



GLOUCESTER CITY COUNCIL  
**Budget & Finance Committee**  
Thursday, March 19, 2015 – **5:00 p.m.**  
1<sup>st</sup> Fl. Council Committee Rm. – City Hall  
(Items May be taken out of order at the discretion of the Committee)

**1. Police Department:**

- A) Special Budgetary Transfer Request (2015-SBT-36)
- B) Special Budgetary Transfer Request (2015-SBT-39)

**2. Purchasing Department:**

Special Budgetary Transfer Request (2015-SBT-37)

**3. Community Development Department:**

Special Budgetary Transfer Request (2015-SBT-38)

**4. Licensing Board:**

Special Budgetary Transfer Request (2015-SBT-40)

**5. Grant Application and Checklist from Council on Aging re: City Council acceptance of a Title III B Older Americans Grant for \$15,156.00**

**6. Memorandum from Community Development Director re: off-cycle recommendation from the Community Preservation Committee for Preservation of the Annisquam Woods Project**

**7. Memo from City Auditor regarding accounts having expenditures which exceed their authorization & Auditor's Report**

COMMITTEE  
Councilor Melissa Cox, Chair  
Councilor William Fonvielle, Vice Chair  
Councilor Paul McGeary

CC: Mayor Theken  
Jim Destino  
Kenny Costa  
John Dunn  
Police Chief Leonard Campanello  
Donna Compton  
Tom Daniel  
Michelle Harrison  
Debbie Laurie/Stacey Randell/Bill Dugan

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





**City of Gloucester  
Special Budgetary Transfer Request  
Fiscal Year 2015**

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

**TRANSFER # 2015-SBT- 37 Auditor's Use Only**

DEPARTMENT REQUESTING TRANSFER: \_\_\_\_\_ Purchasing \_\_\_\_\_

DATE: 2/4/2015 BALANCE IN ACCOUNT: \$ 4,637.38

(FROM) PERSONAL SERVICES ACCOUNT # \_\_\_\_\_ *Unifund Account #*  
(FROM) ORDINARY EXPENSE ACCOUNT # \_\_\_\_\_ *Unifund Account #*  
101000.10.138.53410.0000.00.000.00.052  
Purchasing Telephone Service  
*Account Description*

DETAILED EXPLANATION OF SURPLUS: no excess, IT is paying Mayors cell for a better rate

(TO) PERSONAL SERVICES ACCOUNT # \_\_\_\_\_ *Unifund Account #*  
(TO) ORDINARY EXPENSE ACCOUNT # \_\_\_\_\_ *Unifund Account #*  
101000.10.155.53410.0000.00.000.00.052  
Mng Info Systems, Telephone Service  
*Account Description*

DETAILED ANALYSIS OF NEED(S): To pay cell phone for Mayor

TOTAL TRANSFER AMOUNT: \$ 1,000.00

NEW BALANCE IN ACCOUNTS AFTER TRANSFER  
FROM ACCOUNT: \$ 3,637.38  
TO ACCOUNT: \_\_\_\_\_

APPROVALS:

DEPT. HEAD: [Signature] DATE: 2/19/15  
ADMINISTRATION: [Signature] DATE: 3/4/15  
BUDGET & FINANCE: \_\_\_\_\_ DATE: \_\_\_\_\_  
CITY COUNCIL: \_\_\_\_\_ DATE: \_\_\_\_\_



# City of Gloucester Special Budgetary Transfer Request Fiscal Year 2015

\*\*\*\*\*INTER-DEPARTMENTAL REQUIRING CITY COUNCIL APPROVAL\*\*\*\*\*Requires 6 Votes

DEPARTMENT REQUESTING TRANSFER:  
#2015-SBT

LICENSING BOARD

40      DATE: 3/4/2015      BALANCE IN ACCOUNT      \$8,545.58

(FROM) PERSONAL SERVICES ACCOUNT#:

Unifund Acct #  
101000.10.165.51250.0000.00.000.00.051

(FROM) ORDINARY EXPENSE ACCOUNT#:

Unifund Acct #

Licensing Board, Sal/Wage-PT Pos.  
Account Description

EXPLANATION OF SURPLUS:

"Clerk to the Boards" position has been split into two positions. Licensing Board Clerk working less hours than budgeted for.

(TO) PERSONAL SERVICES ACCOUNT#:

Unifund Acct #  
101000.10.181.51250.0000.00.000.00.051

(TO) ORDINARY EXPENSE ACCOUNT#:

Unifund Acct #

Community Development, Sal/Wage, PT P  
Account Description

ANALYSIS OF NEED(S):

To fund account to pay stipend to Recording Clerk for Conservation Commission and Planning Board.

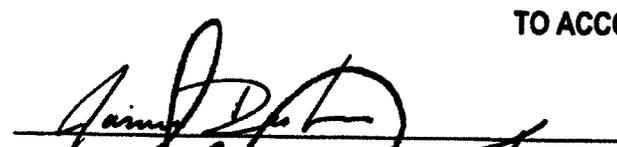
TOTAL TRANSFER AMOUNT      \$2,400.00

NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT:      \$6,145.58

TO ACCOUNT:      \$2,400.00

APPROVALS:

DEPT. HEAD: 

DATE: 3/4/15

ADMINISTRATION: 

DATE: 3/4/15

BUDGET & FINANCE: \_\_\_\_\_

DATE: \_\_\_\_\_

CITY COUNCIL: \_\_\_\_\_

DATE: \_\_\_\_\_

292099



City of Gloucester  
Grant Application and Check List

Granting Authority: State \_\_\_\_\_ Federal  Other \_\_\_\_\_

Name of Grant: Title III B Older Americans \$15,156.00

Department Applying for Grant: Council on Aging

Agency-Federal or State application is requested from: SeniorCare, Inc.

Object of the application: supplement hours / salary for Outreach Worker

Any match requirements: NO

Mayor's approval to proceed: [Signature] \_\_\_\_\_  
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.**

Main Office  
49 Blackburn Center  
Gloucester, MA 01930  
978-281-1750 • 1-866-927-1050  
FAX (978) 281-1753  
TDD (978) 282-1836



100 Cummings Center  
Suite 106-H  
Beverly, MA 01915  
978-281-1750 • 1-866-927-1050  
FAX (978) 969-0358  
TDD (978) 282-1836

September 25, 2014

Ms. Lucy Sheehan  
Gloucester Council on Aging  
6 Manuel Lewis Street  
Gloucester MA 01930

Dear Ms. Sheehan:

On March 26, 2014 SeniorCare's Board of Directors held their monthly meeting. During the business of the meeting the Title III Contracting for FFY 2015 was presented for discussion. As a result of the discussion SeniorCare's Board, with the advisement of SeniorCare's Advisory Council, ~~voted to roll over the Title III B Contracts for FFY 2015.~~

It was reported that the Federal dollars being awarded through the Title III B funding stream, which funds your contract with SeniorCare, ~~will be decreased for FFY 2015.~~ This is a result of the incorporation of the 2010 census data into EOE's Title III funding formula. This formula is used for calculating the dollars that each Area Agency is allocated for Title III programming. This will be the third and final year of decreased Title III funding due to the revised funding formula allocations.

