



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



MAURA T. HEALEY
Governor

TERRENCE M. REIDY
Secretary

KIMBERLEY DRISCOLL
Lieutenant Governor

FRANK POZNIAK
Executive Director

September 2, 2025

Chief Shumeane Benford
Somerville Police Department
220 Washington Street
Somerville, MA 02145

Dear Chief Benford:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY2026 State 911 Department Emergency Medical Dispatch Grant Program**.

For your files, attached please find a copy of the executed contract for your grant. Please note your contract start date is **September 2, 2025** and will run through June 30, 2026. 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, 2026.

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. Please ensure all proper documentation is provided with the grant reimbursement submissions to avoid reductions or returns. 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, 2026.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2026 Emergency Medical Dispatch Grant File

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division 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](#), 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 forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION			COMMONWEALTH INFORMATION		
Contractor Legal Name City of Somerville <small>d/b/a Somerville Police Dept.</small>			Department State 911 Department		MMARS Code EPS
Legal Address As entered on Form W-9 or Form W-4 93 Highland Avenue, Somerville, MA 02143			Contract Manager Name Cindy Reynolds		Business Mailing Address 151 Campanelli Dr. Suite A, Middleborough, MA 02346
Contract Manager Name Emily Wisdom			Billing Address If Different		
Phone 617-625-1600	Email ewisdom@police.somerville.ma.us	Fax 617-628-4936	Phone 508-821-7299	Email 911DeptGrants@mass.gov	Fax 508-947-1452
Vendor Code VC 6000192138			MMARS Doc ID(s) CT EPS EMDG		
Vendor Code Address ID AD 001 e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number FY26 EMDG		
<input checked="" type="radio"/> NEW CONTRACT Procurement or Exception Type (Check one option only) <input type="radio"/> Statewide Contract (OSD or an OSD-designated department.) <input type="radio"/> Collective Purchase (Attach OSD approval, scope, and budget.) <input checked="" type="radio"/> Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) <input type="radio"/> Emergency Contract (Attach justification for emergency, scope, and budget.) <input type="radio"/> Contract Employee (Attach Employee Status Form, scope, and budget.) <input type="radio"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="radio"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			<input type="radio"/> CONTRACT AMENDMENT Current Contract End Date PRIOR to Amendment Amendment Amount Or Enter "No Change" Amendment Type (Check one option only. Attach details of amendment changes.) <input type="radio"/> Amendment to Date, Scope, or Budget (Attach updated scope and budget.) <input type="radio"/> Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="radio"/> Contract Employee (Attach any updates to scope or budget.) <input type="radio"/> Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)		
TERMS AND CONDITIONS					
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option). <input checked="" type="radio"/> Commonwealth Terms and Conditions <input type="radio"/> Commonwealth Terms and Conditions for Human and Social Services <input type="radio"/> 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="radio"/> 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="radio"/> Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended): \$24,500.00					
PROMPT PAYMENT DISCOUNTS (PPD)					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See Prompt Pay Discounts Policy . Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within: 10 days % PPD. 15 days % PPD. 20 days % PPD. 30 days % PPD. If PPD percentages are left blank, identify reason: <input type="checkbox"/> Statutory/legal <input type="checkbox"/> Ready Payments (M.G.L. c. 29, § 23A) <input checked="" type="checkbox"/> Agree to standard 45-day cycle <input type="checkbox"/> Only initial payment					
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 2026 Emergency Medical Dispatch Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.					
SUPPLIER DIVERSITY PROGRAM (SDP) PLAN					
Does the Supplier Diversity Program apply? <input checked="" type="radio"/> YES If YES, the Contractor's annual SDP commitment for this Contract is <input type="radio"/> NO If NO, and the department is an Executive Department, enter the appropriate exemption: Grants					
ANTICIPATED START DATE (Complete ONE option only.)					
The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="radio"/> 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="radio"/> 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="radio"/> 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, 2026 , 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			AUTHORIZING SIGNATURE FOR THE COMMONWEALTH		
Signature and date must be captured at time of signature. Signature Katjana Ballantyne Date 8-26-2025			Signature and date must be captured at time of signature. Signature Frank Pozniak Date 9/2/25		
Print Name Katjana Ballantyne Print Title Mayor			Print Name Frank Pozniak Print Title Executive Director		

