

CITY CLERK
GLOUCESTER, MA

16 MAR 10 AM 8:29

This meeting is recorded



GLOUCESTER CITY COUNCIL
Budget & Finance Committee
Thursday, March 17, 2016 – 5:30 p.m.
1st Fl. Council Committee Room – City Hall

AGENDA

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

1. *Memorandum from Interim Health Director re: City Council acceptance of an amendment to the FY16 Mass. Opiate Abuse Prevention Collaborative (MOAPC) Grant in the amount of \$70,000*
2. *Communication from Superintendent of Schools regarding two Statements of Interest to the MSBA for East Gloucester Elementary and Beeman Memorial Elementary Schools*
3. *Special Budgetary Transfer Requests from the Mayor's Office - 2016-SBT-11*
4. *CC2016-012 (Ciolino) Election of City Auditor pursuant to the City Charter Sec. 2-7(a)*
5. *Memo from City Auditor regarding accounts having expenditures which exceed their authorization & Auditor's Report*

COMMITTEE

Chair, Councilor Scott Memhard
Vice Chair, Councilor Joseph Orlando, Jr.
Councilor Joseph Ciolino

CC: Mayor Theken
Jim Destino
Kenny Costa
John Dunn
Max Schenk
Jonathan Pope/Dr. Richard Safier

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



CITY OF GLOUCESTER

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



Public Health
Prevent. Promote. Protect.

Memorandum

To: Mayor Sefatia Romeo Theken
From: Max Schenk, Interim Director, Health Department
Date: February 23, 2016
Re: Contract Amendment Acceptance for MA Opiate Abuse Prevention Grant

Dear Mayor Romeo Theken,

The Gloucester Health Department's Healthy Gloucester Collaborative seeks Mayoral and City Council approval to accept a \$70,000, upward amendment in our contract for the FY 2016 MA Opiate Abuse Prevention Collaborative (MOAPC) Grant. The additional funds were earmarked by the Legislature to combat the Opioid crisis in Massachusetts. The time period for expenditure of these funds is now through June 30, 2016.

The MOAPC Grant allows the Healthy Gloucester Collaborative to work in conjunction with the City of Beverly and Town of Danvers to address the Opioid Crisis through a strategic regional approach which targets prevention and overdose training. We intend to utilize the additional funds to pilot a strategy to bring the successful SBIRT screening program into the Children's Dental Center and train health care professionals in Motivational Interviewing. We also plan to develop Online Training Modules for Prescriber Education, as we work to educate local physicians about the dangers of over-prescribing prescription pain medications.

Staff will be available to answer City Council questions

Respectfully,

Max Schenk
Interim Director
Gloucester Health Department

Cc: file



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

Granting Authority: State _____ Federal X Other _____

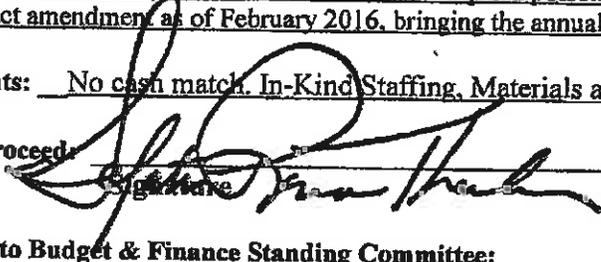
Name of Grant: Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

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. Upward contract amendment as of February 2016, bringing the annual total for FY16 to \$170,000.00

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

Mayor's approval to proceed:  3-2-2016
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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

January 25, 2016

Jenna Melvin
City of Gloucester
9 Dale Avenue, Suite 9
Gloucester MA 01930

Dear Ms. Melvin :

This is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Abuse Services has amended your contract to provide Prevention services. This contract, #INTF2354M04301822059 has been increased in the amount of \$70,000.00 for a revised maximum obligation of \$170,000.00 which will be in effect through June 30, 2016.

This award contains funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Federal government, #4512-9069 (CFDA#93.959). Providers receiving federal grant funds will be considered sub-recipients for federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular A-133.

If you have any questions, please call the Bureau at (617) 624-5146.