It was also reported that all Title III contractors were meeting the requirements of their contracts per their most recent monitoring visits and/or reporting. It was concluded, after input and discussion that all contracts would be awarded with the adjusted dollar amounts. The Board also stated, and put on record, that the Title III Contracting for services would be put out to bid for the FFY 2016 contract year. More information on this will be available as the FFY 2016 contract planning timeframe approaches.

We thank you all for your outstanding service and we look forward to another successful year on all fronts. The FFY 2015 contract year begins on October 1, 2014, attached is the amendment to your Title III Contract. Please feel free to contact me with any questions.

Sincerely,

Jane Militello  
Assistant Executive Director

Enc. Amendment TIII – 2 originals  
ACL Guidance for Title III Grantees

**Title III Provider Services**

WHEREAS SeniorCare, Inc. hereafter referred to as the Corporation and Gloucester Council on Aging hereafter referred to as the Provider, entered into a Title III Agreement on October 1, 2013 and;

WHEREAS Section 11 of said Agreement entitled AMENDMENT of the Agreement between the Corporation and the Provider outlines the procedures by which said Agreement may be modified or amended; and

WHEREAS, the Corporation and the Provider do mutually desire to modify and amend said Agreement;

NOW THEREFORE, it is agreed that said Agreement will be amended in the following respects, but otherwise be maintained in full force and effect.

1. Corporation and Provider agrees to have the current Agreement funding remain in effect, see above agreement, for one fiscal year period starting on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.
2. Provider name is amended to reflect an official change to: \_\_\_\_\_ effective \_\_\_\_\_, 20\_\_
3. Section 3, Funding and/or Services, is amended as follows to take effect on the 1st day of October, 2014.

Total <sup>20</sup> \$15,156.00

3a.

Service(s)	Added	Deleted	Current \$	Amended \$	Per Unit (yrly)
Outreach			① \$8,066.00	*① \$7,090	yrly *

\*In the event that there is a reduction in Title III funds the Corporation reserves the right to decrease the maximum obligation to some or all contracts executed as a result of this reduction.

In all other matters, the above-referenced Agreement between the Corporation and the Provider remains in full force and effect; this signed Amendment to said Provider Agreement shall be attached to and made a part of said Agreement.

Rosen & Sankaran  
Corporation's Authorized Signature

10-22-2014  
Date

\_\_\_\_\_  
Provider's Authorized Signature

\_\_\_\_\_  
Date

SENIORCARE INC.

**TITLE III-B FUNDING AGREEMENT**

THIS TITLE III-B FUNDING AGREEMENT is entered into this 1<sup>st</sup> day of October, 2013 (hereinafter called the "**Agreement**") by and between SeniorCare Inc., a Massachusetts non-profit corporation having a notice address of 49 Blackburn Center, Gloucester, Massachusetts 01930 (hereinafter called "**SeniorCare**"), and Gloucester Council on Aging  
a Department of the City of Gloucester  
having a notice address of Six Manuel Lewis Street, Gloucester MA 01930  
(hereinafter called the "**Provider**").

WHEREAS, Title III-B of the Older American Act of 1965 (the "**Act**"), as amended from time to time, established community-based systems where federally authorized funds flow through State Units on Aging to certain Area Agencies on Aging (the "**AAA**") in order to provide community-based supportive services to older persons;

WHEREAS, the Executive Officer of Elder Affairs (the "**EOEA**") is the designated State Unit on Aging in the Commonwealth of Massachusetts;

WHEREAS, in accordance with Title III-B and the Older American Act of 1965, the EOEA provides certain federal funds to SeniorCare, a federally designated AAA, to solicit and contract with community-based private vendors for services, administer the disbursement of funding, monitor programs for regulatory compliance and maintenance of quality, and generally coordinate operation of services and resources; and

WHEREAS, SeniorCare now desires to engage the Provider to render a certain social service program supported by said Title III-B funds, which services shall be set forth in in **Appendix A**, attached hereto and incorporated herein (the "**Provider Services**").

NOW, THEREFORE, in consideration of the Title III-B funds and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, SeniorCare and the Provider, intending to be legally bound, hereby mutually agree as follows:

1. **PERFORMANCE**. The Provider shall perform the Provider Services in accordance with the terms and conditions set forth in this Agreement, and as more fully described in the Appendices attached hereto and incorporated herein. The Provider and SeniorCare hereby agree that the Title III-B funds awarded as a result of this Agreement are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of SeniorCare, the EOEA and the Administration on Aging U.S. Department of Health and Human Services.

2. **TIME OF PERFORMANCE.** The Provider shall commence Provider Services in accordance with this Agreement on or about the first day of October, 2013, and shall complete such Provider Services no later than the September 30, 20 14(the "**Term**").
3. **FUNDING.** The total net anticipated funds and services to be used for the Term shall be Eight Thousand Sixty-six and 00/100 (\$8,066.00) Dollars of Title III-B funds, excluding any match provided by the Provider, as described below (the "**Funds**"). The Provider hereby agrees to provide as a match an in-kind donation of goods or services and/or a cash amount of not less than ten (10%) percent of the Funds, which shall consist of client donations, miscellaneous other income and in-kind contributions.
4. **METHOD OF PAYMENT.** SeniorCare shall make payments to the Provider on a regular basis according to documentation submitted in accordance with the provisions in **Appendix D**, attached hereto and incorporated herein. No Funds will be released until a fully executed Agreement is returned to SeniorCare.
5. **ACKNOWLEDGEMENT OF FUNDING SOURCE.** All publicity and printed material relating to the performance of this Agreement shall indicate the assistance of SeniorCare and the EOEА.
6. **AVAILABILITY OF FUNDS.** It is expressly understood that all payments of Funds obligated by this Agreement are contingent upon the availability of said Funds, as determined on an annual basis by the EOEА's funding formula and as set forth in **Appendix B**, attached hereto and incorporated herein. If additional Funds become available during the Term, SeniorCare reserves the right to increase the maximum obligation to some or all providers executed as a result of this Agreement, or to execute contracts with contractors not funded in the initial selection process, subject to available funding, satisfactory contract performance and service or commodity need.
7. **TERMINATION OF AGREEMENT.** In the event the Provider or SeniorCare should, for any cause, fail to perform in a timely and proper manner any of the terms and conditions contained in this Agreement, including but not limited to Section 1 above, SeniorCare or Provider shall thereupon have the right to terminate this Agreement by giving thirty (30) days prior written notice and the date of such termination to the defaulting party. In such an event, the Provider shall receive suitable compensation for Provider Services satisfactorily performed by the Provider up to the date of the termination, as mutually agreed upon by the parties. In the event of termination, the EOEА will provide a final audit prior to settlement.
8. **CONFLICT OF INTEREST.** No employee of SeniorCare or the EOEА shall have any financial interest, directly or indirectly, in this Agreement except for his/her official salary or work done in connection with any agreement for which the Provider or SeniorCare enter into with any subcontractors.

