



OFFICE OF THE GOVERNOR  
COMMONWEALTH OF MASSACHUSETTS  
STATE HOUSE • BOSTON, MA 02133  
(617)725-4000

CHARLES D. BAKER  
GOVERNOR

KARYN E. POLITO  
LIEUTENANT GOVERNOR

December 5, 2022

Charles Femino, Chief  
Somerville Police Department  
220 Washington Street  
Somerville, MA 02143

Dear Chief Femino:

Congratulations! We are pleased to inform you that the **Somerville Police Department** has been awarded **\$79,500.00** in funding from the Massachusetts Municipal Public Safety Staffing grant program, offered by the Executive Office of Public Safety and Security, Office of Grants and Research (OGR).

Additional correspondence, including all the necessary documents required to make this award official will be forthcoming from OGR.

In the meantime, if you have any questions, please feel free to contact Emily Haines, at [Emily.Fontaine@mass.gov](mailto:Emily.Fontaine@mass.gov) or on the telephone at 617-725-3313.

Once again, congratulations on your award and we look forward to working with you and your municipality on this important public safety initiative.

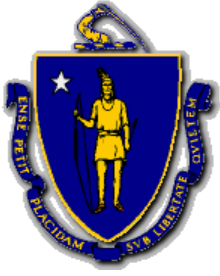
Sincerely,

A handwritten signature in blue ink that reads "Charles Baker".

Governor Charles D. Baker

A handwritten signature in blue ink that reads "Karyn E. Polito".

Lt. Governor Karyn E. Polito



**The Commonwealth of Massachusetts**  
**Executive Office of Public Safety & Security**

**Office of Grants & Research**

Ten Park Plaza, Suite 3720-A

Boston, Massachusetts 02116

Tel: 617-725-3301

Fax: 617-725-0260

[www.mass.gov/ogr](http://www.mass.gov/ogr)

**Charles D. Baker**  
Governor

**Terence M. Reidy**  
Secretary

**Karyn E. Polito**  
Lieutenant Governor

**Kevin J. Stanton**  
Executive Director

December 5, 2022

Charles Femino, Chief  
Somerville Police Department  
220 Washington Street  
Somerville, MA 02143

Dear Chief Femino:

On behalf of the Executive Office of Public Safety and Security's Office of Grants & Research (OGR), I am pleased to inform you that the **Somerville Police Department** has been awarded **\$79,500.00** in funding from the Massachusetts Municipal Public Safety Staffing grant program.

Additional correspondence, including all the necessary documents required to make this award official will be forthcoming from OGR. **Please note, your official start date will be the date that your returned contract is signed and dated by OGR and will terminate on December 31, 2023.**

In the meantime, if you have any questions, please feel free to contact Emily Haines at [Emily.Fontaine@mass.gov](mailto:Emily.Fontaine@mass.gov) or on the telephone at 617-725-3313.

Congratulations on your award! I look forward to working with you and your staff on this important public safety initiative.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin J. Stanton".

Kevin J. Stanton  
Executive Director

**From:** Fontaine, Emily (OGR) <[emily.fontaine@state.ma.us](mailto:emily.fontaine@state.ma.us)>

**Sent:** Tuesday, November 8, 2022 9:22 AM

**To:** Charles Femino <[cfemino@police.somerville.ma.us](mailto:cfemino@police.somerville.ma.us)>; Dorothy Cassesso <[dcassesso@police.somerville.ma.us](mailto:dcassesso@police.somerville.ma.us)>; Charles Breen <[cbreen@somervillema.gov](mailto:cbreen@somervillema.gov)>; Ali Belabdi <[abelabdi@somervillema.gov](mailto:abelabdi@somervillema.gov)>

**Subject:** SFY23 Municipal Staffing Grant Award UPDATE

**Importance:** High

Good Morning,

All SFY23 Municipal Staffing awards are currently under review with EOPSS and the Governor's Office. Fortunately, there ended up being extra funding available. Your municipality will be receiving an additional \$10,200. Per the AGF, the Mayor/City Manager for each municipality must determine whether applications for funding will be submitted for police and/or fire, and how much will be appropriated to the respective department. Please let me know how you would like to allocate this funding between Police and/or Fire.

