

CITY CLERK
GLOUCESTER, MA

2016 MAY 11 PM 3:33



GLOUCESTER CITY COUNCIL
Budget & Finance Committee
Thursday, May 19, 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. ***Special Budgetary Transfer Requests 2016-SBT-23, -24, -25, -26, -27, -28, -29, & -30 from DPW For the purpose of alleviating the FY16 Snow & Ice Deficit***
2. ***Memo from Public Works Director re: City Council approval of contract terms for upcoming RFP's for Operation & Maintenance in excess of three years permitted by the standard requirement of MGL c. 30B***
3. ***Memorandums, Grant Applications & Checklists from Interim Director of Public Health for two Mini-Grants received by Public Health Department:***
 - A) A mini-grant from the Massachusetts Dental Society in the amount of \$1,980
 - B) Nicotine Delivery Device mini-grant in the amount of \$5,000 from Health Resources in Action
4. ***Council President's Request to Review City Clerk salary***
5. ***Council President's Request for Stipend for Interim City Clerk***
6. ***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
Mike Hale/Mark Cole
Max Schenk

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

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

TRANSFER # 2016-SBT- 23 *Auditor's Use Only*

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$22,165.00

(FROM) PERSONAL SERVICES ACCOUNT #

Unifund Account #

(FROM) ORDINARY EXPENSE ACCOUNT #

Unifund Account #

101000.10.423.5870000.0000.00.000.00.058

Snow & Ice Replacement of Equipment

Account Description

DETAILED EXPLANATION OF SURPLUS:

Did not purchase further equipment to help reduce deficit

(TO) PERSONAL SERVICES ACCOUNT #

Unifund Account #

(TO) ORDINARY EXPENSE ACCOUNT #

Unifund Account #

101000.10.423.52970.0000.00.000.00.052

Snow & Ice Contractors

Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to alleviate deficit.

TOTAL TRANSFER AMOUNT: \$22,165.00

FROM ACCOUNT: \$0.00

TO ACCOUNT: (\$141,735.57)

APPROVALS:

DEPT. HEAD:

ADMINISTRATION:

BUDGET & FINANCE:

CITY COUNCIL:

DATE: 25 APRIL 16

DATE: 5-3-2016

DATE: _____

DATE: _____

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

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

TRANSFER # 2016-SBT- 24 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$98,420.82

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
(FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.472.52000.0000.00.000.00.052
Facilities Contract Services
Account Description

DETAILED EXPLANATION OF SURPLUS: Other Capital projects have taken precedence over routine maintenance expenditures

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
(TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.423.52970.0000.00.000.00.052
Snow & Ice Contractors
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to reduce deficit

TOTAL TRANSFER AMOUNT: \$65,000.00

FROM ACCOUNT: \$33,420.00
TO ACCOUNT: (\$76,735.57)

APPROVALS:  _____ DATE: 25 APRIL 2016
DEPT. HEAD:  _____ DATE: 5.3.2016
ADMINISTRATION: _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2016-SBT- 25 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$12,562.00

(FROM) PERSONAL SERVICES ACCOUNT # _____ Unifund Account # _____
(FROM) ORDINARY EXPENSE ACCOUNT # _____ Unifund Account # _____
101000.10.472.52150.0000.00.000.00.052
Facilities Natural Gas
Account Description

DETAILED EXPLANATION OF SURPLUS: This year's lower gas prices have left small surplus in account.

(TO) PERSONAL SERVICES ACCOUNT # _____ Unifund Account # _____
(TO) ORDINARY EXPENSE ACCOUNT # _____ Unifund Account # _____
101000.10.423.52970.0000.00.000.00.052
Snow & Ice Contractors
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to reduce deficit

TOTAL TRANSFER AMOUNT: \$12,562.00

FROM ACCOUNT: \$0.00
TO ACCOUNT: (\$64,173.57)

APPROVALS: _____ DATE: 25 APRIL 2016
DEPT. HEAD: _____ DATE: 5-3-2016
ADMINISTRATION: _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2016-SBT- 26 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$101,110.52

(FROM) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
 (FROM) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.472.52410.0000.00.000.00.052
Facilities Building Maintenance
Account Description

DETAILED EXPLANATION OF SURPLUS: Other Capital projects have taken precedence over routine maintenance projects

(TO) PERSONAL SERVICES ACCOUNT # _____ *Unfund Account #*
 (TO) ORDINARY EXPENSE ACCOUNT # _____ *Unfund Account #*
101000.10.423.52970.0000.00.000.00.052
Snow & Ice Contractors
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to reduce deficit