FY 2026 EMERGENCY MEDICAL DISPATCH GRANT

Name of Eligible Entity / PSAP / RECC

Address

City/Town/Zip

Telephone Number

Fax Number

Website

Somerville Police Department

220 Washington Street

Somerville, MA 02143

617-625-1600

617-628-4936

www.somervillepd.com

RECEIVED

AUG 28 2025

State 911 Department
Middleborough, MA**Name & Title of Authorized Signatory**

Telephone Number

Email Address

Shumeane Benford, Chief of Police

617-625-1600 ext. 7450

sbenford@police.somerville.ma.us

Name & Title Grant Contract Manager

Telephone Number

Email Address

Emily Wisdom, SPD Finance & Admin Director

617-625-1600 ext. 7239

ewisdom@police.somerville.ma.us

Total Grant Program Funds Requested \$ 24,500.00**Applicant meets the EMD requirements established by the State 911 Department by:****Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):**☐

APCO

☐

PowerPhone

☐

Priority Dispatch

OR**Utilizing the following Certified EMD Resource:** Cataldo Ambulance Service**CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):**☐

APCO

☐

PowerPhone

☒

Priority Dispatch

Authorization and Certification

Through its submission of this application to the State 911 Department, the applying governmental entity and the authorized signatory of the applying governmental entity affirms and declares that all information submitted to the State 911 Department regarding the application, reimbursements, budget modifications, reporting, and any and all other submissions required throughout the duration of the grant process, its award and execution shall be true and verifiable through source documentation. The above noted documents, excluding this application, will no longer require a signature at the time of submission. Submission of this application by the applying governmental entity and authorized signatory shall be applicable to any and all transactions submitted under a contract awarded as the result of this application.

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 18 day of August, 2025.


ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

**FY 2026 Emergency Medical Dispatch
Grant Budget Worksheet**

Funding Category	Amount Requested	Detailed Narrative
1. Certified EMD Resource	\$ 24,500.00	Name of CEMDR: Cataldo Ambulance Service for secondary PSAP activity; see contract attached (Attached copy of signed contract with CEMDR)
2. Emergency Medical Dispatch Protocol Reference System	\$	EMD Guide/Cardsets, EMD Annual Maintenance, EMD Software (if eligible entity). (Attach quote(s) for this category)
3. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services	\$	For Q/A, PSAPs must provide name of the individual(s), pay rate and number of Q/A review hours you are requesting. Attach signed contract for Medical Director or Third-party vendor conducting EMD case review for this category. For CPR Instructor, list name of instructor, # of 4-hour courses being taught and OT pay rate.
Total Amount of Grant Funding Requested	\$ 24,500.00	



City of Somerville: Standard Contract Form (Renewal)

Emergency Medical Dispatch and Ambulance Services

CONTRACT NAME:

RENEWAL YEAR 3

WHEREAS, Cataldo Ambulance Service, Inc. (hereinafter "Vendor") was awarded a contract for Emergency Medical Dispatch and Ambulance Services numbered 240173 with an effective date of 9/18/2023 with two (2), one-year option(s) to renew.

WHEREAS, the City followed the applicable procurement requirements as noted below in "Procurement Type" and the contract was procured with an option to renew clause giving the Chief Procurement Officer the sole discretion to renew the Contract; and, WHEREAS, the Chief Procurement Officer has been asked to renew this contract by the end-user department and has made a reasonable investigation and written determination that renewing the contract for the Renewal Year first noted above is in the best interest of the City.

