

CITY CLERK
GLOUCESTER, MA
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GLOUCESTER CITY COUNCIL
Budget & Finance Committee
Thursday, July 7, 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, Grant Application & Checklist from Police Chief re: Council acceptance of a FY17 E911 Support & Incentive Grant in the amount of \$61,795 from the Executive Office of Public Safety & Security*
2. *Year-End Transfers not referred through Council Consent Agenda; 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
Dan Smith
Kenny Costa
John Dunn
Police Chief Leonard Campanello

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.



GLOUCESTER POLICE DEPARTMENT
Office of the Chief of Police
197 Main Street
Gloucester, MA 01930

Chief Leonard Campanello
(978)281-9775

Memorandum

June 22, 2016

To: Mayor Sefatia RomeoTheken

From: Chief Leonard Campanello

RE: FY17 State 911 Support & Incentive Grant

Mayor Romeo Theken,

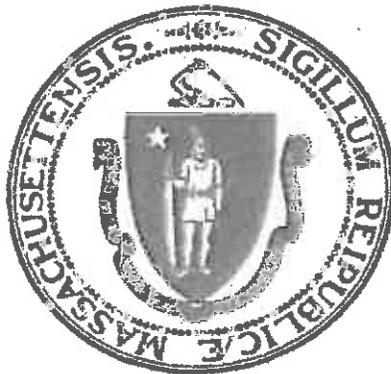
Please find our application for the FY17 State 911 Support & Incentive Grant in the amount of \$61,795.00. This is a yearly grant and I respectfully ask that it be approved to accept.

Respectfully,

Leonard Campanello
Chief of Police

Commonwealth of Massachusetts

**Executive Office of Public Safety and Security
State 911 Department**



State 911 Department

**Public Safety Answering Point and Regional Emergency Communication Center
Support and Incentive Grant Application**

Fiscal Year 2017

All applications shall be mailed or hand delivered.

All applications must be received by 5:00 P.M. on Friday, March 31, 2017.

Application Checklist

- Signed and Dated PSAP and RECC Support and Incentive Grants Application Page
- Completed Budget Summary Page
- Completed Budget Narrative

Personnel: include name(s), hourly rate(s), and overtime rate(s)

HVAC: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

CAD: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

Radio Console: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

Console Furniture/Chairs: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

Fire Alarm Receiving & Alerting Equipment: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

Other Equipment: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

- Quotes
- Appendix A – Personnel Costs, if applicable

Regional PSAPs and RECCs only:

- Detailed Departmental Budget, including all salary costs.**
Public Safety Radio Systems: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

Regional Secondary PSAPs only:

CPE Maintenance: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

- Completed Authorized Signatory Listing Page
- Completed and Notarized Proof of Authentication of Signature Page for each Signatory
- Signed and Dated Standard Contract Page

All applications with original signatures shall be submitted to:

**State 911 Department
 151 Campanelli Drive, Suite A
 Middleborough, MA 02346**

Type of PSAP: (please check one)

- Primary Regional Regional Secondary
 Regional Emergency Communication Center

1. Name of City/Town/Municipality

City of Gloucester Police Department

Address

197 Main St.

City/Town/Zip

Gloucester, MA 01930

Telephone Number

978-281-9775

Fax Number

978-282-3026

Website

www.gloucester-ma.gov

2. Name of Applicant

City of Gloucester Police Department

Name /Title of Authorized Signatory

Chief Leonard Campanello

Address (if different from above)

Telephone Number

Fax Number

Email Address:

lcampanello@gloucester-ma.gov

3. Name/Title of Program/Contract Manager

Stacie Nicastro Financial Coordinator

Telephone Number

978-281-9775 ext. 2

Fax Number

978-282-3026

Email Address

snicastro@gloucester-ma.gov

4. Total Grant Program funds requested.

\$61,795.00

5. Goal and Desired Outcome

Through its submission of this application to the State 911 Department, the applying governmental entity affirms that the primary goal of the State 911 Department PSAP and RECC Support and Incentive Grant Program is to assist PSAPs and RECCs in providing enhanced 911 service and to foster the development of regional PSAPs, regional secondary PSAPs and RECCs.

6. Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the application packet.

