



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

TERRENCE M. REIDY
Secretary

KARYN E. POLITO
Lt. Governor

FRANK POZNIAK
Executive Director

August 10, 2022

Deputy Chief James Stanford
Somerville Police Department
220 Washington Street
Somerville, MA 02145

Dear Deputy Chief Stanford:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY2023 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 **August 10, 2022** and will run through June 30, 2023. 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, 2023.

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.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2023 Training Grant File

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.macomptroller.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: Dorothy Cassesso	Phone: 617-625-1600x7206	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 <u>6000192138</u>		E-Mail: 911DeptGrants@mass.gov	Fax: 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD <u>501</u> (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT EPS GRNT	
		RFR/Procurement or Other ID Number: FY23 GRNT	

<p style="text-align: center;">X NEW CONTRACT</p> <p>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</p> <p><input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department)</p> <p><input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget)</p> <p><input checked="" type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)</p> <p><input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget)</p> <p><input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget)</p> <p><input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)</p>	<p style="text-align: center;">— CONTRACT AMENDMENT</p> <p>Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20__.</p> <p>Enter Amendment Amount: \$ _____ (or "no change")</p> <p>AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)</p> <p><input type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget)</p> <p><input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget)</p> <p><input type="checkbox"/> Contract Employee (Attach any updates to scope or budget)</p> <p><input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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). \$ 1,04,951.96

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 2023 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, 2023**, 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:

X: Charles Femino Date: 7-25-22
(Signature and Date Must Be Handwritten at Time of Signature)

Print Name: Charles Femino
Print Title: Acting Chief of Police

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Frank Pozniak Date: 8/10/22
(Signature and Date Must Be Handwritten at Time of Signature)

Print Name: Frank Pozniak
Print Title: Executive Director

FY 2023 TRAINING GRANT

AUG 10 2022

State 911 Department
Middleborough, MA

Name of Eligible Entity / PSAP / RECC	<u>Somerville Police Department</u>
Address	<u>220 Washington Street</u>
City/Town/Zip	<u>Somerville, MA 02145</u>
Telephone Number	<u>617-625-1600</u>
Fax Number	<u>617-628-4936</u>
Website	<u>www.somervillepd.com</u>

2. Name & Title of Authorized Signatory	<u>James Stanford, Deputy Chief of Police</u>
Telephone Number	<u>617-625-1600 x7203</u>
Email Address	<u>jstanford@police.somerville.ma.us</u>

3. Name & Title Grant Contract Manager	<u>Dorothy Cassesso, Financial Analyst</u>
Telephone Number	<u>617-625-1600 x7206</u>
Email Address	<u>dcassesso@police.somerville.ma.us</u>

4. Total Grant Program Funds Requested	<u>\$104,951.96 <i>Or</i></u> <u>\$90,012.37</u>
----------------------------------------	----------------------------------------------------------------

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

5. Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):

APCO PowerPhone Priority Dispatch

OR

6. Utilizing the following Certified EMD Resource: Cataldo Ambulance Service

CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):

APCO PowerPhone Priority Dispatch

7. 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 8th day of August, 20 22.



ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

**FY 2023 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 **\$ 16,859.66**

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 **\$ 88,092.30**

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 pre-employment testing software, and additional related training materials such as books and manuals.

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

All Cert's

CERTIFIED PERSONNEL

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	Christine	\$ 50.07	16		16	\$ 801.08	\$ 271.93	
DeFranzo	Robyn	\$ 50.07	16		16	\$ 801.08	\$ 271.93	
DeSousa	Susan	\$ 49.33	16		16	\$ 789.25	\$ 271.93	
Hartsgrove	Cara	\$ 47.17	16		16	\$ 754.77	\$ 271.93	
Hickey	John	\$ 47.17	16		16	\$ 754.77	\$ 271.93	
Kiely	Julie	\$ 50.07	16		16	\$ 801.08	\$ 271.93	
Lennon	Scott	\$ 49.33	16		16	\$ 789.25	\$ 271.93	
Mahoney	Jeanne	\$ 49.33	16		16	\$ 789.25	\$ 271.93	
McKenna	Joan	\$ 50.07	16		16	\$ 801.08	\$ 271.93	
Medeiros	Theresa	\$ 50.07	16		16	\$ 801.08	\$ 271.93	
Mobililia-Dowling	Janeen	\$ 47.17	16		16	\$ 754.77	\$ 271.93	
Rivera	Betsy	\$ 47.17	16		16	\$ 754.77	\$ 271.93	
Vallery	Kristine	\$ 49.33	16		16	\$ 789.25	\$ 271.93	
Ward	Kenneth	\$ 50.07	16		16	\$ 801.08	\$ 271.93	
		\$ -				\$ -		
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	
Catatao	Ashley	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93	
Cicerone	Fernando	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93	
DaCosta	Edna	\$ 56.22	16		16	\$ 899.51	\$ 271.93	
DeOliveira	Diogo	\$ 101.98	16		16	\$ 1,631.64	\$ 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	
Legros	Guerdy	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93	
Lorenti	Alexander	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93	
McCary	Michael	\$ 69.43	16		16	\$ 1,110.90	\$ 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	\$	39,762.39	
						\$	10,605.27	

