



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

January 8, 2019

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 **FY2019 State 911 Department Training Grant and EMD / Regulatory Compliance Grant** program.

For your files, attached please find a copy of the executed contract and the final approved Appendix A: Listing of Certified Telecommunicators for your grant. Please note your contract start date is **January 8, 2019** and will run through June 30, 2019. 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, 2019.

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 two (2) months 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 29, 2019.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2019 Training Grant and EMD / Regulatory Compliance Grant File

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the [Executive Office for Administration and Finance \(ANF\)](#), the [Office of the Comptroller \(CTR\)](#) and the [Operational Services Division \(OSD\)](#) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under [Guidance For Vendors - Forms](#) or www.mass.gov/osd under [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,T&C): 93 Highland Avenue, Somerville, MA 02143	Business Mailing Address: 151 Campanelli Drive, Suite A, Middleborough, MA 02346
Contract Manager: Dorothy Cassesso, Financial Analyst	Billing Address (if different):
E-Mail: dcassesso@police.somerville.ma.us	Contract Manager: Cindy Reynolds
Phone: 617-625-1600 x7206 Fax: 617-628-4936	E-Mail: 911DeptGrants@mass.gov
Contractor Vendor Code: VC6000192138	Phone: 508-821-7299 Fax: 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address Id Must be set up for EFT payments.)	MMARS Doc ID(s): CT EPS GRNT RFR/Procurement or Other ID Number: FY19 Training/EMD/Regulatory Compliance Grant
<p style="text-align: center;"><input checked="" type="checkbox"/> NEW CONTRACT</p> 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 checked="" type="checkbox"/> Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach 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"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	<p style="text-align: center;"><input type="checkbox"/> CONTRACT AMENDMENT</p> Enter Current Contract End Date <i>Prior</i> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input 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"/> Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following **COMMONWEALTH TERMS AND CONDITIONS (T&C)** has been executed, filed with CTR and is incorporated by reference into this Contract.

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). \$ 49,597.00

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 ([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 2019 Training Grant and EMD/Regulatory Compliance Grant as authorized and awarded in compliance with 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, 2019**, 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 makes all certifications required under the attached [Contractor Certifications](#) (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the [Instructions and Contractor Certifications](#), 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:

X: *[Signature]* Date: 9/25/18
 (Signature and Date Must Be Handwritten At Time of Signature)

Print Name: David Fallon
 Print Title: Chief of Police

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: *[Signature]* Date: 10/19
 (Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Frank Pozniak
 Print Title: Executive Director

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All
Cert's
Done

APPENDIX A: LISTING OF CERTIFIED TELECOMMUNICATORS

PSAP: Somerville Police Department

Last Name, First Name (Alphabetical Order)	Indicate Full (F) or Part-Time (P)	Hourly Pay Rate	Overtime Pay Rate
Cornelio, Christine	F	26.7098	40.0647
DeFranzo, Robyn	F	26.7098	40.0647
Deschenes, Jeanne	F	26.0625	39.0938
DeSousa, Susan	F	26.7098	40.0647
Hickey, John	F	23.8370	35.7555
Kiely, Julie	F	26.7098	40.0647
Lennon, Scott	F	26.7098	40.0647
McKenna, Joan	F	26.7098	40.0647
Medeiros, Theresa	F	26.7098	40.0647
Mobilia, Janeen	F	23.8370	35.7555
Rivera, Betsy	F	23.8370	35.7555
Vallery, Kristine	F	26.7098	40.0647
Ward, Kenneth	F	26.7098	40.0647
Brioso, Douglas	P	32.7963	49.1945
Buswell, Justin	P	27.5126	41.2690
Capasso, Jr., Michael	P	45.5772	68.3658
Cicerone, Fernando	P	40.9954	61.4932
DeOliveira, Diogo	P	55.7847	83.6771
DiFava, Marc	P	39.3557	59.0335
Dottin, Derrick	P	36.0759	54.1138
Faria, Michael	P	39.3557	59.0335
Hartsgrove, Robert	P	31.8601	47.7901
Holland, Michael	P	45.5772	68.3658
Howe, John	P	39.3557	59.0335
Legros, Guerdy	P	32.7963	49.1945
Martini, Leo	P	39.3557	59.0335
McDaid, Kathryn	P	39.3557	59.0335
McNally, James	P	40.9954	61.4932
Monaco, Alan	P	36.0759	54.138
Montina Garcia, Natacha	P	39.3557	59.0335
O'Meara, Ross	P	40.9954	61.4932
Pasqualino, Robert	P	32.7963	49.1945
Ramirez, Jose	P	32.7963	49.1945

FY 2019 Training Grant and EMD/Regulatory Compliance Grant

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APPENDIX A: PAGE TWO

NEW PERSONNEL IN THE PROCESS OF OBTAINING CERTIFICATION AS AN ENHANCED 911 TELECOMMUNICATOR

PSAP: Somerville Police Department

Last Name, First Name (Alphabetical order)	Indicate Full (F) or Part-Time (P)	Hourly Pay Rate	Overtime Pay Rate
Beckford, Paul	P	39.3557	59.0335
Canty, Patrick	P	39.3557	59.0335
* Catatao, Ashley	P	40.9954	61.4932
Clark, Shaun	P	32.7963	49.1945
DaCosta, Edna	P	26.6532	39.9797
* DiGregorio, Jeffrey	P	55.7847	83.6771
Fusco, Christopher	P	32.7963	49.1945
* Lavey, Richard	P	55.7847	83.6771
Lorenti, Alexander	P	32.7963	49.1945
* Marino, John	P	45.5772	68.3658
McCarey, Michael	P	37.9810	56.9715
Nevin, Mark	P	32.7963	49.1945
Perrone, Michael	P	37.9810	56.9715
Pulli, Mark	P	39.3557	59.0335
Richardson, Mackenzie	P	27.5126	41.2690
* Shackelford, Kevin	P	47.4764	71.2147
Wyatt, Michael	P	32.7963	49.1945

* "Grandfathered" in system need W6911