Signed under the penalties of perjury this 22 day of June, 2014



ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

(in blue ink)

Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECC	
CATEGORY	AMOUNT
A. Enhanced 911 Telecommunicator Personnel Costs	\$35,009.00
B. Heat, Ventilation, Air Conditioning, and Other Environmental Control Equipment	\$
C. Computer-Aided Dispatch Systems	\$26,786.00
D. Radio Console	\$
E. Console Furniture and Dispatcher Chairs	\$
F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service	\$
G. Other Equipment	\$
TOTAL*	\$61,795.00

*Total amount must exactly match amount requested on application page

**PRIMARY PSAP, REGIONAL PSAP, REGIONAL SECONDARY PSAP, & RECC
DETAIL NARRATIVE**

Please make sure that every item listed in the above Budget Worksheet is listed in below narrative with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. For personnel costs, please note for each individual to be funded, the anticipated hourly rate, cost of benefits if applicable, and anticipated overtime rate if applicable. Please use additional pages if needed.

A. Enhanced 911 Telecommunicator Personnel Costs –to defray the costs of salary for enhanced 911 telecommunicator personnel, including enhanced 911 telecommunicators who are emergency communications dispatchers or supervisors. In order to be eligible for such funding, a grantee shall show that the personnel costs to be reimbursed: (1) cover only personnel who are trained and certified as an enhanced 911 telecommunicator in accordance with the requirements of the State 911 Department, or are in the process of obtaining such certification, in accordance with the requirements of the State 911 Department; and (2) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are working in the capacity of an enhanced 911 telecommunicator as their primary job function. Reimbursement may be allowed for straight time costs for on the job training for new telecommunicators who are in the process of obtaining certification as an enhanced 911 telecommunicator, in accordance with the requirements of the State 911 Department. Reimbursement for personnel costs related to training may be allowed only for training courses that have been approved by the State 911 Department under the Fiscal Year 2017 State 911 Department Training Grant, or with the prior written approval of the State 911 Department. Reimbursement for personnel costs for individuals who have other primary job duties not directly related to enhanced 911 service, such as firefighters or police officers who may occasionally be assigned PSAP enhanced 911 telecommunicator duty, may be allowed only for the documented hours in which the employee is acting primarily in the capacity of an enhanced 911 telecommunicator. For example, if a police officer or firefighter is assigned to work as an enhanced 911 telecommunicator 1 day a week, funding from these grants may only be used to cover the portion of such firefighter or police officer’s salary for the 1 day a week that he or she is assigned to enhanced 911 telecommunicator duty. Funding awarded through these grants shall be assigned to specific identified personnel, and the funding shall be applied to the personnel costs associated with such specific identified personnel.

All wage reimbursements authorized under this Program shall be allocated by the grantee in adherence with applicable collective bargaining agreements. However, the State 911 Department is not bound by or required to adhere to grantee collective bargaining agreements when determining allocations or reimbursements.

Attach Appendix A

Total Category A

\$ 35,009.00

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment – to defray costs associated with the acquisition and maintenance of heat, ventilation and air-conditioning equipment and other environmental control equipment. Such funds may only be used to purchase, install, replace, maintain, operate and/or upgrade such equipment used in the physical space used for the provision of enhanced 911 service.

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment

Description:

Vendor:

Attach Quote and mark with letter B

Total Category B

\$ _____

C. Computer-aided Dispatch Systems – to defray costs associated with the purchase, installation, replacement, maintenance and/or upgrade of CAD hardware and software used by emergency communication dispatchers, call takers, and 911 operators in primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs to initiate public safety calls for service and dispatch, and to maintain the status of responding resources in the field. Funds may be used for mobile devices that are linked to a CAD system. Primary PSAPs may not use funding for records management systems, whether or not part of a CAD system. Regional PSAPs and RECCs may apply for funding for records management systems.

C. Computer-aided Dispatch Systems

Description: Contract () with Delphi Technology Solutions, Inc. 280 Merrimack St., Suite 308 Lawrence, MA 01843. For IT support directly related to “enhance and maintain computer aided dispatch systems through current and developing dispatch related technology needs.

Are the requested items linked to CAD? Please see attached proposed contract.

Where will the requested items be located?

What will be displayed on monitors, if requested?

