

CITY CLERK  
GLOUCESTER, MA  
15 JUN 29 AM 9:43



GLOUCESTER CITY COUNCIL  
**Budget & Finance Committee**  
Thursday, July 9, 2015 – 5:00 p.m.  
1<sup>st</sup> Fl. Council Committee Room – City Hall

Individual items from committee reports may be consolidated into a consent agenda.

1. *Memorandum, Grant Application & Checklist from Public Health Director re: request City Council accept the third year of a three-year grant award of the Mass. Opioid Abuse Prevention Collaborative (MOAPC) in the amount of \$100,000*
2. *Communication from the Chair of the Friends of the Gloucester Dog Park re: request City Council acceptance of donations totaling \$25,000*
3. *Memorandum from Harbormaster and Supplemental Appropriation-Budgetary Requests: 2016-SA-1, -SA-2, and -SA-3*
4. *CC2015-021 (McGeary) Acceptance under MGL c. 44, §53A ½ the gift of restoration of four bronze plaques on the Joan of Arc Statue and two bronze plaques on the Spanish American War Memorial*
5. *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  
Harbormaster Jim Caulkett  
Mike Hale/Mark Cole  
Noreen Burke

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. Items may be taken out of order.

# Memorandum

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**To:** Mayor Sefatia Romeo Theken  
**From:** Noreen Burke, Public Health Director  
**CC:** Joan Whitney, Healthy Gloucester Collaborative Director,  
Richard Sagall, Chairman Board of Health  
**Date:** June 9, 2015  
**Re:** Mass Department of Public Health (MDPH), Bureau of Substance Abuse Services  
(BSAS), Mass Opioid Abuse Prevention Regional Collaborative Award (MOAPC)

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Dear Mayor Romeo Theken,

The Gloucester Health Department seeks Mayoral and City Council approval to accept the 3rd of a 3 year award of the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) in the amount of \$100,000. The time period for expenditure of these funds will be from July 1<sup>st</sup> 2015 to June 30<sup>th</sup> 2016. Subject to success of the regional partnership and grant deliverables, the funding is expected to have 2 options to renew for 2 years each through June 30, 2020. The total maximum obligation of the MOAPC grant award is \$700,000. The City of Gloucester Health Department is the lead community and fiscal agent for the grant. Other partner communities include Beverly and Danvers.

During Year 2 funding Healthy Gloucester Collaborative increased Data Capacity with the ongoing development of an on-line Overdose Data Tracking System. The Overdose Data Tracking System then feeds the regional analysis and subsequent determination of regional priorities and strategies.

In 2014, Healthy Gloucester Collaborative continued support of the First-Responder Nasal Narcan Program. In 2011 Gloucester became the first Massachusetts community to train and equip both the Police and Fire Department first responders with Nasal Narcan to increase capacity to save lives from opiate overdoses.

We expanded the SBIRT (Screening, Brief Intervention and Referral to Treatment) program for alcohol and drug abuse prevention. To date over 2000 individuals have been screened in the Addison Gilbert Emergency Department. The program now also screens youth beginning at age twelve.

Healthy Gloucester Collaborative staffed the Gloucester Middle and High School youth program known as the Gloucester Youth Council. The focus of the program is

*June 8, 2015*

on developing youth leadership skills, community services, and implementing substance abuse prevention activities. In 2014 the Gloucester Youth Council received the Massachusetts 84 Movement Statewide Youth Leadership Award.

Healthy Gloucester Collaborative continued to support the City of Gloucester Medications Disposal Program.

Healthy Gloucester Collaborative co-facilitates the High-Risk Task Force, to coordinate the care and treatment of the most vulnerable citizens in the City. The Task Force's success rate of increasing access to treatment continues at a high level with an indicated decrease in repeat transports and related police incidents.

Healthy Gloucester Collaborative held four large community educational forums, produced public service announcements on drugged driving and continued to provide regional leadership to our partner communities of Beverly and Danvers.

Healthy Gloucester Collaborative continued to support initiatives launched under the coalition, such as the Gloucester Chapter of Learn to Cope, and the Gloucester Overdose Vigil.

