

CITY CLERK  
GLOUCESTER, MA

2016 SEP 28 PM 2: 41

This meeting is recorded



GLOUCESTER CITY COUNCIL  
**Budget & Finance Committee**  
Thursday, October 6, 2016 – 5:30 p.m.  
1<sup>st</sup> Fl. Council Committee Room – City Hall

**AGENDA**

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

1. *Special Budgetary Requests: 2017-SBT-3 and 2017-SBT-4 from Police Department*
2. *Memorandum from Police Chief, Grant Application & Checklist re: grant to assist with State 911 EMD & additional training*
3. *Memorandum from Police Chief for approval of grant to accept funding designed to support the United States DEA programs, including overtime funding for FY17*
4. *Memorandum from Police Chief for permission to pay FY17 invoices without a purchase order in place*
5. *Memorandum from Community Development Dept.: Acceptance of Essex National Heritage Commission Grant through the Visitor Center Grant Program in the amount of \$2,500*
6. *Memorandum from Health Dept. Director re: Acceptance of SAMHSA grant in the amount of \$47,145 to support Healthy Gloucester Collaborative programs*
7. *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  
Chris Sicuranza  
Kenny Costa  
John Dunn  
Acting Police Chief John McCarthy  
Karin Carroll  
Dan Smith

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  
Special Budgetary Transfer Request  
Fiscal Year 2017**

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

**TRANSFER # 2017-SBT- 3 Auditor's Use Only**

DEPARTMENT REQUESTING TRANSFER: Police

DATE: 9/8/2016 BALANCE IN ACCOUNT: \$7,000.00

(FROM) PERSONAL SERVICES ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
(FROM) ORDINARY EXPENSE ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
0129252 520000  
**Police Animal Control - Purchase of Services**  
*MUNIS ACCOUNT DESCRIPTION*

DETAILED EXPLANATION OF SURPLUS: Funds available

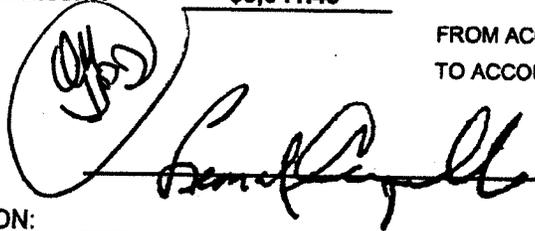
(TO) PERSONAL SERVICES ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
(TO) ORDINARY EXPENSE ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
0121152 520000  
**Police Uniform - Purchase of Services**  
*MUNIS ACCOUNT DESCRIPTION*

DETAILED ANALYSIS OF NEED(S): Police K-9 Mako was brought to the ER 9/5/16, funds needed to pay invoice.

TOTAL TRANSFER AMOUNT: \$3,041.43

FROM ACCOUNT: \$3,958.57  
TO ACCOUNT: \$6,174.79

APPROVALS:



DEPT. HEAD: \_\_\_\_\_ DATE: 9/8/2016

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

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

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

**City of Gloucester  
Special Budgetary Transfer Request  
Fiscal Year 2017**

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

**TRANSFER # 2017-SBT- 4 Auditor's Use Only**

DEPARTMENT REQUESTING TRANSFER: Police

DATE: 8/17/2016 BALANCE IN ACCOUNT: \$109,896.60

(FROM) PERSONAL SERVICES ACCOUNT # MUNIS ORG - OBJECT  
0121151 513001  
 (FROM) ORDINARY EXPENSE ACCOUNT # MUNIS ORG - OBJECT

DETAILED EXPLANATION OF SURPLUS: Overtime Training  
MUNIS ACCOUNT DESCRIPTION  
Funds available

(TO) PERSONAL SERVICES ACCOUNT # MUNIS ORG - OBJECT  
MUNIS ORG - OBJECT  
 (TO) ORDINARY EXPENSE ACCOUNT # 0121152 558003  
Public Safety Supplies  
MUNIS ACCOUNT DESCRIPTION

DETAILED ANALYSIS OF NEED(S): Department needs to purchase 6 patrol rifles and tactical flashlights for them

TOTAL TRANSFER AMOUNT: \$11,000.00

FROM ACCOUNT: \$98,696.60  
 TO ACCOUNT: \$11,867.35

APPROVALS:

DEPT. HEAD:



DATE: 8/17/2016

ADMINISTRATION:

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

BUDGET & FINANCE:

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

CITY COUNCIL:

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

**City of Gloucester  
Special Budgetary Transfer Request  
Fiscal Year 2017**

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

TRANSFER # 2017-SBT- 4 Auditor's Use Only

DEPARTMENT REQUESTING TRANSFER: Police

DATE: 8/17/2016 BALANCE IN ACCOUNT: \$109,696.60

(FROM) PERSONAL SERVICES ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
0121151 513001  
 (FROM) ORDINARY EXPENSE ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
 \_\_\_\_\_  
Overtime Training  
*MUNIS ACCOUNT DESCRIPTION*

DETAILED EXPLANATION OF SURPLUS: Funds available

(TO) PERSONAL SERVICES ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
 \_\_\_\_\_  
 (TO) ORDINARY EXPENSE ACCOUNT # \_\_\_\_\_ *MUNIS ORG - OBJECT*  
0121152 558003  
Public Safety Supplies  
*MUNIS ACCOUNT DESCRIPTION*

DETAILED ANALYSIS OF NEED(S): Department needs to purchase 6 patrol rifles and tactical flashlights for them

TOTAL TRANSFER AMOUNT: \$11,000.00 FROM ACCOUNT: \$98,696.60  
 TO ACCOUNT: \$11,867.35

APPROVALS:  \_\_\_\_\_  
 DEPT. HEAD:  \_\_\_\_\_ DATE: 8/17/2016  
 ADMINISTRATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 BUDGET & FINANCE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CITY COUNCIL: \_\_\_\_\_ DATE: \_\_\_\_\_



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

Chief Leonard Campanello  
(978)281-9775

*Memorandum*

**September 8, 2016**

**To: Mayor Sefatia RomeoTheken**

**From: Chief Leonard Campanello**

**RE: FY17 State 911 EMD and Training Grant**

Mayor Romeo Theken,

I respectfully request the following packet be put through to City Council for a vote to allow the Police Department to apply for the above mentioned grant. This is a yearly grant and has been applied for in the past.

Respectfully,

**Leonard Campanello**  
*Chief of Police*



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

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

Name of Grant:  FY17 State 911 Training Grant & EMD

Department Applying for Grant:  Police

Agency-Federal or State application is requested from:  State 911 Department

Object of the application:  Provide funding for EMD Con-Ed & Quality Assurance Improvement

Any match requirements:  None

Mayor's approval to proceed: \_\_\_\_\_  
Signature Date

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

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

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

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

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

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

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

**FORM: AUDIT GRANT CHECKLIST – V.1**



**City of Gloucester  
Grant Application and Check List (Continued)**

**The following are documents needed by the Auditing Office for grant account creation:**

- 1. Grant Application**
- 2. Grant Award Letter/Standard Contract Approval Form**
- 3. Council Order Approval**
- 4. Original Grant Account Budget as approved by Grantor**
- 5. Amended Grant Account Budget as approved by Grantor (if applicable)**
- 6. Any additional information as requested by the Auditing Department**

**Note: All documents must be complete signed copies.**

**Please attach the following documents with the Grant Application and Check List and send to the Auditors' Office.**



**Commonwealth of Massachusetts**

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



**State 911 Department**

**Training Grant and EMD/Regulatory Compliance 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 17, 2017.**

## Application Checklist

- Signed and Dated Training Grant and EMD/Regulatory Compliance Grant Application Page
- Completed Training Grant Budget Worksheet; to include requested funding by category and narrative
- Completed EMD/Regulatory Compliance Grant Budget Worksheet, if applicable, to include requested funding by category and narrative
- Completed EMD/Regulatory Compliance Grant Narrative and budget Worksheet, if applicable
- Completed Appendix A – Listing of Certified Telecommunicators and if applicable, page two, New Personnel in the Process of Obtaining Certification
- Completed Authorized Signatory Listing Page
- Completed and Notarized Proof of Authentication of Signature Page
- 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**

## FY 2017 Training Grant and EMD/Regulatory Compliance Grant

**Name of City/Town/Municipality** City of Gloucester Police Department  
**Address** 197 Main Street  
**City/Town/Zip** Gloucester, MA 01930  
**Telephone Number** 978-281-9775  
**Fax Number** 978-282-3026  
**Website** www.gloucester-ma.gov

**Name of Eligible Entity** City of Gloucester Police Department  
**Name/Title of Authorized Signatory** Leonard Campanello Chief of Police  
**Address (if different from above)** \_\_\_\_\_  
**Telephone Number** \_\_\_\_\_  
**Fax Number** \_\_\_\_\_  
**Email Address** lcampanello@gloucester-ma.gov

**Program/Contract Manager** Lieutenant David Quinn  
**Telephone Number** \_\_\_\_\_  
**Fax Number** \_\_\_\_\_  
**Email Address** dquinn@gloucester-ma.gov

**Requested Funding:**

|   |           |                          |
|---|-----------|--------------------------|
| Training Grant Funds                    | \$        | <u>13,363.00</u>         |
| EMD/Regulatory Compliance Grant Funding | \$        | <u>172,074.45</u>        |
| <b>Total Funds Requested</b>            | <b>\$</b> | <b><u>185,434.45</u></b> |

Applicant meets the EMD requirements established by the State 911 Department as follows  
(Complete either 1 or 2)

1)  Provide EMD utilizing in-house certified emergency medical dispatchers using  
 APCO EMDPRS     PowerPhone EMDPRS     Priority Dispatch EMDPRS

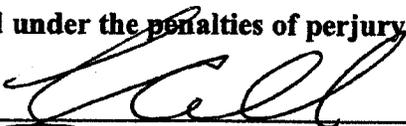
2)  Provide EMD utilizing a Certified EMD Resource:

\*Name of Certified EMD Resource: \_\_\_\_\_  
 APCO EMDPRS     PowerPhone EMDPRS     Priority Dispatch EMDPRS

\*Please attach a copy of the contract between the applicant and the Certified EMD Resource

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 2nd day of September, 20 16.