Charles A. Whiteman, Director of Administration and Finance
Bureau of Substance Abuse Services

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



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

CONTRACTOR LEGAL NAME: City Of Gloucester (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: Department Of Public Health MMARS Department Code: DPH
Legal Address (W-9, W-4, T&C): 9 Dale Ave, Gloucester, MA 01930-3008	Business Mailing Address: 250 Washington Street, Boston, MA 02108
Contract Manager: Max Schenk	Billing Address (if different):
E-Mail: mschenk@gloucester-ma.gov	Contract Manager: Sokonthan An
Phone: 978-282-8025 Fax: 978-281-9729	E-Mail: Sokonthan.An@MassMail.State.MA.US
Contractor Vendor Code: VC8000192096	Phone: 617-624-6190 Fax: 617-624-5017
Vendor Code Address ID (e.g. "AD001": AD001 (Note: The Address ID must be set up for EFT payments.)	MMARS Doc ID(s): INTF2354M04301822059
--- NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input type="checkbox"/> <u>Department Procurement</u> (Includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)	<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>06/30, 2020</u> . Enter Amendment Amount: \$ <u>70,000.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input checked="" type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ <u>770,000.00</u>	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: ___ agree to standard 45 day cycle <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.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) <u>Extension Obligation Change</u>	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of ___ 20___, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of ___ 20___, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>06/30, 2020</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchases of Service Office</u>

FY: 2016

Amendment # (If Applicable): _____

If Federal Funds, CFDA# 93.959

PURCHASE OF SERVICE - ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: City Of Gloucester	Department Name: Massachusetts Department of Public Health
Program Type: Mass Collaborative for Action, Leadership and Learning 2	Document ID #: INTF2354M04301822059
Program Name:	UFR Program:
Program Address: 9 Dale Ave Ste 9	MMARS Program Code: 4940
City/State/Zip: Gloucester, MA 019303000	Other Reference Information (Information Purpose Only):
Contact Person: Max Schenk Telephone: 978-282-8026	Contact Person: Sokonthea An Telephone: 617-624-6190
RFR INFORMATION: <input type="checkbox"/> Attached <input checked="" type="checkbox"/> RFR Reference # <u>301822</u> <input type="checkbox"/> Legislative exemption <input type="checkbox"/> Emergency <input type="checkbox"/> Collective Purchase <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Amendment SCOPE OF SERVICES: <input checked="" type="checkbox"/> Bidders Response Attached <input type="checkbox"/> Description of Services Attached TOTAL ANTICIPATED CONTRACT DURATION: <u>7/1/2013</u> to <u>6/30/2020</u> INITIAL DURATION: <u>7/1/2013</u> to <u>6/30/2020</u> OPTIONS TO RENEW: *****Refer to RFR for options to renew and for years each option*****	

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)	FUNDING SUMMARY					
	Prior Years		Current Years		Future Years	
	FY	Amount	FY	Amount	FY	Amount
<input type="checkbox"/> OPTION 1: PRICE AGREEMENT (list price) \$ _____ Rate Regulation (if any) _____ <input type="checkbox"/> OPTION 2: SUMMARY BUDGET ("T" Lines only) <input type="checkbox"/> Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> OPTION 3: COMPLETED BUDGET <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Unit Rate <input type="checkbox"/> Other _____	2015	\$100,000.00	2016	\$170,000.00	2017	\$100,000.00
	2014	\$100,000.00			2018	\$100,000.00
					2019	\$100,000.00
					2020	\$100,000.00
	Total:	\$200,000.00	Total:	\$170,000.00	Total:	\$400,000.00
	Multi Years Total:					\$770,000.00
Current Max Obligation: \$ _____ Unit Rate: \$ _____ per _____ # Billable Units: _____						
Additional Payment or Price Specifications:						

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF2354M04301822059

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

New Contract This form will only be included with packages where a procurement exception (waiver) supports the contract. Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase

Include a clear explanation of what the funding change will support in terms of additional services. Earmark dollars to expand and support municipalities utilizing grant funds from the Massachusetts Opioid Abuse Prevention Collaborative grant program.

