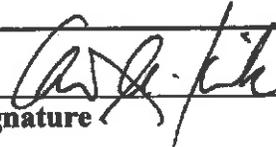
Name of Grant: Addison Gilbert & Beverly Hospital Community Collaborative Grant

Department Applying for Grant: Community Development Department

Agency-Federal or State application is requested from: _____

Object of the application: \$6000 grant to support Get Fit Gloucester! Workplace Wellness Initiative

Any match requirements: None. \$6000 in Mass in Motion Year 5 funds will be used for planning

Mayor's approval to proceed:  1-22-2014
Signature Date

City Council's referral to Budget & Finance Standing Committee: _____ 2014
Vote Date

Budget & Finance Standing Committee: _____ 2014
Positive or Negative Recommendation Date

City Council's Approval or Rejection: _____ 2014
Vote Date

City Clerk's Certification of Vote to City Auditor: _____ 2014
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

ACCOUNT BUDGET

DEPARTMENT NAME: Community Development

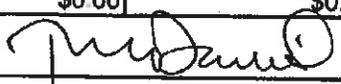
ACCOUNT NAME: FY 14 Northeast Health System - Get Fit Gloucester!

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

CFDA # (Required for Federal Grants): _____

DATE PREPARED: 1/6/2014

OBJECT	ORIGINAL BUDGET	APPROVED		REVISED BUDGET
		AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4____)				
	\$6,000.00		\$0.00	\$6,000.00
				\$0.00
				\$0.00
Total:	\$6,000.00	\$0.00	\$0.00	\$6,000.00
EXPENSE (5____)				
Personnel	\$300.00			\$300.00
Consultants	\$4,500.00			\$4,500.00
Operating Expenses	\$1,200.00			\$1,200.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$6,000.00	\$0.00	\$0.00	\$6,000.00

DEPARTMENT HEAD SIGNATURE 

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____



Addison Gilbert Hospital

A member of Lahey Health

298 Washington Street
Gloucester, MA 01930

978.283.4000 P
addisongilbert.org

December 20, 2013

Mr. Stephen Winslow
Senior Project Manager
Get Fit Gloucester!
3 Pond Road
Gloucester, MA 01930

Dear Stephen:

The grant review team has met and reviewed your recent proposal for the Addison Gilbert and Beverly hospitals Community Collaborative Grant. I am delighted to notify you that your grant application was approved in the amount of \$6,000.00.

With this grant award, we ask that you sign the enclosed copies of the Terms of Award Agreement. Please keep one signed copy for your records and return one signed copy to Gerald B. MacKillop, Jr., Associate Director, Community Relations. Grant recipients must submit the signed Terms of Award Agreement to Addison Gilbert and Beverly hospitals in order to receive grant funds.

Additionally, I am enclosing a report form, which we ask our grant recipients to complete within twelve months to summarize the project accomplishments. We look forward to receiving your final report by January 23, 2015 describing your achievements under the Addison Gilbert and Beverly hospitals' Community Collaborative Grant.

If you have any questions about this grant award, please contact Gerald B. MacKillop, Jr., Associate Director, Community Relations at 781.744.5942 or him at gerald.b.mackillop@lahey.org

We wish you success in your project.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis S. Conroy".

Denis S. Conroy
Chief Executive Officer
Addison Gilbert and Beverly hospitals

Enclosures: Terms of Award Agreement (2 copies)
Report Form

Final Report Form

Addison Gilbert & Beverly hospitals' Community Collaborative Grant

Name of Organization or Group:	
Address:	
City, State, Zip	
Fiscal Agent (if different from your organization):	
Project Title:	
Grant Category:	
Grant Amount:	
Grant Contact Person:	
Title:	
Phone:	
Email (required):	
Period that this report covers:	

Please respond to each of the following questions using up to 3 (three) pages in total, not including the cover page. Your responses should focus specifically on the funded project or program, if applicable, or in the case of general operating grants, on your entire organization.