Vendor: Delphi Technology Solutions, Inc.
280 Merrimack St., Suite 308
Lawrence, MA 01843

Attach Quote and mark with letter C

Total Category C

\$26,786.00

D. Radio Consoles – to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of radio consoles to be used at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such radio consoles used in the physical space used for the provision of enhanced 911 service. All radio systems shall comply with SIEC special conditions, as may be amended from time to time. The SIEC special conditions are available at:

<http://www.mass.gov/eopss/docs/ogr/homesec/sdsiecspecialconditionsradiofrequenciesdec09.pdf>.

The State 911 Department will submit requests for such funding to the SIEC for review and confirmation that the requested item(s) comply with the SIEC special conditions. Questions relating to the SIEC special conditions should be directed to the SWIC, Steve Staffier, who can be reached by email at steve.staffier@state.ma.us and by telephone at 508-820-2022.

D. Radio Consoles

Description:

Vendor:

Attach Quote and mark with letter D

\$

Total Category D

FY 2017

0

E. Console Furniture and Dispatcher Chairs – to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of console furniture and dispatcher chairs necessary for enhanced 911 telecommunicators working at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs to perform their jobs effectively and in an ergonomically appropriate manner. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such console furniture and dispatcher chairs, including shelving, storage cabinets, and rotary resource files, used in the physical space used for the provision of enhanced 911 service.

E. Console Furniture and Dispatcher Chairs

Description:

Have you previously applied for funding for dispatcher chairs?

If so, what year?

Are they under warranty?

Vendor:

Attach Quote and mark with letter E

Total Category E

\$ _____

F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service – to defray costs associated with the purchase, installation, replacement, maintenance, and/or update of fire alarm receiving and alerting equipment used at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs. Funding may be used to purchase, install, replace, maintain, and/or update systems used by such PSAPs to alert remote station personnel of emergency responses, including hardware and components installed within remote station locations. Funding for street or structure based cable or radio fire alarm boxes and related hardware is not permitted.

F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service

Description:

Vendor:

Attach Quote and mark with letter F

Total Category F

\$ _____

G. Other Equipment and Related Maintenance Associated with Providing Enhanced 911 Service – to defray costs associated with the purchase, installation, replacement, and/or maintenance of other equipment used in the physical space used for the provision of enhanced 911 service, except as otherwise approved by the State 911 Department, based on supporting documentation that the physical space used for the provision of enhanced 911 service is inadequate to house the equipment, or except as otherwise approved by the State 911 Department based on supporting documentation. Funding may be used for, but is not limited to: support technology (such as printers, headsets, and call recorders); supplies (such as disc and printer cartridges); hardware and support costs (excluding monthly recurring telephone service costs) for telephones; acoustic wall coverings; ESD-resistant flooring; lighting; and security equipment used for securing access to the PSAP to prevent entry by the public or unauthorized personnel.

G. Other Equipment and Related Maintenance Associated with Providing Enhanced 911 Service

Description:

Please include use and location of the requested item(s).

Vendor:

Attach Quote and mark with letter G

Total Category G

\$ _____

REMINDER: Disposal of Equipment Purchased with Grant Funding: Grantees may replace and/or dispose of equipment purchased with funds under the State 911 Department grant programs only if such equipment has reached the end of its useful life, in accordance with the manufacturer's warranty or industry expected useful life, whichever is longer. Disposal shall be in compliance with municipal guidelines, and equipment may be transferred to public entities for public municipal purposes only.

All goods and/or services shall be received on or before June 30, 2017 to be eligible for reimbursement under the Fiscal Year 2017 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grants.

**REGIONAL PSAP & RECC ONLY
DETAIL NARRATIVE**

Please make sure that every item listed in the above Budget Worksheet is listed in below narrative with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. Please use additional pages if needed.

H. Regional PSAPs and RECCs ONLY:

Public Safety Radio Systems – to defray costs associated with the acquisition and maintenance of radio systems (including circuit costs for connectivity) used for police, fire, emergency medical services, and/or emergency management communications. Only Regional PSAPs and RECCs are eligible for funding in this category. All radio systems shall comply with SIEC special conditions, as may be amended from time to time. The SIEC special conditions are available at:

<http://www.mass.gov/eopss/docs/ogr/homesec/sdsiecspecialconditionsradiofrequenciesdec09.pdf>

The State 911 Department will submit requests for such funding to the SIEC for review and confirmation that the requested item(s) comply with the SIEC special conditions. Questions relating to the SIEC special conditions should be directed to the SWIC, Steve Staffier, who can be reached by email at steve.staffier@state.ma.us and by telephone at 508-820-2022.