9. **INSURANCE.** The Provider, upon notification of execution and approval of this Agreement and prior to commencing Provider Services, shall obtain and maintain, at its sole cost and expense, insurance policies that are sufficient to protect Provider's business against all applicable risks and as required by federal and state law. Said insurance shall remain in full force and effect during the Term of this Agreement. The Provider shall furnish SeniorCare with Certificate(s) of Insurance prior to the commencement of Provider Services. Provider's compliance with the above insurance provisions shall not constitute a limitation of liability or in any way limit or affect Provider's indemnification obligations under this Agreement. SeniorCare reserves the right to require additional insurance coverage or coverage amounts based on its evaluation of specific requirements and nature of the Provider Services. Any material change or cancellation of any policy under which Certificates are issued shall not be valid until SeniorCare has received thirty (30) days prior written notice of such change or cancellation.

10. **INDEMNIFICATION.** To the fullest extent permitted by law, the Provider agrees to indemnify, defend, and hold harmless SeniorCare, its officers, directors, employees, agents and representatives from and against all liabilities, losses, damages, demands, claims, suits, fines and penalties, attorneys' fees and other costs of settlement and defense, which liabilities, losses, damages, demands, claims, suits, fines and penalties or costs arise out of or are related to this Agreement and the Provider Services, except to the extent they are caused by SeniorCare's negligence.

11. **ASSIGNMENT AND SUBCONTRACT.** The Provider shall not assign or subcontract any interest in this Agreement without the prior written consent of SeniorCare. The Provider shall not subcontract any of Provider Services to any other organization, association, individual, partnership or group of individuals without the prior written consent of SeniorCare.

12. **AMENDMENT.** This Agreement may be amended only by a written document signed by persons authorized to bind in contract SeniorCare and the Provider. All amendments must be attached to this Agreement.

13. **PERSONAL DATA PROTECTION AND CONFIDENTIALITY.**

13.1 For purposes of this Section 13, personal data shall include, but not be limited to, a Massachusetts resident's first and last name, addresses, telephone numbers, social security number, driver's license number or state-issued identification card number, financial account number, or credit or debit card number (the "**Personal Data**").

13.2 With regard to the maintenance of Personal Data pursuant to this Agreement, the Provider shall comply with the provisions of Massachusetts General Laws ("M.G.L."), Chapter 66A, Section 2, "The Fair Information Practices Act", and shall comply with all regulations established by the EOEI governing the use, safeguarding and access to Personal Data.

13.3 The Provider agrees to take reasonable steps to insure the physical security of such Personal Data under its control.

13.3.1 The Provider agrees that it will inform each of its employees having any involvement with such Personal Data or other confidential information, of the laws and regulations relating to such Personal Data and confidentiality.

13.3.2 SeniorCare shall have access at all times to any Personal Data maintained pursuant to this Agreement, without the consent of the data subject.

13.3.3 The Provider shall use Personal Data and material derived from such Personal Data only as necessary for the performance of the Provider Services.

13.4 The Provider shall furnish to SeniorCare, within thirty (30) days following a request by SeniorCare a written description of the Provider's system for gathering, storing and releasing Personal Data so that SeniorCare may determine compliance with Section 13 of this Agreement and 201 CMR 17.00.

13.5 The Provider shall immediately notify SeniorCare, both orally and in writing, if any Personal Data in the Provider's possession regarding elder clients served under this Agreement is subpoenaed, improperly used, copied or removed by anyone except an authorized representative of SeniorCare, the EOE, or the Commonwealth of Massachusetts.

13.6 The Provider shall cooperate with SeniorCare to enjoin or prevent misuse, regain possession, and otherwise protect the Commonwealth's rights in such Personal Data and to ensure the data subject's privacy. The Provider shall allow SeniorCare access to any Personal Data held by the Provider.

#### 14. MISCELLANEOUS.

14.1 Any notice required or desired to be given under this Agreement shall be deemed given if hand-delivered or mailed by certified mail, return receipt requested, to SeniorCare's principal office address as set forth herein, or to the Provider's address as set forth herein (as the same may be changed from time to time upon written notice to SeniorCare). Any notice sent via certified mail shall be deemed to have been given three (3) days after said mailing.

14.2 If any covenant or part thereof, or other provision of this Agreement is found to be invalid, illegal or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall nevertheless, remain in full force and effect, and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

14.3 This Agreement contains the entire understanding of the parties on the matters contained herein. This Agreement may not be changed orally, but only in writing by an amendment signed by both parties. All items incorporated herein by reference are attached or available for review at the Executive Office of Elder Affairs, One Ashburton Place, 5th Floor, Boston, MA 02108. No other understandings, oral or otherwise regarding the subject matter or this Agreement, shall be deemed to exist.

14.4 This Agreement is executed and delivered and shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts.

WHEREFORE, the parties have hereunto set their hands on the day and date first written above.

**SENIORCARE, INC.:**

**PROVIDER:**

Gloucester Council on Aging

By: Peter R. Simonson  
Name: Peter R. Simonson  
Title: Fiscal Director

By: [Signature]  
Name:  
Title:

## **REQUIRED ASSURANCES**

The following federal and state requirements must be adhered to by the Provider and any of its subcontractors:

a. **Non-Discrimination in Service Delivery:**

- (1) Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in all programs receiving federal financial assistance; and
- (2) Section 504 of the Rehabilitation Act of 1973 and the regulations promulgated thereunder prohibits discrimination against qualified handicapped individuals on the basis of handicap in any program, or actively receiving or benefiting from federal financial assistance and required programs and activities, when viewed in their entirety, to be readily accessible to handicapped persons.

b. **Non-Discrimination in Employment:**

- (1) Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, religion, sex, or national origin;
- (2) M.G.L., C. 151 B, s. 4(1) prohibits discrimination in employment on the basis of race, color, sex, religion, creed, national origin, ancestry or age; and
- (3) Section 504 of the Rehabilitation Act of 1973 and the regulations promulgated thereunder prohibits discrimination against qualified handicapped individuals on the basis of handicap and requires employers to make reasonable accommodations to known physical or mental limitations.

c. **Affirmative Action:**

The Provider shall have in effect, maintain and adhere to a current Affirmative Action Plan which is consistent with federal and state laws and regulations. The Affirmative Action Plan shall, among other things, certify that the principle of equal employment opportunity is observed in the Provider's personnel practices. This principle applies to all individuals regardless of race, national origin, political or religious opinion or affiliation, sex, age, and physical disability, or other non-meritorious consideration. Specific sex, age, or physical qualifications, which are bona fide, job-related and necessary to proper and efficient administration, may, however, be required. All subcontractors of the Provider with a contract value of more than \$10,000 shall have in effect, maintain and adhere to an Affirmative Action Plan which meets the requirements set forth above.