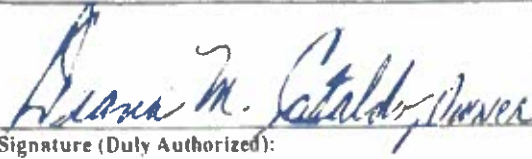
NOW THEREFORE: The City and the Vendor for and in consideration of the promises and the mutual obligations herein contained and other valuable consideration; the receipt and sufficiency of which is acknowledged do hereby covenant and agree as follows:

Vendor Name:	Cataldo Ambulance Service, Inc.		
Vendor Address	137 Washington Street, P.O. Box 435, Somerville, MA 02143		
Vendor Contact Name, Email, & Tel./Fax #s	Chuck Fothergill	cfothergill@cataldoambulance.com	
	(617) 625-0126		
Contract Amount:	\$	24,500.00	
Purchase Order #:	20261030		
Renewal Contract Term:	7/1/2025 through 6/30/2026		
Term (Renewal Contract):	<p>The term of this Contract shall commence on 7/1/2025 and shall end on 6/30/2026 ("Term").</p> <p>The Vendor shall complete the provision of Goods and/or the performance of Services prior to the end of the Contract term (the "Completion Date"). The term of this Contract may be extended at the sole discretion of the City, through written notice to the Vendor.</p>		
Procurement Type:	Exempt from MGL c. 30B under MGL c. 30B, s. 1(b)(24)(Ambulance Service)		
Contracting Department:	Police & Fire	Project Manager:	Shumeane Benford Charles Breen
1)	The Vendor reaffirms and agrees to all obligations and representations in the original contract (see contract number first stated above), including but not limited to: the Scope of Services, Proposal Page, Insurance, etc., attached as Appendix A, all made part hereof.		
2)	The Vendor agrees that the prices for services/supplies shall be in accordance with the price proposal for the optional Renewal Year, first stated above, according to the cost details in Appendix B.		
Vendor Certifications:	Under the pains and penalties of perjury, the Vendor agrees to perform this Contract and provide the Goods and/or Services in accordance with the terms as set forth herein. Vendor certifies it is in full compliance with all laws of the Commonwealth of Massachusetts relating to taxes and to contributions and payments in lieu of taxes. The Vendor certifies that it has provided the City with an accurate tax identification number (TIN). In the event that the City is notified by the IRS for an incorrect TIN provided by the Vendor, the Vendor is responsible for penalties.		
	<input type="checkbox"/> Supplemental Conditions will apply if checked.		
	The Vendor certifies that its Federal tax identification number as reported to the IRS is: 04-2621862		
	<p>This Contract has been duly executed and delivered on behalf of the Vendor by its:</p> <p>Officer (President, Vice President, Treasurer, Secretary) General Partner, Trustee,</p> <p>other: _____; in full compliance with the authority granted by its organizational documents and its votes or resolutions, which authority has not been amended, modified, or rescinded as of the date hereof.</p>		

- ☐ Certificate of Authority
- ☐ Evidence of Insurance
- ☐ Bid Package Documents
- ☐ Somerville Living Wage Ordinance Form
- ☐ Certificate of Good Standing
- ☐ Sole Source Declaration
- ☐ Statement of Management
- ☐ Vulnerable Road Users Ordinance
- ☐ Campaign Contribution Disclosure Form

IN WITNESS WHEREOF, the City and the Vendor have executed this Contract as a sealed instrument




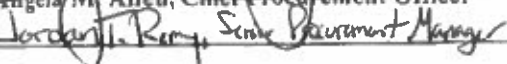


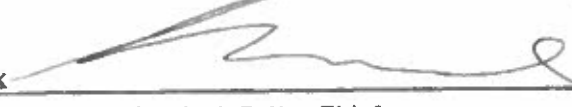

VENDOR

<p>X </p> <p>Vendor Signature (Duly Authorized):</p>	<p>Date Signed: <u>07/16/25</u></p> <p>Print Title: <u>OWNER</u></p> <p>Print Name: <u>DIANA M. CATALDO</u></p>
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CITY

City Auditor's Encumbrance Statement

I hereby certify that the total contract amount is \$ 24,500.00 and that an unencumbered balance of \$ 24,500.00 is available for the current fiscal year of this contract. I further certify that a sum of \$ 24,500.00 is hereby encumbered against the appropriate account for the purposes of this contract and as funds become available, I will encumber additional sums as are required under this contract.