  
 \_\_\_\_\_  
 Original Signature of Authorized Signatory (Blue Ink)

## FY 2017 Training Grant Budget Worksheet

| Funding Category   | Amount Requested   | Narrative – Provide details on funding request  |
|--|--------------------|---|
| A. Fees  | \$                 |   |
| B.1. Personnel   | \$13,363.00        | Eligible personnel costs for new hire training and or continuing education required for EMD certification and compliance. |
| B.2. Fringe and/or Indirect costs associate with Personnel Costs | \$                 |   |
| C. Training Software and other products                          | \$                 |   |
| D. Lodging   | \$                 |   |
| <b>Total Amount of Training Grant Funding Requested</b>          | <b>\$13,363.00</b> |   |

In order to receive reimbursement for allowable expenses relating to EMD and/or Quality Assurance of EMD programs, the applicant shall select and use a single EMD certification organization and a single EMDPRS.

Except as otherwise expressly noted herein for allowable expenses for administrator backroom training and for attendance at the State 911 Department Dispatch Academy, funding for the State 911 Department Training Grant shall first be used to meet minimum training and certification requirements for enhanced 911 telecommunicators and minimum requirements governing emergency medical dispatch established by the State 911 Department, and funding may be used for other purposes only after funding has been used to meet such requirements.

Initial Here:  \_\_\_\_\_

## FY 2017 EMD/Regulatory Compliance Grant Budget Worksheet

| Funding Category   | Amount Requested    | Narrative – Provide details on funding request   |
|--|---------------------|--|
| A. Fees  | \$9,000.00          | Fifteen 4 hour sessions for a total of 60 hours. Provide comprehensive review of EMD protocols.  |
| B.1. Personnel   | \$163,071.45        | Overtime and backfill for full time and part time participants attending State 911 approved 16 hours of continuing education, EMD certification/recertification, future new hires & quality assurance improvement completed by 2 Sergeants and 3 Lieutenants on OT completing 25 calls per week. |
| B.2. Fringe and/or Indirect costs associate with Personnel Costs                                 | \$                  |  |
| C. Training Software and other products  | \$                  |  |
| D. Lodging   | \$                  |  |
| E. Certified EMD Resource  | \$                  | Name of CEMDR:<br><br>(Attached copy of contract with CEMDR)   |
| F. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services | \$                  |  |
| <b>Total Amount of EMD/Regulatory Compliance Grant Funding Requested</b>                         | <b>\$172,071.45</b> |  |

Grant applicants seeking supplemental funding under the State 911 Department EMD/Regulatory Compliance Grant shall complete a project narrative. Applicants shall state good cause why supplemental funding should be awarded (e.g., training/certification of unanticipated new hire; unanticipated increase in contractual obligation, etc.) and shall include any and all additional information that further supports the request for such supplemental funding. (i.e., spreadsheet/worksheet attachment). A sample spreadsheet/attachment is posted on the State 911 Department website at [www.mass.gov/e911](http://www.mass.gov/e911).

Except as otherwise expressly noted herein for allowable expenses for administrator backroom training and for attendance at the State 911 Department Dispatch Academy, funding for the State 911 Department Training Grant shall first be used to meet minimum training and certification requirements for enhanced 911 telecommunicators and



**FY 2017 Training Grant and EMD/Regulatory Compliance Grant**

**APPENDIX A: LISTING OF CERTIFIED TELECOMMUNICATORS**

**PASP: City of Gloucester Police Department**

| <b>Last Name, First Name<br/>(Alphabetical order)</b> | <b>Indicate Full (F)<br/>or Part-Time (P)</b> | <b>Hourly Pay Rate</b> | <b>Overtime Pay Rate</b> |
|---|---|------------------------|--------------------------|
| Aberle, Josiah  | F   | \$28.03                | \$42.05                  |
| Adelfio, Vincent                                      | F   | \$28.03                | \$50.45                  |
| Aiello, Alexander                                     | F   | \$23.62                | \$37.56                  |
| Alves, Clifford                                       | F   | \$28.03                | \$52.56                  |
| Balbo, Joseph   | F   | \$28.03                | \$50.45                  |
| Bichao, John  | P   | \$24.59                |                          |
| 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                | \$46.25                  |
| Cimoszko, Michal                                      | F   | \$28.03                | \$50.45                  |
| Ciolino, Jerome                                       | F   | \$28.03                | \$46.25                  |
| Crowley, Brian  | F   | \$28.03                | \$42.05                  |
| D'Angelo, Allassandro                                 | P   | \$17.93                |                          |
| 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                  |
| Kendall, William                                      | F   | \$23.62                | \$37.56                  |
| Knickle, Andrew                                       | F   | \$28.03                | \$50.45                  |
| Lamberis, Stephen                                     | F   | \$28.03                | \$52.56                  |
| Liacos, Christopher                                   | F   | \$28.03                | \$46.25                  |
| Lucido, Kyle  | P   | \$17.93                |                          |
| Mackey, Kevin   | F   | \$28.03                | \$50.45                  |
| Mizzoni, Steven                                       | F   | \$28.03                | \$46.25                  |
| Morrissey, Dylan                                      | P   | \$17.93                |                          |

# FY 2017 Training Grant and EMD/Regulatory Compliance Grant

## APPENDIX A: LISTING OF CERTIFIED TELECOMMUNICATORS

PAGE 2

### NEW PERSONNEL IN THE PROCESS OF OBTAINING CERTIFICATION AS AN ENHANCED 911 TELECOMMUNICATOR

| Last Name, First Name<br>(Alphabetical order) | Indicate Full (F)<br>or Part-Time (P) | Hourly Pay Rate | Overtime Pay Rate |
|---|---------------------------------------|-----------------|-------------------|
| Morrissey, Robert                             | F                                     | \$28.03         | \$42.05           |
| Moseley, Heath                                | F                                     | \$28.03         | \$42.05           |
| Mulse, Kevin                                  | F                                     | \$28.03         | \$46.25           |
| Nicolosi, James                               | P                                     | \$17.93         |                   |
| Officer, James                                | F                                     | \$28.03         | \$52.56           |
| O'Leary, Timothy                              | F                                     | \$28.03         | \$42.05           |
| Palazola, Robert                              | F                                     | \$28.03         | \$50.45           |
| Parady, Joseph                                | F                                     | \$28.03         | \$46.25           |
| Piscitello, Ronald                            | F                                     | \$28.03         | \$46.25           |
| Quinn, Jason                                  | P                                     | \$17.93         |                   |
| Quinn, Michael                                | F                                     | \$28.03         | \$52.56           |
| Quinn, Thomas                                 | F                                     | \$28.03         | \$52.56           |
| Riley, Sean                                   | P                                     | \$17.93         |                   |
| Sanborn, Bryan                                | P                                     | \$17.93         |                   |
| Scola, Michael                                | F                                     | \$28.03         | \$50.45           |
| Silva, Andrew                                 | P                                     | \$17.93         |                   |
| Simoese, Troy                                 | F                                     | \$28.03         | \$42.05           |
| Souza, Derric                                 | P                                     | \$17.93         |                   |
| Stuart, Leon                                  | F                                     | \$28.03         | \$42.05           |
| Sutera, Peter                                 | F                                     | \$28.03         | \$50.45           |
| Testaverde, Steven                            | P                                     | \$17.93         |                   |
| Trefry, Jonathan                              | F                                     | \$28.03         | \$50.45           |
| Tucker, Richard                               | F                                     | \$25.68         | \$40.67           |
|   |                                       |                 |                   |
| Aiello, Joseph                                | P                                     | \$43.58         |                   |
| Aiello, Brian                                 | F                                     | \$40.68         | \$61.02           |
| Auld, Kathy                                   | P                                     | \$42.52         |                   |
| Catarino, Joseph                              | F                                     | \$40.68         | \$61.02           |
| Connors, Sean                                 | F                                     | \$35.81         | \$53.72           |
| Fitzgerald, Joseph                            | F                                     | \$45.34         | \$68.01           |
| Gossom, Michael                               | F                                     | \$45.34         | \$68.01           |
| Leanos, Williams                              | F                                     | \$45.34         | \$68.01           |



# 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](http://www.mass.gov/osc) under Guidance For Vendors - Forms or [www.mass.gov/osd](http://www.mass.gov/osd) under OSD Forms.

