



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

KIAME MAHANIAH, MD, MBA
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

06/18/2026

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

Attn: Lauren Mahoney

R/E: Contract #: INTF1200P01236938373

The Massachusetts Department of Public Health, DPH Offices is awarding you an engagement contract in accordance with RFQ# 262369380326 - Local Public Health Funding for FIFA 2026 World Cup Community Events. The engagement contract will be in effect through 09/30/2026.

Enclosed please find an Engagement Contract package for you to review and sign via DocuSign. Please take note of the following:

- **NEW ENGAGEMENT CONTRACT/AMENDMENT/RENEWAL FORM**

This form must be signed with an **authorized signatory**, dated, and returned via DocuSign.

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

If you have programmatic questions about your engagement **contract package**, please contact your Bureau Program Manager **Diana Acosta** at Diana.C.Acosta@mass.gov.

Please sign with an **authorized signatory** and return the contract package via DocuSign no later than close of business on **6/22/2026**.

Sincerely,

Sam Wong
Bureau Director
Office of Local and Regional Health

Award Letter Additional Information

Contract ID #: INTF1200P01236938373

This will be a special circumstance that there will be only one payment voucher due to time constraints of FIFA events.

DPH MASTER AGREEMENT ENGAGEMENT FORM

Bureau: DPH Offices

Engagement Contract ID: INTF1200P01236938373

Vendor Name: CITY OF SOMERVILLE

Vendor Code: VC6000192138

Vendor Contact: Lauren Mahoney

Vendor Email: lmahoney@somervillema.gov

Master Agreement Id: MUNICIPALPHSERVICES0

Procurement No: 236938

Procurement Name: PUBLIC HEALTH SERVICES AT THE LOCAL AND REGIONAL LEVEL

DPH Program Manager: Diana Acosta

DPH Program Manager Email: Diana.C.Acosta@mass.gov

New

Amendment

Dates of Service:

Anticipated Start Date*: 07/01/2026

End Date: 09/30/2026

Original Start Date:

Current End Date:

New End Date:

Total Engagement Maximum Obligation \$14,974.64

Current Total Engagement Maximum Obligation _____

Engagement Amendment Amount (+ or -) _____

New Total Engagement Maximum Obligation _____

RFQ 262369380326 attached **Vendor response**

NOI _____

RFQ _____

Confidentiality Agreement

NOI _____

DPH MA PP Budget Attached

Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

Periodic Scheduled Payment Installments: Payments will be made upon the submission of a payment voucher(s) that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

Expenditure Reporting: Triannual or quarterly narrative reports and expenditure reports

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.

Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.

Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature

Department Authorized Signatures

Authorized Vendor Signature and Date

Authorized DPH Bureau Representative Signature and Date

Print Name and Title

Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

Scope of Services

Contract ID #: INTF1200P01236938373

New Contract

Local Public Health Funding for FIFA 2026 World Cup Community Events

Contract Conditions

Contract ID#: INTF1200P01236938373

We have read and will adhere and comply to the requirements in the attached Contract Conditions and Attachments.

Provider Name: CITY OF SOMERVILLE

Signature: _____

Date: _____

CONDITIONS

City of Somerville

RFQ File Name/Title: Local Public Health Funding for FIFA 2026 World Cup Community Events RFQ File Number: 262369380326

FIFA 2026 World Cup public viewing or fan-based community events (e.g. watch parties-organized public viewing events where matches are shown in parks, community centers, or other public spaces) in need of one-time funding (up to \$15,000 per community event) to support local public health (LPH), including but not limited to: LPH staffing, translation, supplies, and handwashing station rentals.

Allowable Expenses • Local public health staffing beyond existing staffing levels (e.g. overtime or consultants) to support FIFA community events. For example, contracted inspectors to inspect increased food truck presence. • Condoms • Aloe vera lotion/cream • Rental of handwashing stations • Cooling/misting tents • Contracted inspectors • Translation services Municipalities may propose additional allowable expenses in their responses with justification;

All proposed expenses are subject to OLRH final approval.

All requested costs must be related to FIFA community events.

PAYMENT VOUCHER - 1

The Commonwealth of Massachusetts

Department /Organization Name
DPH/OFF



Office of the Comptroller
Revision Date 8/22/95 by VG

Document ID

Trans PRC	Dept DPH	R/Org OFF	Number	PV Date	Acctg Prd	BFY
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Vendor Name and Address

NAME: CITY OF SOMERVILLE
ADDRESS: 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740

Action(E)	Sch Pay Date	Off Liab Acct
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Vendors' Certification
I certify that the goods were shipped or the service rendered as set forth below.

(Please sign in ink)

Ref Doc ID
INTF1200P01236938373 - 1

Document Total
\$14,974.64

Stxt

Payment Ref Number
INTF1200P01236938373 - 1

Vendor Code
VC6000192138

Emp

Reference Order	Line	Quantity	Description	Amount
			Local Public Health Funding for FIFA 2026 World Cup Community Events	\$14,974.64
REFERENCE DOC ID				

LN	Trans PRC	Dept DPH	R/Org OFF	Number	Line	Dept	Approp	Sub	Org	S/Org	Obj	Prog	Ty
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Proj/CI/Grc	Actv	Rpfg	Fund	BS Acct	Payment Reference Number INTF1200P01236938373 - 1	Description
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MSA#	Line #	Disc	Dates of Service	Quantity	Line Amount	I/D	P/F
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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: _____ Pg ___ of ___

INSTRUCTIONS TO VENDORS

- Sign Payment Voucher
- Direct inquires to state organization
- Retain copy

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 #: _____