<p>X </p> <p>Edward Bean, City Auditor</p>	<p>X </p> <p>Katjana Ballantyne, Mayor</p> <p style="text-align: right;">Date Signed: <u>8/11/2025</u></p>
<p>X </p> <p>Angela M. Allen, Chief Procurement Officer</p> <p></p> <p>Jordan H. Remy, Senior Procurement Manager</p>	<p>X </p> <p>Approved as to form:</p> <p>Cynthia Amara, City Solicitor</p> <p></p> <p>Jason Piquers, Asst.</p>
<p>X </p> <p>Shumeane Benford, Police Chief</p>	<p></p> <p>Charles Breen, Fire Chief</p>

Emergency Medical Dispatch Contract
Between
Cataldo Ambulance Service of Massachusetts, Inc.
And
The City of Somerville

WHEREAS, the City of Somerville Police Department (hereinafter referred to as the "Department") operates the Primary Public Safety Answering Point (PSAP), and is responsible for implementation of Emergency Medical Dispatch procedures, (hereinafter referred to as "EMD") is; pursuant to EMD AND ENHANCED 911 TELECOMMUNICATOR REGULATIONS 560 CMR 5.00;

WHEREAS, Cataldo Ambulance Service of Massachusetts, Inc. (hereinafter referred to as the "Provider"), is a Certified Emergency Medical Resource, and has agreed to act as a Secondary Public Safety Answering Point (SecondaryPSAP) to provide Emergency Medical Dispatch service (EMD) to the residents and visitors to the City of Somerville; and

The hereunto-referred parties agree as follows:

1. The Somerville Police Department with the Provider shall create a uniform call handling procedure (transferring and answering) for all medical-related emergency calls, in accord with 560 CMR, Section 5.10, ss (2).
2. The Provider agrees to log all- emergency calls into their current Computer Aided Dispatch system (CAD) and to maintain detailed records of all calls received on behalf of the City of Somerville, copies of such records to be produced upon the request of the Department.
3. The Department and Provider shall agree to a telecommunicator protocol for when the transferring telecommunicator remains on the line to monitor and solicit information relative to non-medical aspects of an emergency call.
4. The City of Somerville agrees to pay an annual reoccurring fee of \$24,500, July 1, 2023 through June 30, 2024 pending the approval of the application with the State 911 grant program for EMD reimbursement. Provider agrees to submit an invoice annually on July 1st to the City of Somerville.
5. The Provider shall furnish copies of documentation provided and communication and information exchanged with the State with regard to 560 CMR 5.00, including but not limited to Section 5.06, Quality Assurance of Emergency

Medical Dispatch Services program; Section 5.08, Approval as a Certified Emergency Medical Dispatch Resource; Section 5.11 Recordkeeping.

6. No Influence on referrals. It is not the intent of either party to this Agreement that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated Providers, if any or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified in this Agreement are consistent with the parties reasonably believe to be a fair market value for the services provided.
7. The term of this Agreement is for one-year, with two one-year extensions subject to the City's option with 30 days' notice. The Contract shall expire within thirty (30) days after the Provider ceases providing Ambulance Services to the City of Somerville.
8. Unless otherwise provided herein, it is agreed that Provider will not assign or transfer this Agreement, or any interest in this Agreement, without the prior written consent of the City of Somerville.
9. It is mutually understood and agreed that this Agreement shall be governed by and constructed in accordance with the laws of the Commonwealth of Massachusetts, both as to interpretation and performance.
10. The Provider will not discriminate against any client / patient for services because of race, color, religion, sex, sexual orientation, disability, family status or national origin.