Decrease

Include a clear explanation of what services are being reduced as a result of the funding decrease.

Other

Identify the changes to the scope of services supported by the amendment (No change in Max Obligation).

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

Provider/Vendor Name: City of Gloucester Vendor VC No.: VC6000192096
 The Partnership for
 Opiate Prevention and
 Leadership; Gloucester,

Program Name: Danvers, and Beverly. 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* \$ 34,000.00

2. Amount of #1 allocated to identified subcontractors (list below): \$ 34,000.00

Subcontractor Name/Vendor Number	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable
DanversCARES c/o Danvers Public Schools	046-001125	\$17,000.00	Cost of program implementation for Town of Danvers, MA: One of the regional grant partners, but not the host community.
Be Healthy Beverly c/o YMCA of the North Shore	042-105877	\$17,000.00	Cost of program implementation for City of Beverly, MA: One of the regional grant partners, but not the host community.
	TOTAL: (Must = #2 above)	\$34,000.00	

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

Submitted by: _____ Date: _____ Phone: _____
 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.

Report Title: Vendor's Worksheet for Program Budget Amendment	Page Number: 1 of 2
	Report Run Date: 01/26/2016
	Report Run Time: 11:06:10 AM

Budget Fiscal Year: 2016

Agency Name: Bureau of Substance Abuse Services

Contract No: INTF2354M04301822059 - 2018 - CT

Contracting Provider: City Of Gloucester

VCC: VC6000192096

Line Item Budget: 1

Activity Name: MOAPC

Activity Code: 4940

Amendment No: 3

Budget No: 1

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
101	Program Function Manager	0.70	\$44,560.02	\$0.00				-30,686.70	0.2	13,913.32
137	Program Secretarial, Clerical Staff	0.20	\$7,596.54	\$0.00				+24,322.98	0.85	31,919.52
150	Payroll Taxes	0.00	\$782.20	\$0.00				+ 235.15		1,117.35
151	Fringe Benefits	0.00	\$9,111.48	\$0.00				- 33.88		9,077.60
Direct Care / Program Staff Total		0.90	\$62,040.24	\$0.00				total :		\$56,027.80

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
201	Direct Care Program Consultants	0.00	\$5,000.00	\$0.00				+56,972.20		61,972.20
202	Temporary Help	0.00	\$5,000.00	\$0.00				-5,000.00		0
203	Provider Reimbursement/ Stipends	0.00	\$1,000.00	\$0.00				+1,000.00		0
205	Staff Mileage/Travel	0.00	\$800.00	\$0.00				+ 700.00		1,500.00
206	Subcontracted Direct Care		\$17,000.00	\$0.00				+17,000.00		34,000.00
207	Meals		\$1,000.00	\$0.00				0		1,000.00
215	Program Supplies, Materials and Expendable Items of Equipment and Furnishings	0.00	\$643.87	\$0.00				+ 6,956.13		7,600.00

Other Direct

Cost/Program Resources Total 0.00 \$30,443.87 \$0.00

* Addition of line # 204: Staff Training Orig. Amt: \$0 Amend Change \$1000.00 New \$1,000.00

total : \$106,972.20

Budget as previously amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
301	Program Facilities	0.00	\$2,000.00	\$0.00						
390	Facilities Operation, Maintenance, Equipment and Furnishing	0.00	\$2,140.00	\$0.00						
Occupancy Total		0.00	\$4,140.00	\$0.00				total:		\$4,000.00

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
410	Agency and Program Administration and Support	0.00	\$3,375.89	\$0.00						
Administrative Support Total		0.00	\$3,375.89	\$0.00				total:		\$3,000.00

Budget Total for Contract	0.90	\$100,000.00	\$0.00
Activity Total for Contract	0.90	\$100,000.00	\$0.00
Grand Total for Contract	0.90	\$100,000.00	\$0.00