Staff will be available to answer City Council questions.

Thank You for your support and approval of this Regional Opioid Abuse Prevention Collaborative 3rd year award.



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

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

**Name of Grant:** Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

**Department Applying for Grant:** HEALTH DEPARTMENT

**Agency-Federal or State application is requested from:** Massachusetts Department of Public Health, (MDPH), Bureau of Substance Abuse Services (BSAS)

**Object of the application:** To provide financial support for groups of municipalities to enter into formal, long-term agreements to share resources and coordinate activities to address the issue of opioid misuse and abuse, and unintentional deaths and non-fatal hospital events associated with opioid poisonings in Gloucester, Beverly and Danvers.

**Any match requirements:** No cash match In-Kind Staffing, Materials and Equipment match only.

**Mayor's approval to proceed:** [Signature] 6/17/15  
Signature Date

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

**Budget & Finance Standing Committee:** \_\_\_\_\_  
Positive or Negative Recommendation Date

**City Council's Approval or Rejection:** \_\_\_\_\_  
Vote Date

**City Clerk's Certification of Vote to City Auditor:** \_\_\_\_\_  
Certification Date

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

**Grant Budget by line item account:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Auditor's distribution to managing department:** \_\_\_\_\_  
Department Date sent

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



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JOHN W. POLANOWICZ  
SECRETARY

LAUREN A. SMITH, MD, MPH  
INTERIM COMMISSIONER

May 3, 2013

TO: City Of Gloucester

RE: Contract# INTP2354M04301822059

Enclosed please find for your review and signature a Standard Contract package. This package is a result of recent negotiations with the Department of Public Health, as specified in the attached cover letter and includes the items noted below. Please take note of the following:

**NEW STANDARD CONTRACT/AMENDMENT/RENEWAL FORM:**

Must be signed and dated (Preferred BLUE INK). Do not use correction fluid anywhere on the forms. If the provider information that is pre-filled in the upper left hand box is incorrect or missing, please contact me so that I can help you with the process to update. For instructions and hyperlinks, you can view this form at: [www.mass.gov/osd](http://www.mass.gov/osd) under Guidance for Vendors-Forms or at [www.mass.gov/osd](http://www.mass.gov/osd) under OSD Forms.

All attachments MUST be completed for your contract package to be processed.

As of July 1, 2011 the POS Office will no longer be making copies of a completed contract package and returning to your contract manager. The POS Office will continue to send copies of all forms signed by a Department representative. Please make copies of all relevant documents for your files before sending your completed packet to the POS Office.

**CONTRACTOR AUTHORIZED SIGNATORY LISTING AND AUTHENTICATION FORM:**

An original Contractor Authorized Signatory Listing form must be submitted for each new contract package. Once an original is in the contract file, the provider/vendor can include a copy of the Contract Authorized Signatory Listing (first page only) with each subsequent contract amendment package, unless there is a change to the person who signed the Listing, or a name/s on the Contractor Authorized Signatory Listing changes. The contractor/vendor is responsible for ensuring that both pages are current.

If you have any questions, please contact Sokonthea Dao at 617-624-6190 . An original contract package must be completed by May 13, 2013 and mailed to:

Department of Public Health  
Purchase of Service Office  
250 Washington Street, 8th Floor  
Boston, MA 02108-4619  
ATTENTION: Sokonthea Dao

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (EAF), 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 forms 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/eofaf](http://www.mass.gov/eofaf) under Subpages For Vendors - Forms or [www.mass.gov/ctr](http://www.mass.gov/ctr) under OSD-Forms.

