



City of Somerville: Standard Grant Agreement

AMENDMENT 1

PROJECT NAME: Broadway Winter Hill Congregational Church Bell Tower

CONTRACT NUMBER: 220011 dated 2/22/2021

WHEREAS, The City has entered into the grant agreement numbered and dated above hereafter "the Grant Agreement" to obtain the following:

Broadway Winter Hill Congregational Church Bell Tower

WHEREAS, The Chief Procurement Officer has determined that an amendment is necessary to fulfill the actual needs of the City, and is more economical and practical than awarding another grant agreement.

This Amendment is made the 30th day of June, 2023

by and between the City of Somerville ("City") and Vida Real Evangelical Center (the "Grantee").

Table with contract details: Grantee Name (Vida Real Evangelical Center), Grantee Address (404 Broadway Somerville MA 02145), Grantee Contact (Luis Morales, 617-625-1020, lmr77733@aol.com), Grant Amount (\$170,000), Purchase Order # (20242236), Grant Term (2/22/2021 through 2/21/2024), Procurement Type (Grant Agreement per MGL c. 30B:2), Contracting Department (OSPCD-A & F), Project Manager (Roberta Cameron).

NOW THEREFORE, the City and the Grantee in consideration of mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, agree as follows, to amend as follows:

- 1) The parties agree to amend the Grant Amount by \$80,000 to a new amount of \$ 170,000.00
2.) Insurance. Concurrent with the execution of this Amendment, the Grantee shall deposit with the City new policies or certificates of insurance...
3.) Continuing Representations. Execution of this Amendment by the Grantee shall constitute an affirmation that the certifications, representations, and warranties contained in the Grant Agreement remain true and correct.
4.) No Default. Execution of this Amendment by the Grantee shall constitute and affirm that the Grantee is not in default of any certification, representation, warranty, covenant or other provision contained in the Grant Agreement...

Grantee Certifications: Under the pains and penalties of perjury, the Grantee agrees to perform this Grant Agreement and provide the Goods and/or Services in accordance with the City of Somerville's Standard Contract General Conditions as set forth attached to original grant agreement... The Grantee certifies that its Federal tax identification number as reported to the IRS is: 30-0405861

In all other respects Grant Agreement 220011 is ratified and confirmed, including the changes.


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Appendix B: Forms (Check if Applicable; If Unchecked, Not Applicable)

- Certificate of Authority**
- Evidence of Insurance**
- Certificate of Good Standing**

IN WITNESS WHEREOF, the City and the Grantee have executed this Grant Agreement Amendment as a sealed instrument.



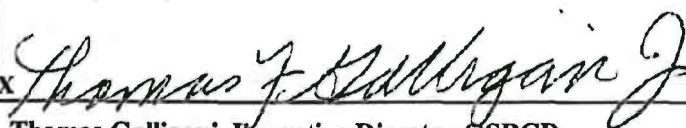
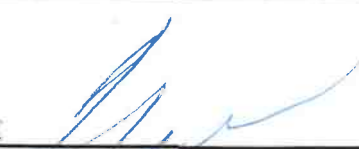
GRANTEE

<input checked="" type="checkbox"/>  Grantee Signature (Duly Authorized):	Date Signed: <u>08-10-23</u>
	Print Title: <u>President</u>
	Print Name: <u>Luis Morales</u>

CITY

City Auditor's Encumbrance Statement

I hereby certify that the total contract amount is \$ 170,000.00 and that an unencumbered balance of \$ 80,000.00 is available for the current fiscal year of this contract. I further certify that a sum of \$ 80,000.00 is hereby encumbered against the appropriate account for the purposes of this contract and as funds become available, I will encumber additional sums as are required under this grant agreement.

<input checked="" type="checkbox"/>  Edward Bean, City Auditor	<input checked="" type="checkbox"/>  <u>9-28-2023</u> Katjana Ballantyne, Mayor Date
<input checked="" type="checkbox"/>  Thomas Galligani, Executive Director OSPCD	<input checked="" type="checkbox"/>  Approved as to form: Cynthia Amara, City Solicitor

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Appendix A
Amendment Documentation
(If Applicable)



KATJANA BALLANTYNE
MAYOR

CITY OF SOMERVILLE, MASSACHUSETTS COMMUNITY PRESERVATION COMMITTEE



COMMUNITY PRESERVATION COMMITTEE RECOMMENDATION FOR Broadway Winter Hill Congregational Church Bell Tower FY23 Out of Cycle Request for Increased Funds

PROJECT DESCRIPTION

Vida Real Church requests additional funds to close a budget gap for the CPA-funded project to restore the bell tower of the building at 404 Broadway, the former Winter Hill Congregational Church. The original budget for the grant was based upon an estimate that predated the pandemic. Numerous delays and escalating construction costs have resulted in the project exceeding its original budget. Vida Real Church requests funds to enable the contractor to complete the project.

ELIGIBILITY

Historic Resources: This project would rehabilitate and restore a historic building. As a condition of the original grant given in FY21, a Preservation Restriction has been recorded on this building.