The Provider understands that non-compliance with these standards may jeopardize continued Title III-B funding. This application must be signed by the Project Director of

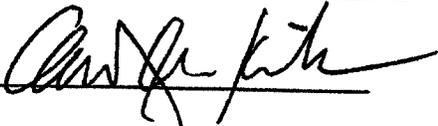
the Provider (Board of Directors, Board of Selectmen, etc.) to contract for Title III-B funding.

**SENIORCARE, INC.:**

**PROVIDER:**

Gloucester Council on Aging

By:   
Name: Peter E. Simonson  
Title: Fiscal Director

By:   
Name:  
Title:

**APPENDIX A**

**PROPOSAL SUBMITTED TO SENIORCARE**

TITLE III PROPOSAL COVER PAGE

Fiscal Year 14

A. Proposal Information

1. Applicant Name: Gloucester COA

2. Project Title: Outreach

3. Communities to be served: \_\_\_\_\_

Beverly     Essex     Gloucester     Hamilton     Ipswich  
 Manchester     Rockport     Topsfield     Wenham

4. Area Plan Goals addressed:

Outreach                      Legal  
Transportation              Companion/Telephone Assurance/Friendly Visiting

5. Amount of Title III funding given last year:                      \$ \_\_\_\_\_

6. Fiscal Year 2014      Costs: Total Project Costs:                      \$ 60,375.68

Applicants Proposed Match:                      \$ 44,206.68

Percentage match requirement  
was achieved, if no give percent:                       Yes     No

Amount of Title III-B monies  
Proposal asks for from SeniorCare :                      \$ 16,169.00

7. Was proposal submitted by 5:00pm on 7/8/2013 or before with  
one original and six copies as stated in the proposal  
packet? If no, indicate what was received.                       Yes     No

Letter of Intent Received: 5/29/2013

Proposal Received: 7/8/2013



**STATEMENT OF INTENT**  
to apply for  
Title III-B Older Americans Act Funding

FFY 2014 Program Year

Gloucester Council on Aging Lucia E. Sheehan  
Organization Applying Contact Person

6 Manuel F. Lewis Street Gloucester, MA 01930   
Address Signature

Telephone # 978 281-9765 Current Grantee  New Applicant

**The Statement of Intent should not be more than 2-3 pages. All areas below must be addressed for the Statement of Intent to be considered.**

1. Summary of Proposed Program: In this section include the purpose of the program; what other funding sources will be providing dollars to operate the program; and how the program intends to operate (attach on separate sheet(s)).

2. Rationale for Support

a. Services to be provided and number: Information, referral, advocacy, S.H.I.N.E

b. Estimated number of elders to be served (Unduplicated): 300

c. Geographic area(s) to be served: Gloucester+

3. Financial Estimates

Estimate total cost of program: \$45,000.00

Amount of Title III-B funds to be requested: \$18,000.00

**Mail two original signature copies by 4:00pm on May 28, 2013 to SeniorCare Inc., 49 Blackburn Center, Gloucester MA 01930 Attn: L. Costa**

SeniorCare, Inc.  
Title III B  
Older Americans Act Funding  
FY 2014 Program Year

Statement of Intent

1. Summary of Proposed Program:

A. The purpose of the Council on Aging Outreach Program is to identify and address the needs of the older residents in our community with a special focus on low income, socially isolated and frail elders, and to provide support services for caregivers of frail elders. To develop and implement outreach programs for seniors, coordinate services and to educate the community regarding issues facing elders in order to be an effective advocate.

Outreach will evaluate and provide seniors the information and referral to the appropriate community services and resources, and will provide advocacy for seniors and their families where ever it is needed.

A special effort will be made to reach minority seniors especially those with limited English proficiency.

Referrals to appropriate agencies for elders at risk and mental health needs.

Seek use of volunteers to provide services for elders with transportation needs and shopping assistance.

B. The City of Gloucester provides partial funding for the Outreach program as well as housing and support for Outreach services.

C. The City of Gloucester maintains the Council on Aging Outreach Program housing at the Rose Baker Senior Center and provides resources.

The goals of the Outreach Program are supported by the City of Gloucester in our mission to keep seniors independent as possible,

Supplemental Title III B funding to maintain the number of hours needed to target necessary Outreach services for elders, at the senior center and at their homes, is essential.

### III. Program Narrative

1. In space below please state the project's goals and objectives. Please use a separate page for each objective. (see attachment A for definitions)

Goal:# 1

The Outreach Coordinator shall be available to provide information, referral, and assistance to those elders who need help especially the low-income, socially isolated, and minority individuals on a daily basis either by phone, office visit, or home visit if needed. She provides information and assistance to those low-income to acquire the needed public benefits such as MassHealth, Supplemental Security Income, Food Stamps, Fuel Assistance, Transportation, Legal Assistance, Free Cell Phone, and Senior Housing Options. In addition to assist seniors acquiring MassHealth through the Waivered Service Program of the local Area Agency on Aging (SeniorCare, Inc.).

Objective:

The Outreach Worker by the end of the program year, will have increased the number of informational calls and referrals made. The Outreach worker will be able to identify those seniors especially those of economic needs and those who are socially isolated and minority individuals.

2. Please provide the following:

FY2014 – Estimate # of Services to be Delivered and to Whom

# of Service Units

to be delivered 1,500

# of elders with greatest economic need 225

# of new Elderly to be Served

750

# of elders with greatest social need

300



111. Program Narrative

1. In space below please state the project's goals and objectives. Please use a separate page for each objective. (see attachment A for definitions)

Goal: #1

The goal of the Gloucester Council on Aging Outreach Program is to continue to identify and assist seniors who are socially isolated, economically disadvantaged, emphasizing the importance to identify minority and disabled, frail elders.

Low income minority seniors and seniors having Mental and other related disorders as Dementia, Alzheimer's disease, in our community, are given special attention because of limited proficiency in English language and the inability implement services and programs without assistance.

