

METROPOLITAN MAYORS COALITION

SENATOR CHARLES E. SHANNON, JR. COMMUNITY SAFETY INITIATIVE

2024 Metro Mayors CSI Shannon Grant Award Terms & Conditions

Memorandum of Understanding

On behalf of Somerville (city/town/organization), I have received, read, and agree to the terms and conditions outlined in the following documents related to my municipality/organization's 2024 Metro Mayors CSI (Community Safety Initiative) Shannon Grant Award:

- Commonwealth of Massachusetts – Standard Contract Form (Attachment 1)
- Executive Office of Public Safety and Security (EOPSS) - Office of Grants and Research General Subrecipient Grant Conditions (Attachment 2)
- Availability of Grant Funds for the 2024 Senator Charles E. Shannon Jr. Community Safety Initiative (Attachment 3)

I also acknowledge and agree to the following provisions:

- 1) Each partner of the Metro Mayors CSI must designate a contact person. This person must attend the Initiative's monthly collaboration meetings.
- 2) Each partner must complete all reports required by EOPSS and meet all deadlines set by MAPC for these reports. This includes, but is not limited to:
 - a. Quarterly Financial Reports
 - b. Biannual Programmatic Reports
- 3) Police departments receiving Shannon CSI funding must:
 - a. Participate and submit case-specific information on officer administration of Narcan/Naloxone using a reporting tool as determined by EOPSS.
 - b. Contribute daily crime data to the Commonwealth of Massachusetts Fusion Center's Coplink.
 - c. Report their crime data on a monthly basis (at a minimum) to the Crime Reporting Unit of the Massachusetts State Police. Departments with a record management system that is capable of generating National Incident Based Reporting System (NIBRS) data must submit crime data to the Crime Reporting Unit only in this format.

*In addition, departments that maintain a juvenile lockup must submit monthly juvenile lockup data to the Department of Criminal Justice Information Services via CJIS/LEAPS.
- 4) Each partner must ensure that all reimbursement requests submitted to MAPC are for approved expenses as detailed in their Award Letter or any subsequent EOPSS/MAPC approved budgets for their city/town/organization. All requests must be accompanied by appropriate backup documentation including detailed payroll documentation, invoices, proof of payment and/or receipts. All purchases made with Shannon CSI funding must be made in accordance with State



procurement law (M.G.L. Ch. 30B) and supporting documentation demonstrating compliance must be made available to MAPC upon request.

- a. At a minimum, requests for reimbursement of approved expenses must be submitted to MAPC on a quarterly basis, subject to EOPSS' quarterly report deadlines. However, MAPC will also accept reimbursement requests on a monthly basis. In order to be eligible for reimbursement, approved expenses must take place within the following timeframe: January 30th, 2024, and November 30th, 2024. If you intend to spend funds after November 30th, 2024, please submit a request via email prior to this date for review. Approvals will be made on a case-by-case basis.
- 5) Funds for projects and services provided through the Shannon CSI must supplement, not supplant, other state or local funding sources.
 - a. Supplanting is defined as a reduction of local funds for an activity specifically because State funds are available (or expected to be available) to fund that same activity.
- 6) Each partner who wishes to amend their approved 2024 budget must complete and submit a budget revision request in writing to the Shannon CSI Program Director before November 1, 2024. The Shannon CSI Program Director will then review the submission and submit the request to the EOPSS.
- 7) Partners must cooperate with the implementation of the individual risk assessment tool and comply to the greatest extent possible with additional requests from the Local Action Research Partner (LARP).

Signatures

For the HIGHEST RANKING OFFICIAL

X Charles Femino

Date: 2/16/2024

Name: CHARLES FEMINO

Title: Chief of Police

For the DESIGNATED CONTACT PERSON

X [Signature]

Date: 2/18/24

Name: DANIEL REGO

Title: DETECTIVE SERGEANT

For the Metropolitan Area Planning Council

X _____

Date: _____

Name: _____

Title: _____