I have attached the Attachment C Budget Excel form which will need to be completed for the new award amount(s). Please complete one budget form per department; one for police and one for fire (if needed).

Let me know if you have any questions.

Thank you!



**Emily Haines**

Program Coordinator  
Office of Grants and Research, Division  
10 Park Plaza, Suite 3720-A  
Boston, MA 02116  
617-725-3313

[Sign up](#) to be notified of grant funding opportunities from OGR.

## City of Somerville Public Records Notice

*Please be advised that the Massachusetts Attorney General has determined that email is a public record unless the content of the email falls within one of the stated exemptions under the Massachusetts Public Records Laws.*

# 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.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

<b>CONTRACTOR LEGAL NAME:</b> City of Somerville \ Somerville Police Department (and d/b/a):		<b>COMMONWEALTH DEPARTMENT NAME:</b> Executive Office of Public Safety & Security MMARS Department Code: EPS	
<b>Legal Address:</b> (W-9, W-4): 93 Highland Ave, Somerville, MA 02143-1740		<b>Business Mailing Address:</b> 10 Park Plaza, Suite 3720A, Boston, MA, 02116	
<b>Contract Manager:</b> Dorothy Cassesso	<b>Phone:</b> (617) 625-6000	<b>Billing Address (if different):</b>	
<b>E-Mail:</b> dcassesso@police.somerville.ma.us	<b>Fax:</b> (617) 623-3852	<b>Contract Manager:</b> Steven Domings	<b>Phone:</b> (617) 933-3517
<b>Contractor Vendor Code:</b> VC6000192138		<b>E-Mail:</b> steve.m.domings@mass.gov	<b>Fax:</b> (617) 725-0260
<b>Vendor Code Address ID (e.g. "AD001"):</b> AD001 (Note: The Address ID must be set up for EFT payments.)		<b>MMARS Doc ID(s):</b> SCEPSFY23MUNISOMERPO	
<b>Vendor Code Address ID (e.g. "AD001"):</b> AD001 (Note: The Address ID must be set up for EFT payments.)		<b>FRF/Procurement or Other ID Number:</b> BD-23-1044-EPS11-10440-79638	
<input checked="" type="checkbox"/> <b>NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE:</b> (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 all Grants - 815 CMR 2.00) (Solicitation Notice or 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"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input type="checkbox"/> <b>CONTRACT AMENDMENT</b> Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__. Enter Amendment Amount: \$ _____. (or "no change") <b>AMENDMENT TYPE:</b> (Check one option only. Attach details of amendment changes.) <input type="checkbox"/> Amendment to Date, 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"/> 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): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
<b>COMPENSATION:</b> (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. <input type="checkbox"/> 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.) <input checked="" type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended), \$79,500.00			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> 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: <input checked="" type="checkbox"/> agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (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.)  Massachusetts Municipal Public Safety Staffing; State FY2023 (1599-0026); \$79,500.00			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 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. <input type="checkbox"/> 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.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of 12/31/2023, 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.			
<b>CERTIFICATIONS:</b> 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.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X: <u>Charles Ferraro</u> , Date: <u>12-5-22</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Charles Ferraro</u> Print Title: <u>Chief of Police</u>		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X: <u>Kevin J. Stanton</u> , Date: <u>1/9/2023</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Kevin J. Stanton</u> Print Title: <u>Executive Director</u>	

## Attachment B - Budget Worksheets



### SFY2023 Municipal Public Safety Staffing Police and Fire

Cost Categories	Total
Personnel Costs	\$ -
Fringe Costs	\$ -
Overtime Costs	\$ 79,500.00
Other Costs	\$ -
<b>Total Costs</b>	<b>\$ 79,500.00</b>

<b>Name of Applicant Organization</b>	<b>City of Somerville</b>
---------------------------------------	---------------------------

**Completed by  
Signature:**

**Print Name & Title:**

**Date:**

\_\_\_\_\_  
Jennifer Allison, Deputy Director of Grants  
Development

\_\_\_\_\_  
November 8, 2022

Executive Office of Public Safety and Security  
Office of Grants and Research  
Justice and Prevention Division  
Budget Worksheets - City of Somerville

You may add or delete rows in each section as necessary. To do so, please make sure that macros are enabled upon being prompted when the document is first opened.