Outreach will also provide information about available elder services without our community and make needed referrals, including referrals to SeniorCare, Inc. services, to both the caregivers of seniors and seniors who have experienced loss.

Objective: #1

To identify needs Outreach will continue to increase contract with seniors and their caregivers.

Continue to identify isolated, frail elders, and those who are disadvantaged, and their caregivers.

Provide in-person and telephone contacts, furnishing information, referrals, advocacy, and education of services to Gloucester seniors.

2. Please provide the following:

FY2014 – Estimate # of Services to be Delivered to Whom

# of Service Units 3500  
To be delivered

# of elders with greatest economic need 250

# of new Elderly to 400  
Be Served

# of elders with greatest social need 150

(See Attachment B for Definitions.)

**Program Narrative: cont**

**Goal #1**

**Objective #2**

Outreach will increase and strengthen linking seniors in the community to the appropriate agencies and support options for services. Outreach will reach to more elders and their families. A campaign is being prepared to locate isolated and disadvantaged seniors, particularly seniors 80+

**Objective #3**

To locate unknown isolated and disadvantaged seniors, especially those with physical and mental disabilities, low-income and minority with social needs to keep seniors connected.

**Goal #2**

Information, education and assistance to those socially isolated economically disadvantaged seniors with a special emphasis on minority and disabled elders in our community, is a priority.

**Objective #2**

The availability of Outreach Services now five days each week enables Outreach worker to be available at the senior center, and to homebound seniors without delay or hardship on seniors.

**Goal #3**

To ensure that those socially isolated economically disadvantaged seniors with a special emphasis on minority and disabled elders in our community are referred to the local ASAP (SeniorCare, Inc.) or other government or community organizations for needed assistance. We desire to link seniors to appropriate referral agencies.

**Objective #1**

To increase the number of new elders to 400 being served by the Outreach worker. Seeking elders who are socially isolated, economically disadvantaged with a special emphasis on minorities and disabled.

**Objective #2**

To develop and maintain a directory of resources and services to enable the Outreach Worker to provide a high quality of information, education and assistance.

**Objective #3**

Increase the number of referrals to appropriate agencies.

3. Please provide a short background history of the applicant agency including material which demonstrates the applicant's ability to carry out the proposed project. If you have administered the same project you are proposing under contract from SeniorCare the previous year, please give a summary of accomplishments during the past year.

In the 1970's the City of Gloucester established an ordinance entitled "Council on Aging, for the express purpose of assisting elderly persons and to establish programs for their comfort. The Council on Aging has been in operation at the Rose Baker Senior Center since 2001. The City of Gloucester is committed to funding the operation of the senior center.

The Outreach Coordinator is a Social Work and S.H.I.N.E. Counselor and provides services five days each week at the senior center and emphasizes reaching out to seniors who are unable to come to the senior center to avoid isolation that could result as a result of being homebound. The Outreach Coordinator links these seniors with existing services in the community and will highlight essential programs at our local Area Aging Agency / ASAP/ Senior Care, Inc. Our Outreach Program continues to be an important service that is provided by the Council on Aging, at the senior center or during a home visit. This is consistent with the original intent and mission of the Council on Aging Ordinance which is to provide services and programs for seniors in cooperation with our local ASAP.

Our Outreach Program continues to offer a monthly Caregivers Information and Support Group, a Grief and Loss Group, Legal Assistance and follow-up with local attorney, and a monthly New Vision Support Group. This past year Outreach initiated a Financial Assistance Program to provide seniors with important information and assistance relating to financial matters.

4. Process used to develop this project. (Constituent involvement, needs assessment, cost benefit analysis, etc.) Please demonstrate how this project is not duplicative of any existing project in the Cape Ann/Beverly area.

Our Outreach Program was developed in conjunction with SeniorCare, Inc., in FY89. At that time the great need for Outreach services in our community was indicated. The services provided by the Council on Aging Outreach Coordinator are not duplicated by other agencies. Outreach provides a link to services, offers advocacy and information when needed, and also advances hands-on health insurance assistance as S.H.I.N.E. Counselor together with Northeast/Lahey Health System S.H.I.N.E. Counselor.

We make every effort to coordinate services with SeniorCare, Inc. in our shared goal of providing information, referral and education hoping to enable Gloucester senior residents to live optimally in our community.

5. Proposed Internal Monitoring and Evaluation of Project.

Daily logs and files together with monthly reports that are submitted to SeniorCare, Inc. are kept by the Outreach Worker.

Meetings and discussions with the Senior Center Coordinator are held, to insure that the goals and objectives of this important program are met, and to help to insure that a high level of integrity is maintained by this program.

6. Training and supervision of Project Personnel.

This past year, our Outreach Coordinator completed eight weeks of S.H.I.N.E. training and regularly attending updates and meetings. Attendance at ongoing educational and regional Outreach Coordinator support groups meetings and seminar is maintained. Our Outreach Coordinator is well-trained in community resources and the linkages available for seniors. Our Outreach Coordinator works closely with other local and regional coordinating agencies and as a result of many years working at SeniorCare, Inc., expert experience in the field of aging was attained.

7. Statement affirming staff CORI (Criminal Offending record Information) checks.

The Council on Aging is required to conduct a routine CORI check for all project staff and volunteers. The CORI check is submitted prior to a person being hired or placed as a volunteer. CORI checks are submitted by the Senior Center Coordinator and are kept confidential.

8. Describe the outreach, marketing and public information efforts you will make to identify individuals eligible for assistance. It is a requirement that organizations requesting Older Americans Act Funds prioritize service to elders with greatest economic or social need with particular attention to low-income minority elders, with severe disabilities, with limited English proficiency and older individual with Alzheimer's disease or related disorders (see Attachment B for definitions). Specify the efforts you will make to inform such individuals and the caretakers of such individuals of the availability of your proposed service.

Our monthly newsletter publication "Coastline News" offers Outreach education and information that states funding sources for our Outreach Program. We regularly submit information to local media, local cablevision station, church bulletins, and flyers are posted. Yearly journals are kept in our Library with cutouts of local newspaper printings.

Our outreach program continues to focus an emphasis on socially and economically disadvantaged, low income minority elders, as well as those physically and mentally frail, and isolated elders. Outreach efforts include home visits, informational and educational sessions at the senior center, drop-in visits to the senior center, and also at housing sites. Outreach collaborates with community agencies, and local, state and federal government offices to ensure that disadvantaged low-income frail seniors receive relevant information, services and benefits that are needed to live in comfort. This is done through constituent service visits to the senior center and in telephone calls. Ongoing cohesive work with interpreters to facilitate communication for legal and medical assistance for those disadvantaged, as well as education and support services and group meetings with caregivers of frail dependent elders is facilitated on a regular basis.

9. Specify how you intend to satisfy the service needs of low-income minority individuals and provide services to them in accordance with their need for such service. This is a federal requirement.

