

# METROPOLITAN MAYORS COALITION

## SENATOR CHARLES E. SHANNON, JR. COMMUNITY SAFETY INITIATIVE

February 4, 2026

Somerville Police Department  
Attn: Dorothy Cassesso  
220 Washington Street  
Somerville, MA 02143

### 2026 Senator Charles E. Shannon, Jr. Community Safety Initiative Award Letter

The Metro Mayors Community Safety Initiative (CSI) has received a \$587,258.05 Shannon Grant award from the Massachusetts Executive Office of Public Safety and Security (EOPSS).

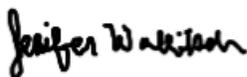
The **Somerville Police Department** has been awarded **\$22,800.08** with a match requirement of **\$5,720.02**. Enclosed, please find a detailed budget breakdown of approved expenses. In order to be eligible for reimbursement, approved expenses must take place within the following timeframe: February 2, 2026, and November 30<sup>th</sup>, 2026. If you intend to spend funds after November 30<sup>th</sup>, 2026, please submit a request via email prior to November 1<sup>st</sup>, 2026 for review. Approvals will be made on a case-by-case basis. All partners are strongly encouraged to expend funds in a timely manner to limit the possibility of unanticipated unspent grant funds.

Shannon Grant funds must be used in a manner consistent with the strategies and objectives outlined in the 2026 Metro Mayors CSI Shannon Grant application. If you would like to modify your plan for Shannon-funded programming, please contact me at [jwallitsch@mapc.org](mailto:jwallitsch@mapc.org) as soon as possible. As fiduciary, the Metropolitan Area Planning Council (MAPC) reserves the right to reject any reimbursement request that does not comply with the grant requirements and/or guidelines.

Attached you will find a document containing a copy of the Commonwealth of Massachusetts Standard Contract Form, EOPSS Office of Grants and Research General Subrecipient Grant Conditions, and the Availability of Grant Funds for the 2026 Senator Charles E. Shannon, Jr. Community Safety Initiative. Following your review of these documents, **please sign and return the 2026 Metro Mayors CSI Shannon Grant Conditions Acknowledgement Form.** This form shall be signed by the highest-ranking official in your department or organization, as well as your designated contact person, and returned to me via email at [jwallitsch@mapc.org](mailto:jwallitsch@mapc.org) no later than **February 13, 2026.**

Thank you all for your work on the 2026 application and your continued efforts within the Metro Mayors communities. I look forward to another year of successful collaboration between the Metro Mayors CSI and our prevention and law enforcement partners. Please do not hesitate to contact me with any questions or concerns.

Regards,



Jenifer Wallitsch  
Metro Mayors Shannon Grant CSI Program Manager

# **METROPOLITAN MAYORS COALITION**

**SENATOR CHARLES E. SHANNON, JR. COMMUNITY SAFETY INITIATIVE**

OT for Hot Spot Patrols, Youth Police Academy, and Basketball Games

# METROPOLITAN MAYORS COALITION

## SENATOR CHARLES E. SHANNON, JR. COMMUNITY SAFETY INITIATIVE

### 2026 Metro Mayors CSI Shannon Grant Award Terms & Conditions

#### Memorandum of Understanding

On behalf of Somerville Police Department (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 2026 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 2026 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 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. In order to be eligible for reimbursement, approved expenses must take place within the following timeframe: February 2, 2026, and November 30<sup>th</sup>, 2026. If you intend to spend funds after November 30<sup>th</sup>, 2026, 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 2026 budget must complete and submit a budget revision request in writing to the Shannon CSI Program Manager before **November 1, 2026**. The Shannon CSI Program Manager 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).



## 2026 Metro Mayors CSI Shannon Grant Conditions Acknowledgement Form Signatures

For the HIGHEST RANKING OFFICIAL

X 

Date: 2/11/26

Name: Jacob D. Wilson

Title: Mayor

For the DESIGNATED CONTACT PERSON

X 

Date: 2/5/2026

Name: Emily Wisdom

Title: Director of Finance and Administration

For the Metropolitan Area Planning Council

X. \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**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).

CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name Metropolitan Area Planning Council (MAPC)		Department Executive Office of Public Safety & Security	MMARS Code EPS
d/b/a		Contract Manager Name Steven Domings	
Legal Address As entered on Form W-9 or Form W-4 60 Temple Place, Boston, Massachusetts, Massachusetts		Business Mailing Address 35 Braintree Hill Office Park, Suite 302, Braintree, MA, 02184	
Contract Manager Name Elizabeth Weyant, Executive Director		Billing Address If Different	
Phone (617) 933-0701	Fax	Phone (781) 535-0071	Fax
Email eweyant@mapc.org		Email steve.m.domings@mass.gov	
Vendor Code VC6000161316		MMARS Doc ID(s) SCEPSFY26SHANNONMAPC	
Vendor Code Address ID e.g. "AD001". AD001		RFR/Procurement or Other ID Number BD-26-1044-EPS11-JAG1-120069	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
<input checked="" type="checkbox"/> <b>NEW CONTRACT</b>		<input type="checkbox"/> <b>CONTRACT AMENDMENT</b>	
Procurement or Exception Type (Check one option only)		Current Contract End Date <i>PRIOR</i> to Amendment	Amendment Amount Or Enter "No Change"
<input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated department.)  <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, and budget.)  <input checked="" type="checkbox"/> <b>Department Procurement</b> - Includes all Grants <u>815 CMR 2.00</u> . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)  <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, and budget.)  <input type="checkbox"/> <b>Contract Employee</b> (Attach Employee Status Form, scope, and budget.)  <input type="checkbox"/> <b>Interim Contract with new Contractor</b> (Attach justification for Interim Contract and updated scope/budget.)  <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)		Amendment Type Check one option only. Attach details of amendment changes.  <input type="checkbox"/> <b>Amendment to Date, Scope, or Budget</b> (Attach updated scope and budget.)  <input type="checkbox"/> <b>Interim Contract with Current Contractor</b> (Attach justification for Interim Contract and updated scope/budget.)  <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget.)  <input type="checkbox"/> <b>Other Procurement Exception</b> (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:

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**. Total maximum obligation for total duration of this contract (or new total if contract is being amended): **\$587,258.05**

**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:

- Statutory/legal     
 Ready Payments (M.G.L. c. 29, § 23A)     
 Agree to standard 45-day cycle     
 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.

**SFY2026 Senator Charles E. Shannon Jr. Community Safety Initiative Funding; 8100-0111; Gang Violence Prevention, Suppression, Intervention; \$587,258.05**

**SUPPLIER DIVERSITY PROGRAM (SDP) PLAN**

Does the Supplier Diversity Program apply?

- YES      If YES, the Contractor's annual SDP commitment for this Contract is
- 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:

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 \_\_\_\_\_, 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 **12/31/2026**, 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.

<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR</b> Signature and date must be captured at time of signature.		<b>AUTHORIZING SIGNATURE FOR THE DEPARTMENT</b> Signature and date must be captured at time of signature.	
Signature <i>Elizabeth R.M. Weyant</i>	Date 1/16/2026	Signature <i>[Signature]</i>	Date 2/2/20
Print Name Elizabeth R.M. Weyant	Print Title Executive Director	Print Name Kevin J. Stanton	Print Title Executive Director