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| <b>CONTRACTOR LEGAL NAME:</b> City of Gloucester<br>(and d/b/a): Police Department  |                          | <b>COMMONWEALTH DEPARTMENT NAME:</b> State 911 Department<br><b>MMARS Department Code:</b> EPS  |                          |
| <b>Legal Address:</b> (W-9, W-4, T&C): 9 Dales Ave. Gloucester, MA 01930  |                          | <b>Business Mailing Address:</b> 151 Campanelli Drive, Suite A, Middleborough, MA 02346   |                          |
| <b>Contract Manager:</b> Leonard Campanello - Chief of Police   |                          | <b>Billing Address (if different):</b>  |                          |
| <b>E-Mail:</b> <a href="mailto:lcampanello@gloucester-ma.gov">lcampanello@gloucester-ma.gov</a>   |                          | <b>Contract Manager:</b> Cindy Reynolds   |                          |
| <b>Phone:</b> 978-281-9775  | <b>Fax:</b> 978-282-3026 | <b>E-Mail:</b> <a href="mailto:911DeptGrants@state.ma.us">911DeptGrants@state.ma.us</a>   |                          |
| <b>Contractor Vendor Code:</b> VC6000192096   |                          | <b>Phone:</b> 508-821-7299  | <b>Fax:</b> 508-828-2585 |
| <b>Vendor Code Address ID (e.g. "AD001"):</b> AD 001<br>(Note: The Address ID must be set up for EFT payments.)   |                          | <b>MMARS Doc ID(s):</b> CT EPS GRNT   |                          |
| <input checked="" type="checkbox"/> <b>NEW CONTRACT</b>   |                          | <input type="checkbox"/> <b>CONTRACT AMENDMENT</b>  |                          |
| <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b><br><input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department)<br><input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget)<br><input checked="" type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants <u>815 CMR 2.00</u> ) (Attach RFR and Response or other procurement supporting documentation)<br><input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget)<br><input type="checkbox"/> <u>Contract Employee</u> (Attach <u>Employment Status Form</u> , scope, budget)<br><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____<br>Enter Amendment Amount: \$ _____ (or "no change")<br><b>AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)</b><br><input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget)<br><input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget)<br><input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget)<br><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. 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 \_\_\_ 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.) **Contract is for the reimbursement of funds under the State 911 Department FY2017 Training Grant and EMD/Regulatory Compliance Grant as authorized and awarded in compliance with grant 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 21.07, 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: Leonard Campanello, Date: 9/21/16  
 (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 Pozniak  
 Print Title: Executive Director

**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

**Contractor Legal Name:**

**Contractor Vendor/Customer Code:**

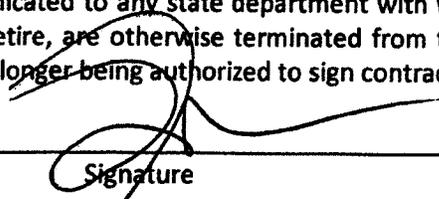
**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. 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           |
|---------------------------|-----------------|
| 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.

  
\_\_\_\_\_  
Signature

Date: 9/2/2016

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

Telephone: 978-281-9700

Fax: \_\_\_\_\_

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

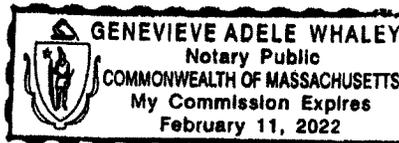
X 

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:

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:

SEPTEMBER 2, 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

GLoucester Police Department  
 FY2017 E911 Training EMD Grant Worksheet

|            |                         | FY2017   | Overtime | Hourly Pay | Training     |             |  |
|------------|-------------------------|----------|----------|------------|--------------|-------------|--|
| # TO TRAIN | PATROLMEN               | RATE     | RATE     | HOURS      | COST         | NIGHT SHIFT |  |
| 1          | Aberte, Josiah          | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 2          | Adelfo, Vincent J.      | \$50.45  |          | 16 \$      | 807.20 \$    | 32.29       |  |
| 3          | Aiello, Alexander       | \$23.62  |          | 16 \$      | 377.92 \$    | 15.12       |  |
| 4          | Aiello, Brian           | \$61.02  |          | 16 \$      | 976.32 \$    | 39.05       |  |
| 5          | Aives Jr., Clifford A.  | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |
| 6          | Balbo, Joseph           | \$ 50.45 |          | 16 \$      | 807.20 \$    | 32.29       |  |
| 7          | Bichao, John            |          | \$24.59  | 16 \$      | 393.44 \$    |             |  |
| 8          | Bouchie, Shawn J.       | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 10         | Carr Jr., George W.     | \$50.45  |          | 16 \$      | 807.20 \$    | 32.29       |  |
| 11         | Catarrno, Joseph (QAQI) | \$61.02  |          | 254 \$     | 15,499.08 \$ | 1,239.93    |  |
| 12         | Cecilio, Marc A.        | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |
| 13         | Chipperini, Brendan     | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 14         | Cimoszko, Michael       | \$46.22  |          | 16 \$      | 739.52 \$    | 29.58       |  |
| 15         | Colino, Jerome          | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 16         | Conners, Sean P.        | \$53.72  |          | 16 \$      | 859.52 \$    | 34.38       |  |
| 17         | Crowley, Brian          | \$ 42.05 |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 18         | D'Angelo, Alessandro    |          | \$17.93  | 16 \$      | 286.88 \$    |             |  |
| 19         | D'Angelo, David         | \$38.52  |          | 16 \$      | 616.32 \$    | 24.65       |  |
| 20         | Duffany, Scott B        | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 21         | Duwart Jr, Carlton      | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 22         | Fialho, Heidi           | \$ 50.45 |          | 16 \$      | 807.20 \$    | 32.29       |  |
| 23         | Foote, Jared            | \$38.52  |          | 16 \$      | 616.32 \$    | 24.65       |  |
| 24         | Foote, Mark Joseph      | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 25         | Frales, Christopher     | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |
| 26         | Gaudenzi, Keith         | \$46.22  |          | 16 \$      | 739.52 \$    | 29.58       |  |
| 27         | Genovese, Christopher   | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 28         | Giaccatore, Anthony     | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 29         | Gosson, Kelly           | \$38.99  |          | 16 \$      | 623.84 \$    | 24.95       |  |
| 30         | Hicks, Kevin E.         | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 31         | Kendall, William        | \$23.62  |          | 16 \$      | 377.92 \$    | 15.12       |  |
| 32         | Krickle, Andrew         | \$50.45  |          | 16 \$      | 807.20 \$    | 32.29       |  |
| 33         | Lambert, Stephen        | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |
| 34         | Lacos, Christopher      | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 35         | Lucido, Kyle            |          | \$17.93  | 16 \$      | 286.88 \$    |             |  |
| 36         | Mackey, Kevin           | \$50.45  |          | 16 \$      | 807.20 \$    | 32.29       |  |
| 37         | Mizzoni, Steven B       | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 38         | Morrissey, Dylan        |          | \$17.93  | 16 \$      | 286.88 \$    |             |  |
| 39         | Morrissey, Robert       | \$38.52  |          | 16 \$      | 616.32 \$    | 24.65       |  |
| 40         | Moseley, Heath          | \$42.05  |          | 16 \$      | 672.80 \$    | 26.91       |  |
| 41         | Mulser, Kevin           | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 42         | Nicastro, Jeremiah      | \$53.72  |          | 254 \$     | 13,644.88 \$ | 1,091.59    |  |
| 43         | Nicolosi, James         |          | \$17.93  | 16 \$      | 286.88 \$    |             |  |
| 44         | Officer Jr., James P.   | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |
| 45         | Parady, Joseph          | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 46         | Piscitello, Ronald A.   | \$46.25  |          | 16 \$      | 740.00 \$    | 29.60       |  |
| 47         | Quinn, Jason            |          | \$17.93  | 16 \$      | 286.88 \$    |             |  |
| 48         | Quinn, Michael D        | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |
| 49         | Quinn, Thomas E         | \$52.56  |          | 16 \$      | 840.96 \$    | 33.64       |  |

GLoucester Police Department  
 FY2017 E911 TRAINING EMD GRANT WORKSHEET

| # TO TRAIN | PATROLMEN                        | FY2017   |                     | HOURS | COST                 | NIGHT SHIFT<br>8% |
|------------|----------------------------------|----------|---------------------|-------|----------------------|-------------------|
|            |                                  | OVERTIME | HOURLY PAY TRAINING |       |                      |                   |
| 50         | Riley, Sean                      |          | \$17.93             | 16    | \$ 286.88            |                   |
| 51         | Sandorn, Bryan                   |          | \$17.93             | 16    | \$ 286.88            |                   |
| 52         | Scola, Michael                   | \$50.45  |                     | 16    | \$ 807.20            | \$ 32.29          |
| 53         | Silva, Andrew                    |          | \$17.93             | 16    | \$ 286.88            |                   |
| 54         | Simoes, Troy                     | \$42.05  |                     | 16    | \$ 672.80            | \$ 26.91          |
| 55         | Souza, Deric                     |          | \$17.93             | 16    | \$ 286.88            |                   |
| 56         | Stuart, Leon                     | \$42.05  |                     | 16    | \$ 672.80            | \$ 26.91          |
| 57         | Sutera, Peter                    | \$50.45  |                     | 16    | \$ 807.20            | \$ 32.29          |
| 58         | Testaverde, Steven               |          | \$17.93             | 16    | \$ 286.88            |                   |
| 59         | Trefry, Jonathan                 | \$50.45  |                     | 16    | \$ 807.20            | \$ 32.29          |
| 60         | Tucker, Richard                  | \$37.56  |                     | 16    | \$ 600.96            | \$ 24.04          |
| 61         | Aiello, Joseph                   |          | \$43.58             | 16    | \$ 697.28            |                   |
| 62         | Auld, Kathleen                   |          | \$42.52             | 16    | \$ 680.32            |                   |
| 63         | Fitzgerald, Joseph C. (QA/QI)    | \$ 68.01 |                     | 254   | \$ 17,274.54         | \$ 1,381.96       |
| 64         | Gosson, Michael K. (QA/QI)       | \$ 68.01 |                     | 254   | \$ 17,274.54         | \$ 1,381.96       |
| 65         | Leanos, William                  | \$ 68.01 |                     | 16    | \$ 1,088.16          | \$ 43.53          |
| 66         | MacDonald Jr., Eugene R. (QA/QI) | \$ 61.02 |                     | 254   | \$ 15,499.08         | \$ 1,239.93       |
| 67         | Marshall, James W. (QA/QI)       | \$58.58  |                     | 254   | \$ 14,879.32         | \$ 1,213.78       |
| 68         | Parisi, Anthony                  | \$ 58.58 |                     | 16    | \$ 937.28            | \$ 37.49          |
| 69         | Quinn, David G. (QA/QI)          | \$ 68.01 |                     | 254   | \$ 17,274.54         | \$ 1,381.96       |
| 70         | Williams, Michael A. Jr          | \$ 65.30 |                     | 16    | \$ 1,044.80          | \$ 41.79          |
|            |                                  |          |                     |       | \$ 152,672.86        | \$ 10,398.59      |
|            | TOTAL GPD PAYROLL                |          |                     |       | \$ 152,672.86        |                   |
|            | TOTAL NIGHT SHIFT PAY            |          |                     |       | \$ 10,398.59         |                   |
|            | CON-ED QUOTE (ATTACHED)          |          |                     |       | \$ 9,000.00          |                   |
|            | ORIGINAL TRAINING FUNDING        |          |                     |       | \$ 13,363.00         |                   |
|            | <b>Total</b>                     |          |                     |       | <b>\$ 185,434.45</b> |                   |

