

Massachusetts Department of Public Health  
Office of Local and Regional Health  
Public Health Excellence Grant Program for Shared Services  
RFR #214333

Municipality Statement of Commitment

Working Name of Shared Services Arrangement or Name of Lead Municipality or Agency:  
City of Somerville

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Municipality submitting this form:

Somerville

Each municipality should complete a Municipality Statement of Commitment form and return to the lead municipality or agency.

Check each box below to affirm that your municipality understands and intends to

- ✓ Cooperate with the lead municipality/agency to ensure compliance with the scope of services for the Public Health Excellence Grant Program for Shared Services.
- ✓ Use funds provided under this program only to augment rather than replace current municipal funding for public health staff or services.

Form must be signed by a municipal chief executive and board of health chair (see note below).

Name Katjana Ballantyne Title Mayor of Somerville Date 7/12/22  
Katjana Ballantyne

Name Brian Green Title Chair, BOH Date 7/12/22  
Brian Green

Please provide a brief explanation if this form has not been signed by the date agreed upon with your OLRH Program Coordinator:

The grant and all relevant paperwork was put on hold during the time the City's Health and Human Services Director was vacant.

**Note for the lead municipality/agency:** This form must be scanned and sent by e-mail on or before the date agreed upon with your OLRH Program Coordinator to:

[Localregionalpublichealth@massmail.state.ma.us](mailto:Localregionalpublichealth@massmail.state.ma.us)