Grand Totals:
+ 79,000.00 179,000.00

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) 292104

CFDA # (Required for Federal Grants): 93.959

DATE PREPARED: 2/23/2016

OBJECT	ORIGINAL BUDGET	APPROVED AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
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		\$0.00	\$13,913.32
51250	\$28,555.02		\$3,364.50	\$31,919.52
51720	\$580.45		\$67.29	\$647.74
51740	\$9.81		\$0.00	\$9.81
51750	\$6,152.96		\$0.00	\$6,152.96
51840	\$420.83		\$48.76	\$469.61
51860	\$2,812.03		\$302.81	\$2,914.84
52000	\$42,935.82		\$54,036.38	\$96,972.20
54000	\$643.87		\$6,856.13	\$7,500.00
57000	\$3,375.89		\$4,624.11	\$8,000.00
57100	\$800.00		\$700.00	\$1,500.00
57110	\$0.00		\$0.00	\$0.00
Total:	\$100,000.00	\$0.00	\$70,000.00	\$170,000.00

DEPARTMENT HEAD SIGNATURE

C. [Signature] 2/23/16

DATE ENTERED (AUDIT)

AUDITING DEPARTMENT INITIALS

City Hall
Nine Dale Avenue
Gloucester, MA 01930



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

CITY OF GLOUCESTER
OFFICE OF THE MAYOR

TO: City Council
FROM: Sefatia Romeo Theken, Mayor
DATE: March 4, 2016
RE: Addendum to the Mayor's Report for the March 8, 2016 City Council Meeting

16 MAR -4 AM 11:00
CITY CLERK
GLOUCESTER, MA

Councillors:

Attached is a communication from Superintendent of Schools Richard Safier regarding two Statements of Interest to the Massachusetts School Building Authority (MSBA) for the East Gloucester Elementary School and the Beeman Memorial Elementary School. *Please refer this matter to the **Budget and Finance** subcommittee for review and approval.* Appropriate City and School staff will be available to answer questions and provide further information as required.

Gloucester Public Schools

Our mission is for all students to be successful, engaged, lifelong learners

Richard Safier, Ed.D.
Superintendent of Schools

2 Blackburn Drive
Gloucester, MA 01930

Phone: (978) 281-9800 / Fax: (978) 281-9899

Email: rsafier@gloucesterschools.com

March 3, 2016

To: Mayor Sefathia Theiken

From: Richard Safier

Re: Required City Council vote for MSBA Statement of Interests

I am writing to request that two (2) separate Statements of Interest, one for East Gloucester Elementary School, and one for Beeman Memorial Elementary School be placed on the City Council Agenda for Tuesday, March 8, 2016, subsequently referred out to the appropriate subcommittee, and recommended for a vote by the full City Council on March 22, 2016, or on March 24, 2016 at the anticipated Joint City Council / School Committee meeting.

The Massachusetts School Building Authority is currently accepting Statements of Interest ("SOIs") for consideration in 2016. Submitting an SOI is the critical first step in the MSBA's program to partially fund the construction, renovation, addition or repair of municipally owned school facilities. Statements of Interest allow districts to inform the MSBA about deficiencies that exist in a local school facility (or in this case facilities) and how those deficiencies inhibit the delivery of the district's educational program. That is our intent with the two Statements of Interest

On Wednesday, March 2, 2016, the School Committee voted to put forward the two above-mentioned Statements of Interest. The intent is to submit Statements of Interest which would, at least, place both East Gloucester and Beeman Memorial Elementary Schools on the MSBA's list of schools for consideration. Statements of Interest are due at the MSBA by April 8, 2016.

Documentation of the Vote

For the vote of the City Council, a copy of the text of the vote must be submitted with a certification of the City Clerk that the vote was duly recorded and the date of the vote must be provided.

I thank you for moving this request forward.