1. Referring to the goals and objectives described in your original grant request (or any revisions submitted subsequent to the grant award), please indicate the following:
 - a. What were your major accomplishments?
 - b. What steps or actions were used to meet your objectives and goals?
 - c. What measures were used to determine your progress?
 - d. What were the unexpected results or key learning's from your project/program?
2. Describe any setbacks encountered during the period of this grant.
 - a. How did these setbacks impact your organization or project?
 - b. How were these setbacks addressed?
3. Who else has funded this project (or your organization), and at what level? If total proposed budget amount was not raised, indicate if program goals were altered in any way.
4. What steps are being made to ensure the sustainability of your project or organization beyond this grant period?
5. If your program involved collaboration with other organizations, please comment on its effect upon the program.

Please provide the following additional attachments, if appropriate:

- Promotional/dissemination materials (i.e. brochures, flyers, ad copy)
- News clippings
- Other

FINAL REPORTS MUST BE SUBMITTED NO LATER THAN January 23, 2015 to:

Gerald B. MacKillop Jr. MBA, Associate Director, Community Relations

Lahey Health System

41 Mall Road, Burlington, MA 01805

Phone: 781.744.5942 email: gerald.b.mackillop@lahey.org

Terms of Award Agreement

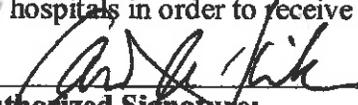
Addison Gilbert & Beverly hospitals' Community Collaborative Grant

Addison Gilbert & Beverly hospitals has voted to approve a grant in the amount of \$6,000.00 for your project.

With this grant award, we ask that you comply with the following terms required by Northeast Hospital Corporation.

- Identify Northeast Hospital Corporation as a co-sponsor of events/activities in any media and/or public relationship efforts related to the Addison Gilbert & Beverly hospitals' Community Collaborative Grant
- Submit a final report by January 23, 2015 on your Addison Gilbert & Beverly hospitals's Community Collaborative Grant
- Please use the enclosed report form to summarize the project accomplishments. Please enclose copies of any press coverage related to this grant or project.

If you agree to the aforementioned terms of award, please sign both copies of the Terms of Award Agreement to accept this grant. Grant recipients must submit the signed Terms of Award Agreement to Addison Gilbert & Beverly hospitals in order to receive grant funds.



Authorized Signature:

Carolyn A. Kirk Mayor

Name and Title

Name of Organization or Group:

Date of Acceptance

Please keep one (1) signed copy for your records and return one (1) signed copy to:

**Gerald B. MacKillop Jr. MBA,
Associate Director, Community Relations
Lahey Health System
41 Mall Road
Burlington, MA 01805**

Terms of Award Agreement

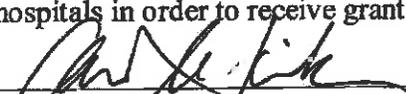
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- Submit a final report by January 23, 2015 on your Addison Gilbert & Beverly hospitals's Community Collaborative Grant
- Please use the enclosed report form to summarize the project accomplishments. Please enclose copies of any press coverage related to this grant or project.

If you agree to the aforementioned terms of award, please sign both copies of the Terms of Award Agreement to accept this grant. Grant recipients must submit the signed Terms of Award Agreement to Addison Gilbert & Beverly hospitals in order to receive grant funds.



Authorized Signature:

Carolyn A. Kirk, Mayor

Name and Title

Name of Organization or Group:

Date of Acceptance

Please keep one (1) signed copy for your records and return one (1) signed copy to:

**Gerald B. MacKillop Jr. MBA,
Associate Director, Community Relations
Lahey Health System
41 Mall Road
Burlington, MA 01805**

Addison Gilbert & Beverly Hospitals' Community Collaborative Grant

Get Fit Gloucester! Workplace Wellness Initiative

APPLICATON COVER PAGE

Name of Organization or Group:	Get Fit Gloucester!, City of Gloucester
Address:	3 Pond Road
City, State, Zip	Gloucester MA 01930
Project Title:	Get Fit Gloucester! Workplace Wellness Initiative
Grant Category:	Category 2: Chronic Disease Management
Amount of Funding Requested:	\$6000
Contact Person:	Stephen Winslow
Title:	Sr. Project Manager, Get Fit Gloucester!
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

1. Provide a brief project abstract. Include: a brief statement identifying the project, its goals, and intended outcomes. Identify the target population and main strategies. Identify if this is a new program/concept, or building on services that exist. Include the community(ies) in which the program or service will be delivered, as well as the estimated number of people that will be impacted.