SCOPE OF SERVICES

This Contract between *Cataldo Ambulance Service*, (hereinafter the "Vendor") and the *City of Somerville* (hereinafter the "City") is for providing a comprehensive emergency ambulance service system. The Vendor will work as an extension of, and in conjunction with, all existing municipal services. The Vendor shall provide emergency ambulance response to all calls received by its Communications Center originating within the City whether initiated by the City's Police or Fire Departments or by a private caller. The core element of this system will include twenty-four (24) hours Advanced Life Support (ALS) emergency services. The Vendor is a licensed provider of ambulance service in the Commonwealth of Massachusetts, meeting all state rules, regulations, and standards.

1. LEVEL OF SERVICE

THE VENDOR WILL PROVIDE THE FOLLOWING:

Two dedicated Advanced Life Support units, 24 hours a-day, seven (7) days a week. Units will be staffed in accordance with State regulations which require ALS units have at least one Paramedic and one Emergency Medical Technician. These dedicated ALS units will be lettered on two (2) sides with 4" high letters as follows: "City of Somerville". These units may be assigned to transport any seriously ill patient originating from any destination within the city of Somerville to an appropriate hospital for emergency care.

One dedicated Basic Life Support (BLS) ambulance garaged within the City of Somerville, sixteen (16) hours a day, seven (7) days per week during the hours of 10:00 a.m. through 2:00 a.m. This unit will be staffed with two registered EMT's. This unit may be assigned to transport all patients within the City of Somerville to other destinations within the municipality.

Notwithstanding any Mutual aid agreement to the contrary, dedicated Somerville ambulances shall not be used to cover or respond to other communities unless under extreme emergency conditions creating an imminent threat to the health or safety of people or property. The Somerville Fire Chief shall be provided with a written explanation anytime a dedicated Somerville unit responds to another community.

Emergency Medical Dispatch as required by 560 CMR 5.00.

The provider will act as a secondary public safety answering point (Secondary PSAP) for the city. The Somerville Police Department with the provider shall create a uniform call handling procedure (transferring and answering) for all medical related emergency calls, in accordance with 560 CMR, Section 5.1 ss(2).

The provider agrees to log all emergency calls into their computer aided dispatch system (CAD) and to maintain detailed records of all calls received on behalf of the City of Somerville, copies of such records shall be produced upon the request of the department.

The department and Contractor shall agree to a tele-communicator protocol for when the transferring telecommunicator remains on the line to monitor and solicit information relative to nonmedical aspects of an emergency call.

The Contractor shall furnish copies of documentation provided in communication and information exchange with the State with regard to 560 CMR 5.0, including but not limited to section 5.06; quality assurance of emergency medical dispatch services program; section 5.08, approval as a certified emergency medical dispatch resource; section 5.1 J recordkeeping.

A back-up ambulance, Advanced Life Support (ALS) and/or Basic Life Support (BLS), shall be located within the City of Somerville, six minutes from the commitment of the dedicated unit. Notwithstanding the foregoing, a back-up ambulance Advanced Life Support (ALS) and/or Basic Life Support (BLS) will be positioned at a central location within the City of Somerville to provide optimal coverage to all areas of the city. Should excess call volume dictate the need then Mutual aid will be used from surrounding cities.

A Back-up Ambulance Service shall be provided 24 hours a day, seven (7) days a week. ALS service shall be available to Somerville residents 80% of the time, either by the dedicated unit, back-up unit, or by the back-up ambulance service.

Cataldo Ambulance Service staff shift changes shall not occur simultaneously to avoid units being placed out of service unnecessarily.

