



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT

151 Campanelli Drive, Suite A ~ Middleborough, MA 02346

Tel: 508-828-2911 ~ TTY: 508-947-1455

www.mass.gov/e911



CHARLES D. BAKER

Governor

TERRENCE M. REIDY

Secretary

KARYN E. POLITO

Lt. Governor

FRANK POZNIAK

Executive Director

August 10, 2022

Deputy Chief James Stanford
Somerville Police Department
220 Washington Street
Somerville, MA 02145

Dear Deputy Chief Stanford:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY 2023 State 911 Department Support and Incentive Grant** program.

For your files, attached please find a copy of the executed contract and the final approved Appendix A: Personnel Costs form for your grant. Please note your contract start date is **August 10, 2022** and will run through June 30, 2023. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services **MUST** be received on or before June 30, 2023.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/E911. For any questions related to this process, please contact Angela Pilling at 508-821-7305. Please note that funding of reimbursement requests received more than one (1) month after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, and/or the budget worksheet, please e-mail those proposed changes to 911DeptGrants@mass.gov. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 31, 2023.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY 2023 Support and Incentive Grant File

FY 2023 SUPPORT AND INCENTIVE GRANT

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: City of Somerville (and d/b/a): Somerville Police Department		COMMONWEALTH DEPARTMENT NAME: State 911 Department MMARS Department Code: EPS	
Legal Address: (W-9, W-4): 93 Highland Avenue, Somerville, MA 02143		Business Mailing Address: 151 Campanelli Drive, Suite A, Middleborough, MA 02346	
Contract Manager: Dorothy Cassesso	Phone: 617-625-1600x7206	Billing Address (if different):	
E-Mail: dcassesso@police.somerville.ma.us	Fax: 617-628-4936	Contract Manager: Cindy Reynolds	Phone: 508-821-7299
Contractor Vendor Code: VC 6000192138		E-Mail: 911DeptGrants@mass.gov	Fax: 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT EPS SUPG	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ <u>295,463.00</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle ___ statutory/legal or Ready Payments (M.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 FY 2023 Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with the grant guidelines and the 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: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 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. <input type="checkbox"/> 3. were incurred as of _____, 20____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30, 2023 , 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, 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: <u>Charles Femino</u> Date: <u>7-25-22</u> (Signature and Date Must Be Handwritten at Time of Signature)		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Frank Pozniak</u> Date: <u>8/10/22</u> (Signature and Date Must Be Handwritten at Time of Signature)	
Print Name: Charles Femino		Print Name: Frank Pozniak	
Print Title: Acting Chief of Police		Print Title: Executive Director	

FY 2023 SUPPORT AND INCENTIVE GRANT

RECEIVED

AUG 10 2022

State 911 Department
Middleborough, MA

Type of PSAP: (please check one)

- Primary
- Regional
- Regional Secondary
- Regional Emergency Communication Center

Name of Eligible Entity (PSAP/RECC) Somerville Police Department

Address 220 Washington Street

City/Town/Zip Somerville, MA 02145

Telephone Number 617-625-1600

Fax Number 617-628-4936

Website www.somervillepd.com

Name & Title of Authorized Signatory James Stanford, Deputy Chief of Police

Telephone Number 617-625-1600 x7203

Email Address jstanford@police.somerville.ma.us

Name & Title of Grant Contract Manager Dorothy Cassesso, Financial Analyst

Telephone Number 617-625-1600 x7206

Email Address dcassesso@police.somerville.ma.us

Total Grant Program funds requested: \$ 295,463.00 ✓

REQUIRED

- Applicant has a continuity of operations plan (COOP)
- Applicant acknowledges its Alternate PSAP

Goal and Desired Outcome

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

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

Signed under the penalties of perjury this 8th day of August, 20 22.


 ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2023 SUPPORT AND INCENTIVE GRANT

BUDGET SUMMARY

Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECC	
CATEGORY	AMOUNT
A. Enhanced 911 Telecommunicator Personnel Costs	\$ 295,463.00
B. Heat, Ventilation, Air Conditioning, and Other Environmental Control Equipment	\$
C. Computer-Aided Dispatch Systems	\$
D. Radio Console	\$
E. Console Furniture and Dispatcher Chairs	\$
F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service	\$
G. Other Equipment	\$
TOTAL*	\$ 295,463.00

*Total amount must exactly match amount requested on application page

FY 2023 SUPPORT AND INCENTIVE GRANT

DETAIL NARRATIVE

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

A. Enhanced 911 Telecommunicator Personnel Costs – to defray the costs of salary for enhanced 911 telecommunicator personnel, including enhanced 911 telecommunicators who are emergency communications dispatchers or supervisors. In order to be eligible for such funding, a grantee shall show that the personnel costs to be reimbursed: (1) cover only personnel who are trained and certified as an enhanced 911 telecommunicator in accordance with the requirements of the State 911 Department, or are in the process of obtaining such certification, in accordance with the requirements of the State 911 Department; and (2) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are working in the capacity of an enhanced 911 telecommunicator as their primary job function; and (3) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are conducting quality control/quality assurance of 911 calls. Reimbursement may be allowed for straight time costs for on the job training for new telecommunicators who are in the process of obtaining certification as an enhanced 911 telecommunicator, in accordance with the requirements of the State 911 Department. Reimbursement for personnel costs related to training may be allowed only for training courses that have been approved by the State 911 Department under the Fiscal Year 2023 State 911 Department Training Grant, or with the prior written approval of the State 911 Department. Reimbursement for personnel costs for individuals who have other primary job duties not directly related to enhanced 911 service, such as firefighters or police officers who may occasionally be assigned PSAP enhanced 911 telecommunicator duty, may be allowed only for the documented hours in which the employee is acting primarily in the capacity of an enhanced 911 telecommunicator. For example, if a police officer or firefighter is assigned to work as an enhanced 911 telecommunicator 1 day a week, funding from these grants may only be used to cover the portion of such firefighter or police officer’s salary for the 1 day a week that he or she is assigned to enhanced 911 telecommunicator duty. Funding awarded through these grants shall be assigned to specific identified personnel, and the funding shall be applied to the personnel costs associated with such specific identified personnel.