**PERSONNEL** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be paid by this State grant. Be sure to describe the role and function to be provided by the employee.

Name/Position	Annual Salary	Percentage Charged to Program	Description	Total Expenditures
<b>Subtotal:</b>				\$ -

**FRINGE & PAYROLL TAX** - Based on federally negotiated rate agreement or established formula by sub-recipient's accountant, comptroller or human resource unit. Costs are limited to the employer's share of life insurance, health insurance, social security, pension, unemployment, workers compensation costs, FMLA, and payroll taxes. A copy of the approved or audited rate must be included with the application. If applicant does not have a federally approved or audited rate, actual known costs must be itemized by type and include rate computations in this section of the budget forms.

Name/Position	Salary Charged to Grant	Contract Fringe Rate	Description	Total Expenditures
<b>Subtotal:</b>				\$ -

**OVERTIME** - List the rank/position for each overtime request. Indicate overtime rate for employees and the number of overtime hours for the period of the State grant. Be sure to describe the purpose of the overtime.

Name/Position	Overtime Rate	Number of Hours	Description	Total Expenditures
Police Officer	\$ 75.0000	1060.0000	132.5 eight-hour overtime shifts at an average rate of \$75/hour	\$ 79,500.00
<b>Subtotal:</b>				\$ 79,500.00

**OTHER** - Costs listed in this category may include direct costs relevant to the proposed project and/or organization that cannot be listed within the aforementioned cost categories. Costs in this category may include: 1. Direct costs associated with new hires such as phone, uniforms, etc.; 2. Support costs such as recruitment expenses for new hires, training, etc. ; 3. Supplies for new hires (pens, pencils, postage, training materials, copying paper, and other expendable items such as books, ink, etc.).

Item	Cost	Quantity	Description	Total Expenditures
------	------	----------	-------------	--------------------

**Subtotal:** \$ -

**Grand Total:** \$ **79,500.00**

ATTACHMENT A

Massachusetts Municipal Public Safety Staffing Grant

POLICE

Name of Local Police Department: \_\_\_\_\_

Funding Requested: \$ \_\_\_\_\_

Name of Police Chief: \_\_\_\_\_  
(type: first and last name)

Police Chief Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Police Department Mailing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Grant Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Note: The person designated as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

Grant Contact Mailing Address:

Same as Above  Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fiscal Point of Contact for Grant: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fiscal Contact Mailing Address:

Same as Above  Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail: \_\_\_\_\_



**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

Applicants must **answer all questions in the application** in order to qualify for funding. Applicants will be required to address the following: (1) department staffing; (2) budget information; (3) calls for service and arrest data; and (4) several narrative questions.

**Department Staffing**

- a. Please list the total number of full time employees in your department as of the dates indicated, as well as the number of employees by rank. Please include part-time employees as part of one FTE. For example, two half-time employees = 1 FTE.

	<b>FY20</b> <b>(on 7/01/19)</b>	<b>FY21</b> <b>(on 7/01/20)</b>	<b>FY22</b> <b>(on 07/01/21)</b>	<b>Authorized</b> <b>in FY23</b>
<b>Total # Sworn Officers</b>				
Command				
Patrol				
Reserve				
<b>Total # Civilian Employees</b>				

- b. Please list the number of police recruits currently in the police academy:

- c. Please list the number of layoffs and the total number of positions eliminated (through attrition, retirement, etc.) or left open since July 1, 2019 **as of the date of this application**. Please include part-time employees as part of one FTE. For example, two half-time employees = 1 FTE.