TOTAL TRANSFER AMOUNT: \$50,000.00

FROM ACCOUNT: \$51,110.52
 TO ACCOUNT: (\$14,173.57)

APPROVALS:  DATE: 25 APR 16
 DEPT. HEAD: _____ DATE: 5.3.2016
 ADMINISTRATION:  DATE: _____
 BUDGET & FINANCE: _____ DATE: _____
 CITY COUNCIL: _____ DATE: _____

City of Gloucester
Special Budgetary Transfer Request
Fiscal Year 2016

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

TRANSFER # 2016-SBT- 27 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$19,100.00

(FROM) PERSONAL SERVICES ACCOUNT # _____ Unfund Account # _____
(FROM) ORDINARY EXPENSE ACCOUNT # _____ Unfund Account # _____
101000.10.499.54120.0000.00.000.00.055
Central Diesel
Account Description

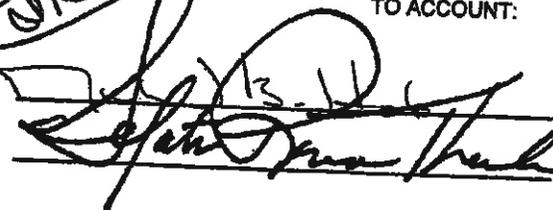
DETAILED EXPLANATION OF SURPLUS: Low fuel costs kept gas purchase costs lower than expected

(TO) PERSONAL SERVICES ACCOUNT # _____ Unfund Account # _____
(TO) ORDINARY EXPENSE ACCOUNT # _____ Unfund Account # _____
101000.10.423.52970.0000.00.000.00.052
Snow & Ice Contractors
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to alleviate deficit

TOTAL TRANSFER AMOUNT: \$14,173.57

FROM ACCOUNT: \$4,926.43
TO ACCOUNT: \$0.00

APPROVALS:  DATE: 25 APRIL 2016
DEPT. HEAD:  DATE: 5.3.2016
ADMINISTRATION: _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2016-SBT- 22 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$70,522.00

(FROM) PERSONAL SERVICES ACCOUNT # _____ Unifund Account # _____
(FROM) ORDINARY EXPENSE ACCOUNT # _____ Unifund Account # _____
101000.10.403.54000.0000.00.000.00.055
Solid Waste General Supplies
Account Description

DETAILED EXPLANATION OF SURPLUS: Changes in purple bag program left account with surplus.

(TO) PERSONAL SERVICES ACCOUNT # _____ Unifund Account # _____
(TO) ORDINARY EXPENSE ACCOUNT # _____ Unifund Account # _____
101000.10.423.55410.0000.00.000.00.052
Snow & Ice Sand & Salt
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to alleviate deficit

TOTAL TRANSFER AMOUNT: \$70,000.00

FROM ACCOUNT: \$0.00
TO ACCOUNT: (\$46,822.92)

APPROVALS:  DATE: 25 APRIL '16
DEPT. HEAD:  DATE: 5.3.2016
ADMINISTRATION: _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

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

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

TRANSFER # 2016-SBT- 29 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$36,617.93

(FROM) PERSONAL SERVICES ACCOUNT # Unifund Account # ⁴²³
101000.10.423.51310.0000.00.000.00.051

(FROM) ORDINARY EXPENSE ACCOUNT # Unifund Account #
Snow + Ice Facilities Overtime
Account Description

DETAILED EXPLANATION OF SURPLUS: Low snow totals left surplus in account

(TO) PERSONAL SERVICES ACCOUNT # Unifund Account #

(TO) ORDINARY EXPENSE ACCOUNT # Unifund Account #
101000.10.423.55410.0000.00.000.00.052

Snow & Ice Sand & Salt
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to alleviate deficit

TOTAL TRANSFER AMOUNT: \$36,617.93

FROM ACCOUNT: \$0.00
TO ACCOUNT: (\$10,204.99)

APPROVALS:

DEPT. HEAD:

ADMINISTRATION:

BUDGET & FINANCE:

CITY COUNCIL:

DATE: 25 APRIL 16
DATE: 5-3-2016
DATE: _____
DATE: _____

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

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

TRANSFER # 2016-SBT- 30 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Dept. of Public Works

DATE: 4/25/2016 BALANCE IN ACCOUNT: \$31,520.93

(FROM) PERSONAL SERVICES ACCOUNT # _____ Unifund Account # _____
(FROM) ORDINARY EXPENSE ACCOUNT # _____ Unifund Account # 101000.10.499.54110.0000.00.000.00.055
_____ Central Gasoline
Account Description

