

## 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

CHARLES D. BAKER Governor

THOMAS A. TURCO, III Secretary

KARYN E. POLITO Lieutenant Governor

FRANK POZNIAK Executive Director

October 1, 2020

**Chief David Fallon** Somerville Police Department 220 Washington Street Somerville, MA 02145

Dear Chief Fallon:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the FY 2021 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 October 1, 2020 and will run through June 30, 2021. 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, 2021.

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 Michelle Hallahan at 508-821-7216. 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. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 26, 2021.

**Executive Director** 

cc: FY 2021 Support and Incentive Grant File

## **FY 2021 SUPPORT AND INCENTIVE 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 addendurn, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions, Contractor Certifications and Commonwealth 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: <a href="https://www.macomotroller.conflorms">https://www.macomotroller.conflorms</a>. Forms are also

CONTRACTOR LEGAL NAME: City of Somerville		COMMONWEALTH DEPARTMENT NAME: State 911 Department		
(and dibia): Somerville Police 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: Dorothy Cassesso	Phone: 617-625-1600 x7206	Billing Address (if different):		
E-Mail: dcassesso@police.somerville.ma.us	Fax: 617-628-4936	Contract Manager: Cindy Reynolds	Phone: 508-821-7299	
Contractor Vendor Code: VC 6000192138		E-Mail: 911DeptGrants@mass.gov	Fax: 608-847-1452	
Vendor Code Address ID (e.g. "AD001"): AD 001		MMARS Doc ID(a): CT EPS SUPG		
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: FY21 SUPG		
X NEW CONTRACT		CONTRACT AMENDMENT		
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)		Enter Current Contract End Date <u>Prior</u> to Amendment, 20		
Statewide Contract (OSD or an OSD-designated Department)		Enter Amendment Amount: \$ (or "no change")		
Collective Purchase (Atlach OSD approval, scope, budget)  X. Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation		AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)		
Notice or RFR, and Response or other procurement supporting documentation)		Amendment to Date, Scope or Budget (Attach updated scope and budget)     Interim Contract (Attach justification for Interim Contract and updated scope/budget)		
Emergency Contract (Attach justification for emergency, scope, budget)		Contract Employee (Attach any updates to ecope or budget)		
Contract Employee (Attach Employment Status Form, scope, budget) Other Procurement Exception (Attach authorizing language, legislation with		Other Procurement Exception (Attach authorizing language/justification and updated)		
specific exemption or earmark, and exception justification, scope and budget)		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): _X_Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social Services				
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). \$295.463.99				
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: X agree to standard 45 day cycle — statutory/legal or Ready Payments (M.G.L., c. 29, 6 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 relimburaement of funds under the				
State 911 Department FY 2021 Public Sefety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in				
compliance with the grant guidelines and the grantse's approved application.				
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:				
X1. may be incurred as of the Effective Date (latest a	1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred aring 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 arrier to the Effective Date.				
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3. were incurred as of, 20, a date PRII authorized to be made either as settlement payment.	LATER than the Effective Date be OR to the Effective Date below, ar ents or as authorized reimburseme	ations have been incurred <u>order</u> to the Effective Date.	tive Date. d prior to the Effective Date are digations under this Contract are	
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