	<b>Actual # of layoffs</b>	<b>Total # of open positions since 7/1/19*</b>
<b>Total # Sworn Officers</b>		
Command		
Patrol		
Reserve		
<b>Total # Civilian Employees</b>		

\* This column should contain only the number of open positions (from lay-offs and/or attrition) for which there is no funding to re-hire or hire. Do not include positions for which there is funding and you have been authorized to fill or filled via ARRA.

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

**2. Budget Information**

a. Please list information regarding your department's budget and the total municipal budget as of the dates indicated.

	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>	<b>Authorized in FY23</b>
<b>Total City/Town Budget*</b>				
<b>Total Department Operating Budget</b>				
<b>Total Department Salaries **</b>				
<b>Overtime Budget (including court overtime)</b>				

\* Include your city's school budget.

\*\* Do not include fringe or indirect costs.

**3. Service and Arrest Data**

a. Please provide data for the time periods indicated.

	<b>FY2019 7/1/2018- 6/30/2019</b>	<b>FY2020 7/1/19- 6/30/20</b>	<b>FY2021 7/1/20- 6/30/21</b>	<b>FY2022 7/1/21- 6/30/22</b>
<b>Total Calls for Service</b>				
<b>Total Arrests</b>				

b. Please provide data for the time periods indicated.

	<b>FY2019 7/1/2018- 6/30/2019</b>	<b>FY2020 7/1/19- 6/30/20</b>	<b>FY2021 7/1/20- 6/30/21</b>	<b>FY2022 7/1/21- 6/30/22</b>
<b>Total Calls for Mutual Aid/ Assistance from Other Departments</b>				

Please be advised that we will also be reviewing your Part I and II crime data submitted to the Crime Reporting Unit of the Massachusetts State Police and incorporating the data to determine awards.

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

**4. Narrative Questions**

- a. Describe if and how changes in staffing have affected specific department functions (e.g., sexual assault, crime analysis, school resources, and investigations). Are any units disproportionately affected? Be specific. Limit your response to one page in the space below.

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

- b. Describe whether or not staff reductions have affected how you allocate department resources (i.e., staff distribution). Include if and how reductions in civilian staff have affected assignment of sworn personnel. Be specific. Limit your response to one page in the space below.

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

- c. Describe if and how reductions in your department's budget have affected its daily operations and ability to provide public safety services putting both the law enforcement officers and community at risk. Explain how this risk will be reduced by the funds being requested. Limit your response to one page in the space below.

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

- d. Inform EOPSS if your department has received State and/or Federal funding to support staffing needs in the last 24 months. If so, please identify the funding stream(s), funding amount, number of positions, and duration of the award. Limit your response to one page in the space below.

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

- e. Please provide any additional information that will help support your department's need for these funds. This could include any additional staffing reductions or service reductions as a result of budget cuts authorized in FY2022. Limit your response to one page in the space below

**ATTACHMENT A**  
**Massachusetts Municipal Public Safety Staffing Grant**  
**POLICE**

**Signature Page**

*The following must be completed and signed by the Mayor of behalf of the Municipal Department submitting this application.*

**As the Mayor of this City, I am authorizing the Police Department to apply for funding for a Massachusetts Municipal Public Safety Staffing grant from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of a grant award.**

Name of City Somerville

Name of Police Department Somerville Police Department

Mayor's Name-Printed Katjana Ballantyne Date 10/7/2022

Mayor's Signature 

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Electronic applications must be completed and received by **Thursday, October 13th, 2022, 4:00 p.m.**



## Attachment B - Budget Worksheets



### SFY2023 Municipal Public Safety Staffing Police and Fire

Cost Categories	Total
Personnel Costs	\$ -
Fringe Costs	\$ -
Overtime Costs	\$ 74,400.00
Other Costs	\$ -
<b>Total Costs</b>	<b>\$ 74,400.00</b>

<b>Name of Applicant Organization</b>	<b>City of Somerville</b>
---------------------------------------	---------------------------