The Get Fit Gloucester! Workplace Wellness initiative will implement new policies and pilot programs at worksites of the City of Gloucester that encourage employees and their dependents to be more active and eat healthier both during and after work. The initiative addresses both hypertension and diabetes that data indicate have higher prevalence in Gloucester City employees and their dependents.

The target population will be sedentary adults. The initial goals will be modest, to implement wellness policies at three work locations and achieve a participation rate of 4% of the target population (approximately 70 individuals) in specific programs offered through the Workplace Wellness initiative.

Get Fit Gloucester! will use the Mass in Motion Workplace Wellness Toolkit as the guide to develop this initiative. That toolkit sets out an employee driven process to assess each workplace and propose policies, environmental changes and programs that will promote active lifestyles and access to healthier foods.

2. Provide a full description of the project, including: demonstrated need (quantitative and qualitative data), strategies, and how they will be implemented. In addition, clearly define each collaborating organization and its specific role with the project. Collaborative roles will be reviewed against your narrative, action plan, program budget and references.

Need: The recent Community Health Assessment conducted by Lahey indicates that adults in Gloucester have higher rates of diabetes and hypertension than other communities and rates of overweight/obesity over 50%. An analysis by Harvard Pilgrim of the City of Gloucester's diabetic employees and dependents indicates a workplace wellness program that targets both hypertension and diabetes will improve health outcomes and result in medical cost savings for both employees and the City. Of the 1754 people served by the City's health plan, 705, or 40% have recently been treated for diabetes, hypertension, heart disease or related ailments.

Having a healthier workforce benefits both employers and employees. There is expanding evidence that Worksite Wellness Programs not only improve individual employee health but

- reduce sick leave absenteeism by 28%,*
- reduce healthcare costs by 26%,*
- reduce workers' compensation by 30%,*
- and produce a \$5.93-to-\$1 savings-to-cost ratio.*

Strategies: Active living, healthy eating, managing stress, and avoiding tobacco are essential in lowering the risk of chronic disease. The majority of adults spend most of their waking hours at

work. The Worksite can make it easier for employees to change their behaviors by creating a culture of health. The Get Fit Gloucester! Workplace Wellness Initiative will follow the model set for the in MA DPH Workplace Wellness Toolkit. The MiM Toolkit provides a guide for employers, employees, and their loved ones to change their environment and behaviors to improve health and reduce the burden of chronic disease.

***Implementation:** A Wellness Committee will be established. The Committee will use the guidance and worksheets in the MiM Toolkit to gather information from their workplace and co-workers to identify needs and interest. That information will be used to develop goals and objectives for a Workplace Wellness Plan. Based on the Plan, Get Fit Gloucester! will work to implement interventions proposed in the Plan.*

***Collaborations:** The Get Fit Gloucester! Partners will be tapped to collaborate in the initiative. Such collaborations could include: (1) offering discounts or special classes for City Employees at fitness clubs / YMCA, (2) nutrition education through the Open Door, (3) gardening expertise through the Backyard Growers, (4) Diabetes Free America programs funded by health insurance program. One possibility the City will explore is whether health insurer's would provide employees fitness debit cards that can be used at local health clubs, the Capé Ann Farmer's Market etc to promote more physical activity and consumption of healthy foods.*

MiM Worksite Wellness Program Development Cycle

The following is a brief overview of the planning steps laid out in the MiM Toolkit:

- 1. Obtain Mandate for Wellness Initiative** – in this step the mandate for the wellness program is obtained from senior management. *Mayor Kirk has informally expressed her support for this initiative and will be meeting in January to fully discuss her role in promoting and implementing the initiative.*
- 2. Compose Wellness Team** – the wellness team is identified, mobilized and a structure is established for the planning effort. *Get Fit Gloucester! has submitted this request to the Mayor. The City's Personnel Director is reaching out to Department heads to secure their participation.*
- 3. Research & Discovery/Identify Needs** – in this step a variety of organizational data is gathered relevant to the worksite population and existing programs. The material is evaluated to answer specific questions and identify key characteristics about the target population, and identify and document interests and needs for the proposed worksite wellness program. *The Get Fit Gloucester! Project Manager will coordinate this effort with the Wellness Committee. The City has engaged the services of a local Workplace Wellness expert, Mary Grazen-Browne to assist with this effort.*
- 4. Formulate Goals & Objectives** – wellness program goals and objectives are defined using information from the research and discovery activities.
- 5. Plan Development** – interventions are selected and program activities defined to accomplish the program goals and objectives. The anticipated effect and outcome measures are defined and will serve as the means by which program results are measured going forward.