<b>CONTRACTOR LEGAL NAME:</b> City Of Gloucester (and d/b/a):		<b>COMMONWEALTH DEPARTMENT NAME:</b> Department Of Public Health MWARS Department Code: DPH	
<b>Legal Address: (W-9, W-4, T&amp;C):</b> 9 Dale Ave Ste 9, Gloucester, MA 019303000		<b>Business Mailing Address:</b> 280 Washington St., Boston, MA 02108	
<b>Contract Manager:</b> Noreen Burke		<b>Billing Address (if different):</b>	
<b>E-Mail:</b> nburke@gloucester.ma.gov		<b>Contract Manager:</b> Sokonthea Deq	
<b>Phone:</b> 978-282-8018	<b>Fax:</b> 978-281-6720	<b>E-Mail:</b> sokonthea.deq@state.ma.us	
<b>Contractor Vendor Code:</b> VC6000182006		<b>Phone:</b> 617-624-6190	<b>Fax:</b> 617-624-6017
<b>Vendor Code Address ID (e.g. "AD001"):</b> AD001 (Note: The Address id must be set up for EEI payments.)		<b>MWARS Doc ID#:</b> WTP2354MG4301822059	
<p style="text-align: center;"><b>X NEW CONTRACT</b></p> <b>PROCUREMENT OR EXCEPTION TYPE:</b> (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Legislative/Legal or Other (Attach authorizing language/justification, scope and budget)		<p style="text-align: center;"><b>CONTRACT AMENDMENT</b></p> Enter Current Contract End Date Prior to Amendment: ____, 20__ Enter Amendment Amount: \$ _____ (or "no change") <b>AMENDMENT TYPE:</b> (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other (Attach authorizing language/justification and updated scope and budget)	
The following <b>COMMONWEALTH TERMS AND CONDITIONS (T&amp;C)</b> 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			
<b>COMPENSATION:</b> (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 8.00. <input type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or saw Total if Contract is being amended). \$ 700,000.00.			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through EEI 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 none: ____ agree to standard 45 day cycle <input checked="" type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT:</b> (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.) Serv. Purchased in Supp. Of Human and Social Serv. Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of 07/01, 2013, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of ____/____/20____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of 08/30, 2020, 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.			
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X:  Date: 5/10/13 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Carolyn A. Kirk Print Title: Mayor		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X:  Date: 5/17/13 (Signature and Date Must Be Handwritten At Time of Signature). Print Name: Sharon Dyer Print Title: Director, Purchase of Service Office	

Issued May  
2004

## COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME:** City of Gloucester  
**CONTRACTOR VENDOR/CUSTOMER CODE:** VC6000192096

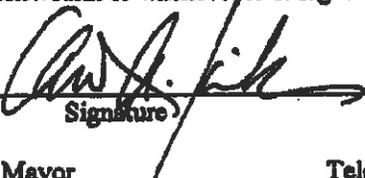
**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.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

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

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

AUTHORIZED SIGNATORY NAME	TITLE
Carolyn A. Kirk	Mayor

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

  
Signature

Date: 2/22/13

Title: Mayor

Telephone: 978-281-9700

Fax: 978-827-9738

Email: ckirk@gloucester-ma.gov

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

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

COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May  
2004



CONTRACTOR LEGAL NAME: City of Gloucester  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192096

PROOF OF AUTHENTICATION OF SIGNATURE

It is required that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Carolyn Anderson Kirk

Title: Mayor

X

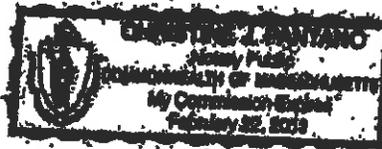
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, Christine J. Pantano (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

Feb. 22, 2013

My commission expires on:



AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20\_\_\_\_.

AFFIX CORPORATE SEAL

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH**

**SUBCONTRACTOR IDENTIFICATION LIST**

Vendor Name: City of Gloucester Vendor VC No.: VC6000192096  
 Partnership for Opiate  
 Prevention and  
 Leadership:  
 Gloucester, Beverly,  
 Program Name: Danvers Contract ID: INTF2354M04301822059

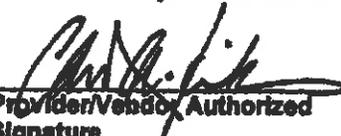
**Instructions:** Providers/vendors must complete and submit to DPH at the time of initial contract execution AND when subcontract dollars and/or vendors/providers are added or deleted. This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