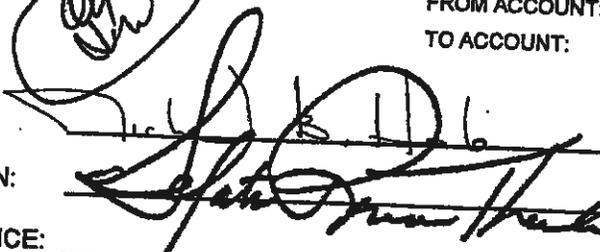
DETAILED EXPLANATION OF SURPLUS: Low fuel costs kept gas purchase costs lower than expected

(TO) PERSONAL SERVICES ACCOUNT # _____ Unifund Account # _____
(TO) ORDINARY EXPENSE ACCOUNT # _____ Unifund Account # 101000.10.423.55410.0000.00.000.00.054
_____ Snow & Ice Salt & Sand
Account Description

DETAILED ANALYSIS OF NEED(S): Funds needed to alleviate deficit

TOTAL TRANSFER AMOUNT: \$10,204.99

FROM ACCOUNT: \$21,315.94
TO ACCOUNT: \$0.00

APPROVALS:  _____ DATE: 25 APRIL 16
DEPT. HEAD:  _____ DATE: 5.3.2016
ADMINISTRATION: _____ DATE: _____
BUDGET & FINANCE: _____ DATE: _____
CITY COUNCIL: _____ DATE: _____

Public Works
28 Poplar Street
Gloucester, MA 01930



TEL 978-281-9785
FAX 978-281-3896
mhale@gloucester-ma.gov

CITY OF GLOUCESTER
DEPARTMENT OF PUBLIC WORKS

TO: Donna Compton, Purchasing Agent
James Destino, Chief Administrative Officer

FROM: Michael B. Hale, Director of Public Works

RE: Contract Terms for Upcoming RFP's for Operation and Maintenance
(O & M) Services

DATE: 22 April 2016

The Department of Public Works is in the process of developing two Requests for Proposals. One is for the full service operation and maintenance of the city's water and waste water facilities, and the second is for the operation and maintenance of the collection system mechanical components (pump stations, grinder pumps, and STEP systems).

The scope of work contained in these contracts and the dollar value are considerable, and I feel it is in the best interest of the City to award the contracts in excess of the three years permitted by the standard requirement of Chapter 30B. I would suggest that both contracts be awarded for a term of eight years with an option to extend the contract for an additional two years if all parties are in agreement.

Per Chapter 30B a contract for supplies or services with a term of more than three years, including the term of any renewal, extension, or option, is permissible only if a longer contract has been authorized by a majority vote of the governing body of your jurisdiction before you award the contract. If you concur with my thinking regarding the contract terms, I would ask that you forward this request to the Mayor's Office so that it may be put before the Council.

I can be available to answer questions at such time this request goes before the council.

Water: CNTMNT



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 of Public Health
Date: May 2, 2016
Re: Grant Award Acceptance of MDS Foundation Grant

Dear Mayor Romeo Theken,

The Gloucester Health Department's Children's Dental Center seeks Mayoral and City Council approval to accept a mini-grant in the amount of \$1,980.00. The mini-grant is funded by the Massachusetts Dental Society's charitable arm: The MDS Foundation.

The \$1,980 grant is intended to expand the Dental Center's capacity to transport children to and from area schools to the Gloucester Children's Dental Center. Gloucester's community based dental center is inherently aligned with two of the MDS Foundation's supported Oral Health Projects: 1) Increasing access to oral care for low-income families and children and 2) Supporting a municipal public-health incentive to increase access for residents.

The proposed project aims to fund 66 school bus transportation trips between Gloucester Public School and the Children's Dental Center. With increased transportation, the hope is to expand our outreach to the underserved youth in Gloucester. There is no match for this grant.

Staff will be available to answer any questions City Council may have.

Thank you,

Max Schenk

CC: Jill Marston, Children's Dental Center Administrator



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

Granting Authority: State Federal Other

Name of Grant: MDS Foundation – Transportation Grant

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: MA Dental Society Foundation

- Object of the application: \$1,980 from the MDS Foundation to fund child transport from Gloucester Public Schools to the Children's Dental Center.

Any match requirements: No cash or in-kind matching required.

Mayor's approval to proceed: [Signature] 5.5.16
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 CHARITABLE ARM OF THE
MASSACHUSETTS
DENTAL SOCIETY

Two Willow Street
Southborough, MA 01745-1027
800.342.8747 • Fax: 508.480.0002
maedental.org

April 19, 2016

Jill Marston
Children's Dental Center
99 Prospect St
Gloucester, MA 01930

Dear Ms. Marston

The MDS Foundation Board has viewed and discussed your request for funding to support the Transportation of school children to the Children's Dental Center. The Board voted in favor of granting your request.