ALS or P/B ambulance coverage for all confirmed building fires and/or by direct request from Somerville Fire Alarm for any type of special emergency incident.

Fire scene rehabilitation will be provided for all Multiple Alarm fires or at the request of the Somerville Fire Department. A Paramedic, separate from the unit covering the fire scene, will assume duties as a Rehab Officer as part of the Unified Command structure.

Every Vendor vehicle will meet all specifications as outlined in the Federal Specification for the "Star of Life Ambulance", KKK-A-I 822C. Each vehicle will conform to all Massachusetts Department of Public Health regulations pertaining to the operation of Advanced Life Support and Basic Life Support vehicles. This level of service will be maintained 24 hours per day, seven days per week.

A. Vehicle Garaging

The Vendor will maintain at least one garaging facility within the City of Somerville. Any location used by the Vendor will meet or exceed all garaging requirements as outlined by Chapter 111c. of Massachusetts General Laws.

B. Ambulance Staffing

ALS ambulances will be staffed by a Paramedic and an EMT or by two Paramedics. Basic Life Support ambulances will be staffed by two Emergency Medical Technicians. All personnel will be certified in the Commonwealth of Massachusetts by the Department of Public Health and the Office of Emergency Medical Services.

C. Response Time

The Vendor is expected to respond to all emergency calls within six minutes at least 90% of the time. At no time will a response time exceed eight minutes except for unforeseen conditions which are beyond the control of the Vendor. Parameters for response time requirements may vary based upon patient condition as defined by the City's Emergency Zone Plan or by the Emergency Medical Dispatch prioritization protocols that have been established.

D. Back-up Capability

The Vendor will maintain adequate resources to uphold the standards of care as outlined in this proposal. In the unlikely event that the Vendor is unable to provide adequate back-up resources for an MCI or Hazmat incident, we will activate the Region IV MCJ Protocol.

The Vendor will utilize Boston Med-Flight helicopter services for severe instances when the welfare of the patient may benefit from the use of air transportation.

2. PERSONNEL/ QUALITY ASSESSMENT

A. Personnel

The Vendor will follow stringent hiring practices. All potential employees must:

- o Present a recent driving record from the Massachusetts Registry of Motor Vehicles
- o Submit to mandatory drug testing.
- o Participate in a pre-employment physical.
- o Agree to a criminal record check.

All new employees must participate in a comprehensive orientation program consisting of:

- o Clinical reviews
- o Driver Training Program
- o Familiarization with local facilities, streets, access routes
- o MCI training

During the orientation, new employees will spend a minimum of 96 hours riding as a third person with specially trained preceptors. All preceptors have a minimum of two years' experience as EMS providers. Following the initial 90-day period, employees are reviewed for performance every twelve (12) months.

B. Internal Reviews

The Vendor will establish, if desired, regular meetings with the City of Somerville BLS/AMS Committee for the purpose of:

- o Reviewing the quality of care
- o Reviewing response time
- o Evaluating areas of improvement

C. Vehicles

Every Vendor vehicle will be subject to an intense preventive maintenance schedule which includes routine safety checks, mandatory part replacement. No vehicle, including spares, should exceed 120K miles or four years of use.

3. SITE, SUPPLIES AND EQUIPMENT

The Vendor shall be responsible for acquiring or arranging a suitable site and physical facility for conducting activities and delivering services pursuant to the satisfactory performance of this contract. The Vendor shall be responsible for acquiring all supply items and equipment necessary for the satisfactory performance of this contract. The Vendor shall, at the option of the City, repair, replace or reimburse the City, in an amount equivalent to the cost of repair or replacement, for any fire Department equipment not returned to the City of Somerville, which has been utilized in the performance of rendering emergency care when such equipment is transported in the Vendor's ambulance and not returned within a twenty-four-hour period.