1. Total Subcontract Dollars\* \$ 17,000
2. Amount of #1 allocated to identified subcontractors  
(list below): \$ 17,000

DanversCARES	\$ 8,500	Costs for program implementation local to the City of Danvers, one of the three partners but not the "Lead Community"
City of Beverly	\$ 8,500	Costs for program implementation local to the City of Beverly, one of the three partners but not the "Lead Community"
	\$17,000	

3. Amount of #1 not yet allocated to identified subcontractors: \$ 0

Submitted by:  Date: 5/10/13 Phone: 978-281-9700  
 Provider/Vendor Authorized  
 Signature

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DPH Program Manager

\* For contracts using Attachment 3, the Program Budget Form, 2 + 3 must = Line 206 of the form.

FY: 14

Contractor Name: City of Gloucester

Amendment #, if Applicable:

If Federal Funds, CFDA #:

**PURCHASE OF SERVICE - ATTACHMENT 3: FISCAL YEAR PROGRAM BUDGET**

Program Name: Partnership for Opiate Prevention and Leadership: Gloucester, Beverly, Danvers	Document ID#:	MMARS Activity Code: NTP2354 M0430182059	Program Type: Prevention Program	UFR Prog. #:
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UFR Title #	Program Component	Current		Amend. Change		New		COST REIMBURSEMENT ONLY		
		FTE	Amount	FTE	Amount	FTE	Amount	Offset	Source	Reimbursable Cost
	Direct Care/Program Support Staff/Overtime/Shift Differential & Relief (Titles 101-141)									
101	Program Function Manager	.7	\$ 44,550.02							
137	Prog. Secretarial, Clerical Staff	.2	\$ 7,596.54							
	<b>SUBTOTAL STAFF</b>	<b>.9</b>	<b>\$ 52,146.56</b>							
150	Payroll Taxes		\$ 782.20							
151	Fringe Benefits		\$ 9,111.48							
T 100	<b>Total Direct Care/Program Staff</b>		<b>\$ 62,040.24</b>							
Title	Occupancy									
301	Program Facilities		\$ 2,000.00							
390	Fac. Oper/Maint/Trans		\$ 1,140.00							
T 300	<b>Total Occupancy</b>		<b>\$ 3,140.00</b>							
UFR Title	Other Direct Care/Program Support									
201	Direct Care Consultant		\$ 5,000.00							
202	Temporary Help		\$ 5,000.00							
203	Clients/Caregivers. Reimb/Stipends		\$ 1,000.00							
206	Subcontract Dir. Care		\$ 17,000.00							
204	Staff Training									
205	Staff Mileage/Travel		\$ 800.00							
207	Meals		\$ 1,000.00							
208	Contracted Client Trans.									
208	Vehicle Expenses									
208	Vehicle Depreciation									
209	Incl. Health/Med Care									
211	Client Per. Allowances									
212	Prov. of Material Good									
214	Direct Client Wages									
214	Other Commercial Prod. & Svs.									
215	Program Supplies/Mat		\$ 643.87							
T 200	<b>Total Other Direct Care/Program</b>		<b>\$ 30,443.87</b>							
Title	Direct Admin Expenses									
216	Program Support									
510 (410 & 390)	Other Direct Administrative Expenses		\$ 1,000.00							
T 500	<b>Total Direct Administrative Exp.</b>		<b>\$ 1,000.00</b>							
T	<b>SUBTOTAL PROGRAM COSTS</b>		<b>\$ 96,624.11</b>							
410	Agency Admin. Support Allocation	3.38%	\$ 3,275.89							
T	<b>PROGRAM TOTAL</b>		<b>\$ 100,000.00</b>							

Commercial Fee, if applicable, for for-profit contractors only (for informational purposes only; not to be included in the price paid by the Commonwealth): % \_\_\_ \$ \_\_\_; N/A for Cost Reimbursement

A. \$ \_\_\_\_\_ Subtotal of offsets which are for non-reimbursable costs.

Non-reimbursable costs must be shown in detail on Attachment 5 when the program is subject to the provisions of Federal OMB Circular A-122 and/or 808 CMR 1.00.

\* Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is \$ \_\_\_\_\_

**CITY OF GLOUCESTER**

**ACCOUNT BUDGET**

**DEPARTMENT NAME:** City of Gloucester, Health Dept.

**ACCOUNT NAME:** Mass Opioid Abuse Prevention Collaborative (MOAPC)

**FUND NUMBER AND NAME: (N/A FOR NEW FUND)** 292082

**CFDA # (Required for Federal Grants):** 93.959

**DATE PREPARED:** 5/19/2015

OBJECT	ORIGINAL BUDGET	APPROVED		REVISED BUDGET
		AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_ )				
45800	\$100,000.00			\$100,000.00
				\$0.00
				\$0.00
Total:	\$100,000.00	\$0.00	\$0.00	\$100,000.00
EXPENSE (5_ )				
51100	\$13,913.32			\$13,913.32
51250	\$28,555.02			\$28,555.02
51720	\$580.45			\$580.45
51740	\$9.81			\$9.81
51750	\$6,152.96			\$6,152.96
51840	\$420.83			\$420.83
51860	\$2,612.03			\$2,612.03
52000	\$42,935.82			\$42,935.82
54000	\$643.87			\$643.87
57000	\$3,375.89			\$3,375.89
57100	\$800.00			\$800.00
57110	\$0.00			\$0.00
Total:	\$100,000.00	\$0.00	\$0.00	\$100,000.00

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

DATE ENTERED (AUDIT) \_\_\_\_\_

AUDITING DEPARTMENT INITIALS \_\_\_\_\_

**FORM: AUDIT ACCOUNT BUDGET - V1**



## **FRIENDS OF GLOUCESTER DOG PARK**

**June 9, 2015**

**To Mayor Romeo Theken**

**For Mayors report**

**The Friends of Gloucester Dog Park has secured donations of nearly \$25,000 toward the purchase and installation of solar lighting at the dog park. Lighting the park from dusk to 9pm will increase safety and park use when days are short; this has been a long time goal of our board.**

**The vendor, Solar One, has configured a lighting scheme that will minimize impact on neighbors that abut the dog park, Nikki Bach, the head of our building committee has worked closely with Mark Cole, the DPW has signed off on our installation plan, and the building permit has been approved.**

**The installation is planned for early September. Attached please find the site plan showing the location of the lights and the photometric layout demonstrating the lights will not trespass on any neighbors.**

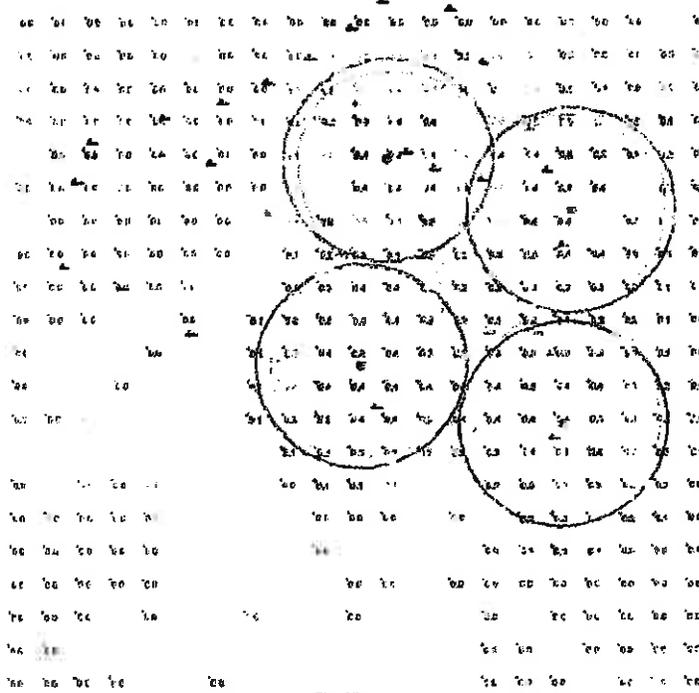
**We are asking City Council to accept this donation for the Park.**

**Thank you**

**Friends of Gloucester Dog Park**

  
**Louise Grindrod, Chair**





LUMINAIRE SCHEDULE						
Symbol	Label	Qty	Catalog Number	Description	LLF	Watts
	D	4		LOES-KAISTO-UOD 140	0.85	88

STATISTICS		
Description	Avg	Max
Calc Zone #3	0.1 fc	0.5 fc

Shaded area does not exceed a maximum of 0.5 FC.

