

CITY OF SOMERVILLE
SPECIAL REVENUE ACCOUNT BUDGET

AUDITING USE ONLY

ORG:
COST CENTER:

ACCOUNT NAME: DMH-JD 255023

ORG: 255023

DATE PREPARED: 6/30/22

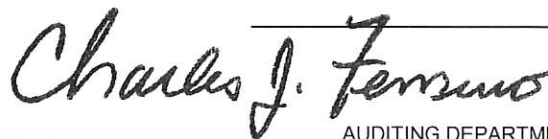
Grant Period: 7/01/2022-6/30/2023

ACCOUNT	ORIGINAL BUDGET	APPROVED AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE	\$37,315.00			
EXPENSE				
511000-Salaries	\$36,815.00			
542000-Supplies	\$500.00			

DEPARTMENT HEAD SIGNATURE:

Charles Femino, Chief of Police

DATE ENTERED (AUDIT) _____



AUDITING DEPARTMENT INITIALS

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 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):		COMMONWEALTH DEPARTMENT NAME: MENTAL HEALTH MMARS Department Code: DMH	
Legal Address: (W-9, W-4): 93 HIGHLAND AVE, SOMERVILLE MA 02143		Business Mailing Address: 25 STANIFORD STREET, BOSTON MA 02114	
Contract Manager: CHARLES FEMINO	Phone:	Billing Address (if different):	
E-Mail: cfemino@police.somerville.ma.us	Fax:	Contract Manager: MICH RYGIEL	Phone:
Contractor Vendor Code: VC6000192138		E-Mail: michleen.rygiel@mass.gov	Fax:
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): SCDMH822016081710000	
		RFR/Procurement or Other ID Number: 2016-DMH-3024-01 BD-3496	
☐ NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☐ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		☒ CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>JUNE 30, 2022</u> Enter Amendment Amount: \$37,315.00 (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ☒ Amendment to Date, Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
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). \$298,520.00			
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 (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.) JAIL DIVERSION PROGRAM CIT SERVICES. FY23 RENEWAL			
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 <u>JULY 1, 2022</u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of <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>JUNE 30, 2023</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, 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: <u>Charles Femino</u> Date: <u>6-7-22</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Charles Femino</u> Print Title: <u>Chief of Police</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Thuy Nguyen</u> Date: <u>6/9/2022</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>THUY NGUYEN</u> Print Title: <u>DIRECTOR OF ACCOUNTING</u>	



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Mental Health

25 Staniford Street

Boston, Massachusetts 02114-2575

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

BROOKE DOYLE
Commissioner

(617) 626-8000
www.mass.gov/dmh

Charles Femino
Chief of Police
Somerville Police Headquarters
220 Washington Street
Somerville, MA 02143

May 11, 2022

Dear Chief Femino,

I am writing in regard to your DMH Jail Diversion grant (SCDMH822017081810000) which is pending renewal for fiscal year 2023. DMH is offering your organization an opportunity to renew your current grant for the upcoming fiscal year. Should you wish to renew your grant please follow the instructions below:

Attached please find a Standard Contract Form (SCF) for your C.I.T.- TTAC Jail Diversion grant program for FY23. Please complete an FY23 Budget Worksheet (Attachment D) for dates of service 7/1/22 - 6/30/23 and sign the Standard Contract form. In addition, if any programmatic changes are proposed, please discuss with your DMH grant manager and if approved, record these on the Attachment A (amendment summary form) within the FY23 entry. Please mail all of the original forms to me as soon as possible at the address below. If you have any questions, please feel free to email me at michleen.rygiel@mass.gov.

Thank you,


Mich Rygiel
Department of Mental Health
25 Staniford Street
Boston, MA 02114

Encl.: SCF
Attachment A
Attachment D Budget Worksheet