Enclosed is a check in the amount of \$1,980.00 to be used towards this project. As a condition for receiving this grant, Children's Dental Center must provide the MDS Foundation with a written report on the use of these funds within one year, or by April 30, 2017.

Our Foundation is proud to offer our assistance and would enjoy hearing how you learned of our grant giving services.

Congratulations! We look forward to receiving your report.

Sincerely,

Jennifer Hanlin
Assistant Clerk, MDS Foundation



CITY OF GLOUCESTER

Children's Dental Center
c/o Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-281-9771 • Fax: 978-281-9729



Public Health
Prevent. Promote. Protect.

February 5, 2016

Dear MDS Foundation,

The Gloucester Children's Dental Center appreciates the opportunity to apply for a Massachusetts Dental Society targeted grant to expand our ability to provide transportation to and from area schools to our facility. The mission of our community-based dental center is inherently aligned with two of the MDS's supported Oral Health Projects: Increasing access to oral care for low-income families and children as well as supporting a municipal public-health initiative to increase access for our residents.

The Children's Dental Center provides oral health services and dental hygiene education to underserved Cape Ann youth spanning from one year of age to age twenty. Services range from dental exams, x-rays, cleanings, sealants, fillings, fluoride treatments, all the way to emergency care and extractions. We accept Mass Health (Medicaid) in addition to Children's Medical Security Plan (CMSP) and the municipal program is exclusively funded through insurance reimbursements. In 2015, the Children's Dental Center performed a total of 4,564 services. Bus transportation to our office is funded internally with the cooperation of Gloucester Public Schools. The office itself is located in a secure and professional space made affordable through the generous support of the Gloucester Housing Authority.

The Pre-K to Grade 12 enrollment in the Gloucester Public Schools totals approximately 2,950 students, with 1,156 of those students, or 39%, qualifying for the USDA's free or reduced school lunch initiative. There is a need to bridge the gap between these economically disadvantaged youth and access to dental care and education. While the social determinants of 'health' emphasize health care and health systems, population health is linked to a much broader spectrum including social, economic, and environmental factors. This is why Gloucester is one of the first communities in the state to launch a pilot strategy to integrate the SBIRT model (Screening, Brief Intervention, and Referral to Treatment) into our Children's Dental Center with the focus being on proper nutrition and recognizing the effects of excess sugar consumption on oral health.

Our proposal requests \$1,980.00 to fund 66 school bus transports, at \$30.00 each, between the Gloucester Public Schools and the Children's Dental Center. With increased transportation, we intend to expand our outreach to the underserved youth in Gloucester. The utilization of the SBIRT model will help us to identify youth who pose a higher risk for significant dental caries.

We appreciate the MDS Foundation taking an interest in helping the children of the Gloucester community gain better access to necessary dental care and education. Please feel free to call me with any additional information requests pertaining to this proposal. Thank you for your time.

Best Regards,

Jill Marston
Dental Center Administrator
Children's Dental Center
99 Prospect Street
Gloucester, MA 01930

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: City of Gloucester, Health Dept.

ACCOUNT NAME: MDS Foundation - Transportation Grant

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

CFDA # (Required for Federal Grants): _____

DATE PREPARED: 5/2/2016

OBJECT	ORIGINAL BUDGET	APPROVED AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				
45800	\$1,980.00			\$1,980.00
				\$0.00
Total:	\$1,980.00	\$0.00	\$0.00	\$1,980.00
EXPENSE (5_____)				
57100	\$1,980.00			\$1,980.00
Total:	\$1,980.00	\$0.00	\$0.00	\$1,980.00

DEPARTMENT HEAD SIGNATURE _____

[Handwritten Signature] 5/2/16

DATE ENTERED (AUDIT) _____

AUDITING DEPARTMENT INITIALS _____

FORM: AUDIT ACCOUNT BUDGET - V1



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 of Public Health
Date: April 28, 2016
Re: Grant Award Acceptance of Nicotine Delivery Device Mini-Grant

Dear Mayor Romeo Theken,

The Gloucester Health Department's Healthy Gloucester Collaborative seeks Mayoral and City Council approval to accept a small mini-grant in the amount of \$5000.00. The mini-grant is funded by the '84 Movement' which is a subsidiary of Health Resources in Action.

The \$5,000 grant is for Gloucester's participation in the 84 Movement's assessment of the impact of flavored tobacco products on youth smoking rates. A voluntary school survey will be conducted to collect qualitative and quantitative data related to the use and access to flavored tobacco products in the community.