The Gloucester Police Department uses uniformed police officers as dispatchers on a rotating schedule. It is necessary for all police officers, including supervisors, to be E911 and EMD trained. There are currently 58 sworn officers with an average overtime rate of \$53.68 per hour. There is a possibility of 2 future academy recruits.

The quality assurance and quality improvement will be completed by 4 Sergeants, Eugene MacDonald, with an overtime rate of \$61.02, Jeremiah Nicastro, with an overtime rate of \$53.72, Joseph Catarino with an overtime rate of \$61.02 and James Marshall with an overtime rate of \$58.58 who will be completing 25 calls per week as outlined by Priority Dispatch protocols and 3 Lieutenants, David Quinn, Joseph Fitzgerald, & Michael Gossom who oversee dispatch and the QA/QI program with an overtime rate of \$68.01. These Lieutenants will also be completing 25 calls per week. This will include listening to the recordings, completing evaluations and meeting with call takers who may need remedial training.



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

Chief Leonard Campanello  
(978)281-9775

*Memorandum*

September 8, 2016

To: Mayor Sefatia Romeo Theken

From: Chief Leonard Campanello

RE: U.S. DEA Overtime Funding for FY2017

Mayor Romeo Theken,

The Gloucester Police Department has had a detective assigned to the Drug Enforcement Agency for the past seven years. As part of this agreement, the DEA will reimburse the city for the first \$17,753.00 in overtime for this officer for FY2017. This has been a long standing yearly agreement between the DEA and the Gloucester Police Department, as well as all other communities that participate in the program.

There is no match requirement for this grant. I am requesting this correspondence be forwarded to City Council for approval to accept the funding up to \$17,753.00 in reimbursement overtime costs for Fiscal 2017.

Respectfully,

Leonard Campanello  
*Chief of Police*



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

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

Name of Grant: FY17 Organized Crime Drug Enforcement Task Force

Department Applying for Grant: Police Department

Agency-Federal or State application is requested from: Drug Enforcement Admin. (DEA)

Object of the application: Funds for overtime worked on federal drug enforcement

Any match requirements: None

Mayor's approval to proceed: \_\_\_\_\_  
Signature Date

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

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

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

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

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

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

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

**FORM: AUDIT GRANT CHECKLIST – V.1**



**City of Gloucester  
Grant Application and Check List (Continued)**

**The following are documents needed by the Auditing Office for grant account creation:**

- 1. Grant Application**
- 2. Grant Award Letter/Standard Contract Approval Form**
- 3. Council Order Approval**
- 4. Original Grant Account Budget as approved by Grantor**
- 5. Amended Grant Account Budget as approved by Grantor (if applicable)**
- 6. Any additional information as requested by the Auditing Department**

**Note: All documents must be complete signed copies.**

**Please attach the following documents with the Grant Application and Check List and send to the Auditors' Office.**

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: Police Department  
 ACCOUNT NAME: FY17 Organized Crime Drug Enforcement Task Force  
 FUND NUMBER AND NAME: (N/A FOR NEW FUND) N/A  
 CFDA # (Required for Federal Grants): 16.004  
 DATE PREPARED: 9/8/16

APPROVED  
 AMENDED BUDGET

| OBJECT           | ORIGINAL BUDGET       | (IF APPLICABLE) | AMENDED REQUEST | REVISED BUDGET |
|------------------|-----------------------|-----------------|-----------------|----------------|
| REVENUE (4_____) |                       |                 |                 |                |
|                  | \$17,753.00           |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
| Total:           | \$0.00                | \$0.00          | \$0.00          | \$0.00         |
| EXPENSE (5_____) |                       |                 |                 |                |
|                  |                       |                 |                 | \$0.00         |
| 51300            | \$17,753.00           |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
|                  |                       |                 |                 | \$0.00         |
| Total:           | \$17,753.00<br>\$0.00 | \$0.00          | \$0.00          | \$0.00         |

*[Handwritten Signature]*

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_  
 DATE ENTERED (AUDIT) \_\_\_\_\_ AUDITING DEPARTMENT INITIALS \_\_\_\_\_

# Appendix D

## PROGRAM - FUNDED STATE AND LOCAL TASK FORCE AGREEMENT

This agreement is made this 1<sup>st</sup> day of October, 2016, between the United States Department of Justice, Drug Enforcement Administration (hereinafter "DEA"), and Gloucester Police Department (hereinafter "GPD"). The DEA is authorized to enter into this cooperative agreement concerning the use and abuse of controlled substances under the provisions of 21 U.S.C. § 873.

WHEREAS there is evidence that trafficking in narcotics and dangerous drugs exists in the \_\_\_\_\_ area and that such illegal activity has a substantial and detrimental effect on the health and general welfare of the people of New England, the parties hereto agree to the following:

1. The Group Two Task Force will perform the activities and duties described below:
  - a. disrupt the illicit drug traffic in the New England area by immobilizing targeted violators and trafficking organizations;
  - b. gather and report intelligence data relating to trafficking in narcotics and dangerous drugs; and
  - c. conduct undercover operations where appropriate and engage in other traditional methods of investigation in order that the Task Force's activities will result in effective prosecution before the courts of the United States and the States of New England.
2. To accomplish the objectives of the Group Two Task Force, the GPD agrees to detail one (1 ) experienced officer to the Group Two Task Force for a period of not less than two years. During this period of assignment, the GPD officer will be under the direct supervision and control of DEA supervisory personnel assigned to the Task Force.
3. The GPD officer assigned to the Task Force shall adhere to DEA policies and procedures. Failure to adhere to DEA policies and procedures shall be grounds for dismissal from the Task Force.
4. The GPD officer assigned to the Task Force shall be deputized as a Task Force Officer of DEA pursuant to 21 U.S.C. Section 878.
5. To accomplish the objectives of the Group Two Task Force, DEA will assign two (2 ) Special Agents to the Task Force. DEA will also, subject to the availability of annually appropriated funds or any continuing resolution thereof, provide necessary funds and equipment to support the activities of the DEA Special Agents and GPD officer assigned to the Task Force. This support will include: office space, office supplies, travel funds, funds for the purchase of evidence and information, investigative equipment, training, and other support items.

6. During the period of assignment to the Group Two Task Force, the GPD will remain responsible for establishing the salary and benefits, including overtime, of the officers assigned to the Task Force, and for making all payments due them. DEA will, subject to availability of funds, reimburse the GPD for overtime payments made by it to GPD officer assigned to the \_\_\_\_\_ Task Force for overtime, up to a sum equivalent to 25 percent of the salary of a GS-12, step 1, (RUS) Federal employee (currently \$17,753.00), per officer. ***Note: Task Force Officer's overtime "shall not include any costs for benefits, such as retirement, FICA, and other expenses."***
7. In no event will the GPD charge any indirect cost rate to DEA for the administration or implementation of this agreement.
8. The GPD shall maintain on a current basis complete and accurate records and accounts of all obligations and expenditures of funds under this agreement in accordance with generally accepted accounting principles and instructions provided by DEA to facilitate on-site inspection and auditing of such records and accounts.
9. The GPD shall permit and have readily available for examination and auditing by DEA, the United States Department of Justice, the Comptroller General of the United States, and any of their duly authorized agents and representatives, any and all records, documents, accounts, invoices, receipts or expenditures relating to this agreement. The GPD shall maintain all such reports and records until all litigation, claim, audits and examinations are completed and resolved, or for a period of three (3) years after termination of this agreement, whichever is later.
10. The GPD shall comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, as amended, and all requirements imposed by or pursuant to the regulations of the United States Department of Justice implementing those laws, 28 C.F.R. Part 42, Subparts C, F, G, H and I.
11. The GPD agrees that an authorized officer or employee will execute and return to DEA the attached OJP Form 4061/6, Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements. The GPD acknowledges that this agreement will not take effect and no Federal funds will be awarded to the GPD by DEA until the completed certification is received.
12. When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, the GPD shall clearly state: (1) the percentage of the total cost of the program or project which will be financed with Federal money and (2) the dollar amount of Federal funds for the project or program.
13. The term of this agreement shall be effective from the date in paragraph number one until September 30, 2017. This agreement may be terminated by either party on thirty days' advance written notice. Billing for all outstanding obligations must be received by DEA within 90 days of the date of termination of this agreement. DEA will be responsible only for obligations incurred by GPD during the term of this agreement.

