



GLOUCESTER CITY COUNCIL
Budget & Finance Committee
Thursday, June 5, 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. **Letter from Gloucester Fishermen Athletic Association re: Donation in the amount of \$2,500 to be used specifically for providing supervisory/security personnel at Newell Stadium for evening and weekend hours until July 1, 2014.**
2. **Memorandum from the Community Development Director & Public Health Director re: City Council acceptance of Get Fit Gloucester! Mass in Motion Year 6 grant award in the amount of \$25,000**
3. **Special Budgetary Transfer Request (2014-SBT-36) from the Department of Public Works**
4. **Special Budgetary Transfer Request (2014-SBT-37) from the Department of Public Works**
5. **Special Budgetary Transfer Request (2014-SBT-38) from the Department of Public Works**
6. **Special Budgetary Transfer Request (2014-SBT-39) from the Department of Public Works**
7. **Special Budgetary Transfer Request (2014-SBT-40) from the Department of Public Works**
8. **Special Budgetary Transfer Request (2014-SBT-41) from the Department of Public Works**
9. **Special Budgetary Transfer Request (2014-SBT-42) from the Department of Public Works**
10. **Special Budgetary Transfer Request (2014-SBT-43) from the Department of Public Works**
11. **Special Budgetary Transfer Request (2014-SBT-44) from the Department of Public Works**
12. ***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
Kenny Costa
John Dunn
Mike Hale/Mark Cole
Tom Daniel/Stephen Winslow

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.

Gloucester Fishermen Athletic Association

P.O. Box 3010, Gloucester, MA 01931-3010

**GFAA Board
Of Directors:**

**David R. Amero
GFAA President**

May 23, 2014

**Linda Rogers
Vice President**

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

**Timothy Philpott
Treasurer**

**Ellen Preston
Clerk**

RE: Newell Stadium

Pamela Ashe

Dear Mayor Kirk,

Roger Corbin

On behalf of the Gloucester Fishermen Athletic Association please find the enclosed donation of \$2,500. We request that this gift be used for the exclusive purpose of providing supervisory/security personnel down at Newell Stadium for evening and weekend hours until July 1, 2014..

Paul Ingram

Clare MacDonald

Kristin Michel

We appreciate the City's commitment to keeping the facility clean and safe from faulty use or vandalism.

Robert Parsons

Jay Somers

Sincerely,

June Steel



Richard Wilson

Timothy J. Philpott, CPA

**Jonathan Pope
President
Emeritus**

CASH ONLY IF ALL CheckLock SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Gloucester Fishermen Athletic Association

P.O. Box 3010
Gloucester, MA 01931-3010

CAPE ANN SAVINGS BANK
GLOUCESTER, MA 01930

1343

05/23/2014

PAY TO THE
ORDER OF

City of Gloucester

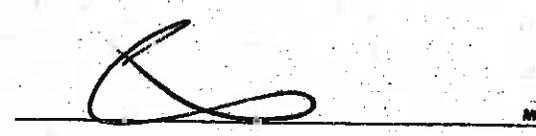
\$*2,500.00

Two Thousand Five Hundred and 00/100*****

DOLLARS

City of Gloucester
9 Dale Avenue
Gloucester, MA 01930

Donation to cover Newell Supervision



Gloucester Fishermen Athletic Association

City of Gloucester

1343

Date	Type	Reference	Original Amt.	Balance Due	05/23/2014 Discount	Payment
05/23/2014	Bill	Newell Gift	2,500.00	2,500.00		2,500.00
					Check Amount	2,500.00

CASB - Checking	Donation to cover Newell Supervision	2,500.00
-----------------	--------------------------------------	----------



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

MEMORANDUM

DATE: May 12, 2014

TO: Mayor Carolyn Kirk

FROM: Tom Daniel, Community Development Director *TD*
Noreen Burke, Health Director *NB*

CC: Stephen Winslow, Senior Project Manager *SW*

Re: *Get Fit Gloucester!*: Mass in Motion Year 6 Grant

The Community Development and Health Departments are pleased to report that Massachusetts Department of Public Health and associated funding partners will provide the City an additional 4 1/2 month grant totaling \$25,000 for the Mass in Motion Municipal Wellness and Leadership Program that funds *Get Fit Gloucester!* The grant award for Year 6 covers the period from May 15, 2013 through September 30, 2014. Mass in Motion is a statewide movement that promotes opportunities for healthy eating and active living in the places people live, learn, work and play. The ultimate goal of Mass in Motion is to reduce obesity and chronic diseases such as diabetes, heart attacks and stroke.

We respectfully request the City accept this grant allowing Gloucester to participate in the Mass in Motion initiative and continue its support of *Get Fit Gloucester!*.