Mary Grazen-Browne will provide her expertise in identifying interventions and local resources to achieve goals and objectives of the initiative. .

6. Plan Approval – in this step the detailed program proposal including economic justification is developed, then submitted for review and approval to garner full support for the plan.

7. Implement Plan– this step encompasses the tasks for developing the full program implementation plan and carrying out the plan.

Addison Gilbert & Beverly Hospitals' Community Collaborative Grant. funds will be focused on implementation of the Plan. Such activities could range from Yoga for Stress Management to on-site health monitoring for the most at-risk employees.

3. Provide a project plan. Outline specific project goals and objectives, correlating activities, measures, and timeline, and entity responsible for implementing.

Goal 1: Have at least 4% (70) of City Employees Participate in a Workplace Wellness Program in 2014

Objective 1. Develop a Workplace Wellness Plan based on input from the Workplace Wellness Committee research that proposes activities that can prevent chronic diseases..

Strategies/Activities	Benchmark/Measures	Timeline	Responsible
1. Mayor Kirk announces commitment to initiative	Mayor announces	1/31/2014	Mayor Kirk
2. Workplace Wellness Committee Formed and Conducts Research	Committee Meets Research Conducted	2/1/2014 to 3/31/2014	Stephen Winslow, Get Fit Gloucester! Committee
3. Workplace Wellness Plan Developed	Draft Goals / Objectives Identify Interventions, Environmental and Policy Changes	4/1/2014 to 5/15/2014	SPW, Committee Mary Grazen- Browne

Objective 2. Implement Interventions Proposed in the Workplace Wellness Plan

Strategies/Activities	Benchmark/Measures	Timeline	Responsible
1. Identify Local Collaborators and Resources to Implement Interventions	Collaborators Committed Resources Secured	4/1/2014 to 9/30/2014	SPW, Get Fit Gloucester Partners!
2. Implement Interventions	Resources Committed Interventions Implemented Participation Tracked	5/16/ 2014 to 12/15/2014	SPW, Others TBD
3. Collect Data on Participation	Data collected and analyzed	5/16/ 2014 to 12/31/2014	SPW, Committee

Goal 2: Implement Workplace Wellness Environmental or Policy Changes at 3 Locations

Strategies/Activities	Benchmark/Measures	Timeline	Responsible
1. Describe Policy and Environmental Changes	Policy drafted. Environmental Change Specifications	4/1/2014 to 6/30/2014	SPW, Committee
2. Secure Approval of Key Decision Makers	Approval Secured	4/1/2014 to 6/30/2014	SPW, Others TBD
3. Implement Policy / Environmental Changes	Policy in place Environmental Change Occurs	7/1/2014 to 9/30/2014	Responsible Entity
4. Collect Data on Impact of Change	Data collected and analyzed	7/1/ 2014 to 12/31/2014	SPW, Committee

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

The Worksite Wellness Committee and the Get Fit Gloucester! Project Manager will track the participation rates of particular programs implemented as part of the Worksite Wellness Plan and document policy and environmental changes that are implemented at each work site.

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.

- *Policy and environmental changes are expected to be permanent so that they will have long-term impacts beyond 2014.*
- *Proposed interventions will be pre-screened to determine if they can be continued in the long-term through community collaborators or be supported by fitness funds provided by the City's health insurance providers.*
- *The Workplace Wellness Plan will identify the City staff responsible for sustaining the effort beyond the initial pilot.*
- *The initiative plans to utilize and expand the skills of a Gloucester based Workplace Wellness expert who will be available and familiar with the City's wellness needs beyond the initial phase of the 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.