For the Drug Enforcement Administration:

\_\_\_\_\_  
Michael J. Ferguson  
Special Agent in Charge

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

For the Gloucester Police Department \_\_\_\_\_

  
\_\_\_\_\_  
Leonard Campanello  
Chief of Police

Date: 9-7-16



**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER**

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND  
OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Department and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS  
(DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a

public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE  
(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620-

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about-

(1) The dangers of drugs abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee, in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted-

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site (s) for the performance of work done in connection with the specific grant.

Place of Performance (Street address, city, country, state, zip code)

DEA - Task Force Group Two  
15 New Sudbury Street, E-400  
Boston, MA 02203

Check  if there are workplace on file that are not identified here.

Section 67.630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 406177.

Check  if the State has elected to complete OJP Form 406177.

**DRUG-FREE WORKPLACE  
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in connection with any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

Gloucester Police Department  
197 Main Street  
Gloucester, MA 01930

2. Application Number and/or Project Name

DEA New England Field Division - Task Force Two

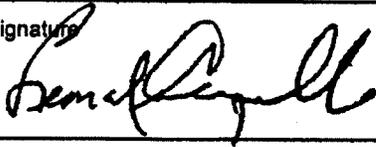
3. Grantee IRS/Vendor Number

046001390

4. Typed Name and Title of Authorized Representative

Leonard Campanello - Chief of Police

5. Signature



6. Date

9/7/16

**MODIFICATION OF  
STATE AND LOCAL TASK FORCE AGREEMENT  
BETWEEN  
THE DRUG ENFORCEMENT ADMINISTRATION  
NEW ENGLAND FIELD DIVISION  
AND  
GLOUCESTER POLICE DEPARTMENT  
PROGRAM-FUNDED - STATE AND LOCAL TASK FORCE AGREEMENT**

As agreed to by the parties, this document modifies the Agreement dated September 30, 2015, between the United States Department of Justice, Drug Enforcement Administration (DEA) and the Gloucester Police Department. The DEA is authorized to enter into this cooperative agreement concerning the use and abuse of controlled substances under the provisions of 21 U.S.C. § 873.

**MODIFICATION:**

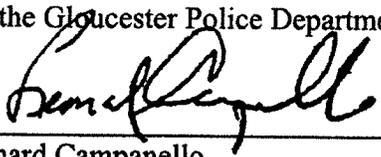
In Paragraph 13, the first sentence is modified by deleting the text "September 29, 2016" and replacing it with "September 30, 2016."

For the Drug Enforcement Administration:

\_\_\_\_\_  
Michael J. Ferguson  
Special Agent-in-Charge  
New England Field Division

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

For the Gloucester Police Department

  
\_\_\_\_\_  
Leonard Campanello  
Chief of Police  
Gloucester Police Department

Date: 9/7/16



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

Chief Leonard Campanello  
(978)281-9775

*Memorandum*

**September 8, 2016**

**To: Mayor Sefatia RomeoTheken**

**From: Chief Leonard Campanello**

**RE: Permission to pay FY17 invoices without PO in place**

Mayor Romeo Theken,

The Gloucester Police Department requests permission to pay Sirchie invoice 0267642-IN & Accountemps invoice 46591132 without a purchase order in place. Due to unforeseen circumstances purchase orders could not be pulled before the goods/services were ordered.

Please see attached invoices.

Please contact me should you have any questions.

Respectfully,

**Leonard Campanello**  
*Chief of Police*

**Labor Invoice – DUE UPON RECEIPT**

**Personal & Confidential**  
 Stacie Couture  
 CITY OF GLOUCESTER  
 CITY HALL  
 9 DALE AVENUE  
 GLOUCESTER MA 01930

**Please Remit To:**  
 Accountemps  
 12400 COLLECTIONS CENTER DRIVE  
 CHICAGO IL 60693

| Line                                | Employee Name   | Wk End Dt  | "Report-To" Supervisor | Qty   | UOM     | Bill Rate | Amount           |
|-------------------------------------|-----------------|------------|------------------------|-------|---------|-----------|------------------|
| 1                                   | Blake, Margaret | 09/02/2016 | Couture, Stacie        | 10.00 | HRS REG | \$ 32.00  | \$ 320.00        |
| Subtotal for Week-Ended: 09/02/2016 |                 |            |                        | 10.00 | HRS     |           | <u>\$ 320.00</u> |

|                          |                  |
|--------------------------|------------------|
| Invoice Subtotal:        | <u>\$ 320.00</u> |
| <b>TOTAL AMOUNT DUE:</b> | <b>\$ 320.00</b> |

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.  
 Any questions regarding this invoice, please call or email: (800) 533-8435 / inquiries.bos@roberthalf.com  
 For qualified temporary accounting and finance professionals please call: (800) 803-8367

Please detach and return this remittance stub with your payment.

**Thank you for choosing Accountemps!**

Accountemps  
 12400 COLLECTIONS CENTER DRIVE  
 CHICAGO IL 60693

| Customer Number | Invoice Number | Total Amount |
|-----------------|----------------|--------------|
| 02120-000498000 | 46591132       | \$ 320.00    |

0212000049800046591132000320001



Invoice

100 Hunter Place  
 Youngsville, NC 27596  
 Phone: (919) 554-2244  
 Fax: (919) 554-2266  
 Federal ID# 26-1186682  
 www.sirchie.com

Extended Sales Hours Monday - Friday, 8AM-7PM EST

Invoice Number: 0267642-IN  
 Invoice Date: 8/23/2016  
 Ship Date: 8/23/2016  
 Order Number: 0802699  
 Order Date: 8/23/2016  
 Customer Number: 00-0001930  
 RMA Number:

**Sold To:**  
 Gloucester Police  
 197 Main Street  
 Stacie Nicasro  
 Gloucester, MA 01930

**Ship To:**  
 Gloucester Police  
 197 Main Street  
 Stacie Nicasro  
 Gloucester, MA 01930

Confirm To:  
 Stacire Nicasro

| Customer P.O. | Ship VIA   | F.O.B. | Terms       |
|---------------|------------|--------|-------------|
| 711857        | UPS GROUND | Origin | NET 30 DAYS |

| Item Number                               | Ordered | Shipped | Back Ordered | Price | Amount |
|---|---------|---------|--------------|-------|--------|
| EZID701    Rectangle Ceramic Ink Pad1.5x2 | 3.000   | 3.000   | 0.000        | 8.95  | 26.85  |

These commodities, technology or software were (must be) exported from the United States in accordance with the Export Administration Regulations. Distribution or resale of the items listed in the license is authorized within the country of ultimate destination only and only when distribution or resale is allowed. No re-export is permitted without prior U.S. Government authorization. Diversion contrary to U.S. law is prohibited.

Questions concerning this invoice, please call Accounts Receivable at (800) 815-1649 or e-mail [ar@sirchie.com](mailto:ar@sirchie.com)

|                       |              |
|-----------------------|--------------|
| Net Invoice:          | 26.85        |
| Less Discount:        | 0.00         |
| Shipping & Handling:  | 13.31        |
| Sales Tax:            | 0.00         |
| <b>Invoice Total:</b> | <b>40.16</b> |

**Please remit payment in US Dollars**

Claims for shortage must be made within five days of receipt of goods. Returns by written authority only.  
 Note: 20% handling charge on returned goods. Unpaid balances 30 days old or more are subject to a 1% per month, or 18% per annum, service charge.



**REMITTANCE ADVICE**

100 Hunter Place  
 Youngsville, NC 27596  
 Phone: (919) 554-2244  
 Fax: (919) 554-2266  
 Federal ID# 26-1186682  
 www.sirchie.com

**Extended Sales Hours Monday - Friday, 8AM-7PM EST**

**Invoice Number:** 0267642-IN  
**Invoice Date:** 8/23/2016  
**Ship Date:** 8/23/2016  
**Order Number:** 0802699  
**Order Date:** 8/23/2016  
**Customer Number:** 00-0001930  
**RMA Number:**

**Sold To:**  
 Gloucester Police  
 197 Main Street  
 Stacie Nicastro  
 Gloucester, MA 01930

**Ship To:**  
 Gloucester Police  
 197 Main Street  
 Stacie Nicastro  
 Gloucester, MA 01930

**Confirm To:**  
 Stacire Nicastro

| Customer P.O. | Ship VIA   | F.O.B. | Terms       |
|---------------|------------|--------|-------------|
| 711857        | UPS GROUND | Origin | NET 30 DAYS |

| Item Number                               | Ordered | Shipped | Back Ordered | Price | Amount |
|---|---------|---------|--------------|-------|--------|
| EZID701    Rectangle Ceramic Ink Pad1.5x2 | 3.000   | 3.000   | 0.000        | 8.95  | 26.85  |

*please return  
 this copy with  
 your remittance*

These commodities, technology or software were (must be) exported from the United States in accordance with the Export Administration Regulations. Distribution or resale of the items listed in the license is authorized within the country of ultimate destination only and only when distribution or resale is allowed. No re-export is permitted without prior U.S. Government authorization. Diversion contrary to U.S. law is prohibited.