Description:

Vendor:

Attach Quote and mark with letter H

Total Category H

\$ _____

All goods and/or services shall be received on or before June 30, 2017 to be eligible for reimbursement under the Fiscal Year 2017 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grants.

**REGIONAL SECONDARY PSAP ONLY
DETAIL NARRATIVE**

Please make sure that every item listed in the above Budget Worksheet is listed in below narrative with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative.

I. Regional Secondary PSAPs ONLY:

Regional Secondary PSAP 911 Customer Premises Equipment Maintenance – to defray costs associated with maintaining PSAP 911 customer premises equipment. ONLY regional secondary PSAPs are eligible for funding in this category.

(The Department assumes the responsibility of all costs for maintenance of CPE at all primary PSAPs and regional PSAPs and RECCs). Note: Regional Secondary PSAPs are eligible for the purchase, installation and/or upgrade of CPE equipment under the State 911 Department Regional PSAP and Regional Secondary PSAP and RECC Development Grant.

Description:

Vendor:

Attach Quote and mark with letter I

Total Category I

\$ _____

All goods and/or services shall be received on or before June 30, 2017 to be eligible for reimbursement under the Fiscal Year 2017 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grants.



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/osc under Guidance For Vendors - Forms or www.mass.gov/osc under OSD Forms.

CONTRACTOR LEGAL NAME: City of Gloucester (and d/b/a): Gloucester Police Department		COMMONWEALTH DEPARTMENT NAME: State 911 Department MMARS Department Code: EP6	
Local Address: (M-9, W-4, T&C): 9 Dale Ave. Gloucester, MA 01930		Business Mailing Address: 151 Campanelli Drive, Suite A, Middleborough, MA 02348	
Contract Manager: Chief Leonard Campanello		Billing Address (if different):	
E-Mail: lcampanello@gloucester-ma.gov		Contract Manager: Cindy Reynolds	
Phone: 978-281-9775	Fax: 978-282-3026	E-Mail: 911DeptGrants@state.ma.us	
Contractor Vendor Code: VC6000192096		Phone: 508-821-7299	Fax: 508-828-2585
Vendor Code Address ID (e.g. "AD001"): AD_001 (Note: The Address Id must be set up for EFT payments.)		MMARS Doc ID(s): CT SUPG	
		RFR/Procurement or Other ID Number: FY2017 SUPG	

<input checked="" type="checkbox"/> NEW CONTRACT	<input type="checkbox"/> CONTRACT AMENDMENT
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 checked="" 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 <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)	Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____ Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input 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.
 Commonwealth Terms and Conditions 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.
 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.)
 Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ _____

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractor's 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 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.) For disbursement of funds under the State 911 Department FY2017 PSAP and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with program guidelines and grantee's approved application.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:
 ___ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
 ___ 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
 ___ 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.

CONTRACT END DATE: Contract performance shall terminate as of June 30, 2017, 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 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 21.02, 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: [Signature] Date: 6/22/16
 (Signature and Date Must Be Handwritten At Time of Signature)
 Print Name: Leonard Campanello
 Print Title: Chief of Police

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
 X: _____ Date: _____
 (Signature and Date Must Be Handwritten At Time of Signature)
 Print Name: Frank Poznick
 Print Title: Executive Director

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

Contractor Legal Name:

Contractor Vendor/Customer Code:

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
Chief Leonard Campanello	Chief of Police

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.

Date:

Signature

Title: Mayor

Telephone: 978-281-9700

Fax: 978-281-9738

Email: sromeotheken@gloucester-ma.gov

[Listing cannot 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

Contractor Legal Name: City of Gloucester Police Department
Contractor Vendor/Customer Code:

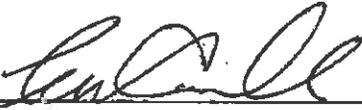
PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing. STATE 911 DEPARTMENT REQUIRES THIS FORM FOR EACH AUTHORIZED SIGNATORY LISTED ON THE CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM.