The Youth Council leaders will educate other students about e-cigarettes and marketing tactics that tobacco companies are using to target youth via flavors. The findings will be presented to local decision makers such as the School Committee and the Board of Health.

Staff will be available to answer any questions City Council may have.

Thank you,

Max Schenk



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

Granting Authority: State Federal Other

Name of Grant: Flavored Tobacco Products Mini Grant

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: Health Resources in Action

- Object of the application: \$5,000 for Participation in the 84 Movement's Mini-Grant to assess the impact of flavored tobacco products on youth smoking rates in Gloucester via school survey.

Any match requirements: No cash or in-kind matching required.

Mayor's approval to proceed:

Signature: [Handwritten Signature] Date: 5.3.16

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:

Department	Date sent
_____	_____

Auditor's distribution to managing department:

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

the
Sighty
4OUR → THE 84 ORG

March 30, 2016

Healthy Gloucester Collaborative
C/O Gloucester Health Department
3 Pond Road
City Hall Annex
Gloucester, MA, 01930

RECEIVED
APR 19 2016
GLOUCESTER
HEALTH DEPT.

To The 84 Movement Chapter at the Healthy Gloucester Collaborative,

Attached please find a check in the amount of \$5,000 for your participation in The 84 Movement's Mini-Grant to assess the impact of flavored tobacco products on youth smoking rates in your community. We thank you for your collaboration and hard work in this effort.

Please let us know if you have any questions.

Best,



Carly Caminiti

Project Manager, The 84 Movement

HEALTH RESOURCES IN ACTION
95 BERKELEY STREET
BOSTON, MA 02115

Citizens Bank
617.701.2110

69841
69841

Five Thousand and 00/100 Dollars

DATE: 4/14/2016

AMOUNT: \$5,000.00

VOID AFTER 90 DAYS. EXTRA SIGNATURE OVER \$10,000

AUTHORIZED SIGNATURE

PAY TO THE ORDER OF
Gloucester Health Department
3 Pond Road
City Hall Annex
Gloucester, MA 01930

Small square icon with 'E' and '15' inside.



Flavor Mini-grant Application FY16

Your Chapter name: Gloucester Youth Council

Dear _____

Thank you for your willingness and excitement to complete a very special project to identify the benefit of a restriction on flavored tobacco products in your area. Please fill out the following information so that we can keep in touch with important project updates.

Youth Leader #1	Contact name: Soo Ae Ono Grade: 10 Email: sooaono@hotmail.com
Youth Leader #2	Contact name: Ben St. Cyr Grade: 11 Email: glo.b.man@comcast.net
Youth Leader #3	Contact name: Gianna Cabral Grade: 10 Email: gkcab@hotmail.com
To whom should the grant check be written?	Organization name: Healthy Gloucester Collaborative, Gloucester Health Dept. Contact name: Max Schenk Mailing address: Gloucester Health Dept. Attn: Jenna Newbegin 3 Pond Rd. City Hall Annex Gloucester, MA 01930

Please explain how your Chapter will accomplish what is expected (5 sentences or less).

First, the GYC advisor will work with the school principal to gain approval, set a date and decide which teachers to survey. The group will then email the chosen teachers and ask for their schedules and which classes would be willing to participate, and a survey schedule will be made by assessing teacher availability, grade level, class size and Youth Council availability. The GYC will put together survey packets and swag for each of the classes to be surveyed. On the day of the survey, the advisor will be home base for distributing and collecting surveys while the youth go individually or in pairs to each of the designated classrooms to distribute the survey. Surveys will then be collected and combined by grade by the advisor, and tally of completed surveys will be recorded.

Budget

Provide a brief description of how you will spend the money in each section below. This is a projection, and if you make changes, you will need to have a conversation with 84 staff and note those changes in your final report.

Item	Total	
<p>Stipends (compensating the youth and adults for their work related to this project)</p> <p>ONLY FOR COMMUNITY-BASED CHAPTERS: Please indicate the amount the local high school will receive to support this project (\$1,500 is earmarked for your partner school. It is at your discretion if you choose to increase that amount.)</p> <p>Description: For school stipend</p>	For Youth	\$
	For Adults	\$
	For School (if applicable)	\$ 2500
<p>Program Support (purchasing cheap tobacco products for surveys, travel, office supplies, copying, printing, postage, training items, refreshments, etc.)</p> <p>Please do not include t-shirts, buttons, or other 84 promotional materials.</p> <p>Description: Fall and Spring printing of the surveys (\$850 x 2), mailing surveys (\$30 x 2), raffle tickets to Dunkin Donuts for participating (4 @ \$25 each), manila envelopes (\$25), GYC meeting/outreach costs (ie. Travel, refreshments), Promotional materials,</p>		\$ 2000
<p>Administrative (Up to 10% of the funds can be used for administrative costs such as rent, E.D. time, etc.)</p> <p>Description: Partial rental cost of The Hive, the Gloucester Youth Council weekly meeting location.</p>		\$ 500
<p>Other: Please list. Click here to enter text.</p>		\$
	Total Expenses	\$ 5,000

Checklist for Project Completion

Please **check** the boxes below to indicate you understand and agree with the requirement for grant funding.