All Cert's
 ✓ (Signature)

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
McDaid	Kathryn	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Monaco	Alan	\$ 61.84	16		16	\$ 989.46	\$ 271.93
Nevin	Mark	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
O'Meara	Ross	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
Pasqualino	Robert	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Perrone	Michael	\$ 101.98	16		16	\$ 1,631.64	\$ 271.93
Prophete	Frاندiane	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Ramirez	Jose	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Richardson	MacKenzie	\$ 70.27	16		16	\$ 1,124.39	\$ 271.93
Rivera	Joseph	\$ 56.22	16		16	\$ 899.51	\$ 271.93
Rymill	Gerard	\$ 101.98	16		16	\$ 1,631.64	\$ 271.93
Rymill	William A. ^(AW)	\$ 97.90	16		16	\$ 1,566.37	\$ 271.93
Schneider	Devin	\$ 69.43	16		16	\$ 1,110.90	\$ 271.93
Sheehan	Sean	\$ 101.98	16		16	\$ 1,631.64	\$ 271.93
Slattery	James	\$ 69.43	16		16	\$ 1,110.90	\$ 271.93
Soares	Eduardo	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Sullivan	Timothy	\$ 61.84	16		16	\$ 989.46	\$ 271.93
Sylvester	Sean	\$ 86.79	16		16	\$ 1,388.63	\$ 271.93
VanNostrand	Timothy	\$ 67.46	16		16	\$ 1,079.41	\$ 271.93
Vivolo	Carmine	\$ 101.98	16		16	\$ 1,631.64	\$ 271.93
Whalen	Scott	\$ 86.79	16		16	\$ 1,388.63	\$ 271.93
O'Donnell	Keith	\$ 56.22	16		16	\$ 1,388.63	\$ 271.93
Lavey, III	Richard C	\$ 45.69	16		16	\$ 731.04	\$ 271.93
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	
		\$ -			0	\$ -	

RECERTIFICATION FEES WITH NO TRAINING HOURS:

Ex. APCO EMD Recert fee	5 @ \$30	DO NOT WRITE ON GRAY LINES	\$ 150.00
		DO NOT WRITE IN THIS SPACE	

DO NOT ADD LINES TO THIS WORKSHEET, AS THE FORMULAS MAY CHANGE	TOTALS	\$ 27,400.03	\$ 6,254.39
-----------------------------------------------------------------------	---------------	--------------	-------------

FY 2023 Training Grant Personnel Costs Worksheet

Pg 3 of 3

NEW PERSONNEL

In the Process of Obtaining Certification

SAP Name: Somerville Police Department

LAST NAME	FIRST NAME	OT Rate	Training Academy	Next Gen New Hire	PST1	EMD (APCO 32)	CPR	Travel	Total Hours	Total Amount	
New Hires, if applicable, need these course hours				16	40	24 / 32	4				
EXAMPLE OF TRAINING ACADEMY HOURS				200	N/A	N/A	24 / 32	4			
Cleary	Michael	\$ 59.03		16	40				56	\$ 3,305.72	
Henriquez	Kevin	\$ 45.69		16	40				56	\$ 2,558.57	
Lentini	Kyle	\$ 45.69		16	40				56	\$ 2,558.57	
Pulli	Mark	\$ 67.46		16	40				56	\$ 3,777.93	
Ruf	David	\$ 56.22		16	40				56	\$ 3,148.29	
Taylor	Robert	\$ 54.61		16	40				56	\$ 3,058.16	
Thompson	Jamey	\$ 45.69		16	40				56	\$ 2,558.64	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
		\$ -							0	\$ -	
									Total Salary for New Hires		\$ 20,965.88
Vendor Fees - New Hires	Course Amount	# Taking Course	Total								
EMD New Certification			\$ -								
CPR New Certification			\$ -								
PST1 (VENDOR ONLY)			\$ -								
									Total Vendor Fees		\$ -