4. COMMUNITY TRAINING/MEDICAL PROGRAMS

The Vendor will offer continuing education/training to the City of Somerville municipal BLS/ALS agencies at no cost. Training/continuing education programs will be offered regularly through the service providers on-line Learning Management System (LMS) except where in person training is required. When in-person training is required, classes will be held at the service provider's training facilities. All in-person programs will be "open" to Police and Fire personnel, and will have space limitations. Those programs will include but are not limited to:

- a. Basic Cardiopulmonary Life Support Certification and Re-Certification
- b. EMD Certification and Re-Certification if available by the Vendor

Additionally, programs of any nature especially those related to continuing education for EMT and/or Paramedic certification, shall be provided by the Vendor at the Somerville Fire Department training facility utilizing the service providers LMS system. Some lengthy or specialty programs may require the city to pay a fee equal to the "cost" to provide such services.

The Vendor will assist with any training projects conducted by the Police and/or Fire Departments that fall within the scope of their expertise.

5. SPECIAL EVENTS

- a. A back-up ambulance will stand by at the location of special events on request of the City, including but not limited to scheduled organized youth sports events, and scheduled organized community, civic, or cultural events, or upon order of authorized City officials where a large gathering of citizens pose the possibility of medical emergencies. The dedicated ALS ambulance unit shall not be assigned to these events. The dedicated ALS ambulance unit may be dispatched to the special event to assist the back- up ambulance unit should a medical emergency require their assistance or for subsequent additional medical emergencies at the event.

6. MEDICAL WASTE

The private VENDOR shall be responsible for the removal of all medical waste prior to leaving the location of the activity. The Vendor will work with the city to develop a policy of when removal of medical wastes is accomplished by either the Somerville Fire Department or the Somerville Police Department for the private Vendor. The Vendor will remain responsible for the removal of said medical waste materials from a pre-designated storage location. The Vendor shall meet state and OSHA regulations.

7. HAZARDOUS MATERIALS

- a) The Vendor's personnel shall be trained and certified in compliance with all pertinent state and federal regulations to assure appropriate response and treatment of all individuals affected by or exposed to a "hazardous material" (as defined by state and federal law, and state and federal regulation). The City and Vendor shall develop appropriate measures to ensure the protection of the Vendor's personnel from exposure to hazardous materials when responding to hazardous materials incidents.
- b) The Vendor shall dispatch a BLS Unit to Level 1 incidents. The dedicated ALS Unit shall be dispatched to Level 2 incidents. The Vendor shall dispatch a back-up ambulance to be in service in the City for coverage within eight (8) minutes after the primary ambulance has been dispatched to the hazardous materials incident, though the City recognizes that consideration for weather and traffic conditions will on occasion make that impossible.

8. COMMUNICATION

The Vendor or shall operate on a state-of-the-art VHF 155-160 Motorola trunked radio system. All ambulances are to be equipped with a VHF 155-160 trunked radio and a VHF Motorola radio for back-up. Advanced Life Support vehicles shall maintain UHF radios capable of two-way communications with the Central Medical Emergency Dispatch (CMED) and cellular phones. Every ambulance crew shall be issued a hand-held 900 MHZ radio.

The Vendor agrees to install and maintain, at their expense, direct and dedicated phone lines between the Somerville Police and Fire Departments and the Vendor's Dispatch Center. In the event of an MCI, the Vendor will furnish the Fire Department with at least one portable radio for direct communications with the Vendor's Dispatch center. The Vendor will assimilate to any E911 System the city elects to operate on.

8.a:

The Vendor shall immediately notify the Somerville Fire Alarm Office anytime that they receive a call for emergency medical service from any source other than the Somerville Fire Alarm Office anywhere within the geographical boundaries of the City of Somerville.

Cataldo Ambulance Service shall provide emergency ambulance response to all calls received by its Communications Center originating within the City of Somerville whether initiated by the City's Police or Fire Department or by a private caller.

Cataldo Ambulance Service agrees to provide emergency medical services to all parties regardless of the individual's ability to pay for these services.