To help identify low-income minority elders in Gloucester, our Outreach Worker works with community leaders. With support and assistant from the community, adults 60+ with the greatest economic as well as social needs are targeted without prejudice, especially those with limited English and cultural. The awareness of services and benefits that are available to them is readily delivered in increasing numbers especially at the senior center.

Support for our Outreach Program becomes more important and necessary to satisfy all the critical needs of the senior population, in particular, low-income minority individuals. Outreach worker has increased links to limited English proficiency elders.

The Gloucester Council on Aging Outreach Worker is available Monday through Friday, 9:00 a.m. – 4:00 p.m. for those who come to the senior center as well as those who need a home visit.

10. Specify how you intend to satisfy the service needs of selected Targeted populations (see Attachment b for definitions) for Outreach services and Friendly visiting, Companion and Telephone Reassurance. Explain how you have or will identify the targeted population(s) need for your area.

The need for Outreach services in the City of Gloucester is now greater, with a senior population in the 2010 Census revealing 7,404 counted seniors age 60+.

The Outreach worker service hours available each day are six. The actual services that are available on a daily and weekly basis define fulfilling the critical needs for a targeted senior population.

Transportation to medical appointments and needs supplied daily.  
Outreach information and referrals provided daily.  
Professional Legal Assistance is provided monthly, outreach worker referrals.  
Friendly Visitor Program  
Shopping Assistance  
Telephone Reassurance calls, daily  
S.H.I.N.E. assistance needs provided daily  
Home visits  
Grief and Loss Group  
Caregivers Information and Support Group

11. Elders must be informed that they may make donations. However, service may not be denied if they are not able to make a donation. The donations must be used to increase the number of services offered by the proposed project. Please be specific as to how you plan to provide an opportunity for clients to make voluntary, confidential donations as well as how you will collect, safeguard, and account for all donations received from program participants. Include transports (as needed), deposits, and recording of donations.

A written statement for Title III donations that identifies the funding sources of the Outreach Program is posted in the office of the Outreach Worker. When on a home visit, the Outreach worker distributes information to the individual being served that a donation is accepted, noting the funding sources for the Council on Aging Outreach Program.

The Council on Aging Coordinator records and deposits donations in the Friends GCOA local bank account. The COA records donations on Excel sheet. Any cash donations are placed in a sealed envelope and processed same as check donations.

The COA Outreach Worker is available to help elders needing services regardless of a donation from the elder.

12. The specific steps you will take this year to acquire future funding of this project.

The City of Gloucester Administration is committed to the continuation of this position. The need for Outreach worker is critical on city budget requests each year. Although there is a commitment for funding for this vital program, City financial challenges cannot support this program alone.

The financial support of Title III B funds through SeniorCare, Inc. is critical.

**BUDGET - EXPENSES**

Item	Cash	In-Kind	Total
<b><u>Personnel Cost:</u></b>			
Salaries by the Title of Personnel * Outreach/community education worker 30 hrs/wk 5 dys/wk \$25.50/hr	\$ 39,475.68		\$ 39,475.68
Senior Center Coord 6 hrs/wk		\$ 7,600.00	
<b><u>Fringe Benefits:</u></b>			
Mandatory (F.I.C.A. Workman's Compensation) Voluntary (Health Insurance, etc.) Total Benefits-	8,200.00		8,200.00
<b>TOTAL PERSONNEL COSTS:</b>	<b>47,675.68</b>	<b>7,600.00</b>	<b>55,275.68</b>
<b><u>Support Costs:</u></b>			
Telephone		2,500.00	
Rent			
Maintenance			
Supplies		1,000.00	
Utilities			
Rental Equipment			
Equipment Purchases **			
Insurance			
Travel		800.00	
Other (specify) workshops, education, pub		800.00	
<b>TOTAL SUPPORT COSTS:</b>		<b>5,100.00</b>	
<b>TOTAL PROJECT COST</b>	<b>\$ 47,675.68</b>	<b>12,700.00</b>	<b>60,375.68</b>

Match (In-Kind, Client Donations, Other Project Income) \_\_\_\_\_

Amount Requested from SeniorCare (Total Project Costs minus match) \$16,169.00

\*Indicate hours paid by project 6.34 wk

\*\*Becomes property of SeniorCare at end of project, if cost of equipment is over \$100.00 and has a durability span of over one year.

**BUDGET -- PROJECT INCOME**

13. Please List Specific Sources of Anticipated Income for the Project.

Source	Cash	In-Kind	Total
Title III-B Funds from SeniorCare	16,169.00		16,169.00
Client Donations			
Other Project Income			
City of Gloucester	20,884.68		20,884.68
City of Gloucester Benefits	8,200.00		8,200.00
EOEA	2,422.00		2,422.00
Telephone / Supplies provided by City		3,500.00	3,500.00
Seminars / Workshops, Publications		800.00	800.00
Travel Expenses		800.00	800.00
Coordinator salary provided by City		7,600.00	7,600.00
<b>Total</b>	<b>47,675.68</b>	<b>12,700.00</b>	<b>60,375.68</b>

14. If there is any piece of the budget expenses or income which needs explanation, please do so here.

## **APPENDIX B**

### **AGREEMENT CONDITIONS**

1. This Agreement is time limited for the federal Fiscal Year ("FY") 2014 and is contingent upon Final FY'- 2014 Congressional allocations for Social and Nutrition Services under the Older Americans Act of 1965, as amended.
2. Funding for the program in subsequent years is dependent upon the following:
  - a. The amount and availability of Title III-B funds;
  - b. The Provider's ability to meet one or more of the planned objectives as noted in that year's area plan;
  - c. The Provider's past performances in carrying out the terms of previous Agreements as noted in SeniorCare's monitoring and evaluation procedures;
  - d. The relative need for Provider Services as indicated in SeniorCare's needs assessment, and/or the priorities for funding which may be set out by the EOEAA and/or Administration on Aging; and
  - e. The Provider's ability to demonstrate how the program can within a reasonable time become independent of Title III-B funds.
3. All FY' 2014 Title III-B projects must participate in SeniorCare's development of a comprehensive and coordinated system of service delivery for all elders in the project service area with priority for services given to those elders with the greatest social and economic need as defined in the Area on Aging regulations 1987, and with special attention to low-income minority elders as per specific objectives established by SeniorCare in the 2014 Area Plan. Special emphasis may also be given to older individuals with severe disabilities and limited English speaking ability.
4. All FY' 2014 Title III-B providers must agree to participate in the development of community focal points and where feasible locate direct services at the focal point.
5. Elders being served by the providers must be informed of the opportunity to make voluntary donations towards the cost of services. Means tests or mandatory contributions are not allowed. The privacy of the individual must be protected with respect to contributions. Donations for Title III-B funded programs must be labeled as such and used to expand services in the funded program.
6. Each Provider must specify in writing the outreach efforts it will undertake to assure that it serves low-income minority elders in proportion to the number of older minorities in the service area.