The City of Gloucester has one of the largest work forces in the City As the Harvard Pilgrim data shows, 40% of employees and their dependents have been treated for ailments that could be improved through a Workplace Wellness Initiative. Healthy City employees can better serve the community and financial savings on health care costs can help Gloucester achieve other important priorities such as high-student achievement and improving parks and open space. If the grant is not received, only a portion of the project can be funded through Get Fit Gloucester! Funding would need to be found for any Plan proposals for health, nutrition or exercise classes.

7. Budget

APPLICATION BUDGET

Organization Name: Get Fit Gloucester!, City of Gloucester
Project Title: Get Fit Gloucester! Workplace Wellness Initiative
Total program budget: \$17,000 **Total being requested:** \$6,000

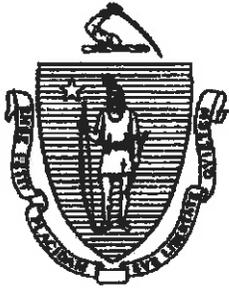
Expense Category	Funding Request	In-Kind or Other Funding Sources (MiM)	Total Budget
Personnel			
Get Fit Gloucester! Project Manager		\$4,920	\$4,920
Fringe 1.6%		\$80	\$80
Subtotal Personnel		\$5,000	\$5,000
Program Expenses			
Workplace Wellness Consultant		\$4,500	\$4,500
Intervention Subcontractors	\$4,500	TBD	\$4,500
Printing	\$200	\$200	\$400
Equipment / Environmental Δ	\$1,000	\$1,000	\$2,000
Sub Total	\$5700	\$5700	\$11,400
Administrative Costs (5%)	\$300	\$300	\$600
TOTAL	\$6,000	\$11,000	\$17,000

Budget Narrative

Personnel: The Project Manager will dedicate at least 10% of his time to oversee the implementation of the project (3.5 hours a week for 52 weeks). This will be funded through the City's Mass in Motion grant.

Program Expenses: The City will engage a local Workplace Wellness expert to help develop the City's Workplace Wellness Plan. This is an allowable expense under the Mass in Motion grant and will be funded entirely with that state grant. The Consultant will provide 60 hour of services over the 1st six months of the program at an hourly rate of \$75.00 per hour. The hours and rates of the Wellness Program subcontractors will be developed during the creation of the Workplace Wellness Plan. The Mass in Motion grant has restrictions on providing direct programs to a client population so the City expects that most of the Wellness Intervention subcontractors and environmental intervention costs will be funded by the AGH grant or insurance providers. \$400 has been budgeted to printing to allow publicity for Workplace Wellness programs and policies; this is split evenly between the AGH and MiM grants.

Administrative costs will be \$600. The funds budgeted to administrative costs may be used for additional printing, subcontractor or equipment costs.



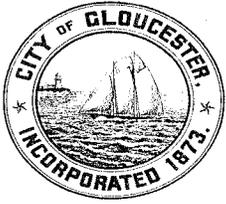
Commonwealth of Massachusetts
Department of Public Health

Worksite Wellness Program Toolkit

Version 3.3, June 2012

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**CITY OF GLOUCESTER 2014
CITY COUNCIL ORDER**

ORDER: CC#2014-001
COUNCILLOR: Greg Verga and Paul McGeary

DATE RECEIVED BY COUNCIL: 01/14/14
REFERRED TO: B&F & Police Dept .
FOR COUNCIL VOTE:

ORDERED that the Budget and Finance Committee in consultation with the Police Department and local merchants consider the feasibility of the City of Gloucester adopting certain days as “parking meter holidays” to begin in fiscal year 2014; and further

ORDERED that these days consist of the so-called Black Friday and Small Business Saturday dates around the Thanksgiving holiday and that these “parking meter holidays” also coincide with any “sales-tax holidays” adopted by the Massachusetts State Legislature; and further

ORDERED that these local “parking meter holidays” would require no payment to parking meters/kiosks, however, time limits and anti-shuffling rules would still be enforced; and further

ORDERED that this matter be referred to the Budget and Finance Committee for review and recommendation.

Greg Verga
Councillor at Large

Paul McGeary
Ward 1 Councillor