Commitment:

- This is a commitment of 6-9 months.
- A staff person will be dedicated to this project.
- Youth group is currently registered as a Chapter of The 84 (register at www.the84.org/chapters).
- The Chapter must attend Kick Butts Day on March 16, 2016 (at least 2 youth and 1 adult) is required.
- Chapter is or has a sponsoring organization that is a school, faith-based organization or 501(c)3 community-based agency or is a city-sponsored youth group. The sponsoring organization must assume fiscal responsibility for the funds awarded and is responsible for submitting the required reports.
- Chapter is strongly encouraged to have a youth member sign up as part of The 84 Statewide Leadership Team: <http://the84.org/about-the-84/statewide-leadership-team/>
- Chapter has an adult advisor/sponsor that works with and supports the youth group leading the project and acts as the adult contact for the project.
- Chapter has a young person who will act as a youth contact.
- Chapter must have at least five high school aged youth in their group at the start of the project who will be working on the grant project.

Trainings:

- If the Chapter is in a community passing a flavored product restriction, the youth group must receive training on tobacco industry tactics and the local legislative process, preferably before the passing of a flavored product restriction. The 84 staff will coordinate with the adult advisor to schedule.
- Chapter must receive training on how to conduct the peer-to-peer survey. This training will most likely happen via a conference call, Skype, Google Hangouts or other, depending on the Chapter's capacity.

Survey Completion:

- Chapter understands that the activities and funding for this project will depend on when a flavored product restriction is passed in that particular community and upon approval from the local high school for this project.
- After the passing of a local flavored tobacco product restriction, but before the restriction goes into effect, Chapter must conduct the survey.
- Chapter must administer the survey in as many randomized homeroom classes of a local high school as necessary to meet target numbers for conducting the survey (follow instructions provided). Target number will be provided to the Chapter.
- Chapter understands that the same survey must be conducted in the same homeroom classrooms approximately 5 to 9 months after the effective date of the flavored product restriction.

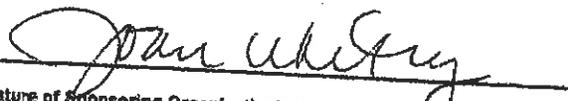
Youth group will mail all completed paper surveys to Glory Song, MA Department of Public Health, 250 Washington Street 4th Floor, Boston, MA 02108 no later than two weeks after conducting the surveys. The surveys will be analyzed and a report will be generated by the MA Department of Public Health. After the data is analyzed, your Chapter will receive a final report within 6-9 months..

Restrictions:

- Grant funds in the amount of \$1,000 will be given initially. If and only if the restriction passes in the town, an additional funding amount of either a) \$4,000 will be given to a community-based organization, of which at least \$1,500 must go to the school participating in the survey, or b) \$1,500 will be given to a school directly if there is no community-based organization collaborating on the project.
- Grant funds cannot be spent on lobbying (call for action and/or direct support of state legislation) on behalf of a specific state bill, or for direct attacks on the tobacco companies or their employees.
- Chapter does not have an affiliation or contractual relationship with any tobacco company, its affiliates, subsidiaries, or parent company. This includes use of youth prevention curricula from tobacco companies.
- Grant funds cannot be used for cessation programs.
- A final report must be submitted by June 18, 2016 in order to be considered for funding for the next fiscal year.
- All funding must be spent by June 18, 2016.

Certification

CERTIFICATION: We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge and, if awarded funding, agree to and accept the terms of Health Resources in Action and The 84 Movement. If awarded funding, we also agree to complete the expected deliverables within the timeframe allotted.


Signature of Sponsoring Organization's Executive Director/ CEO

2/18/16
Date

Return completed and signed form via scan to laslan@hria.org or fax to 617-451-0062.

Budget

Provide a brief description of how you will spend the money in each section below. This is a projection, and if you make changes, you will need to have a conversation with 84 staff and note those changes in your final report.