8.b.:

The vendor (Cataldo) will cooperate with the City of Somerville to maintain radio inter- operability goals for Emergency Medical Services as required by the Metro Boston Homeland Security Region.

In the event of an emergency where the City of Somerville activates their Emergency Operations Center (EOC), the vendor will upon request, supply one staff person to man the EOC for the duration of the emergency or until the services of the vendor's representative is no longer needed.

9. RECORD KEEPING AND REVIEW

The Vendor agrees to maintain and make available for the review, operational records, including:

- A. Radio Transmissions
- B. Phone Logs
- C. Response Times

The Vendor shall provide to the City a Confidential Report (due to proprietary information), on a quarterly basis, detailing the following information:

- o Report 1:
 - How many calls have you responded to in the past quarter?
 - The number of calls responded to the number of calls transported.
 - The number of calls cancelled and reason.

o Report 2:

- How many calls have you responded to in the past quarter?
- What percentage were Medicare/Medicaid patients.
- What percentage were privately insured?
- What percentage were uninsured?
- What were the rates charged and the reimbursement rates?

The above reports will be sent to the following:

City of Somerville Fire Department Headquarters
Attention: Fire Chief
266 Broadway
Somerville, Massachusetts 02145

City of Somerville Police Department
Attention: Chief of Police
220 Washington Street
Somerville, Massachusetts 02143

10. BILLING / PRICING

The Vendor will maintain competitive pricing for all services rendered.

The Vendor reserves the right to bill all patients for services provided. The Vendor shall provide emergency medical care services to all parties regardless of the individual's ability to pay for these services. City Police and Fire personnel, who are injured while on duty, will not be billed for the initial transport.

11. INSURANCE

The Vendor will purchase and maintain the following insurance:

- A. Workmen Compensation Insurance with the statutory limits. Employers Liability Insurance with a minimum limit of \$100,000 per accident or disease.
- B. Commercial General Liability Insurance or Comprehensive General Liability insurance, including Blanket Contractual and Incidental Medical Malpractice, covering the full scope of this Contract with limits not less than \$ 1,000,000 per occurrence and \$1,000,000 aggregate for personal or bodily injuries and \$1,000,000 per occurrence and aggregate for property damage.
- C. Excess Liability coverage, in Umbrella form, in the amount of \$3,000,000 per occurrence. A combined single limit per occurrence of \$3,500,000 is realized.



Commonwealth of Massachusetts

CONTRACTOR AUTHORIZED SIGNATORY LISTING

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

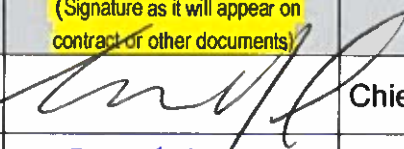
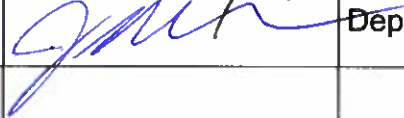
Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name City of Somerville	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number) VC 6000192138
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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.)

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.

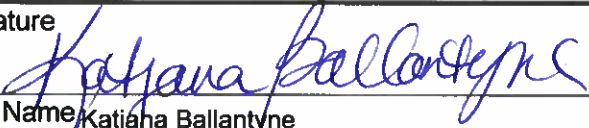
There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Shumeane Benford		Chief of Police	617-625-1600	sbenford@police.somerville.ma.us
James Donovan		Deputy Chief	617-625-1600	jdonovan@police.somerville.ma.us

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.

I certify that I am a responsible authorized officer of 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 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.

Please note you cannot self-certify your own signature as a single signer listed above.

Signature 	Date 8-26-2025
Print Name Katjana Ballantyne	Phone Number 617-625-6600 ext. 2100
Title Mayor	Email Address mayor@somervillema.gov

A copy of this listing must be attached to the "record copy" of a contract filed with the department.