



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

November 15, 2023

Acting Chief Charles Femino
Somerville Police Department
220 Washington Street
Somerville, MA 02145

Dear Chief Femino:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY2024 State 911 Department Training Grant Program**.

For your files, attached please find a copy of the executed contract and the final approved Personnel Cost Worksheet for your grant. Please note your contract start date is **November 15, 2023** and will run through June 30, 2024. 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, 2024.

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, add personnel, or to request approval for trainings, 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, 2024.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2024 Training Grant File

FY 2024 TRAINING 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.ma.comptroller.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: Jeff DiGregorio	Phone: 617-625-1600	Billing Address (if different):	
E-Mail: jdgregorio@police.somerville.ma.us	Fax: 617-628-4936	Contract Manager: Cindy Reynolds	Phone: 508-821-7299
Contractor Vendor Code: VC6000192138		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 GRNT	
		RFR/Procurement or Other ID Number: FY24 GRNT	

X NEW CONTRACT	— CONTRACT AMENDMENT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20__.
<input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department)	Enter Amendment Amount: \$ _____ (or "no change")
<input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget)	AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)
<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"/> Amendment to Date, Scope or Budget (Attach updated scope and budget)
<input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget)	<input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget)
<input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget)	<input type="checkbox"/> Contract Employee (Attach any updates to scope or budget)
<input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and 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): [Commonwealth Terms and Conditions](#) [Commonwealth Terms and Conditions For Human and Social Services](#) [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](#).
 Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
 Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ 120,420.65

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle ___ statutory/legal or Ready Payments ([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 2024 Training 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:
 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
 2. may be incurred as of _____, 20__, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
 3. were incurred as of _____, 20__, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of June 30, 2024, 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: <input checked="" type="checkbox"/> <u>Katiana Ballantyne</u> Date: <u>11-9-2023</u> (Signature and Date Must Be Captured at Time of Signature) Print Name: <u>Katiana Ballantyne</u> Print Title: <u>Mayor</u>	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: <input checked="" type="checkbox"/> <u>Frank Pozniak</u> Date: <u>11/15/23</u> (Signature and Date Must Be Captured at Time of Signature) Print Name: <u>Frank Pozniak</u> Print Title: <u>Executive Director</u>
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FY 2024 Training Grant Personnel Costs Worksheet
CERTIFIED PERSONNEL

All cert's
 (JOK)

PSAP Name: Somerville Police Department

{List Personnel in Alphabetical Order by Last Name}

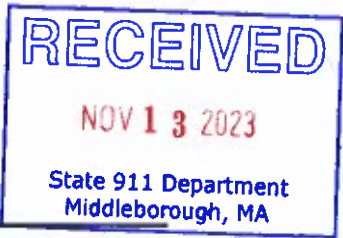
LAST NAME	FIRST NAME	OT Rate	Con Ed.	Travel	Total Hrs	Total Salary	Enter the Vendor Fees for 16 Hours of Training
Cornelio	Christne	\$ 50.82	16		16	\$ 813.10	\$ 271.93
DeFranzo	Robyn	\$ 50.82	16		16	\$ 813.10	\$ 271.93
DeSousa	Susan	\$ 50.07	16		16	\$ 801.08	\$ 271.93
Hartsgrove	Cara	\$ 47.88	16		16	\$ 766.09	\$ 271.93
Hickey	John	\$ 47.88	16		16	\$ 766.09	\$ 271.93
Kiely	Julie	\$ 50.82	16		16	\$ 813.10	\$ 271.93
Lennon	Scott	\$ 50.07	16		16	\$ 801.08	\$ 271.93
Mahoney	Jeanne	\$ 50.07	16		16	\$ 801.08	\$ 271.93
McKenna	Joan	\$ 50.82	16		16	\$ 813.10	\$ 271.93
Medeiros	Theresa	\$ 50.82	16		16	\$ 813.10	\$ 271.93
Mobilis-Dowling	Janeen	\$ 47.88	16		16	\$ 766.09	\$ 271.93
Rivera	Betsy	\$ 47.88	16		16	\$ 766.09	\$ 271.93
Vallery	Kristine	\$ 50.07	16		16	\$ 801.08	\$ 271.93
		\$ -	16		16	\$ -	\$ -
Beckford	Paul	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Berrouet	Wolff	\$ 86.79	16		16	\$ 1,388.63	\$ 271.93
Brioso	Douglas	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Brown	Michael	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Buswell	Justin	\$ 61.84	16		16	\$ 989.46	\$ 271.93
Canty	Patrick	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Capasso	Michael	\$ 97.90	16		16	\$ 1,566.37	\$ 271.93
Cataao	Ashley	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
Cicerone	Fernando	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
		\$ -			0	\$ -	\$ -
DaCosta	Edna	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
DeOliveira	Diogo	\$ 110.98	16		16	\$ 1,775.64	\$ 271.93
DiFava	Marc	\$ 83.32	16		16	\$ 1,333.08	\$ 271.93
Dottin	Derrick	\$ 61.84	16		16	\$ 989.46	\$ 271.93
Ducasse-Ayala	Juan	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Duval	Marika	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Faria	Michael	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Fusco	Christopher	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Gobiel	John	\$ 86.79	16		16	\$ 1,388.63	\$ 271.93
Hartsgrove	Robert	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Holland	Michael	\$ 97.90	16		16	\$ 1,566.37	\$ 271.93
Howe	John	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Kim	Eli	\$ 86.79	16		16	\$ 1,388.63	\$ 271.93
Lavey, III	Richard	\$ 47.16	16		16	\$ 754.60	\$ 271.93
Legros	Guerdy	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
Lorenti	Alexander	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93