Item	Total	
<p>Stipends (compensating the youth and adults for their work related to this project)</p> <p>ONLY FOR COMMUNITY-BASED CHAPTERS: Please indicate the amount the local high school will receive to support this project (\$1,500 is earmarked for your partner school. It is at your discretion if you choose to increase that amount.)</p> <p>Description: For school stipend</p>	For Youth	\$
	For Adults	\$
	For School (if applicable)	\$ 2000
<p>Program Support (purchasing cheap tobacco products for surveys, travel, office supplies, copying, printing, postage, training items, refreshments, etc.)</p> <p><i>Please do not include t-shirts, buttons, or other 84 promotional materials.</i></p> <p>Description: Fall and Spring printing of the surveys (\$850 x 2), mailing surveys (\$30 x 2), raffle tickets to Dunkin Donuts for participating (4 @ \$25 each), manila envelopes (\$25), GYC meeting/outreach costs (ie. Travel, refreshments), Promotional materials,</p>		\$ 2500
<p>Administrative (Up to 10% of the funds can be used for administrative costs such as rent, E.D. time, etc.)</p> <p>Description: Partial rental cost of The Hive, the Gloucester Youth Council weekly meeting location.</p>		\$ 500
<p>Other: Please list. Click here to enter text.</p>		\$
Total Expenses		\$ 5,000

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: City of Gloucester, Health Dept.

ACCOUNT NAME: H.R.I.A. Flavored Tobacco Product Mini Grant

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

CFDA # (Required for Federal Grants): _____

DATE PREPARED: 4/28/2016

OBJECT	ORIGINAL BUDGET	APPROVED AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4 _____)				
45800	\$5,000.00			\$5,000.00
				\$0.00
Total:	\$5,000.00	\$0.00	\$0.00	\$5,000.00
EXPENSE (5 _____)				
52000	\$3,100.00			\$3,100.00
54000	\$1,900.00			\$1,900.00
57000	\$0.00			\$0.00
Total:	\$5,000.00	\$0.00	\$0.00	\$5,000.00

DEPARTMENT HEAD SIGNATURE _____



DATE ENTERED (AUDIT) _____

AUDITING DEPARTMENT INITIALS _____

FORM: AUDIT ACCOUNT BUDGET - V1

CITY OF GLOUCESTER
Job Description - Proposed Reclassification/Reorg.
June 2013

Title : City Clerk

Supervisor: City Council and O&A Committee

Grade : Proposed to reclassify to M10 from M9

Civil Service : N/A **Union:** exempt

Supervision exercised : Supervises Asst. Clerk, Clerk of Committees, Asst. Registrar and Principal Clerk and Part Time Clerk

Responsibilities : This position is responsible for serving as the "Clerk of the Council" under the City Charter and in doing so attends all Council meetings including executive sessions, to assist in procedural matters. Manages state and local elections pursuant to state and federal election laws together with the Bd. of Registrars and the Asst. Registrar. Serves as the custodian of all city public records. Including vital records. Serves as the appointed Liason to the State Ethics Commission. Serves as a member of the Licensing Commission. Serves as member/clerk of the Bd of Registrars. Enforces/manages local Campaign Finance Law requirements together with the Asst. Registrar. Manages the Special Event Advisory Committee for the City Council. Assists with the processing of all zoning related applications to the City Council.

Manages the office on a day to day basis

Duties: Responsible for the management and custody of public records and requests made under the public records law for the same.

Supervises all vital records matters.

Assists Councillors with preparation of City Council Orders.

Together with the Asst. Registrar and the Bd of Registrars manages all federal, state, and local elections, including voter registration and absentee voting.

Responsible for intake and processing of all City Council Special Permit Applications and other applications to the City Council such as Rezoning and Zoning Amendments made under the zoning ordinance.

Responsible for the management and issuance of numerous state and local permits and licenses including taxis, vendors, tanks, auto dealers, dogs, shellfish and others and familiarity with all laws and regulations relating to these permits and licenses.

Serves as CORI representative to process CORI checks on taxi drivers. While working with the Police Chief.

Responsible for compliance of City Council and all Boards and Commissions with public notice and meeting minutes requirements of the Open Meeting Law. In charge of assisting Council on developing means and methods of "remote participation." to be used in meetings covered by OML.

Administers oaths of office to all appointees and officials and instructs them on OML and Ethics Law obligations including periodic test.

Mainatains City Code of Ordinances including online versions and periodic updates.

Schedules all Licensing Commission meetings. Prepares agendas and minutes for Commission. And participates as member.

Together with the Asst. Registrar supervises annual city census and state reprecincting procedures(at time of US census).

Prepares and manages annual dept. budget with assistance of the Asst. City Clerk.