PS: Two items related to future funding for *Get Fit Gloucester!*

- (1) The City has received permission to spend past year Mass in Motion grant funds until December 31, 2014.
- (2) Due to funding changes at the federal and state level, Mass in Motion grants will be awarded on a competitive basis going forward. MA DPH has issued an RFP for funding starting October 1, 2014. The RFP reduces overall Mass in Motion funding and only allows cities or municipal coalitions with over 35,000 residents are eligible to apply. As a result, *Get Fit Gloucester!* must either become regionalized or be funded through another source beginning January 1, 2015. At the moment we're reaching out to our neighboring Cape Ann communities to assess their interest in partnering up on a grant application.



Health Resources in Action
Advancing Public Health and Medical Research

95 Berkeley Street, Suite 208
Boston, MA 02116
617.451.0049 | Fax: 617.451.0062
TTY: 617.451.0007 | www.hria.org

May 7, 2014

Gregg Cademartori
Acting Community Development Director
Community Development City of Gloucester
3 Pond Road
Gloucester, MA 01930

Dear Mr. Cademartori:

Congratulations! On behalf of the Massachusetts Department of Public Health, Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Massachusetts Foundation, The Boston Foundation, Harvard Pilgrim Health Care Foundation, MetroWest Community Health Foundation, Partners HealthCare, and Tufts Health Plan Foundation, Health Resources in Action is pleased to provide a Mass in Motion five month grant for \$25,000.00 to the City of Gloucester. This funding is to continue the policy, systems, and environmental change work you have been engaged in to support healthier eating and active living. This award will cover the period of May 15, 2014 through September 30, 2014. Enclosed you will find the full installment of \$25,000. You will need to submit a proposed budget for the grant period of May 15, 2014 through September 30, 2014 using the budget template will be provided.

Should you have any questions about the grant award or reporting requirements, please contact Aleya Martin, Senior Community Health Associate at 617.279.2240 ext. 533 or amartin@hria.org. We are pleased to continue to support the work done through Mass in Motion and we look forward to working with you and your partners in the coming months.

Sincerely,

Raymond Considine
President

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Community Development

ACCOUNT NAME: FY 15 Mass In Motion - Get Fit Gloucester Year 6

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

CFDA # (Required for Federal Grants):

DATE PREPARED: 5/13/2014

OBJECT	ORIGINAL BUDGET	APPROVED		REVISED BUDGET
		AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_____)				
	\$25,000.00		\$0.00	\$25,000.00
				\$0.00
				\$0.00
Total:	\$25,000.00	\$0.00	\$0.00	\$25,000.00
EXPENSE (5_____)				
Personnel	\$21,650.00			\$21,650.00
Consultants	\$1,400.00			\$1,400.00
Operating Expenses	\$1,950.00			\$1,950.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Total:	\$25,000.00	\$0.00	\$0.00	\$25,000.00

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

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

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

TRANSFER # 2014 SBT- 36 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW**

DATE: 4/30/2014 BALANCE IN ACCOUNT: \$ 8,105.59

(FROM) PERSONAL SERVICES ACCOUNT # 101000.10.403.51100.0000.00.000.00.051
Unfund Account #
 (FROM) ORDINARY EXPENSE ACCOUNT # DPW Solid Waste Permanent Positions
Unfund Account #
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available for transfer due to vacant position

(TO) PERSONAL SERVICES ACCOUNT # 101000.10.421.51100.0000.00.000.00.051
Unfund Account #
 (TO) ORDINARY EXPENSE ACCOUNT # Administration Permanent Positions
Unfund Account #
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to cover payroll costs through the end of the fiscal year following the retirement costs of L. Anderton

TOTAL TRANSFER AMOUNT: \$ 1,375.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 6,730.59
 TO ACCOUNT: \$ -

APPROVALS: [Signature]
 DEPT. HEAD: [Signature] DATE: 1 MAY 2014
 ADMINISTRATION: [Signature] DATE: 5/20/14
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2014-SBT- 31 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW**

DATE: 5/1/2014 BALANCE IN ACCOUNT: \$ _____ **6,030.56**

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
101000.10.403.51100.0000.00.000.00.051

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
Solid Waste Permanent Positions
Account Description

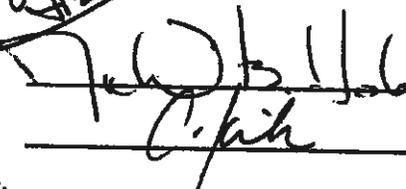
DETAILED EXPLANATION OF SURPLUS: **Funds available for transfer**

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

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.472.52170.0000.00.000.00.052
Facilities Heating Oil
Account Description

DETAILED ANALYSIS OF NEED(S): **Funds needed to help lessen large FY14 deficit.**