RECERTIFICATION FEES WITH NO TRAINING HOURS:

EX: APCO EMD Recert fee	2 @ \$30	DO NOT WRITE ON GRAY LINES	\$ 60.00
		DO NOT WRITE IN THIS SPACE	

DO NOT ADD LINES TO THIS WORKSHEET. AS THE FORMULAS MAY CHANGE, CONTINUE ON THE NEXT WORKSHEET BELOW					TOTALS	\$ 39,126.59	\$ 10,333.34
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511



FY 2024 TRAINING GRANT

1. **Name of Eligible Entity / PSAP / RECC** Somerville Police Department
 Address 220 Washington Street
 City/Town/Zip Somerville, MA 02143
 Telephone Number 617-625-1600
 Fax Number 617-628-4936
 Website www.somervillepd.com

2. **Name & Title of Authorized Signatory** Charles Femino, Acting Chief of Police
 Telephone Number 617-625-1600 ext. 7450
 Email Address cfemino@police.somerville.ma.us

3. **Name & Title Grant Contract Manager** Jeff DiGregorio
 Telephone Number 617-625-1600 ext. 7207
 Email Address jdigregorio@police.somerville.ma.us

4. **Total Grant Program Funds Requested** \$120,480.65 *(initials)*
\$123,866.64

5. Applicant meets the EMD requirements established by the State 911 Department by:

- a) **Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):**
- APCO PowerPhone Priority Dispatch
- OR
- b) **Utilizing the following Certified EMD Resource:** Cataldo Ambulance Service
CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):
- APCO PowerPhone Priority Dispatch

6. *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 20th day of October, 2023.

Charles Femino
 ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

**FY 2024 TRAINING GRANT
BUDGET NARRATIVE**

A. Fees – Fees associated with attendance at approved live or online 911 training courses, including certifications/recertifications for certified Telecommunicators to include 16 hours of continued education or for those working toward certification, membership fees, and/or conference registration fees. **Add the total *Vendor Fees* column(s) from the *Personnel Costs Worksheet(s)* with the Membership & Conference Fees below to get the Total.**

For Membership fees, list the name and amount for each below.

Membership Fees:

For Conference fees, list the name of the conference, number attending and the amount for each conference below.

Conference Fees:

Total Category A **\$ 16,315.80**

B. Personnel Costs – Straight time or overtime expenses for participants or replacement/backfill (who are certified telecommunicators), to cover participant class hours but not both to meet the minimum training and certification requirements for enhanced 911 telecommunicators and minimum training requirements governing emergency medical dispatch established by the State 911 Department; for administrator backroom training; for other authorized training; and straight time or overtime expenses for attendance at the State 911 Department Dispatch Academy. **Add the total *Salary* column(s) from the *Personnel Costs Worksheet(s)* to get the Total.**

Total Category B **\$ 104,104.85**

Completed / Attached the *Personnel Costs Worksheet(s)* {{REQUIRED}}

C. Training Materials and Other Products – Funding may be authorized for the purchase, installation, replacement, maintenance, and /or upgrade of software and other products related to the certification and training of enhanced 911 telecommunicators, including but not limited to, call handling guide cards, call handling software, skill and ability testing software, and additional related training materials such as books and manuals. In addition, funding not to exceed \$2,500 may be authorized for the purchase of skill and ability software/programs/subscriptions utilized by a PSAP to enhance the skill set of its certified telecommunicators.