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## CITY OF GLOUCESTER

### TOURISM DIVISION

3 Pond Road, Gloucester, MA 01930

Tel 978-281-9781

### Memorandum

**Date:** September 20, 2016

**To:** Mayor Sefatia Romeo Theken

**From:** Daniel Smith, Acting Community Development Director  
Marie Demick, Community Development Department

*(Signature)*

**RE: Essex National Heritage Commission Grant**

The Community Development is pleased to report that the Essex National Heritage Commission awarded the City of Gloucester a \$2,500.00 grant through their Visitor Center Grant Program. (contract and grant check sheet attached).

The Grant is used to offset our costs of assisting the 14,000 to 16,000 visitors to Gloucester each season.



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

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

Name of Grant:  Essex National Heritage Commission Grant

Department Applying for Grant:  Community Development

Agency-Federal or State application is requested from:  Essex National Heritage Commission

Object of the application:  Stage Fort Park Welcome Center grant

Any match requirements:  none

Mayor's approval to proceed: \_\_\_\_\_  
Signature Date

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

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

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

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

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

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

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

**FORM: AUDIT GRANT CHECKLIST – V.1**



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[www.icent.com/unlock.htm](http://www.icent.com/unlock.htm)



**City of Gloucester  
Grant Application and Check List (Continued)**

**The following are documents needed by the Auditing Office for grant account creation:**

- 1. Grant Application**
- 2. Grant Award Letter/Standard Contract Approval Form**
- 3. Council Order Approval**
- 4. Original Grant Account Budget as approved by Grantor**
- 5. Amended Grant Account Budget as approved by Grantor (if applicable)**
- 6. Any additional information as requested by the Auditing Department**

**Note: All documents must be complete signed copies.**

**Please attach the following documents with the Grant Application and Check List and send to the Auditors' Office.**





ESSEX NATIONAL HERITAGE COMMISSION

10 Federal Street • Suite 12 • Salem, MA 01970  
978.740.0444 tel ~ 978.744.6473 fax  
www.essexheritage.org

September 8, 2016

Ms. Marie Demick  
Community Development Dept.  
City of Gloucester  
3 Pond Road  
Gloucester, MA 01930

Dear Marie:

Enclosed please find the City of Gloucester – Visitors Center first disbursement check from the 2016 Essex Heritage Visitor Center Grant in the amount of \$1,250.00. The second disbursement will be mailed late in September after we receive your visitation and volunteer numbers.

We have also enclosed a copy of the signed 2016 ENHC Visitor Center Contract for your records.

If you have any questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Debbie".

Debbie Forman  
Financial Assistant

Enclosures

**RECEIVED**

SEP 12 2016

COMMUNITY DEVELOPMENT  
CITY OF GLOUCESTER



ESSEX NATIONAL  
HERITAGE AREA

**ESSEX HERITAGE VISITOR CENTER GRANT CONTRACT**

This contract is effective from July 1, 2016 to June 30, 2017.

This contract is between the

**Essex National Heritage Commission, Inc., a nonprofit corporation organized under the laws of the Commonwealth of Massachusetts, of 10 Federal Street, Suite 12, Salem, Massachusetts, hereafter referred to as "Essex Heritage."**

and the

**The City of Gloucester, a government agency, of 3 Pond Road, Gloucester, Massachusetts, hereafter referred to as "Grantee."**

For valuable consideration, the parties agree as follows:

The Grantee will perform the duties and fulfill the responsibilities as they relate to its operation of an Essex Heritage-affiliated visitor center as described in Attachment B, which is incorporated herein (Memorandum of Understanding signed and submitted to Essex Heritage by Grantee).

The amount of the 2016 Essex Heritage Visitor Center Grant is \$2,500.

**PAYMENT:**

Essex Heritage will make payment in two equal installments. The first disbursement of 50% will be provided after July 1 and following Essex Heritage's receipt of the grant contract signed by the Grantee and the Grantee's final actual expense report for the year ending December 31, 2015 or June 30, 2016. The second and final disbursement of 50% will be made in September as long as Grantee visitor numbers and volunteer hours are current.

*NOTE: All of the following contract requirements are per an Agreement between the National Park Service and the Essex National Heritage Commission, Inc.*

**ARTICLE I. PRIOR APPROVAL**

Post award changes in budgets and projects shall require prior written approval of the Essex Heritage if any of the following apply:

1. Any revision of the scope or objectives of the project.
2. Any substantial revisions to the project budget.
3. Any changes to key personnel.
4. Any extension of the grant period.

**RECEIVED**

SEP 12 2016

COMMUNITY DEVELOPMENT  
CITY OF GLOUCESTER

## ARTICLE II. TERMINATION

While it is the express intent of both parties that the activities described under this agreement continue uninterrupted, this agreement may be terminated or suspended in accordance with the provisions set forth with 43CFR Part 12 which provides as follows:

Awards to state and local governments may be terminated in whole or in part only as follows:

1. By the awarding agency with the consent of the grantee or sub grantee in which case the two parties shall agree upon the termination conditions, including the effective date and in the case of partial termination, the portion to be terminated, or
2. By the grantee or sub grantee upon written notification to the awarding agency, setting forth the reasons for such termination, the effective date, and in the case of partial termination, the portion to be terminated. However, if, in the case of a partial termination, the awarding agency determines that the remaining portion of the award will not accomplish the purposes for which the award was made, the awarding agency may terminate the award in its entirety.

## ARTICLE III. GENERAL AND SPECIAL PROVISIONS

### A. GENERAL PROVISIONS

1. This agreement shall be subject to the following provisions, which are incorporated herein by reference:
  - a. If the cooperator is an agency of a **state or local government**:
    - i. OMB Circular A-102, "Grants and Cooperative Agreements with State and Local Governments"
    - and
    - ii. OMB Circular A-133, "Audits of State, Local Governments and Non-Profit Organizations"
    - and
    - iii. OMB Circular A-87, "Cost Principles for State and Local Governments".
  - b. If the cooperator is an **institution of higher education, hospital, and/or other nonprofit organization**:
    - i. OMB Circular A-110, "Grants and Agreements with Institutions of Higher Education, Hospitals, and other Nonprofit Organizations"
    - and
    - ii. OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations"
    - and
    - iii. OMB Circular A-21, "Cost Principles for Educational Institutions"
    - or
    - iv. OMB Circular A-122, "Cost Principles for Nonprofit Organizations".
2. Additional Provisions that apply to all cooperators include:
  - a. 43 CFR Part 12 including
    - (1) Applicability of various OMB circulars
    - (2) Administrative requirements
    - (3) Government Debarment and Suspension

- (4) Drug-Free Workplace Requirements
  - (5) Buy American Requirements for Assistance Programs (found in Subpart E and re-authorized via PL 104-134, Section 307 [signed April 26, 1996])
  - b. 43 CFR Part 18, Restrictions on Lobbying Disclosure Requirements
  - c. MBE/WBE Utilization Under Federal Grants, Cooperative Agreements, and Other Federal Assistance Agreements, 505 DM 3.1 - 3.5C(1)(A) or 5.1 - 5.6E(1), as appropriate.
  - d. Limitations on Payments to Influence Certain Federal Transactions, FAR 52.203-12.
  - e. Non-discrimination Requirements. All activities pursuant to this Agreement and the provisions of Exec. Order No. 11246, 3 CFR 339 (1964-65) shall be in compliance with the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 USC Section 2000d *et seq.*); Title V, Section 504 of the Rehabilitation Act of 1973 (87 Stat. 394; 29 USC Section 794); the Age Discrimination Act of 1975 (89 Stat. 728; 42 USC Section 6101 *et seq.*); and with all other Federal laws and regulations prohibiting discrimination on the grounds of race, color, national origin, handicap, religion or sex in providing for facilities and service to the public.
3. The following certifications are required in accordance with the above provisions and are attached hereto and made a part of this agreement (the attached pages must be filled out, signed as appropriate, and returned with the signed contract):
- a. Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying (Attachment A, DI-2010, 3 pages). Note various segments and alternatives: Part A should be prepared by each partner plus Part B by any "Lower Tiered Party" (sub-contractors, sub-consultants, NOT employees) to this agreement; Part C, if other than an individual or Part D, if an individual; plus Part E for all agreements which will exceed \$100,000 Federal assistance.

## B. SPECIAL PROVISIONS

### 1. Public Information

The Grantee and Essex Heritage recognize and support each party's requirements to develop appropriate materials and programs to inform the public. All parties agree:

- a. The Grantee shall include key Essex Heritage officials in notifications, mailings, meeting announcements and other programs of public information.
- b. Essex Heritage and the Grantee shall review collaboratively drafts and final copies of materials produced in partnership prior to distribution and will refer in publications to the opinions or positions of another party only upon prior approval. Such documents shall give due credit to all parties.

### 2. Direct Benefit Clause

No Member of, Delegate to, or Resident Commissioner in, Congress shall be admitted to any share or part of this Agreement or to any benefit to arise there from, unless the share or part or benefit is for the general benefit of a corporation or company.

### 3. Anti-Lobbying Clause

No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by the Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, to favor or oppose, by vote or otherwise, any legislation or appropriation by Congress, whether before or after the introduction of any bill or resolution proposing such legislation or appropriation; but this shall not prevent officers or employees of the United States or of its departments or agencies from communicating to Members of Congress on the request of

any Member or to Congress, through the proper channels, requests for legislation or appropriations which they deem necessary for the efficient conduct of the public business.