Sincerely,



Richard Safier

**City Council Vote on the MSBA Statement of Interest
East Gloucester Elementary School**

Resolved: Having convened in an open meeting on **March __, 2016**, prior to the closing date, the City Council/School Committee of Gloucester, Massachusetts, in accordance with its charter, by-laws, and ordinances, has voted to authorize the Superintendent to submit to the Massachusetts School Building Authority the Statement of Interest Form dated April 8, 2016 for the **East Gloucester Elementary School**, located at 8 Davis St. Extension, Gloucester, Massachusetts which describes and explains the following deficiencies and the priority category(s) for which an application may be submitted to the Massachusetts School Building Authority in the future;

MSBA Priority #7: Due to the age and the condition of the building, the district is looking to replace or add to an obsolete building in order to provide for a full range of programs consistent with state and approved local requirements.

and hereby further specifically acknowledges that by submitting this Statement of Interest Form, the Massachusetts School Building Authority in no way guarantees the acceptance or the approval of an application, the awarding of the grant or any other funding commitment from the Massachusetts School Building Authority, or commits the City of Gloucester to filing an application for funding with the Massachusetts School Building Authority.¹

¹ Documentation of each vote must be submitted as follows:

A copy of the text of the vote must be submitted with a certification of the City Clerk that the vote was duly recorded and the date of the vote must be provided.

City Council Vote on the MSBA Statement of Interest
~~**East Gloucester Elementary School**~~
BEEMAN MEMORIAL ELEMENTARY SCHOOL

Resolved: Having convened in an open meeting on **March __, 2016**, prior to the closing date, the City Council/School Committee of Gloucester, Massachusetts, in accordance with its charter, by-laws, and ordinances, has voted to authorize the Superintendent to submit to the Massachusetts School Building Authority the Statement of Interest Form dated April 8, 2016 for the **Beeman Memorial Elementary School**, located at 138 Cherry St., Gloucester, Massachusetts which describes and explains the following deficiencies and the priority category(s) for which an application may be submitted to the Massachusetts School Building Authority in the future;

MSBA Priority #7: Due to the age and the condition of the building, the district is looking to replace or add to an obsolete building in order to provide for a full range of programs consistent with state and approved local requirements.

and hereby further specifically acknowledges that by submitting this Statement of Interest Form, the Massachusetts School Building Authority in no way guarantees the acceptance or the approval of an application, the awarding of the grant or any other funding commitment from the Massachusetts School Building Authority, or commits the City of Gloucester to filing an application for funding with the Massachusetts School Building Authority.²

² Documentation of each vote must be submitted as follows:

A copy of the text of the vote must be submitted with a certification of the City Clerk that the vote was duly recorded and the date of the vote must be provided.

**City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2016**

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

DEPARTMENT REQUESTING TRANSFER:
#2016-SBT

MAYOR

11 DATE: 3/2/2016 BALANCE IN ACCOUNT \$31,111.50

(FROM) PERSONAL SERVICES ACCOUNT#:

Unifund Acct #

(FROM) ORDINARY EXPENSE ACCOUNT#:

Unifund Acct #

101000.10.121.57800.0000.00.000.00.057

Mayor, Contingency/Emergency
Account Description

EXPLANATION OF SURPLUS:

Funds available for transfer

(TO) PERSONAL SERVICES ACCOUNT#:

Unifund Acct #

101000.10.121.51944.0000.00.000.00.051

(TO) ORDINARY EXPENSE ACCOUNT#:

Unifund Acct #

Mayor, Sick Incentive Pay
Account Description

ANALYSIS OF NEED(S):

To correct deficit balance.

TOTAL TRANSFER AMOUNT \$300.00

NEW BALANCE IN ACCOUNTS AFTER TRANSFER

FROM ACCOUNT: \$30,811.50

TO ACCOUNT: \$0.00

APPROVALS:

DEPT. HEAD:

ADMINISTRATION:

BUDGET & FINANCE:

CITY COUNCIL:

DATE: 3-2-16

DATE: 3-2-16

DATE: _____

DATE: _____



**CITY OF GLOUCESTER 2016
CITY COUNCIL ORDER**

**ORDER: CC#2016-012
COUNCILLOR: Joe Ciolino**

**DATE RECEIVED BY COUNCIL: 03/08/16
REFERRED TO: B&F
FOR COUNCIL VOTE:**

ORDERED that pursuant to the City of Gloucester City Charter section 2-7(a) concerning the election of the City Auditor, the Council shall elect the City Auditor for the term of April 2016 to April 2018; and further

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

Joe Ciolino
Councillor at Large