7. The Provider agrees to provide services to the maximum extent feasible to low-income minority elders in accordance with their need for such service.
8. The Provider agrees to target services to all low income minorities in the service area.
9. Each Provider must submit program reports and other information necessary for SeniorCare to plan, coordinate and evaluate its programs and meet reporting requirements of the Commonwealth of Massachusetts. (See Appendix F).
10. The Provider will request permission in writing from SeniorCare, Inc. prior to any Agreement modifications.

## **APPENDIX C**

### **PROGRAM RECORDS AND RECORDING**

#### **1. Client Records**

For all clients receiving Provider Services, the following information shall be kept, at minimum:

- a. Name of Client
- b. Address
- c. Date of Birth
- d. Date of Service Provision
- e. Type of Service Provided
- f. Minority Status
- g. Poverty Status

## **APPENDIX D**

### **BILLING PROCEDURES**

1. A separate ledger account must be maintained for Title III-B funds and an account must be maintained for any project income received (i.e., client contributions or donations, etc.).
2. A monthly billing report must be submitted on or before the seventh (7th) day of each month for the previous month. The Provider shall insure that each monthly claim for reimbursement to SeniorCare includes:
  - a. Costs incurred under each line item funded in the approved budget contained in Section A of Appendix E or for the agreed rate per unit of service.
  - b. An accounting of the project income received and disbursed during the month and the balance remaining in the project income account.
  - c. An accounting of match provided by each agency or corporation identifying the source and whether the match is cash or in-kind.
  - d. The total amount of reimbursement requested from SeniorCare.
  - e. The monthly program report as noted in Appendix F.

### **BACK UP DOCUMENTATION**

SeniorCare requires that in addition to the above, the Provider maintain and furnish upon request the following back-up documentation:

1. Time sheets for personnel funded under this grant, and for in-kind time donated by other individuals used toward meeting match.
2. Records of expenditures maintained according to sound accounting practices.
3. Service cases or other individual client records which show dates of service provision and number of service units provided to each client.

### **PAYMENT**

Upon receipt of a properly executed claim for reimbursement SeniorCare will reimburse the Provider within sixty (60) days, contingent upon receipt of payment from the BOEA.

### **AUDIT**

1. **An independent audit of the Title III-B accounts must be performed by an independent auditing firm within sixty (60) days of the close of the Agreement period, the result of which should be made available to SeniorCare or its auditors.**
2. **A statement of account will be required by our auditing firm on a form provided by SeniorCare.**

APPENDIX E

**TITLE III-B PROGRAM - MONTHLY BILLING STATEMENT**

Name of Grantee: Gloucester Council on Aging

Month: \_\_\_\_\_

A. EXPENSES: Portion of Grant Award for Provider Services

Cost Incurred:

Current Month

Total: Year to Date

\$ \_\_\_\_\_

\$ \_\_\_\_\_

B. PROJECT INCOME: Donations:

Amount received for month

\$ \_\_\_\_\_

Amount Disbursed for month

\$ \_\_\_\_\_

Balance:

\$ \_\_\_\_\_

Accumulative Donation Amount:

\$ \_\_\_\_\_

C. PROGRAM MATCH PROVIDED:

++ any federal match resources?  yes, \$ \_\_\_\_\_  no

Current Month

Total: Year to Date

\$ \_\_\_\_\_

\$ \_\_\_\_\_

REQUESTED AMOUNT: \$ \_\_\_\_\_  
(1/12 of total award)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

++Please check if any or all of the program matches listed on this invoice are, to the best of your knowledge, derived from federal resources. If yes, you must state the amount.

*Monthly billings are to be submitted on or before the 10<sup>th</sup> day of each month for the previous month, unless other arrangements have been agreed upon by SeniorCare and the subgrantee.*

**APPENDIX F**

**MONTHLY PROGRAM REPORT FORM**

**APPENDIX F**

**TITLE III-B MONTHLY PROGRAM REPORT\***

AGENCY: \_\_\_\_\_

MONTH: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

I affirm that all information contained in this report is complete and accurate to the best of my knowledge.

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RACIAL/ETHNIC COMPOSITION	ESTIMATED PARTICIPANTS		PRIMARY NEEDS PARTICIPANTS			
	NEW	TTL CLI. THIS MO.	Extreme Social Need		Economic Need – Those Judged to Fall below poverty line	
			NEW	TTL CLI. THIS MO.	NEW	TTL CLI. THIS MO.
African – American						
Asian/Pacific Islander (includes Native Hawaiian)						
Hispanic Origin						
American Indian/Native Alaskan						
Non-minority White, not of Hispanic Origin						
Limited English Proficiency						
<b>TOTALS</b>						

How many units of service did you supply for this month  year-to-date   
 (For description of standard unit of service see Appendix I)

How many of your "New" clients are from the following communities?

Bev \_\_\_\_, Essex \_\_\_\_, Glou \_\_\_\_, Ham \_\_\_\_, Ips \_\_\_\_, Manch \_\_\_\_, Rkpt \_\_\_\_, Tops \_\_\_\_, Wen \_\_\_\_,

**Monthly reports should be received by the seventh (7<sup>th</sup>) of the following month (i.e.: November 20\_\_, report is due by December 7, 20\_\_.**

**\*Definitions:**

The "Estimated Participants" category is a breakdown by racial/ethnic composition of new clients and a total number of clients serviced for the month (this figure should include the new clients as well).

The "Primary Needs" category is sub-divided into 'Economic' and 'Extreme Social Need'. Again, this is an estimated figure and should be treated as described above. Also, it is possible for a client to have both economic and extreme social needs and if so, should be counted in both sub-divisions.

3 Pond Road  
Gloucester, MA 01930



Telephone: 978-281-9781

Fax: 978-281-9779

**CITY OF GLOUCESTER**  
**COMMUNITY DEVELOPMENT DEPARTMENT**

**MEMORANDUM**

**TO:** Mayor Sefatia Romeo Theken  
**FROM:** Tom Daniel, Community Development Director *TUD*  
**CC:** Deborah Laurie, CPC Senior Project Manager  
Kenny Costa, City Auditor  
**RE:** Off cycle recommendation for Preservation of the Annisquam Woods project from the  
Community Preservation Committee  
**DATE:** February 19, 2015

The Community Preservation Committee (CPC) has received an off cycle application for funding to support the Annisquam Woods acquisition and preservation project from the Essex County Greenbelt Association and the Gloucester Conservation Commission. This application was agreed to be reviewed as an off-cycle application due to the goal of the completion project deadline of April 30, 2015 and the inability to secure funding from the state Land Acquisition for Natural Diversity (LAND) grant. To date, Greenbelt has managed to raise \$580,000 which includes the last round of CPA award of \$50,000. They are extremely confident that they can raise an additional \$170,000. This will leave them with a \$50,000 funding gap. CPC recognizes the importance of this project to the community in preserving open space for public access and the true collaborative support and fund raising efforts that have unfolded. At its regular scheduled meeting of February 17, 2015, the Committee discussed the project's off cycle funding request (see attached letter dated 1/26/15).