Whoever, being an officer or employee of the United States or of any department or agency thereof, violates or attempts to violate this section shall be fined not more than \$500 or imprisoned not more than one year, or both; and after notice and hearing by the superior officer vested with the power of removing him, shall be removed from office or employment.

#### 4. Indemnification

This Agreement is in consideration of and upon the express condition that Essex Heritage, the National Park Service, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury to any person or property of any kind whatsoever, whether to the person or property of the grant recipient or third parties, from any cause(s) whatsoever arising from any act or omission undertaken pursuant to their Agreement, and that the grant recipient hereby covenants and agrees to release, indemnify, defend save and hold harmless Essex Heritage, the National Park Service, its agents and employees from all such liabilities, expenses and costs on account of or by reason of any injuries, deaths, liabilities, claims suits or losses however occurring or damages arising out of the same.

#### 5. Insurance and Related Liability

The grant recipient accepts responsibility for any property damage, injury, or death caused by the acts or omissions of their employees, acting within the scope of their employment, to the fullest extent permitted by law. To the extent work is to be provided by nongovernmental entities or persons, the grant recipient will require that entity or person to:

- a. Procure and maintain during the term of the agreement, insurance in a form satisfactory to Essex Heritage and by an insurance company acceptable to the Essex Heritage. The policies shall name the National Park Service as an additional insured, shall specify that the primary insured shall have no right of subrogation against the National Park Service for payments of any premiums or deductibles due thereunder, and shall specify that the insurance shall be assumed by, be for the account of, and be at the primary insured's sole risk. The amounts of the insurance shall not be less than as follows:
  - (1) Workman's Compensation and Employer's Liability Insurance: Compliance with applicable Federal and State worker's compensation and occupational disease statutes shall be required. Employer's liability coverage in the minimum amount established by state law.
  - (2) General Liability Insurance: General liability insurance in the minimum amount of one million dollars (\$1,000,000) per person for any one claim and an aggregate limitation of three million dollars (\$3,000,000) for any number of claims arising from any one incident.
  - (3) Automobile Liability Insurance: This insurance shall be required on the comprehensive form of the policy and shall provide for bodily injury and property damage liability covering the operation of all licensed motor vehicles used in connection with performing the agreement. The minimum limits of two hundred thousand dollars (\$200,000) per person and five hundred thousand dollars (\$500,000) per occurrence for bodily injury and twenty thousand dollars (\$20,000) per occurrence of property damage shall be required.
- b. Pay the National Park Service the full value for all damages to the lands to other property of the National Park Service caused by such person or organization, its representatives, or employees; and
- c. Indemnify, save and hold harmless, and defend the National Park Service against all fines, claims, damages, losses, judgments, and expenses arising out of, or from, any omission or activity of such person organization, its representatives, or employees.

#### 6. Modification

No modification of this contract will be effective unless it is in writing and is signed by both parties. This contract binds and benefits both parties and any successors. This document, including any attachments, is

the entire agreement between both parties. The laws of the Commonwealth of Massachusetts govern this contract.

**ARTICLE IV. NOTICES, COMMUNICATIONS**

All notices and communications in writing required or permitted hereunder shall be delivered personally to the respective representatives of Essex Heritage, or shall be mailed or faxed.

To Essex Heritage: Essex National Heritage Commission, 10 Federal Street, Suite 12, Salem, MA 01970  
Tel: 978-740-0444 Fax: 978-744-6473 Email: debbief@essexheritage.org

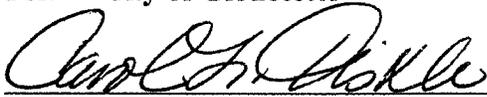
**ARTICLE V. ATTACHMENTS AND APPENDICES**

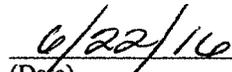
This agreement shall be subject to the following appendices, which are attached hereto and incorporated herewith by reference, except as amended or waived by joint agreement:

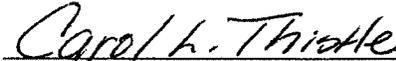
1. Attachment A - Certification Regarding Debarment, Suspension, and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying, DI-2010 (3 pages).
2. Attachment B – Memorandum of Understanding
3. Appendix A – Contract Provisions

**SIGNATORIES**

For: **City of Gloucester**

  
\_\_\_\_\_  
(Signature)

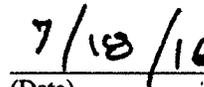
  
\_\_\_\_\_  
(Date)

  
\_\_\_\_\_  
(Printed name of authorized Grantee representative)

  
\_\_\_\_\_  
(Title)

For: **Essex National Heritage Commission, Inc.**

  
\_\_\_\_\_  
(Signature)

  
\_\_\_\_\_  
(Date)

**Annie C. Harris**  
\_\_\_\_\_  
(Printed name of authorized Essex Heritage representative)

**Chief Executive Officer**  
\_\_\_\_\_  
(Title)



June 14, 2016

Ms. Carol Thistle  
Senior Project Manager  
City of Gloucester  
3 Pond Road  
Gloucester, MA 01930

*sent  
6/22*

RE: 2016 Essex Heritage Visitor Center Grant Contract

Dear Carol:

On behalf of Essex Heritage, it is my pleasure to provide you with the enclosed contract for your organization's 2016 Essex Heritage Visitor Center Grant. The amount of the grant is \$2,500.

Please read the contract carefully, sign and date it, and return it to Essex Heritage along with the signed certification document (Attachment A) as soon as possible. Upon receipt of the signed contract, we will return a copy of the final executed contract to you.

The enclosed grant contract packet contains the following documents:

- Standard Essex Heritage Visitor Center Grant Contract
- Attachment A: Certifications Regarding Debarment, Suspension, and Other Responsibility Matters, Drug Free Workplace Requirements and Lobbying
- Attachment B: Memorandum of Understanding previously reviewed and signed by grantee and now incorporated into the grant contract

As noted in the contract, Essex Heritage will disburse the grant in two equal installments. The first disbursement of 50% will be provided after July 1 and following Essex Heritage's receipt of the grant contract signed by the Grantee and the Grantee's final actual expense report for the year ending December 31, 2015 or June 30, 2016. The second and final disbursement of 50% will be sent in September as long as your visitor numbers and volunteer hours are current.

Thank you for participating in the 2016 Essex Heritage Visitor Center Grant Program. Please do not hesitate to contact me with any questions at (978) 740-0444 or [debbief@essexheritage.org](mailto:debbief@essexheritage.org).

Sincerely,

*Debbie*

Debbie Forman  
Financial Assistant

Enclosures

Attachment B

- Acknowledge Essex Heritage funding in all press releases and similar communications

**D. Essex Heritage Visitor Center Reporting Requirements**

- Provide the visitor center organization's annual budget
- Provide the visitor center organization's final actual year-end revenue and expense report including detailed information about revenue sources.
- Collect and provide visitor center visitation data on a monthly basis
- Collect and provide volunteer time data on a monthly basis

**E. Please review the description of your visitor center on www.EssexHeritage.org and provide any updates or corrections below:**

- Street address (for use with GPS) 9 Hough Street, Gloucester, Ma
- Visitor center phone number 978-281-8865
- Visitor center website www.Gloucesterma.com
- Months and dates of operation April to October (partial opening in April - 7 days in May)
- Days and hours of operation 7 days a week, 9:00am to 6:00pm
- Is the visitor center accessible to the handicapped? yes
- Does the visitor center have a publicly accessible restroom onsite? yes - newly renovate.
  - If not, is there publicly accessible restroom nearby? -
  - Is the available restroom open when the visitor center is open? yes
  - Is the available restroom accessible to the handicapped? yes
- Is there parking at the visitor center? yes
  - If not, is parking nearby? Parking is available at Stage Fort Park adjacent to the Visitors Center
  - Is the available parking free? Free parking is available directly in front of Visitor Center

By signing this Memorandum of Understanding the Visitor Center expresses its intent to participate in the 2016 Essex Heritage Visitor Center grant program and to comply with all the requirements described in this Memorandum of Understanding.

The signatory further certifies that she/he has been authorized by the appropriate governing body to agree to the terms and conditions set forth in this Memorandum of Understanding.

Signature

Carol L. Thistle

Date

5/10/16

Name (print)

Carol L. Thistle

Title

Senior Project Manager

Organization

City of Gloucester



# 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](http://www.gloucester-ma.gov)



**Public Health**  
Prevent. Promote. Protect.

## *Memorandum*

**To:** Mayor Sefatia Romeo Theken  
**From:** Karin Carroll, Director, Health Department   
**Date:** September 13, 2016  
**Re:** Acceptance of a \$47,145 multi-year STOP Act Grant

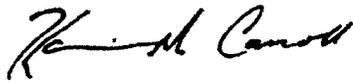
Dear Mayor Romeo Theken:

The Gloucester Health Department is pleased to announce that the City's Healthy Gloucester Collaborative (HGC) program has received a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the amount of \$47,145 for a duration of 4 years. The term for this grant will be October 1, 2016 – September 30, 2020. No matching City funds, or in-kind services are required as a part of this award.

As a STOP Act grantee, the City of Gloucester Health Department's Healthy Gloucester Collaborative will expand and enhance its successful underage drinking strategies in conjunction with partner organizations in the community and stakeholders. The HGC is dedicated to the prevention and reduction of underage drinking through policy, practice, and environmental change using SAMHSA's Strategic Prevention Framework.

