



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](http://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 **FY 2026 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 **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](http://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](mailto: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: FY 2026 Support and Incentive 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](http://macomptroller.org/forms) or [mass.gov/lists/osd-forms](http://mass.gov/lists/osd-forms).

<b>CONTRACTOR INFORMATION</b>			<b>COMMONWEALTH INFORMATION</b>		
Contractor Legal Name <b>City of Somerville</b>		d/b/a <b>Somerville Police Dept.</b>	Department <b>State 911 Department</b>		MMARS Code <b>EPS</b>
Legal Address As entered on Form W-9 or Form W-4 <b>93 Highland Avenue, Somerville, MA 02143</b>			Contract Manager Name <b>Cindy Reynolds</b>		Business Mailing Address <b>151 Campanelli Dr. Suite A, Middleborough, MA 02346</b>
Contract Manager Name <b>Emily Wisdom</b>			Billing Address If Different		
Phone <b>617-625-1600</b>	Email <b>ewisdom@police.somerville.ma.us</b>	Fax <b>617-628-4936</b>	Phone <b>508-821-7299</b>	Email <b>911DeptGrants@mass.gov</b>	Fax <b>508-947-1452</b>
Vendor Code <b>VC 0000192138</b>			MMARS Doc ID(s) <b>CT EPS SUPG</b>		
Vendor Code Address ID <b>AD 001</b> e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number <b>FY2026 SUPG</b>		
<input checked="" type="radio"/> <b>NEW CONTRACT</b>			<input type="radio"/> <b>CONTRACT AMENDMENT</b>		
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 type="radio"/> Department Procurement - Includes all Grants <b>815 CMR 2.00</b> . (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.)			Current Contract End Date <b>PRIOR to Amendment</b> 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.)		
<b>TERMS AND CONDITIONS</b>					
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"/> <a href="#">Commonwealth Terms and Conditions</a> <input type="radio"/> <a href="#">Commonwealth Terms and Conditions for Human and Social Services</a> <input type="radio"/> <a href="#">Commonwealth IT Terms and Conditions</a>					
<b>COMPENSATION (Check ONE option.)</b>					
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 <b>815 CMR 9.00</b> . <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): <b>\$295,463.00</b>					
<b>PROMPT PAYMENT DISCOUNTS (PPD)</b>					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See <a href="#">Prompt Pay Discounts Policy</a> .					
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					
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT</b>					
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. <b>Contract is for the reimbursement of funds under the State 911 Department FY 2026 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.</b>					
<b>SUPPLIER DIVERSITY PROGRAM (SDP) PLAN</b>					
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					
<b>ANTICIPATED START DATE (Complete ONE option only.)</b>					
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 <b>20</b> , 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 <b>20</b> , 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.					
<b>CONTRACT END DATE</b>					
Contract performance shall terminate as of <b>June 30, 2026</b> , 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.					
<b>CERTIFICATIONS</b>					
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 <b>801 CMR 21.07</b> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.					
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR</b> Signature and date must be captured at time of signature.			<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH</b> Signature and date must be captured at time of signature.		
Signature <i>Katiana Ballantyne</i>		Date <b>8/26/2025</b>	Signature <i>Frank Pozniak</i>		Date <b>9/2/25</b>
Print Name <b>Katiana Ballantyne</b>		Print Title <b>Mayor</b>	Print Name <b>Frank Pozniak</b>		Print Title <b>Executive Director</b>

ALL CTS

**(List Certified Enhanced 911 Telecommunicators)**

**{List ALL in Alphabetical Order by LAST Name - Not by Rank or Seniority}**

\*Please use additional pages if needed.



## FY 2026 SUPPORT AND INCENTIVE GRANT

**RECEIVED**

AUG 28 2025

Type of PSAP: (please check one)

- ☒ Primary   ☐ Regional   ☐ Regional Secondary  
☐ Regional Emergency Communication Center

Name of Eligible Entity (PSAP/RECC)

Somerville Police Department

State 911 Department  
Middleborough, MA

Address

220 Washington Street

City/Town/Zip

Somerville, MA 02143

Telephone Number

617-625-1600

Fax Number

617-628-4936

Website

www.somervillepd.com

Name & Title of Authorized Signatory

Shumeane Benford, Chief of Police

Telephone Number

617-625-1600 ext. 7450

Email Address

sbenford@police.somerville.ma.us

Name & Title of Grant Contract Manager

Emily Wisdom, SPD Director of Finance & Admin.

