



PROJECT NAME: Blessing of the Bay Park Revitalization Phase 2

City of Somerville, a municipal corporation organized and existing under the laws of the Commonwealth of Massachusetts, with an address of 93 Highland Avenue, Somerville, Massachusetts, acting by and through its Purchasing Department ("City") the Vendor, defined as follows, ("Vendor"):

CONTRACT NUMBER: 180339 dated 5/15/2018

WHEREAS, The City has entered into the grant agreement numbered and dated above hereafter "the Grant Agreement" to obtain the following:

Blessing of the Bay Park Revitalization Phase 2

WHEREAS, The Chief Procurement Officer has determined that an amendment is necessary to fulfill the actual needs of the City, and is more economical and practical than awarding another grant agreement.

This Amendment is made the 5th day of October, 2021 by and between the City of Somerville ("City") and Mystic River Watershed Association (the "Grantee").

Grantee Name: Mystic River Watershed Association

Grantee Address: 20 Academy St. Suite 306 Arlington, MA 02476

Grantee Contact Name, Email, & Tel./Fax #: Michelle Liebetreu, michelle.liebetreu@mysticriver.org, 781-316-3438

Grant Amount: \$ 155,339.00

Purchase Order #: 20233585

Grant Term: 5/15/2018 through 5/14/2023

Term: The term of this Grant Agreement shall commence on 5/15/2018 and shall end on 5/14/2023 ("Term"). The Grantee shall complete the Project prior to the end of the Grant Agreement term (the "Completion Date"), unless the City grants an extension for good cause shown.

Procurement Type: Grant Agreement per MGL c. 30B:2

Contracting Department: OSPCD Project Manager: Roberta Cameron

NOW THEREFORE, the City and the Grantee in consideration of mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, agree as follows, to amend as follows:

1.1) The parties agree to amend the end of the Grant Term (and Completion Date) to the following: 5/14/2023

1.2) The parties agree to amend the scope as follows: Design and install meadow at Blessing of the Bay park, per Appendix A.

2.) Insurance. Concurrent with the execution of this Amendment, the Grantee shall deposit with the City new policies or certificates of insurance, in form and substance satisfactory to the City, for any additional insurance coverage required by this Amendment or existing insurance coverage about to expire.

3.) Continuing Representations. Execution of this Amendment by the Grantee shall constitute an affirmation that the certifications, representations, and warranties contained in the Grant Agreement remain true and correct.

4.) No Default. Execution of this Amendment by the Grantee shall constitute and affirm that the Grantee is not in default of any certification, representation, warranty, covenant or other provision contained in the Grant Agreement and no event has occurred which, but for the lapse of time or service of notice, or both, would constitute a default thereunder.

Grantee Certifications: Under the pains and penalties of perjury, the Grantee agrees to perform this Grant Agreement and provide the Goods and/or Services in accordance with the City of Somerville's Standard Contract General Conditions as set forth attached to original grant agreement (first noted above) made part hereof. Grantee 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 Grantee 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 Grantee, the Grantee is responsible for penalties.

The Grantee certifies that its Federal tax identification number as reported to the IRS is: 23-7221094

This Grant Agreement has been duly executed and delivered on behalf of the Grantee by its: Officer (President, Vice President, Treasurer, Secretary) General Partner, Trustee, 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.

In all other respects Grant Agreement 180339 is ratified and confirmed, including the changes.


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Appendix B: Forms (Check if Applicable; If Unchecked, Not Applicable)

- Certificate of Authority**
- Evidence of Insurance**
- Certificate of Good Standing**

IN WITNESS WHEREOF, the City and the Grantee have executed this Grant Agreement Amendment as a sealed instrument on
 this, the _____ day of _____





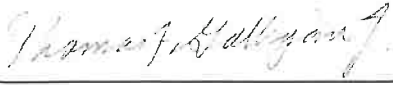
GRANTEE

X  Grantee Signature (Duly Authorized):	Date Signed: July 6, 2022 Print Title: Executive Director Print Name: Patrick M Herron
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CITY

City Auditor's Encumbrance Statement

I hereby certify that the total contract amount is \$155,339 and that an unencumbered balance of \$85,436 is available for the current fiscal year of this contract. I further certify that a sum of \$85,436 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 grant agreement.