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

Attach Appendix A

Total Category A \$295,463

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

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

Description:

Vendor:

Attach Quote and mark with letter B

Total Category B

\$

NORTH ADAMS POLICE DEPARTMENT	YES	YES
NORTH ANDOVER POLICE DEPARTMENT	YES	YES
NORTH ATTLEBOROUGH POLICE DEPARTMENT	YES	YES
NORTH READING POLICE DEPARTMENT	YES	NO
NORTH SHORE REGIONAL 911 CENTER	PRELIM	PRELIM
NORTHAMPTON POLICE DEPARTMENT	YES	NO
NORTHAMPTON STATE POLICE	PRELIM	PRELIM
NORTHBOROUGH POLICE DEPARTMENT	YES	YES
NORTHBRIDGE POLICE DEPARTMENT	YES	YES
NORTHERN MIDDLESEX REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
NORTON COMMUNICATIONS CENTER	YES	YES
NORWOOD POLICE DEPARTMENT	YES	YES
OXFORD POLICE DEPARTMENT	YES	YES
PALMER POLICE DEPARTMENT	YES	YES
PATRIOT REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	YES
PEABODY POLICE DEPARTMENT	YES	YES
PEMBROKE POLICE DEPARTMENT	YES	YES
PITTSFIELD POLICE DEPARTMENT	YES	YES
PLYMOUTH POLICE DEPARTMENT	YES	NO
PROVINCETOWN POLICE DEPARTMENT	YES	YES
QUINCY POLICE DEPARTMENT	YES	NO
RANDOLPH POLICE DEPARTMENT	NO	YES
RAYNHAM POLICE DEPARTMENT	YES	YES
READING POLICE DEPARTMENT	YES	NO
REGIONAL OLD COLONY COMMUNICATIONS CENTER	PRELIM	PRELIM
REHOBOTH POLICE DEPARTMENT	YES	YES
ROCKLAND POLICE DEPARTMENT	YES	YES
ROCKPORT POLICE DEPARTMENT	YES	YES
ROWLEY POLICE DEPARTMENT	YES	YES
RUTLAND REGIONAL EMERGENCY COMMUNICATION CENTER	PRELIM	PRELIM
SALEM POLICE DEPARTMENT	YES	YES
SALISBURY POLICE DEPARTMENT	YES	NO
SANDWICH POLICE DEPARTMENT	YES	YES
SAUGUS POLICE DEPARTMENT	YES	YES
SCITUATE POLICE DEPARTMENT	YES	YES
SEEKONK POLICE DEPARTMENT	YES	YES
SHARON POLICE DEPARTMENT	YES	PRELIM
SHELBURNE FALLS STATE POLICE	PRELIM	PRELIM
SHERBORN POLICE DEPARTMENT	YES	NO
SHREWSBURY POLICE DEPARTMENT	YES	YES
SOMERSET POLICE DEPARTMENT	YES	YES
SOMERVILLE POLICE DEPARTMENT	YES	YES
SOUTH HADLEY POLICE DEPARTMENT	YES	YES
SOUTH SHORE REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	PRELIM
SOUTH WORCESTER COUNTY COMMUNICATIONS CENTER	YES	PRELIM
SOUTHAMPTON POLICE DEPARTMENT	YES	YES
SOUTHBOROUGH POLICE DEPARTMENT	YES	NO
SOUTHBRIDGE POLICE DEPARTMENT	YES	YES
SOUTHEASTERN MASSACHUSETTS REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
SOUTHWICK POLICE DEPARTMENT	YES	YES
SPENCER POLICE DEPARTMENT	YES	YES
SPRINGFIELD POLICE DEPARTMENT	YES	YES
STERLING COMMUNICATIONS	YES	YES
STONEHAM POLICE DEPARTMENT	YES	YES
STOUGHTON POLICE DEPARTMENT	YES	YES
STOW POLICE DEPARTMENT	YES	YES
STURBRIDGE POLICE DEPARTMENT	YES	YES
SUDBURY POLICE DEPARTMENT	YES	YES
SUTTON POLICE DEPARTMENT	NO	YES
SWANSEA POLICE DEPARTMENT	YES	YES
TAUNTON FIRE DEPARTMENT	YES	YES
TEMPLETON POLICE DEPARTMENT	PRELIM	YES
TRURO POLICE DEPARTMENT	YES	YES
TYNGSBOROUGH POLICE DEPARTMENT	YES	YES
UPTON POLICE DEPARTMENT	YES	YES
UXBRIDGE POLICE DEPARTMENT	YES	YES