Each dot mark in this photometric site plan represents 20'. Each light covers an area of 120' diameter or 60' from the pole. The lights are positioned at a significantly greater distance from any building.

**Plan View**  
Scale 1"=20'



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**CITY OF GLOUCESTER**  
HARBORMASTER'S OFFICE

**Memorandum**

#2016-SA-1, -2, & -3

**From:** Jim Caulkett, Harbormaster   
**To:** Mayor Sefatia Romeo Theken  
**Date:** June 16, 2015  
**Subject:** Supplemental Appropriation

Mayor Theken,

In your next Mayor's Report to Council will you include the following three SA-Budgetary Requests;

- 1/ #2016-SA-1 in the amount of \$8,500.00 is to purchase 7 new transient moorings
- 2/ #2016-SA-2 in the amount of \$6,800.00 is to conduct a piling survey of Magnolia Pier
- 3/ #2016-SA-3 in the amount of \$1,570.00 is to repair lighting at Harbor Cove Commercial Marina

Attached is a copy of the Board minutes with vote.

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

Respectfully

**City of Gloucester  
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST  
Fiscal Year 2016**

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

APPROPRIATION # 2016-SA- 1 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 8,500.00

Account to appropriate from: *Unfund Account #* 720000.10.996.59600.0000.00.000.00.059  
*Account Description* R/A Mun. Waterways Imp. & Maint - Transfer Out EF

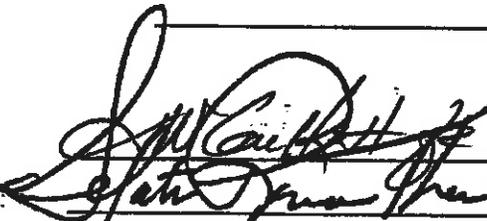
Balance Before Appropriation	\$	<u>38,306.00</u>
Balance After Appropriation	\$	<u>29,806.00</u>

Account Receiving Appropriation: *Unfund Account #* 700000.10.492.58700.0000.00.000.00.058  
*Account Description* Waterways Enterprise, Replacement Of Equipment

Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>8,500.00</u>

DETAILED ANALYSIS OF NEED(S): To purchase 7 new Transient Moorings.

**APPROVALS:**

DEPT. HEAD:  DATE: 6/16/2015

ADMINISTRATION:  DATE: 6/17/15

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

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

**Public Hearing open:** The following language be added to Article VII Section 5 subsection C following a public hearing: "If a person fails to respond and accept a slip by the end of 21 days their name will go to the bottom of the list."

Sooky agrees with this – a good move. Chairman Gross verified that if a person on the list accepts the slip he/she must meet the criteria, i.e.: documentation that confirms his/her active status as a commercial fishing vessel (current fishing license, current fish sales or proof of established fishing actively), also proof of insurance. Members discussed these rules and acceptance/denial of a slip. Approval of wording at the June meeting.

**Public Hearing closed.**

**Transient Mooring Fee Increase:** The City Council has approved the transient mooring fee of \$30.00 per night.

**Magnolia Pier Ladders:** Chairman Gross presented a draft taken out of the minutes from the Public Facilities minutes of the meeting with the Magnolia permit holders of the Waterways Board's recommendation to the Administration concerning Magnolia Pier Ladders. Ralph Pino stated this accomplished all his concern and if the City Engineer, Building Inspector and City Attorney are happy with the new ladders and the installation then he is satisfied. Members discussed the ladder and who pays. Ralph stated the Board should not pay for individual's ladders, only the safety ladder. All agreed.

>**Motion:** On a motion of Ralph Pino, second by Vito Calomo the Board voted unanimously to go forward with the recommendation to the Administration.