**Completed by  
Signature:**

*Jennifer Allison*

**Print Name & Title:**

Jennifer Allison, Deputy Director of Grants  
Development

**Date:**

October 5, 2022

**Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants and Research**

**Availability of Grant Funds (AGF)  
2023 Municipal Public Safety Staffing Grant**

*Budget Narrative (Attachment D)*

Section III: Budget Narrative Summary The budget narrative shall provide a justification on the basis of each proposed cost category in the budget and how the cost supports the goals and objectives of the proposed project(s). Please describe each cost category, the amount requested for the category, and the purpose of the cost/purchase. All costs must be justified in this section.

**MA Executive Office of Public Safety and Security - Office of Grants and Research (OGR)**

**SUBRECIPIENT RISK ASSESSMENT FORM**

**SECTION A: PURPOSE**

Federal regulations contained in Title 2 CFR Part 200 §200.331 requires the Office of Grants and Research to evaluate each grant subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining appropriate subrecipient monitoring.

The programmatic and fiscal responsibility of subrecipients must be such that they can properly discharge the public trust that accompanies the authority to expend public funds. Adequate accounting and program management systems should meet the following criteria:

- (1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.
- (2) Entries in accounting records should refer to subsidiary records and/or documentation that support the entry and can be readily located.
- (3) The accounting system should provide accurate and current financial reporting information.
- (4) The accounting system should be integrated with an adequate system of internal programmatic controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.
- (5) Certify that subrecipient and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a state or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

**SECTION B: ACCOUNTING SYSTEM**

1. Which of the following best describes the accounting system:

- Manual     Automated     Combination

2. Does the accounting system identify the receipt and expenditure of program funds separately for each grant/contract?

- Yes     No

3. Does the accounting system provide for the recording of expenditures for each grant/contract by the budget cost categories shown in the approved budget

- Yes     No

4. Are time distribution records maintained for an employee when his/her effort can be identified to a particular cost objective?

- Yes     No

5. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of:

- a. Total funds available for a grant
- b. Total funds available for a budget cost category (e.g. Personnel, Travel, etc.)?

- Yes     No

- Yes     No

6. If Federal grant funds are commingled with organization funds, can the Federal funds and related costs be readily identified?

- Yes     No

**SECTION C: PROGRAM MANAGEMENT**

1. Is the organization new to managing federal grant funds or has the organization had recent staff turnover that significantly reduces its institutional capacity to effectively manage federal funds?

- Yes     No

If yes, please explain: (attach a separate sheet if necessary)

<p>2. If the organization has recently (past 5 years) or currently receives federal grant funding, has the organization been out-of-compliance with reporting or other requirements? If yes, please explain: (attach a separate sheet if necessary)</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
---	---

	<b>SECTION D: APPLICANT CERTIFICATION</b>	
--	---	--

I certify that the above information is complete and correct to the best of my knowledge.

Authorized Signature 	Title Finance Director	Date 10/5/2022
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Type Or Print Name Of Authorized Signatory  
Edward Bean

Subrecipient Organization Name, Address, and Telephone Number  
 City of Somerville  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

	<b>SECTION E: FOR OGR INTERNAL USE ONLY</b>	
<u>Subrecipients - Do not complete this section</u>		

1. Does the subrecipient receiving this award have an acceptable track record of managing funds provided by EOPSS? Briefly explain.	<input type="radio"/> Yes <input type="radio"/> No
2. Is the proposed program very complex, is the award above \$1million, and/or is the proposed grant-funded activity such that additional risk can be presumed? If yes, please explain.	<input type="radio"/> Yes <input type="radio"/> No
3. According to <a href="http://www.sam.gov">www.sam.gov</a> , is the subrecipient organization or any of its principals presently debarred, suspended, or voluntarily excluded from covered transactions by any Federal, State or local department or agency for non-responsible behavior (i.e. fraud, embezzlement, tax evasion, violation of antitrust statutes)? If yes, please explain.	<input type="radio"/> Yes <input type="radio"/> No