RECOMMENDATION

On May 24, 2023 by a vote of 7-0, the Community Preservation Committee recommended appropriating \$80,000 of Community Preservation Act funds to increase the budget for its elevator and collection storage area projects, as described in their request presented in May, 2023 from the following account:

Category: Historic Preservation	Recommended Funding Source	Amount
Broadway Winter Hill Congregational Church Bell Tower Off-Cycle Additional Funds Request FY23	Undesignated Fund	\$80,000

Attachment: Memorandum from Somerville Museum requesting off-cycle funding increase



City of Somerville, Massachusetts

Signature Report

File Number: 23-0947

Mayor's Request: 215770

Requesting the appropriation of \$80,000 from the Community Preservation Act (CPA) Fund Undesignated Fund to Vida Real for continued restoration of the bell tower at 404 Broadway.

Official Text

To the Honorable City Council:

The Mayor respectfully requests that this Council appropriate \$80,000 from the Community Preservation Act Fund Undesignated Fund to the Vida Real to complete the previously funded restoration of the bell tower on their building at 404 Broadway. The appropriation will be allocated to the Historic Preservation CPA category.

Details of this request are available in the attached funding recommendation from the Community Preservation Committee.

Appropriate staff will be available to address any questions you may have. Thank you for your consideration of this item.

Respectfully Submitted,
Katjana Ballantyne, Mayor

MAYOR'S REQUEST APPROVED BY THE CITY COUNCIL OF THE CITY OF SOMERVILLE, MA AT A REGULAR MEETING ON 6/28/2023.

APPROVED BY THE MAYOR OF THE CITY OF SOMERVILLE, MA ON 6/30/2023.

Attest: 

Kimberly Wells

June 30, 2023
Date Certified

Disbursement Schedule

Grant Total: \$170,000

Phase #	Anticipated Phase Time Period	Anticipated Invoice/Report Date	Disbursement as % of Grant Award	Disbursement Amount
1	Phase 1			\$40,500
2	Phase 2			\$40,500
3	Phase 3			\$72,000
4				\$0
Close Out (10% reserve)	Deliver Project Complete		10%	\$17,000
Total			10%	\$170,000

Appendix B
Forms



**Certificate of Authority
(Corporations Only)**

Instructions: Complete this form and sign and date where indicated below.

1. I hereby certify that I, the undersigned, am the duly elected Clerk/Secretary of

Vida Real Evangelical Center
(Insert Full Name of Corporation)

2. I hereby certify that the following individual Luis A. Morales
(Insert the Name of Officer who Signed the Contract and Bonds)

is the duly elected President of said Corporation.
(Insert the Title of the Officer in Line 2)

3. I hereby certify that on August 10, 2023
(Insert Date: Must be on or before Date Officer Signed Contract/Bonds)

at a duly authorized meeting of the Board of Directors of said corporation, at which a quorum was present, it was voted that

Luis A. Morales President
(Insert Name of Officer from Line 2) (Insert Title of Officer from Line 2)

of this corporation be and hereby is authorized to make, enter into, execute, and deliver contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

4. ATTEST:
Signature: [Signature]
(Clerk or Secretary)

AFFIX CORPORATE SEAL HERE

Printed Name: Juan Carlos Perez

Printed Title: Clerk

Date: 08-10-2023
(Date Must Be on or after Date Officer Signed Contract/Bonds)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: July 31, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,
**VIDA REAL EVANGELICAL CENTER (CENTRO EVANGELISTICO
VIDA REAL)**

is a domestic corporation organized on **March 31, 2004**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23070576950

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: bod

INSURANCE SPECIFICATIONS

INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....\$ One Million

Property Damage Liability.....\$ One Million

B. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN THE AMOUNT AS LISTED BELOW:

WORKER'S COMPENSATION.....\$ Statutory

EMPLOYERS' LIABILITY.....\$ Statutory

C. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....\$ STATUTORY

1. A contract will not be executed unless a certificate (s) of insurance evidencing above-described coverage is attached.
2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.
3. All applicable insurance policies shall read:
"CITY OF SOMERVILLE" as a certificate holder and as an additional insured for general liability only along with a description of operation in the space provided on the certificate.

Certificate Should Be Made Out To:

**City Of Somerville
c/o Purchasing Department
93 Highland Avenue
Somerville, Ma. 02143**

Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.



25SOMERLLE

SHUNDLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Emery & Webb, Inc. 989 Main Street Fishkill, NY 12524	CONTACT NAME:		
	PHONE (A/C, No, Ext): (845) 896-6727	FAX (A/C, No): (845) 896-6877	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : GuideOne Mutual			15032
INSURER B : Progressive Casualty Insurance Company			24260
INSURER C : Hartford Accident & Indemnity Company			22357
INSURER D :			
INSURER E :			
INSURER F :			

INSURED Vida Real Evangelical Center 98 George P Hassett Drive Medford, MA 02155	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		010037910	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			969076310	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		01WECAW5NK5	5/1/2023	5/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Somerville is listed as Additional Insured with regards to General Liability for the named insured's Restoration Project at 404 Broadway, Somerville, MA 02145. Solicitation Number 20221234.

CERTIFICATE HOLDER City of Somerville c/o Purchasing Department 93 Highland Ave. Somerville, MA 02143	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 