**Motion passed**

**Status of No Wake Buoy in Outer Harbor and meeting with Whale Watch Companies:** The No Wake sign, float for the outer harbor is being made and should be launched towards the end of May. The Whale Watch Operations have yet to meet with Public Facilities.

**Management Review Update:** All have received their appointment date.

**Harbormaster Report:** Jack Andrews, Gloucester High School Wood Shop has agreed to build a 20'x40' float for Magnolia Pier. Assistant Lucido is drafting a float design and a shopping list of materials needed. Jack felt they could build this before the end of the school year. Jim spoke to Mike Driscoll, Department of Conservation and Recreation (DCR) about the remaining funds (\$8,428.00) in the Seaport Grant; the Board can request to use this on the unfunded portion of our new float system at Solomon Jacobs; referred to Operations, Finance & Safety Committee. Jim requested the Board's approval through the Mayor's Office funds from the Chapter 91 Stabilization Account to purchase new transient mooring gear and to help cover the cost of the new Magnolia float.

>**Motion:** On a motion of Dave McCauley, second by Vito Calomo the Board voted unanimously to approve the use of up to \$8,500.00 for the purchase and installation of transient mooring gear and such funds to be taken from the Chapter 91 Stabilization Account. **Motion passed**

#### **Subcommittee Reports:**

**Public Facilities:** Magnolia Pier ladders were discussed. A letter from Chip Payton dated April 1, 2015 stated the City should remove the ladders immediately. Ralph stated any release forms signed by permit holders who installed the ladders would be inadequate. It was agreed that permit holders have 2 dinghies be on the dock for the exclusive use by the permit holders to allow the access to their moorings while awaiting the reinstallation of the ladders.

>**Motion:** Ralph Pino made a motion that all ladders be removed from the pier by the owners of the ladders or by the Harbormaster by the second week in June.

**City of Gloucester  
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST  
Fiscal Year 2016**

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

APPROPRIATION # 2016-SA- 2 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 6,800.00

Account to appropriate from: *Unfund Account #* 720000.10.996.59600.0000.00.000.00.059  
*Account Description* R/A Mun. Waterways Imp. & Maint - Transfer Out EF

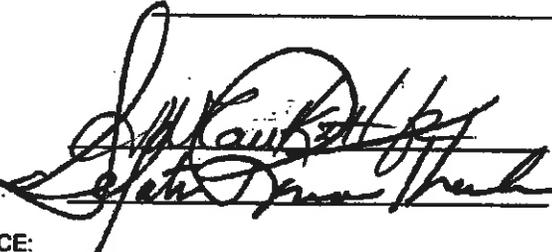
Balance Before Appropriation	\$	<u>29,806.00</u>
Balance After Appropriation	\$	<u>23,006.00</u>

Account Receiving Appropriation: *Unfund Account #* 700000.10.492.58410.0000.00.000.00.058  
*Account Description* Waterways Enterprise, Facility Improvement

Balance Before Appropriation	\$	<u>-</u>
Balance After Appropriation	\$	<u>6,800.00</u>

DETAILED ANALYSIS OF NEED(S): To conduct a piling survey of Magnolia Pier.

APPROVALS:

DEPT. HEAD:  DATE: 6/16/2015

ADMINISTRATION:  DATE: 6/17/15

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

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

**City of Gloucester  
SUPPLEMENTAL APPROPRIATION - BUDGETARY REQUEST  
Fiscal Year 2016**

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

APPROPRIATION # 2016-SA- 3 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Harbormaster's Office

APPROPRIATION AMOUNT: \$ 1,570.00

Account to appropriate from:

Unfund Account # 750000.10.996.59600.0000.00.000.00.059

Account Description Stabilization -Harbor Cove Marina - Transfer Out EF

Balance Before Appropriation	\$	<u>12,300.00</u>
Balance After Appropriation	\$	<u>10,730.00</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>26,000.00</u>
Balance After Appropriation	\$	<u>27,570.00</u>

DETAILED ANALYSIS OF NEED(S): Repairs to lighting at Harbor Cove Commercial Marina.