Please find attached a positive recommendation of the CPC on the above named project for your review. The CPC requests that you forward this recommendation to the City Council for its review and appropriation. CPC Co Chairs, William Dugan and Stacy Randell or 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 original application for this project is available for review in the Community Development Office, Grants Division.**

**Submitted by: Community Preservation Committee**

**Bill Dugan, Co Chair, Housing Authority  
John Feener, Conservation Commission  
David Rhineland, Historic Commission  
Scott Smith, At-large**

**Stacy Randell, Co-Chair, At-large  
Joseph Orlando, Planning Board  
Charlie Crowley, Open Space  
and Recreation Cmte**

**GLOUCESTER COMMUNITY PRESERVATION COMMITTEE  
RECOMMENDATION FOR OFF CYCLE, FY2015**

**PRESERVATION OF THE ANNISQUAM WOODS PROJECT**

**Project Sponsor: Essex County Greenbelt Association and Gloucester  
Conservation Commission, City of Gloucester**

The Community Preservation Committee makes the following recommendation:

The Community Preservation Committee (CPC), having agreed to review the off-cycle application for Essex County Greenbelt Association and Gloucester Conservation Commission for the preservation of the Annisquam Woods project, recommends that the City Council appropriate up to \$50,000 (Fifty thousand dollars) to the Essex County Greenbelt for the purpose of preserving open space by acquiring the Annisquam Woods parcel (27.4 acres) located off Hutchins Court and Tufts Lane, Gloucester, MA.

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 Essex County Greenbelt Association, which agreement will include, among other provisions, that the expiration of the award shall be April 30, 2015 and a conservation restriction will be required.

The Community Preservation Act program area is Open Space and project purpose is for preservation.

**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	

RECEIVED

JAN 28 2015

Community Development Dept.  
Grants Division

January 26, 2015

Community Preservation Committee  
c/o The Community Development Department  
3 Pond Road  
Gloucester, MA 01930



Dear Community Preservation Committee,

Thank you very much for the Committee's \$50,000 CPA grant previously awarded to Greenbelt toward the acquisition of the 27.4-acre Annisquam Woods property. Greenbelt has worked diligently over the past year to raise funds for this \$800,000 acquisition. To date, we have successfully raised \$580,000, which includes your previous grant. With the closing deadline of April 30 rapidly approaching, we are in the final stages of our fundraising campaign. We are confident that we can privately raise an additional \$170,000. This leaves us with a remaining funding gap of \$50,000. As such, we are respectfully requesting an additional \$50,000 contribution from the Gloucester CPC to help us reach our fundraising goal, enabling us to acquire and forever preserve Annisquam Woods by the closing deadline.

The conservation to be achieved through Greenbelt's acquisition of the Annisquam Woods property is significant. Our acquisition would complete a protected corridor from Washington Street to Dogtown, connecting to existing trails and providing the opportunity to create a new designated parking area and trailhead for access to the Dogtown / North Gloucester Woods area. Annisquam Woods and the abutting Dogtown Commons are abundant with natural resource diversity, including vernal pools, forested uplands, rare species habitat designated by the Massachusetts Natural Heritage and Endangered Species Program, and a rich geologic and cultural history. Conserving Annisquam Woods will protect water quality in Langsford Pond and associated wetlands, as well as the stream flowing southerly from the property to Duck Pond and Goose Cove. The protection of Annisquam Woods is a specific recommendation of Gloucester's 2012 North Gloucester Woods Preservation Plan and meets several goals of the City's 2010-2017 Open Space and Recreation Plan.

Conserving local farmland, wildlife habitat, and scenic landscapes since 1961.

WWW.ECGLT.ORG

Essex County Greenbelt  
82 Eastern Avenue  
Essex, MA 01929

978 768 7241 phone  
978 768 3286 fax  
ecga@ecga.org email

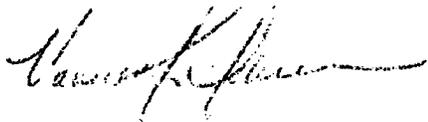


**Greenbelt's professional staff will be responsible for all on-the-ground property management. We will manage the property as part of our county-wide, 5,000+ acre reservation system, and will follow land stewardship best practices for providing and enhancing passive recreation opportunities for the public while protecting habitat. In addition, Greenbelt will grant the Gloucester Conservation Commission a perpetual conservation restriction over the property.**

**With an fully-permitted 27-unit subdivision for the property, the immediate threat to Annisquam Woods is all too real. Such development would eliminate current informal public access to the land, and the opportunity to provide parking and formal trail access to the property and the larger Dogtown area would be lost. This is an outstanding resource for residents of Gloucester and beyond, and we are extremely grateful for the opportunity to partner with the City to preserve Annisquam Woods. We thank you for your consideration of our request to fund the remaining \$50,000 that we need to complete this acquisition.**

If you have any questions, please contact me at (978) 768-7241, ext. 16, or by email at [vkjohnson@ecga.org](mailto:vkjohnson@ecga.org).

Sincere regards,



**Vanessa K. Johnson  
Acting Director of Land Conservation**

## **Project Funding & Timeline**

**Project Timeline:** Greenbelt has the property under a binding purchase and sale agreement through April 30, 2015. We have completed our due diligence and assembling the majority of the funding for the project. We intend to close on the fee interest in April and convey the conservation restriction to the City of Gloucester shortly thereafter.

### **Project Costs:**

Purchase Price:	\$800,000
Appraisal:	\$5,000
Environmental Site Assessment:	\$5,000
Legal, Title Search, Closing:	\$7,500
Parking Area/Signage/Other Stewardship	<u>\$7,500</u>
<b>Total Project Costs:</b>	<b>\$825,000</b>

### **Schedule of Funding Sources:**

CPA 2015 Request:	\$50,000
CPA 2014 Grant:	\$50,000
Greenbelt Foundation Fundraising	\$45,000
Greenbelt Private Fundraising*	<u>\$680,000</u>
<b>Total:</b>	<b>\$825,000</b>

\*Greenbelt's fundraising campaign is approximately 80% complete, and we expect to be at 100% by April 2015.