TOTAL TRANSFER AMOUNT: \$ 6,030.56 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ _____
TO ACCOUNT: \$ 6,030.56

APPROVALS:  _____ DATE: MAY 2014
DEPT. HEAD:  _____ DATE: 5/20/14
ADMINISTRATION: _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2014-SBT- 38 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW**

DATE: 5/1/2014 BALANCE IN ACCOUNT: \$ _____ **127.00**

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
 _____ **101000.10.411.51920.0000.00.000.00.051**

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
 _____ **DPW Engineering Sick Buyback**

DETAILED EXPLANATION OF SURPLUS: _____ *Account Description*
 _____ **Funds available for transfer**

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

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
 _____ **101000.10.472.62170.0000.00.000.00.052**

_____ *Account Description*
 _____ **Facilities Heating Oil**

DETAILED ANALYSIS OF NEED(S): _____ **Funds needed to help lessen large FY14 deficit.**

TOTAL TRANSFER AMOUNT: \$ 127.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ _____
 TO ACCOUNT: \$ 16,383.51

APPROVALS: _____
 DEPT. HEAD: _____ *T. H. H. H.* DATE: 1 MAY 2014
 ADMINISTRATION: _____ *C. P. H.* DATE: 5/20/14
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2014-SBT- 39 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 3/11/2014 BALANCE IN ACCOUNT: \$ 913.38
~~16,566.78~~

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
101000.10.472.51570.0000.00.000.00.051
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*

Facilities Workers Comp
Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available for transfer

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

 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.472.52170.0000.00.000.00.052
Facilities Heating Oil
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to help lessen large FY14 deficit.

TOTAL TRANSFER AMOUNT: \$ 913.38 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ 15,653.38
 TO ACCOUNT: \$ _____

APPROVALS: [Signature]
 DEPT. HEAD: [Signature] DATE: 1 MAY 2014
 ADMINISTRATION: C. file DATE: 5/20/14
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2014-SBT- 40 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5/1/2014 BALANCE IN ACCOUNT: \$ _____ **258.08**

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
 _____ **101000.10.472.51400.0000.00.000.00.051**

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
 _____ **DPW Facilities Longevity**

Account Description

DETAILED EXPLANATION OF SURPLUS: Funds available for transfer

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

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
 _____ **101000.10.472.52170.0000.00.000.00.052**

Facilities Heating Oil

Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to help lessen large FY14 deficit.

TOTAL TRANSFER AMOUNT: \$ _____ **258.08**

NEW BALANCE IN ACCOUNTS AFTER TRANSFER
 FROM ACCOUNT: \$ _____
 TO ACCOUNT: \$ _____ **15,945.51**

APPROVALS:

DEPT. HEAD: _____ *[Signature]*

DATE: 1 MAY 2014

ADMINISTRATION: _____ *[Signature]*

DATE: 5/20/14

BUDGET & FINANCE: _____

DATE: _____

CITY COUNCIL: _____

DATE: _____

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

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

TRANSFER # 2014-SBT- 41 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5/1/2014 BALANCE IN ACCOUNT: \$ _____ **345.05**

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
_____ **101000.10.499.51944.0000.00.000.00.051**

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
_____ **DPW Central Sick Incentive**

DETAILED EXPLANATION OF SURPLUS: *Account Description*
Funds available for transfer

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

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
_____ **101000.10.472.52170.0000.00.000.00.052**

_____ *Account Description*
Facilities Heating Oil

DETAILED ANALYSIS OF NEED(S): **Funds needed to help lessen large FY14 deficit.**

TOTAL TRANSFER AMOUNT: \$ 345.05 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ _____
TO ACCOUNT: \$ 16,256.10

APPROVALS: _____
DEPT. HEAD: [Signature] DATE: MAY 2014
ADMINISTRATION: [Signature] DATE: 5/20/14
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2014-SBT- 42 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: _____ **DPW** _____

DATE: 5/1/2014 BALANCE IN ACCOUNT: \$ _____ **11,299.97**

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
_____ **101000.10.499.51300.0000.00.000.00.051**

(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
_____ **Central OT**
Account Description

DETAILED EXPLANATION OF SURPLUS: **Funds available for transfer**

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

(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
_____ **101000.10.472.52170.0000.00.000.00.052**
_____ **Facilities Heating Oil**
Account Description

DETAILED ANALYSIS OF NEED(S): **Funds needed to help lessen large FY14 deficit.**

TOTAL TRANSFER AMOUNT: \$ 5,000.00 NEW BALANCE IN ACCOUNTS AFTER TRANSFER
FROM ACCOUNT: \$ 6,299.97
TO ACCOUNT: \$ 11,030.56

APPROVALS:  _____ DATE: 1 MAY 2014
DEPT. HEAD: _____ DATE: 5/20/14
ADMINISTRATION:  _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