\_\_\_\_\_

\_\_\_\_\_

**APPROVALS:**

DEPT. HEAD: [Signature] DATE: 6/16/2015

ADMINISTRATION: [Signature] DATE: 6/17/15

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

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

**Regulation Changes:** Chairman Gross spoke of the Public Hearing held on the changes presented to the public on the regulations governing the two commercial marinas. Sub paragraph D. Standardization of Slip Assignments and Rental Fee to be inserted in Article VII Section 2 Management Policies referred back to Regulations Review Committee.

>**Motion:** On a motion of Anthony Gross, second by Ralph Pino the Board voted unanimously to accept the language to be added to Article VII, Section 5, subsection C: "If a person fails to respond and accept a slip by the end of 21 days their name will go to the bottom of the list". **Motion passed**

**Status of No Wake buoy in outer harbor:** Karen Tibbetts spoke to the 3 Whale Watch Companies and they have agreed to cooperate. One comment was the No Wake buoy was too far in the harbor and should be further out. Discussion on this.

**Harbormaster Report:**

Jim reported that on May 20<sup>th</sup> the Gloucester Conservation Commission approved the submitted Request for Determination of Applicability (RDA) for Security Lighting at Dun Fudgin Boat Ramp. Office of Fishing & Boating will now proceed with the contracting, bid and completion of this project. A major policy change to the commercial fishing fleet, Vessel Safety Examinations will become mandatory starting October 15, 2015. This has been forwarded to our commercial marinas tenants and various other commercial facilities throughout the harbor. A copy of the Harbor Launch Season Pass and applications is viewed by the Board. A quote from M.B.T. Electricians, Inc. was presented to complete necessary lighting repairs to St. Peter's and Harbor Cove Commercial Docks. The Board's authorization is needed to submit through the Mayor's Report to Council a request to withdraw funds from the established Stabilization Accounts for these facilities.

>**Motion:** On a motion of Ralph Pino, second by Bob Gillis the Board voted unanimously to approve the sum of \$1,725 to be taken from the Stabilization Account for repairs to the lights at St. Peter's Marina.

**Motion passed**

>**Motion:** On a motion of Ralph Pino, second by Anthony Gross the Board voted unanimously to approve the sum of \$1,175 from the Harbor Cove Stabilization Account to approve the wall paths lighting at that facility.

**Motion passed**

Jim spoke to Doug Cameron about County Landing; he will be speaking with his engineers. Discussion on AYC's proposed new trawl line followed; a site visit is needed.

**Subcommittee Reports: Public Facilities:** Chairman Gross, as a courtesy, spoke to a cox-swain on a seine boat about leaving the float at St. Peter's Marina unclean. He will contact others.

**Operations, Finance & Safety:** David McCauley spoke of amounts in free cash, our share of matching grant in Clean Vessel Act (pumpout boat), and Chapter 91. He stated there is very little money at the end of the year and is concerned with this. Phase 2 of the Solomon Jacobs facility has no funds; funding needs to be worked on. A study by Treehouse was discussed, renovations on the first floor of the facility and deadlines.

There being no other business, the meeting adjourned at 8:20 p.m.

Respectfully submitted,

Shirley M. Edmonds



**CITY OF GLOUCESTER 2015  
CITY COUNCIL ORDER**

**ORDER: CC#2015-021**  
**COUNCILLORS: Paul McGeary**

**DATE RECEIVED BY COUNCIL: 06/23/15**  
**REFERRED TO: B&F and DPW**  
**FOR COUNCIL VOTE:**

**ORDERED** that the City Council accept under MGL Chapter 44, §53A-1/2 the gift of the restoration of four bronze plaques on the Joan of Arc Statue on Washington Street and two bronze plaques on the Spanish American War Memorial on Prospect Street, the work to be undertaken by Roger Armstrong of 4 Wonson Street subject to the approval of the project by the Department of Public Works.

**FURTHER ORDERED** that this matter be referred to Budget and Finance Standing Committee and the Department of Public Works.

Paul McGeary  
Ward 1 Councillor