Telephone Number

617-625-1600 ext. 7239

Email Address

ewisdom@police.somerville.ma.us

Total Grant Program funds requested:

\$ 295,463.00

### 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 Authorization and Certification above and 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 SUPPORT AND INCENTIVE GRANT

## BUDGET SUMMARY

Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECCs	
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	\$
<b>REGIONAL PSAPs and RECCs ONLY</b>	\$
H. Public Safety Radio Systems	\$
<b>REGIONAL SECONDARY PSAP ONLY</b>	\$
I. PSAP Customer Premises Equipment Maintenance	\$
<b>SUB-TOTAL/FY26 ALLOCATION</b>	<b>\$ 295,463.00</b>

<b>APPENDIX B: Mobile Behavioral Health Crisis Response Services</b> <b>REVIEW FOR ELIGIBILITY &amp; ENTER AMOUNT HERE</b>	\$
--	----

<b>REGIONAL PSAPs and RECCs ONLY</b>	
<b>APPENDIX C: Up to 60% of one (1) Annual Maintenance Contract (not to exceed \$314,000)</b>	\$

<b>GRAND TOTAL*</b>	<b>\$ 295,463.00</b>
---------------------	----------------------

\*Grand Total = Total allocation and, if requesting, Mobile Behavioral Health Crisis Response Services and Annual Maintenance Contract amounts

# FY 2026 SUPPORT AND INCENTIVE GRANT

## DETAIL NARRATIVE

Please make sure that every item listed in the above Budget Summary 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 2026 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 – Personnel Costs Form

Total Category A    \$    295,463.00

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

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

**Description:**

**Vendor:**

☐ Attach Quote and mark with letter B

Total Category B    \$

RANDOLPH POLICE DEPARTMENT	YES	YES
RAYNHAM POLICE DEPARTMENT	YES	YES
READING POLICE DEPARTMENT	YES	YES
REGIONAL OLD COLONY COMMUNICATIONS CENTER	YES	NO
REHOBOTH POLICE DEPARTMENT	PRELIM	YES
ROCKPORT POLICE DEPARTMENT	YES	YES
RUTLAND REGIONAL EMERGENCY COMMUNICATION CENTER	NO	NO
SALEM POLICE DEPARTMENT	YES	YES
SALISBURY POLICE DEPARTMENT	YES	YES
SANDWICH POLICE DEPARTMENT	YES	YES
SAUGUS POLICE DEPARTMENT	YES	YES
SCITUATE POLICE DEPARTMENT	YES	YES
SEEKONK POLICE DEPARTMENT	NO	YES
SHARON POLICE DEPARTMENT	YES	YES
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	YES	YES
SOUTH WORCESTER COUNTY COMMUNICATIONS CENTER	YES	YES
SOUTHBOROUGH POLICE DEPARTMENT	YES	YES
SOUTHBRIDGE POLICE DEPARTMENT	YES	YES
SOUTHEASTERN MASSACHUSETTS REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
SPENCER POLICE DEPARTMENT	YES	YES
SPRINGFIELD POLICE DEPARTMENT	YES	YES
STERLING COMMUNICATIONS	YES	YES
STONEHAM POLICE DEPARTMENT	YES	PRELIM
STOW POLICE DEPARTMENT	NO	YES
STURBRIDGE POLICE DEPARTMENT	YES	YES
SUTTON POLICE DEPARTMENT	YES	YES
SWANSEA POLICE DEPARTMENT	YES	YES
TAUNTON FIRE DEPARTMENT	YES	YES
TEMPLETON POLICE DEPARTMENT	YES	YES
TRURO POLICE DEPARTMENT	YES	YES
TYNGSBOROUGH POLICE DEPARTMENT	YES	YES
UPTON POLICE DEPARTMENT	YES	YES
UXBRIDGE POLICE DEPARTMENT	YES	YES
WACHUSETT REGIONAL EMERGENCY COMMUNICATIONS CENTER	NO	NO
WAKEFIELD POLICE DEPARTMENT	YES	YES
WALPOLE POLICE DEPARTMENT	YES	YES
WALTHAM COMMUNICATIONS	YES	YES
WAREHAM POLICE DEPARTMENT	YES	YES
WATERTOWN POLICE DEPARTMENT	YES	YES
WAYLAND POLICE DEPARTMENT	YES	YES
WELLESLEY POLICE DEPARTMENT	YES	YES
WEST BRIDGEWATER POLICE DEPARTMENT	YES	YES
WEST NEWBURY POLICE DEPARTMENT	YES	YES
WEST SPRINGFIELD POLICE DEPARTMENT	YES	YES
WESTBOROUGH PUBLIC SAFETY DISPATCH CENTER	YES	YES
WESTCOMM REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	NO
WESTFIELD REGIONAL PUBLIC SAFETY COMMUNICATIONS	YES	YES
WESTFORD POLICE DEPARTMENT	YES	YES
WESTMINSTER POLICE DEPARTMENT	YES	YES
WESTON POLICE DEPARTMENT	YES	YES
WESTPORT POLICE DEPARTMENT	YES	YES
WESTWOOD POLICE DEPARTMENT	YES	YES
WEYMOUTH POLICE DEPARTMENT	YES	YES
WILBRAHAM REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
WILLIAMSTOWN POLICE DEPARTMENT	YES	YES
WILMINGTON POLICE DEPARTMENT	YES	NO
WINCHENDON POLICE DEPARTMENT	YES	YES
WINCHESTER POLICE DEPARTMENT	YES	NO
WOBBURN POLICE DEPARTMENT	YES	YES
WORCESTER REGIONAL EMERGENCY COMMUNICATIONS CENTER	NO	YES
YARMOUTH POLICE DEPARTMENT	YES	YES





# 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.

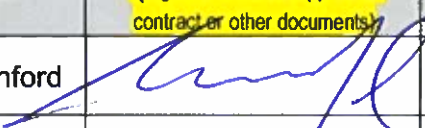

### Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

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

**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.