The full grant application is available for viewing upon request. Staff will be available to answer any questions City Council members may have.

Respectfully,



Karin Carroll

CC: Joan Whitney, Director of Substance Abuse Prevention Services, Gloucester Health Department



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

Granting Authority: State  Federal  Other

Name of Grant: STOP Act (Sober Truth on Preventing Underage Drinking Grant)

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: SAMHSA (Substance Abuse and Mental Health Services Administration)

Object of the application: To reduce and prevent underage drinking in Gloucester

Any match requirements: None

Mayor's approval to proceed: \_\_\_\_\_  
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**



Notice of Award

Sober Truth on Preventing Underage Drinking Act  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Issue Date: 09/02/2016

Center for Substance Abuse Prevention

Grant Number: 1H79SP021914-01

FAIN: SP021914

Program Director: Joan Whitney

Project Title: Gloucester community prevention and reduction of underage drinking

| Grantee Address   | Business Address   |
|---|--|
| CITY OF GLOUCESTER<br>Joan Whitney<br>Gloucester Health Department<br>Gloucester Health Department<br>3 Pond Road<br>Gloucester, MA 019301834 | Jenna Newbegin<br>Grants Specialist<br>Gloucester Health Department<br>3 Pond Road<br>Gloucester, MA 019301834 |

Budget Period: 09/30/2016 – 09/29/2017

Project Period: 09/30/2016 – 09/29/2020

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$47,145 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CITY OF GLOUCESTER in support of the above referenced project. This award is pursuant to the authority of PHS Act (42 U.S.C. 290bb-25b), Section 519B and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Odessa Crocker  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79SP021914-01**

**Award Calculation (U.S. Dollars)**

|   |                 |
|---|-----------------|
| <b>Salaries and Wages</b>                             | <b>\$22,685</b> |
| <b>Fringe Benefits</b>                                | <b>\$7,900</b>  |
| <b>Personnel Costs (Subtotal)</b>                     | <b>\$30,585</b> |
| <b>Supplies</b>                                       | <b>\$2,015</b>  |
| <b>Consortium/Contractual Cost</b>                    | <b>\$12,900</b> |
| <b>Travel Costs</b>                                   | <b>\$1,000</b>  |
| <b>Other</b>  | <b>\$845</b>    |
| <br>  |                 |
| <b>Direct Cost</b>                                    | <b>\$47,145</b> |
| <b>Approved Budget</b>                                | <b>\$47,145</b> |
| <b>Federal Share</b>                                  | <b>\$47,145</b> |
| <b>Cumulative Prior Awards for this Budget Period</b> | <b>\$0</b>      |
| <br>  |                 |
| <b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>          | <b>\$47,145</b> |

| <b>SUMMARY TOTALS FOR ALL YEARS</b> |               |
|-------------------------------------|---------------|
| <b>YR</b>                           | <b>AMOUNT</b> |
| 1                                   | \$47,145      |
| 2                                   | \$47,145      |
| 3                                   | \$47,145      |
| 4                                   | \$47,145      |

\*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

**CFDA Number:** 93.243  
**EIN:** 1046001390A3  
**Document Number:** 16SP21914A  
**Fiscal Year:** 2016

|           |                |                 |
|-----------|----------------|-----------------|
| <b>IC</b> | <b>CAN</b>     | <b>Amount</b>   |
| <b>SP</b> | <b>C96V060</b> | <b>\$47,145</b> |

| <b>IC</b> | <b>CAN</b>     | <b>2016</b>     | <b>2017</b>     | <b>2018</b>     | <b>2019</b>     |
|-----------|----------------|-----------------|-----------------|-----------------|-----------------|
| <b>SP</b> | <b>C96V060</b> | <b>\$47,145</b> | <b>\$47,145</b> | <b>\$47,145</b> | <b>\$47,145</b> |

**SP Administrative Data:**

**PCC: STOP2016 / OC: 4145**

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SP021914-01**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-

800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

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**SECTION III – TERMS AND CONDITIONS – 1H79SP021914-01**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:  
Additional Costs**

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SP Special Terms and Conditions – 1H79SP021914-01**

**REMARKS:**

This award reflects approval of the application submitted in response to Funding Opportunity Announcement (FOA) number: SP-16-007.

Due to the availability of funds, your "STOP ACT" grant award have been reduced from \$50,000 to \$47,145. (\$2,855) Line Item: Contract has been reduced to \$645 to account for the reduction in funding and no further action is required by the recipient.

\*Note: All SAMHSA official notifications will be electronically mailed to your organizations Business Official address as identified in the HHS Checklist-Part C.

**SPECIAL TERMS OF AWARD:**

**Financial Capability Review:**

SAMHSA's Office of Financial Advisory Services (OFAS) is currently conducting a review of your Organization's financial management system to determine if it is capable of adequately administer federal awards in accordance with 45 CFR 75.205. If the review discloses material weakness and/or other financial management concerns, additional specific award conditions, may be imposed on your organization as deemed appropriate in accordance with 45 CFR 75.207. The conditions will include your organization's Payment Management Services (PMS)

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account being restricted, which results in all future PMS drawdowns, whether through advances or reimbursements, being required to be approved in advance by OFAS and the applicable Grants Management Specialist and Government Program Official. The pre-approvals will be based on the submission of monthly Requests for Advance/ Reimbursement (SF270) along with accounting reports and source documentation that adequately supports the costs being claimed.

**Defense Of Marriage Act (DOMA):** On June 26, 2013, in *United States v. Windsor*, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in the Sober Truth on Preventing Underage Drinking Act (STOP Act) Program. This means that, as a recipient of SAMHSA funding, STOP Act program, you are required to treat as valid the marriages of same sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

**Disparity Impact Statement (DIS):**

Due by November 30, 2016, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award . The disparity impact statement should be consistent with information in your application regarding access, \*service use and outcomes for the program and include three components as described below.

Questions about the disparity impact statement should be directed to your GPO . Examples of disparity impact statements can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

\*Service use is inclusive of treatment services, prevention services as well as outreach , engagement, training and/or technical assistance activities.

The disparity impact statement, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

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3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

**STANDARD TERMS OF AWARD:**

Refer to the following SAMHSA website for Standard Terms of Award:  
<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-termsconditions>

Key Staff listed below:

Joan Whitney, Project Director @ 10% Level of Effort  
Cristina, Project Coordinator @ 30% Level of Effort

All changes in key staff including level of effort must be sent electronically to the GPO, including a biographical sketch and other documentation and information as stated above whom will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the SAMHSA GMO may approve Key Staff Changes.

**REPORTING REQUIREMENTS:**

Submission of Programmatic (semi-annual) Reporting is due no later than as follows:

1. Friday, February 17, 2017
2. Friday, August 18, 2017

Please submit your report to  
DGMPProgressReports@samhsa.hhs">[DGMPProgressReports@samhsa.hhs](mailto:DGMPProgressReports@samhsa.hhs).gov, and copy your Program Official. (HARD COPIES SUBMISSION IS NOT REQUIRED)

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

All responses to Special Terms and Conditions of Award and Post Award requests may be electronically mailed to the Grants Management Specialist, and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

**CONTACTS:**

Latonya Brown, Grants Specialist  
Phone: (240) 276-2585 Email: latonya.brown@samhsa.hhs.gov Fax: (240) 276-1430

**CITY OF GLOUCESTER**

**ACCOUNT BUDGET**

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

**ACCOUNT NAME:** STOP Act Grant

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

**CFDA # (Required for Federal Grants):** 93.243

**DATE PREPARED:** 9/13/2016

| OBJECT                  | ORIGINAL BUDGET    | APPROVED                          |                 | REVISED BUDGET     |
|-------------------------|--------------------|-----------------------------------|-----------------|--------------------|
|                         |                    | AMENDED BUDGET<br>(IF APPLICABLE) | AMENDED REQUEST |                    |
| <b>REVENUE (4_____)</b> |                    |                                   |                 |                    |
| 45800                   | \$47,145.00        |                                   |                 | \$47,145.00        |
|                         |                    |                                   |                 | \$0.00             |
|                         |                    |                                   |                 | \$0.00             |
| <b>Total:</b>           | <b>\$47,145.00</b> | <b>\$0.00</b>                     | <b>\$0.00</b>   | <b>\$47,145.00</b> |
| <b>EXPENSE (5_____)</b> |                    |                                   |                 |                    |
| 51100                   | \$22,685.00        |                                   |                 | \$22,685.00        |
| 51720                   | \$454.00           |                                   |                 | \$454.00           |
| 51740                   | \$38.00            |                                   |                 | \$38.00            |
| 51750                   | \$5,037.00         |                                   |                 | \$5,037.00         |
| 51840                   | \$329.00           |                                   |                 | \$329.00           |
| 51860                   | \$2,042.00         |                                   |                 | \$2,042.00         |
| 52000                   | \$12,900.00        |                                   |                 | \$12,900.00        |
| 54000                   | \$2,015.00         |                                   |                 | \$2,015.00         |
| 57000                   | \$645.00           |                                   |                 | \$645.00           |
| 57100                   | \$1,000.00         |                                   |                 | \$1,000.00         |
| 57110                   |                    |                                   |                 | \$0.00             |
| <b>Total:</b>           | <b>\$47,145.00</b> | <b>\$0.00</b>                     | <b>\$0.00</b>   | <b>\$47,145.00</b> |

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

*Kenneth Carroll*

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

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

**FORM: AUDIT ACCOUNT BUDGET - V1**