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

Signatory's full legal name (print or type): Leonard Campanello

Title: Chief of Police

X 

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

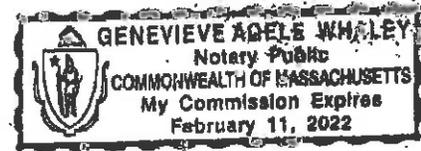
AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

ESSEX COUNTY, MASSACHUSETTS

I, GENEVIEVE ADELE WHALEY  (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: JUNE 22, 2016

JUNE 22, _____, 20 16

My commission expires on: FEBRUARY 11, 2022



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

Appendix A - Personnel Costs
(List Certified Enhanced 911 Telecommunicators)

NAME OF PSAP: Gloucester

Last Name, First Name (Please use Alphabetical Order)	Indicate Full-time (F) or Part-time (P)	Hourly Pay Rate	Overtime Pay Rate
Aberle, Josiah	F	\$28.03	\$42.05
Adelfio, Vincent	F	\$28.03	\$50.45
Alves, Clifford	F	\$28.03	\$52.56
Balbo, Joseph	F	\$28.03	\$50.45
Bouchie, Shawn	F	\$28.03	\$42.05
Carr, George	F	\$28.03	\$50.45
Cecilio, Marc	F	\$28.03	\$52.56
Chipperini, Brendan	F	\$28.03	\$42.05
Cimoszko, Michal	F	\$28.03	\$50.45
Ciolino, Jerome	F	\$28.03	\$46.25
Crowley, Brian	F	\$28.03	\$42.05
D'Angelo, David	F	\$28.03	\$42.05
Duffany, Scott	F	\$28.03	\$42.05
Duwart, Carlton	F	\$28.03	\$42.05
Fialho, Heidi	F	\$28.03	\$50.45
Foote, Jared	F	\$28.03	\$42.05
Foote, Mark	F	\$28.03	\$42.05
Frates, Christopher	F	\$28.03	\$52.56
Gaudenzi, Keith	F	\$28.03	\$50.45
Genovese, Christopher	F	\$28.03	\$46.25
Giacalone, Anthony	F	\$28.03	\$42.05
Gossom, Kelly	F	\$25.68	\$42.10
Hicks, Kevin	F	\$28.03	\$46.25
Knickle, Andrew	F	\$28.03	\$46.25
Lamberis, Stephen	F	\$28.03	\$52.56
Liacos, Christopher	F	\$28.03	\$46.25
Mackey, Kevin	F	\$28.03	\$50.45
Mizzoni, Steven	F	\$28.03	\$46.25
Morrissey, Robert	F	\$28.03	\$42.05
Moseley, Heath	F	\$28.03	\$42.05
Muise, Kevin	F	\$28.03	\$46.25
Officer, James	F	\$28.03	\$52.56
O'Leary, Timothy	F	\$28.03	\$42.05
Palazola, Robert	F	\$28.03	\$50.45
Parady, Joseph	P	\$28.03	\$46.25
Piscitello, Ronald	F	\$28.03	\$46.25
Quinn, Michael	F	\$28.03	\$52.56
Quinn, Thomas	F	\$28.03	\$52.56
Scola, Michael	F	\$28.03	\$50.45
Simoes, Troy	F	\$28.03	\$42.05
Stuart, Leon	F	\$28.03	\$42.05
Sutera, Peter	F	\$28.03	\$50.45
Trefry, Jonathan	F	\$28.03	\$50.45
Tucker, Richard	F	\$25.68	\$40.67

Please use additional pages if needed.

COMMBUYS

OPERATIONAL SERVICES DIVISION

Master Blanket Purchase Order PO-14-1080-1080C-1080L-1080C-1080L-00000000361

Purchase Order Number: PO-14-1080-1080C-1080L-00000000361

Status: 3PS - Sent

Fiscal Year: 2014

Organization: Operational Services Division

Department: 1080CONVD - Default Data Conversion Department

Alternate ID:

Days ARO: 0

Print Dest Detail: If Different

Catalog ID:

Contact Instructions:

Special Instructions:

Vendor:

300214 - SHI International Corp
 Barbara West
 280 Davidson Ave.
 Somerset, NJ 08873
 US
 Email: masg@shl.com
 Phone: (732)652-8404 Ext. 7162
 FAX: (732)537-7163

PO

Acknowledgements:

Document
 Purchase Order

Notifications
 Paper Copy Mailed

Acknowledged Data/Time
 04/15/2014 03:39:23 PM

Release Number: 0

Purchaser: Marge MacElli

PO Type: Blanket

Location: 1080L - Default Data Conversion Location

Short Description: ITC47
Receipt Method: Quantity
Minor Status:

Entered Date: 03/21/2014 09:53:53 AM

Rate/Inage %: 0.00%

Release Type: Direct Release

Tax Rate:

Type Code: Statewide Contract
Control Code:
Discount %: 0.00%

Payment Terms:

Shipping Terms:

Card Enabled: No
Actual Cost: \$0.00

Shipping Method:

Freight Terms:

COMMBUYS - Master Blanket

Vendor ID

Alternative ID

Vendor Name

Preferred Delivery Method

Vendor Distributor Status

300214

SHI International Corp

Email

Active

Master Blanket/Contract Begin Date:

04/03/2012

Master Blanket/Contract End Date:

03/31/2017

Cooperative Purchasing Allowed:

Yes

Organization

Department

Dollar Link

Dollars Spent to Date

Minimum Order Amount

AGY - Agency Umbrella Master Control

\$0.00

\$798,882.51

\$0.00

Print Sequence # 1.0, Item # 1:

Statewide Contract ITCA7, IT Hardware and Related Services, Category 6, Project Management, Maintenance, Integration, Incidentals Hardware, Resales. Contractors authorized by the OEM to do so may resell desktops, laptops, servers and storage available under Categories 2, 4, and 5, and Apple products if authorized by OEM. Please see Contract User Guide as some of the following products are available only under specific conditions: Tablets and similar devices, Document cameras and whiteboards, Other IT hardware, and limited quantity accessories such as: Input/Output: Keyboards, Mice, Monitors, Printers, Barcode readers and other data collection devices; barcodes and other labels; Storage: Internal and external drives, including Hard, Floppy, Optical USB, Flash, CD, DVD, other drives; magnetic tape readers, data cartridges and cassettes, and associated supplies (desksets, CDS, DVDs, magnetic tapes, cleaning tapes and supplies); Cables: Internal, external; Cards: Video, Network Power related: UPS, Batteries, Power Supplies; Printer supplies: Memory (RAM), System Boards, Modems, Adapters, Other: Laptop carry cases and docking equipment, computer racks and housing, security locks and devices, specialized computer tools and kits, technical books and manuals, other desktop, laptop, server, network and related supplies. Services include: Project Management, Network Integration, Deployment, Installation, Support, Maintenance, Warranty, Engineering, Image Management, Help Desk, limited cabling. See Contract User Guide for "one-stop shopping" provisions. Reseller of ITCA7 OEMS: IBM resellers can resell maintenance and perform installation activities for system x and other "CSU" products, HP Hardware and Services, Lenovo Hardware and Services and NetApp Hardware and services. Users must review the Contract User Guide prior to using the Contract.

UNSPSC Code: 43-2110

Computer Equipment and Accessories

43-21-00-00

EPP - Computer Equipment and Accessories

43-21-00-00-0000

Computer Equipment and Accessories

Receipt Method	Qty	Unit Cost	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
Quantity	1.0	\$0.00	EA - Each	0.00	\$0.00		\$0.00	\$0.00

Manufacturer:

Brand:

Make:

Packaging:

Model:

COMMBUYS - Master Blanket

Exit

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Nine Dale Avenue
Gloucester, MA 01930



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FAX 978-281-8472
jdunn@gloucester-ma.gov

CITY OF GLOUCESTER
OFFICE OF THE TREASURER/COLLECTOR

To: Budget and Finance Committee
From: John P. Dunn, CFO 
Date: June 30, 2016
Re: Fiscal 2016 Year End Special Budgetary Transfers

2016 JUN 30 AM 11:14
CITY CLERK
GLOUCESTER, MA

Please be advised that at your next meeting the Administration will be proposing a number of Special Budgetary Transfers. These transfers are required to cover known or expected shortfalls in budgetary accounts that cannot be solved through Ordinary Transfers. I expect that there will be approximately 10 to 12 transfers proposed with most involving transfers in to the Personnel Department to cover shortfalls in health insurance and employer Medicare contribution accounts. Additional modest transfers will be proposed to cover shortfalls in the Treasurer/Collectors, Purchasing and City Clerks budgets among others.

We hope to be able to provide you with copies of the proposed transfers on Tuesday, July 5, 2016 as we gather the data on the actual amounts to be covered. The actual transfers will then come to you for approval through Kenny Costa's Auditor's Report.

Thank you.