X  Edward Bean, City Auditor <i>Colleen Tam Deputy</i>	X  Katjana Ballantyne, Mayor
X  Angela M. Allen, Purchasing Director	X  Approved as to form: David Shapiro, City Solicitor
X  Tom Galligani, Executive Director OSPCD	

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Appendix A
Amendment Documentation
(If Applicable)



JOSEPH A. CURTATONE
MAYOR

**CITY OF SOMERVILLE, MASSACHUSETTS
COMMUNITY PRESERVATION COMMITTEE**



**COMMUNITY PRESERVATION COMMITTEE RECOMMENDATION FOR CONTRACT AMENDMENT
BLESSING OF THE BAY PARK REVITALIZATION PHASE 2, MYSTIC RIVER WATERSHED ASSOCIATION
AND MASS. DEPARTMENT OF CONSERVATION AND RECREATION (FY18 GRANT)**

PROJECT DESCRIPTION

This project will design and install improvements as part of the Blessing of the Bay Park revitalization, building off schematic designs and community engagement from Phase 1, which was partially funded by the CPA.

ELIGIBILITY

Open space/recreation land: This project will rehabilitate and restore open space and outdoor recreation land.

RECOMMENDATION

On May 26, 2021, by a vote of 7-0, the Community Preservation Committee recommended changing the scope and extending the contract for the Mystic River Watershed Association, for the Blessing of the Bay Park Revitalization Phase 2's FY18 Community Preservation Act grant for an additional 12 months for the overall purposes summarized in this document.

Revised Project Budget

Expenses	Amount
Design Services	\$68,400
Meadow Installation and Establishment	\$62,600
Contingency	\$13,100
Community Engagement/Project Management	\$11,239
Total	\$155,339



KATJANA BALLANTYNE
MAYOR

CITY OF SOMERVILLE, MASSACHUSETTS COMMUNITY PRESERVATION COMMITTEE



COMMUNITY PRESERVATION COMMITTEE RECOMMENDATION FOR CONTRACT EXTENSION: *BLESSING OF THE BAY PARK REVITALIZATION PHASE 2, MYSTIC RIVER WATERSHED ASSOCIATION AND MASS. DEPARTMENT OF CONSERVATION AND RECREATION*

PROJECT DESCRIPTION

This project implements improvements to the Blessing of the Bay Park. Awarded CPA funds in FY2018, the original contract was extended by one year in 2021, and the Mystic River Watershed Association requests extension again by an additional year due to a change in the planting schedule. See attached memorandum for further description.

RECOMMENDATION

On April 27, 2022, by a vote of 6-0, the Community Preservation Committee recommended extending the contract for the Mystic River Watershed Association, for the Blessing of the Bay Park Revitalization Phase 2's FY18 Community Preservation Act grant for an additional 12 months for the overall purposes summarized in this document.



CITY OF SOMERVILLE, MASSACHUSETTS
CITY COUNCIL

Docket # 212422

Mayor's Request
Contract

Regular Meeting, September 23, 2021
Item ID 24713

SUMMARY: Requesting approval to extend the Blessing of the Bay Park Revitalization Phase 2 contract with the Mystic River Watershed Association for an additional 12 months.

COMPLETE TEXT:

To the Honorable City Council:

I respectfully request that your Honorable City Council approve the Community Preservation Committee's recommendation to extend the contract (#180339) for the Blessing of the Bay Park Revitalization Phase 2 by the Mystic River Watershed Association for an additional 12 months.

My staff will be available to answer any questions you may have. Thank you for your consideration of this item.

Respectfully submitted,
Joseph A. Curtatone, Mayor

RESULT: APPROVED. [UNANIMOUS]

AYES: Mbah, Rossetti, Strezo, White Jr., McLaughlin, Scott, Ewen-Campen,
Clingan, Niedergang, Davis, Ballantyne

APPROVED. BY THE CITY COUNCIL OF THE CITY OF SOMERVILLE, MA, AT A
REGULAR MEETING ON THE 23rd DAY OF SEPTEMBER, 2021.

APPROVED BY THE MAYOR OF THE CITY OF SOMERVILLE, MA, ON THE 4th DAY
OF OCTOBER, 2021.

ATTEST:

Kimberly M. Wells, City Clerk



CITY OF SOMERVILLE, MASSACHUSETTS
CITY COUNCIL

Docket # 213752

Mayor's Request
Contract

Regular Meeting, May 26, 2022
Item ID 28728

SUMMARY: Requesting approval to extend the contract with the Mystic River Watershed Association for the Blessing of the Bay Park Revitalization Phase 2 for an additional 12 months.

COMPLETE TEXT:

To the Honorable City Council:

I respectfully request that your Honorable City Council approve the Community Preservation Committee's recommendation to extend the contract (#180339) for the Blessing of the Bay Park Revitalization Phase 2 by the Mystic River Watershed Association for an additional 12 months.

My staff will be available to answer any questions you may have. Thank you for your consideration of this item.

Respectfully submitted,
Katjana Ballantyne, Mayor

RESULT: APPROVED

APPROVED BY THE CITY COUNCIL OF THE CITY OF SOMERVILLE, MA, AT A
REGULAR MEETING ON THE 26th DAY OF MAY, 2022.

APPROVED BY THE MAYOR OF THE CITY OF SOMERVILLE, MA, ON THE 3rd DAY
OF JUNE, 2022.

ATTEST:

Kimberly M. Wells, City Clerk

Appendix B
Forms



**Certificate of Authority
(Corporations Only)**

Instructions: Complete this form and sign and date where indicated below.

1. I hereby certify that I, the undersigned, am the duly elected Clerk/Secretary of

Mystic River Watershed Association

(Insert Full Name of Corporation)

2. I hereby certify that the following individual **Patrick Herron**
(Insert the Name of Officer who Signed the Contract and Bonds)

is the duly elected **Executive Director** of said Corporation.
(Insert the Title of the Officer in Line 2)

3. I hereby certify that on **February 18, 2021**
(Insert Date: Must be on or before Date Officer Signed Contract/Bonds)

at a duly authorized meeting of the Board of Directors of said corporation, at which a quorum was present, it was voted that

Patrick Herron **Executive Director**
(Insert Name of Officer from Line 2) (Insert Title of Officer from Line 2)

of this corporation be and hereby is authorized to make, enter into, execute, and deliver contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

4. **ATTEST:**
Signature: Mark Jacobson
(Clerk or Secretary)

AFFIX CORPORATE SEAL HERE

Printed Name: Mark Jacobson

Printed Title: Secretary

Date: 7/6/2022

(Date Must Be on or after Date Officer Signed Contract/Bonds)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: July 21, 2022

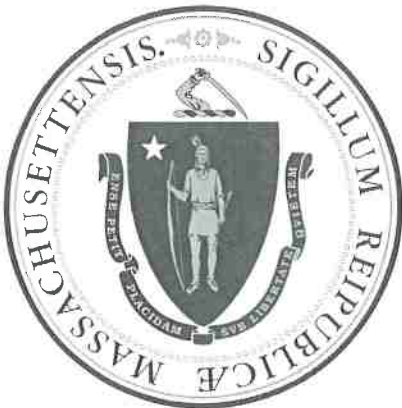
To Whom It May Concern :

I hereby certify that according to the records of this office,

MYSTIC RIVER WATERSHED ASSOCIATION, INC.

is a domestic corporation organized on **January 19, 1972**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

A handwritten signature in cursive script that reads "William Francis Galvin".

Secretary of the Commonwealth

Certificate Number: 22070441080

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: NMa

INSURANCE SPECIFICATIONS

INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....\$ One Million

Property Damage Liability.....\$ One Million

B. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN THE AMOUNT AS LISTED BELOW:

WORKER'S COMPENSATION.....\$ Statutory

EMPLOYERS' LIABILITY.....\$ Statutory

C. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....\$ STATUTORY

1. A contract will not be executed unless a certificate (s) of insurance evidencing above-described coverage is attached.
2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.
3. All applicable insurance policies shall read:
"CITY OF SOMERVILLE" as a certificate holder and as an additional insured for general liability only along with a description of operation in the space provided on the certificate.

Certificate Should Be Made Out To:

City Of Somerville
c/o Procurement & Contracting Services
93 Highland Avenue
Somerville, Ma. 02143

Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER F.M. Walley Insurance 475 High Street Dedham MA 02026		CONTACT NAME: Elizabeth Bortone PHONE (A/C, No, Ext): (781) 779-6631 E-MAIL ADDRESS: beth@candsins.com FAX (A/C, No): (781) 779-6631	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Great American Assurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Mystic River Watershed Association 20 Academy Street, Ste 306 Arlington MA 02476		NAIC #	

COVERAGES

CERTIFICATE NUMBER: 2022

REVISION NUMBER:

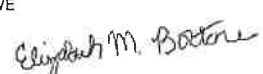
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC 0992226-08	07/10/2022	07/10/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse or Molestation \$ 100,000/\$300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PAC 0992226-08	07/10/2022	07/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB0992227-08	07/10/2022	07/10/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Somerville is Additional Insured as respects General Liability - Blanket Additional insured form CG8970 (11/14) applies.

CERTIFICATE HOLDER**CANCELLATION**

City of Somerville c/o Purchasing Department 93 Highland Ave. Somerville MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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