



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
 Governor

KIMBERLEY DRISCOLL
 Lieutenant Governor

KATHLEEN E. WALSH
 Secretary

ROBERT GOLDSTEIN, MD, PhD
 Commissioner

Tel: 617-624-6000
www.mass.gov/dph

06/20/2023

CITY OF SOMERVILLE
 93 HIGHLAND AVE
 SOMERVILLE, MA 02143-1740

Attn: Kelley Hiland

R/E: Contract #: INTF5264P01223127055

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Infectious Disease & Laboratory Sciences is amending your contract as indicated below:

Amendment Reason: Renewal

The contract total maximum obligation is \$900,000.00.

The contract will be in effect through 06/30/2024 with options for renewal in accordance with RFR# 223127 - Local health support for COVID-19 case investigation and contact tracing through 06/30/2027. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	09/16/2021	06/30/2022	\$300,000.00
Current Year	07/01/2022	06/30/2023	\$300,000.00
Future Years	07/01/2023	06/30/2024	\$300,000.00

If you have questions about your **award** please contact your program manager **Kevin Cranston** at kevin.cranston@mass.gov.

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package**, please contact **Derek Westhaver at Derek.A.Westhaver@mass.gov**.

Please sign with an **authorized signature** and return the contract package via email scan to **Derek Westhaver at Derek.A.Westhaver@mass.gov**, no later than close of business **06/27/2023**.

Sincerely,

Kevin Cranston

Bureau Director

Bureau of Infectious Disease & Laboratory Sciences

Acceptable forms of Authorized signatures:

1. Traditional hand drawn “wet signature” (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
 - a. Hand drawn using a mouse or finger if working from a touch screen device;
 - b. An uploaded picture of the signatory’s hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

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](#), 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 accept published forms at CTR Forms: <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: CITY OF SOMERVILLE		COMMONWEALTH DEPARTMENT NAME: Department of Public Health	
Legal Address: (W-9, W-4): 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Kelley Hiland	Phone: 617-366-7471	Billing Address (if different):	
E-Mail: khiland@somervillema.gov	Fax:	Contract Manager: Derek Westhaver	Phone:
Contractor Vendor Code: VC6000192138		E-Mail: Derek.A.Westhaver@mass.gov	Fax: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD_001 (Note: The Address Id Must be set up for EFT payments.)		MMARS Doc ID(s): INTF5264P01223127055	
		RF/Procurement or Other ID Number: 223127	
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input 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"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form , scope, budget) <input type="checkbox"/> Other Procurement Exception: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to <u>06/30, 2023</u> . Amendment: Enter Amendment Amount: \$ <u>300,000.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input checked="" type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions for Human and Social Services <input type="checkbox"/> 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. <input type="checkbox"/> 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="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$ <u>900,000.00</u>			
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: <input type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> 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.) Renewal with Maximum Obligation Change			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 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 checked="" type="checkbox"/> 2. may be incurred as of <u>07/01, 2023</u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of <u> </u> , <u>20</u> , 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 <u>06/30, 2024</u> , 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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)		X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: _____		Print Name: _____	
Print Title: _____		Print Title: _____	



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) VC6000192138
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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

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
Print Name	Phone Number
Title	Email Address

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF5264P01223127055

Contract Amendment - Increase

Renewal for FY 2024 with no change to the scope or delivery of service.

PAYMENT VOUCHER INPUT FORM

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT / ORGANIZATION NAME
Department of Public Health



Vendor Name and Address
CITY OF SOMERVILLE
Denise Holland
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

TRANS	DEPT	ORG	Number
PRC	DPH	BIDLS	
ACTION: (E)	Sch Pay Date	FISCAL YEAR	
		2024	

I certify that the goods were shipped or the services rendered as set forth below
VENDOR'S CERTIFICATION
(Please Sign Here)

DOCUMENT TOTAL: VENDOR PAYMENT REF NUMBER:
Local Support # F24127055

CONTRACT NUMBER	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
INTF5264P01223127055	1	RF R 223127 - Local Support for COVID-19 and other infectious disease investigation and response.	300,000	300,000.00
TOTAL:				\$ 300,000.00

LN	Trans	Dept	Org	Number	APPROPRIATION	ACTIVITY
	PRC	DPH	BIDLS			

INVOICE NUMBER
F24127055

MA # _____ **MA LN#** _____ **DATES OF SERVICE** 7/1/2023 **Line Amount** _____ **P/F** P

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS:
I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

PREPARED BY: _____ **TITLE:** _____ **DATE:** _____

ENTERED BY: _____ **TITLE:** _____ **DATE:** _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations

APPROVED BY: _____ **TITLE:** _____ **DATE:** _____ **PHONE:** _____

Instructions to vendor:
o Fill in shaded areas
o Direct inquiries to state organization

Department of Public Health

Vendor Name CITY OF SOMERVILLE	DPH Bureau/Program Name Bureau of Infectious Disease & Laboratory Sciences		Today's Date 6/20/2023
Vendor Code VC6000192138	Fiscal Year 2024	Contract Number INTF5264P01223127055	IRFR#

Program Component	FTE	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
1. Direct Care/Prog. Support Staff					
SUB TOTAL	0.00	\$ -	\$ -	\$ -	
Fringe Benefits <input type="text" value="#DIV/0!"/>					
1. TOTAL DIRECT CARE/PROGRAM STAFF		\$ -	\$ -	\$ -	

Program Component	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
2. Other Direct Care/Program				
2. TOTAL OTHER DIRECT/PROGRAM	\$ -	\$ -	\$ -	

Occupancy				
Program Facility				
Facility Operations, Maint. and Furn.				
3. TOTAL OCCUPANCY	\$ -	\$ -	\$ -	
SUB TOTAL: 1 + 2 + 3	\$ -	\$ -	\$ -	
Administrative Support				
Max Cap Amount: <input type="text" value="#DIV/0!"/>				
4. AGENCY ADMIN. SUPPORT				

TOTAL 1 + 2 + 3 + 4	\$ -	\$ -	\$ 300,000.00
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