Performs performance reviews (yearly) of all office staff

Responsible for assisting with customer service and assuring that all customer service is carried out in a efficient, prompt, and courteous manner.

Responsible for the web page for Office of the City Clerk and timely "news" to City web page .

Responsible for attending Committee meetings and providing support to Council O&A Committee.

Performs any other duties as directed and required by the City Council.

Qualifications: Bachelors degree required in government or governmental related area and minimum of 5 years of experience supervising a government office with local government strongly preferred. A combination of years of education and/or years of experience with a minimum totaling 10 relevant years may be substituted.

Proficiency in most current and most relevant computer skills. Proficient in Microsoft Word and Office and Outlook email system, Excel, PDF's ,scanning. Familiarity with the City web site and use of same for Council meetings, notices and for maintaining the web page for the Office of the City Clerk.

Requires ability to prioritize multiple tasks and deal effectively with interruptions often under time pressures. Must be highly organized and have attention to detail.

Must have excellent communication,interpersonal, and customer service skills.

Must be able to work as a member of a "team".

Must have expertise with state and local laws relating to open meetings, public records, ethics,elections,zoning permits, and various local licenses and permits. Must have complete familiarity with and knowledge of the State Ethics law as applied to local officials,Gloucester Code of Ordinances,and the City Charter

Must work together with City Archives Committee on all shared matters of concern especaily as relates to records storage.

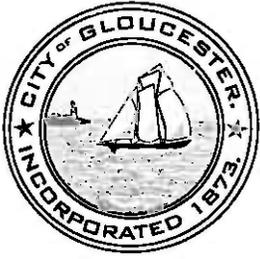
Must be able to lift large files and some election related materials or equipment.

Must be qualified as a Notary Public.

All responsibilities and duties are illustrations of the types of work performed .

GMAA/ NON MGRS PAYSCALE
EFFECTIVE 07/01/2015 **2% Increase**

GRADE	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12
	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
M3	\$48,433.77	\$49,164.57	\$49,895.37	\$50,644.44	\$51,411.78	\$52,179.12	\$52,964.73	\$53,750.34	\$54,554.22	\$55,376.37	\$56,216.79	\$57,057.21
M4	\$51,320.43	\$52,087.77	\$52,873.38	\$53,658.99	\$54,462.87	\$55,285.02	\$56,125.44	\$56,965.86	\$57,806.28	\$58,683.24	\$59,560.20	\$60,455.43
M5	\$54,389.79	\$55,211.94	\$56,034.09	\$56,874.51	\$57,733.20	\$58,591.89	\$59,487.12	\$60,364.08	\$61,277.58	\$62,191.08	\$63,122.85	\$64,072.89
M6	\$58,756.32	\$59,633.28	\$60,528.51	\$61,442.01	\$62,365.51	\$63,305.55	\$64,255.59	\$65,205.63	\$66,192.21	\$67,178.79	\$68,183.64	\$69,206.76
M7	\$63,451.71	\$64,401.75	\$65,370.06	\$66,356.64	\$67,343.22	\$68,366.34	\$69,389.46	\$70,430.85	\$71,472.24	\$72,550.17	\$73,646.37	\$74,742.57
M8	\$70,449.12	\$71,490.51	\$72,568.44	\$73,664.64	\$74,760.84	\$75,893.58	\$77,026.32	\$78,177.33	\$79,346.61	\$80,534.16	\$81,758.25	\$82,982.34
M9	\$80,314.92	\$81,520.74	\$82,744.83	\$83,987.19	\$85,247.82	\$86,526.72	\$87,823.89	\$89,139.33	\$90,473.04	\$91,843.29	\$93,213.54	\$94,602.06
M10	\$89,961.48	\$91,295.19	\$92,665.44	\$94,053.96	\$95,479.02	\$96,904.08	\$98,365.68	\$99,827.28	\$101,325.42	\$102,860.10	\$104,394.78	\$105,966.00
M11	\$99,407.07	\$100,886.94	\$102,403.35	\$103,938.03	\$105,509.25	\$107,080.47	\$108,688.23	\$110,314.26	\$111,976.83	\$113,657.67	\$115,356.78	\$117,092.43
M12	\$108,578.61	\$110,204.64	\$111,848.94	\$113,529.78	\$115,228.89	\$116,964.54	\$118,718.46	\$120,490.65	\$122,299.38	\$124,144.65	\$126,008.19	\$127,890.00



CITY of GLOUCESTER CITY COUNCIL

FROM: City Council President Joe Ciolino

TO: City Council

RE: Request for stipend for Interim City Clerk

Please refer the above matter to the Budget & Finance Standing Committee.

Thank you.