Description:

Attach quote for this category

Total Category C

D. Lodging – Funding for lodging expenses may be authorized for participation in training courses that are scheduled for two (2) or more consecutive days **and** the distance of which is equal to or greater than ninety (90) miles away from where travel originates. Lodging expenses may only be authorized for nights of stay that occur between consecutive training course days, except with the prior WRITTEN approval of the State 911 Department *prior to travel* where (1) travel originates from the Islands of Martha’s Vineyard and/or Nantucket; or (2) in cases of extreme hardship; or (3) unless otherwise approved by the State 911 Department in its sole discretion. Travel distance for lodging will be calculated using the place of employment as the origination point and will be verified utilizing a recognized mileage guide such as MapQuest. **NOTE: Lodging for conferences is not eligible under the grant.**

Description:

Total Category D

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

Contractor Legal Name: **City of Somerville**
Contractor Vendor/Customer Code: **VC6000192138**

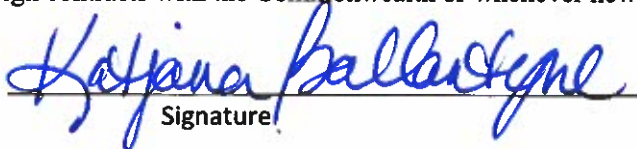
INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Katjana Ballantyne	Mayor
Charles Femino	Acting Chief of Police
James Stanford	Deputy Chief
Christopher Ward	Deputy Chief

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.


Signature

Date: 11-1-2023

Name & Title: Katjana Ballantyne, Mayor

Telephone: 617-625-6600 ext. 2100

Fax: 617-625-3434

Email: mayor@somervillema.gov

[Listing cannot be accepted without all of this information completed]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: **City of Somerville**
Contractor Vendor/Customer Code: **VC6000192138**

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Katjana Ballantyne

Title: Mayor

X Katjana Ballantyne

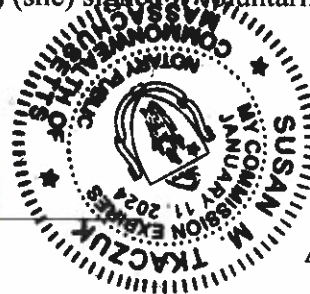
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 1st day of November, 2023 before me, the undersigned notary public, personally appeared Katjana Ballantyne (name of document signer), proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Susan M. Tkaczuk
Notary Public Signature

My MA Commission expires on: 1/11/2024



AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Charles Femino

Title: Acting Chief of Police

X Charles Femino

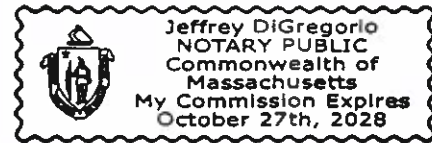
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 24 day of October, 2023 before me, the undersigned notary public, personally appeared Charles Femino (name of document signer), proved to me through satisfactory evidence of identification, which was Party known to me, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

[Signature]
Notary Public Signature

My MA Commission expires on: 10/27/2028



AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): James Stanford


Title: Deputy Chief

X 

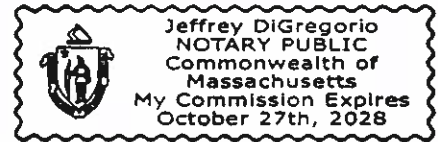
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 24 day of October, 2023 before me, the undersigned notary public, personally appeared James Stanford (name of document signer), proved to me through satisfactory evidence of identification, which was Party known to me, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.


Notary Public Signature

My MA Commission expires on: 10-27-2028



AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

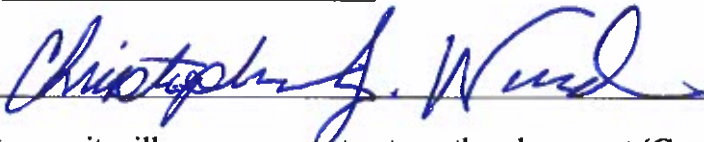
PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Christopher Ward

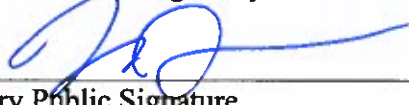
Title: Deputy Chief

X 

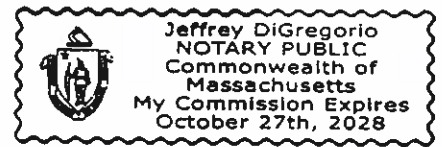
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 24 day of October, 2023 before me, the undersigned notary public, personally appeared Christopher Ward (name of document signer), proved to me through satisfactory evidence of identification, which was Party known to me, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.


Notary Public Signature

My MA Commission expires on: 10-27-2028



AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL