

## Charles Breen

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**From:** Davine, Jon (DFS) <Jon.Davine@mass.gov>  
**Sent:** Tuesday, February 6, 2024 9:51 AM  
**To:** Davine, Jon (DFS)  
**Subject:** FY24 Firefighter Safety Equipment Grant Announcement  
**Attachments:** FY24 Firefighter Safety Equipment Grant Award List (1).pdf

Good Morning:

I am pleased to inform you that your fire department has been selected for an FY24 Firefighter Safety Equipment Grant award. You may view your award amount on the attached list. Later today, you will receive a separate email with your award documents for signature. Please sign and return these to DFS promptly so that you can begin ordering equipment.

This year's award process was more competitive than ever, and unfortunately, we were not able to fully fund every grant application with the \$5 million that was available. This is the fourth year of a five-year program however, and I look forward to addressing the unfulfilled needs next fall.

If you have any questions about your award, please contact Tim Moore at [OPS.DFS-TM-Grants@mass.gov](mailto:OPS.DFS-TM-Grants@mass.gov)

Thank you,



**Jon M. Davine**  
State Fire Marshal  
Department of Fire Services  
1 State Rd., Stow, MA 01775  
**Office:** 978-567-3111  
**Mobile:** 781-400-9074



## Department of Fire Services

Jon M. Davine, State Fire Marshal

FOR IMMEDIATE RELEASE:  
February 6, 2024

Contact: Jake Wark  
Email: [jake.wark@mass.gov](mailto:jake.wark@mass.gov)  
Office: 978-567-3189  
Mobile: 978-273-7380

### **Healey-Driscoll Administration Announces \$5M in Grant Awards for Fire Departments** *More than 300 Departments Awarded Funds for Safety Equipment*

STOW—The Healey-Driscoll Administration today announced \$5 million in awards to 321 Massachusetts fire departments through the state's Firefighter Safety Equipment Grant program.

"Every single day, firefighters across Massachusetts put themselves in harm's way to protect their communities," **said Governor Maura Healey**. "They deserve our thanks and our support. The Firefighter Safety Equipment Grant program is just one way we can express our appreciation for that selfless dedication."

"From structure fires and water rescues to hazardous materials and building collapses, firefighters never know what life-threatening risks the next call will bring," **said Lt. Governor Kim Driscoll**. "These grants will support the purchase of fundamental tools and specialty equipment to help them do a dangerous job more safely."

Fire departments across Massachusetts were invited to apply to the Firefighter Safety Equipment Grant program, which provides reimbursement on purchases of 135 different types of eligible equipment. Eligible items include hoses and nozzles, turnout gear, ballistic protective equipment, gear washers and dryers, thermal imaging cameras, hand tools and extrication equipment, communications resources, hazardous gas meters, and more. In many cases, the purchase of this equipment will help departments attain compliance with Occupational Safety & Health Administration or National Fire Protection Association safety standards. This is the fourth year that funding has been awarded through the program.

"For the second year in a row, many fire departments are using this program to provide their personnel with ballistic vests and helmets so they can make life-saving rescues in active shooter situations," **said Secretary of Public Safety and Security Terrence Reidy**. "As we confront this growing threat and other emerging hazards, we are proud of the way Massachusetts fire departments have risen to every challenge."

"While smoke and flames are the most obvious threats to firefighters' safety, occupational cancer is the leading cause of death in the fire service," **said Deputy Secretary Susan Terrey**.

"We now know that wearing the right type of protective gear and cleaning it properly can reduce that risk. This program will give many firefighters access to tools that will help protect them from the number one threat to their health and well-being."

"The Firefighter Safety Equipment Grants are an investment in the health and safety of Massachusetts firefighters," **said State Fire Marshal Jon Davine.** "The flexibility of the program is especially valuable because it allows each department to make purchases based on their specific needs and resources. It has become a vital part of the way the Massachusetts fire service prepares for the constantly evolving threats in the world around us."

"Firefighters who have the proper protective gear and contemporary rescue tools are much better able to protect themselves and the residents they serve," **said Hyannis Fire Chief Peter Burke, President of the Fire Chiefs' Association of Massachusetts.** "These grant awards will have immeasurable impacts on public safety in Massachusetts for years to come."

A complete list of the awards by department is attached. The 20 item categories most frequently funded through this year's grants are:

Item	Quantity
Hoses, Nozzles, Fittings, and Adapters	1,262
Coats	659
Gloves	618
Hoods	539
Ballistic Vest	515
Helmets	436
Pants	409
Ballistic Helmet	371
Boots	351
Combustible/Hazardous Gas Detectors	166
Thermal Imaging Cameras	133
Hand Tools	119
SCBA Facepieces	104
SCBA Bottles	102
Portable (handheld) Radios	97
Rescue Litters	76
Cold Water Immersion Suits	63
Extrication Tools	54
Rescue Saw	49
Vehicle Stabilization Struts	43

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**Department of Fire Services**  
Commonwealth of Massachusetts

FY24 Firefighter Safety Equipment Grant Awards

Department	Award Amount
Town of Plymouth	\$34,999.90
Town of Plympton	\$12,500.00
Town of Princeton	\$12,500.00
City of Quincy	\$49,872.96
Town of Randolph	\$25,000.00
Town of Raynham	\$6,851.01
Town of Reading	\$14,110.76
Town of Rehoboth	\$18,475.00
City of Revere	\$34,973.84
Town of Richmond*	\$20,855.44
Town of Rochester	\$15,107.00
Town of Rockport	\$10,230.20
Town of Rowe	\$6,719.11
Town of Rowley	\$11,295.09
Town of Royalston	\$7,702.87
Town of Russell	\$10,500.00
City of Salem	\$18,553.50
Town of Salisbury	\$15,495.06
Town of Sandwich	\$7,106.86
Town of Scituate	\$18,750.00
Town of Seekonk	\$17,668.00
Town of Sharon	\$18,518.58
Shelburne Falls Fire District	\$6,358.47
Shelburne Fire District	\$7,882.47
Town of Sherborn	\$12,500.00
Town of Shrewsbury	\$25,000.00
Town of Shutesbury	\$7,792.47
Town of Somerset	\$19,000.00
City of Somerville	\$14,327.56
South Deerfield Fire District	\$9,226.75
South Hadley Fire District 1	\$17,971.00
South Hadley Fire District 2	\$9,723.97
Town of Southampton	\$15,500.00
Town of Southborough	\$11,075.00
Town of Southbridge	\$19,000.00
Town of Southwick	\$10,101.05

Department	Award Amount
Town of Spencer	\$18,735.00
City of Springfield	\$49,778.00
Town of Sterling	\$15,500.00
Town of Stockbridge	\$7,792.47
Town of Stoneham	\$18,999.00
Town of Stoughton	\$19,000.00
Town of Stow	\$14,528.44
Town of Sturbridge	\$14,912.00
Town of Sudbury	\$10,300.66
Town of Sunderland	\$12,474.35
Town of Sutton	\$8,746.05
Town of Swampscott	\$18,000.00
Town of Swansea	\$19,000.00
City of Taunton	\$34,693.97
Town of Templeton	\$15,500.00
Town of Tewksbury	\$18,750.00
Three Rivers Fire District	\$12,350.79
Town of Tisbury	\$12,500.00
Town of Tolland	\$10,176.55
Town of Topsfield	\$11,667.83
Town of Townsend	\$11,503.17
Turners Falls Fire District	\$10,470.69
Town of Tyngsborough	\$18,887.75
Town of Upton	\$15,499.47
Town of Uxbridge	\$12,200.66
Town of Wakefield	\$18,936.00
Town of Wales	\$5,168.64
Town of Walpole	\$19,000.00
City of Waltham	\$35,000.00
Town of Ware	\$18,833.74
Wareham Fire District	\$11,266.19
Town of Warren	\$10,224.00
Town of Warwick	\$10,500.00
Town of Watertown	\$21,560.00
Town of Wayland	\$19,000.00
Town of Webster	\$12,679.58



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

**MAURA T. HEALEY**  
GOVERNOR

**KIMBERLEY DRISCOLL**  
LIEUTENANT GOVERNOR

February 6, 2024

Chief Charles Breen  
City of Somerville  
266 Broadway  
Somerville, MA 02145

Dear Chief Breen,

Congratulations! I am pleased to inform you that the Executive Office of Public Safety and Security and the Department of Fire Services (DFS) has awarded the City of Somerville Fire Department \$14,327.56 in State Fiscal Year 2024 funding for the Firefighter Safety Equipment Grant Program.

With each new challenge, the fire service in Massachusetts demonstrates its ability to adapt, overcome, and continue providing the excellent level of services that the citizens of the Commonwealth have come to expect. Please know how thankful I am for this, and how grateful I am to be able to provide your department with this important equipment.

The contract, terms and conditions, and other award documents for this program will be provided to you by DFS. Please contact Tim Moore at DFS with any questions about this award at 978-567-3721 or [Timothy.Moore@mass.gov](mailto:Timothy.Moore@mass.gov).

Sincerely,

Handwritten signature of Maura T. Healey in blue ink.

Handwritten signature of Kimberley Driscoll in blue ink.

GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

## Charles Breen

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**From:** DFS-TM - Grants, OPS (DFS) <OPS.DFS-TM-Grants@mass.gov>  
**Sent:** Tuesday, February 6, 2024 3:57 PM  
**To:** Charles Breen  
**Cc:** Ali Belabdi  
**Subject:** FY24 Firefighter Safety Equipment Grant Contract Documents  
**Attachments:** Governor's Award Letters\_Merged\_Part245.pdf; DFS Award Letters\_Merged\_Part245.pdf; Grant Agreement SOW and Budget\_Merged\_Part245.pdf; FY2024 Merged Contracts\_Part245.pdf; Contractor Authorized Signatory Listing Form.pdf; FY24 Firefighter Safety Equipment Grant - Report Template.xlsx

Good Afternoon:

Attached you will find the following documents related to your FY24 Firefighter Safety Equipment Grant award:

1. Award letter from Governor Healey and Lt. Governor Driscoll
2. Contract letter with instructions from Fire Marshal Davine
3. Standard Contract Form
4. Grant Agreement Scope of Work and Budget
5. Contractor Authorized Signatory Listing Form
6. Final Report Template

Please print, sign, and mail the signed original **Standard Contract Form**, **Grant Agreement Scope of Work and Budget**, and **Contractor Authorized Signatory Listing Form** to DFS at the address below as soon as possible:

Attn: Tim Moore  
Department of Fire Services  
PO Box 1025  
Stow, MA 01775

Please feel free to reach out with questions at any time. Thanks.

**Tim Moore**  
Fire Standard Compliant Cigarette Program Coordinator  
Department of Fire Services  
P.O. Box 1025 | Stow, MA 01775  
Desk: 978-567-3721  
[Timothy.Moore@mass.gov](mailto:Timothy.Moore@mass.gov) | [www.mass.gov/dfs](http://www.mass.gov/dfs)



# 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.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: Department of Fire Services MMARS Department Code: DFS	
Legal Address: (W-9, W-4): 93 Highland Ave, Somerville, MA, 02143		Business Mailing Address: P.O. Box 1025, Stow MA 01775	
Contract Manager: Provisional Chief Charles Breen Jr.	Phone: 617-623-1700	Billing Address (if different):	
E-Mail: cbreen@somervillema.gov	Fax: 617-625-8101	Contract Manager: David Clemons	Phone: 978-567-3179
Contractor Vendor Code: VC6000192138		E-Mail: David.Clemons@mass.gov	Fax: 978-567-3121
Vendor Code Address ID (AD001 (Note: The Address ID must be set up for EFT payments.))		MMARS Doc ID(s): CT-DFS-1000-2024FFEGRANT0000000	
		RFR/Procurement or Other ID Number: BD-94942	
<input checked="" type="checkbox"/> <b>NEW CONTRACT</b> PROCUREMENT OR EXCEPTION TYPE: (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 - <a href="#">815 CMR 2.00</a> ) (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") AMENDMENT TYPE: (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, Contractor Certifications and the following Commonwealth Terms and Conditions document is 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			
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 <a href="#">815 CMR 9.00</a> . <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 <i>new</i> total if Contract is being amended) <b>\$14,327.56</b>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting <b>accelerated</b> 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 <input type="checkbox"/> statutory/legal or Ready Payments ( <a href="#">M.G.L. c. 29, § 23A</a> ); <input type="checkbox"/> 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.) FY24 Firefighter Safety Equipment Grant Program. This contract is for funds awarded under the Department of Fire Services' FY24 Firefighter Equipment Grant, in accordance with the FY24 Grant Application, and attached Grant Agreement Scope of Work and Budget. Funds for this program will be disbursed on a reimbursement basis only.			
ANTICIPATED START DATE: (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 <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 2. may be incurred as of ____, 20 ____, a date <b>LATER</b> than the Effective Date below and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 3. were incurred as of ____, 20 ____, a date <b>PRIOR</b> 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 <b>June 30, 2024</b> , 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 <a href="#">801 CMR 21.07</a> , 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:  Date: <u>2-12-2024</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>KATARINA BALANOVIC</u> Print Title: <u>MAYOR</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Jon M. Davine</u> Print Title: <u>State Fire Marshal</u>	

## **Department of Fire Services and the City of Somerville FY24 Firefighter Equipment Grant Agreement Scope of Work and Budget**

**Authorization:** This grant is awarded by the Executive Office of Public Safety through the Department of Fire Services' FY24 Firefighter Safety Equipment Grant program for the purchase of firefighter safety equipment in accordance with the Acts of 2020 chapter 151 2D, the Department of Fire Services Earmark and Grants policy and procedures, and CMR 815, 2.00 State Grant Regulations.

**Grant Project Description:** Purchase of firefighter safety equipment as listed in the budget section of this Scope of Work.

**Grant Manager:** The MA Department of Fire Services and the grantee will each assign a grant manager with respect to this Scope of Work. It is anticipated that the grant manager will not change during the period the Scope of Work is in force. In the event that a change is necessary, the party requesting the change will provide prompt written notice to the other. In the event a change occurs because of a non-emergency, two-week written notice is required. For a change resulting from an emergency, prompt notice is required.

The MA Department of Fire Services grant manager will work closely with the grantee to ensure successful completion of the grant, will consult with the grantee to develop the Scope of Work, will coordinate input as needed, and will review and approve deliverables, progress reports and authorize acceptance and compensation of deliverables.

The grantee's grant manager will serve as the interface between the MA Department of Fire Services and all grantee personnel participating in this program, will maintain the Scope of Work and Budget in consultation with the MA Department of Fire Services grant manager, will facilitate regular communication with the MA Department of Fire Services grant manager including status reports/updates and review of performance against the Scope of Work, and will work closely with the MA Department of Fire Services to ensure successful completion of the grant.

The grantee's grant manager is Administrative Assistant Ali Belabdi who can be reached at: 266 Broadway Somerville, MA 02145, tel 617-623-1700 x8105, email: [abelabdi@somervillema.gov](mailto:abelabdi@somervillema.gov). The MA Department of Fire Services grant manager is David Clemons, Director of Operations, 1 State Road, Stow, MA 01775, tel 978-567-3179, email: [David.Clemons@mass.gov](mailto:David.Clemons@mass.gov).

**Budget:** The funds may not be used to serve as a match for a federal grant. The funds may not be used for construction and all applicable local and state procurement requirements must be adhered to in the use of the grant funds. The grant funds must be used to purchase the following approved firefighter safety equipment.

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**Grant Award:**

<b>Department</b>	<b>Description of allowable Equipment</b>
City of Somerville	Carbon Monoxide Detector Combustible Gas Detector/4-Gas Meter Hand Tools (halligans, axes, bars, etc.) Self-Contained Breathing Apparatus (SCBA) Handheld Thermal Imager
<b>Total Award</b>	\$14,327.56

**Reimbursement Request Process:** The MA Department of Fire Services agrees to disburse funds on a cost reimbursement basis. All costs requested for reimbursement must be listed on the DFS Grant/Earmark reimbursement form. Appropriate supporting documentation for all non-salary costs must also be attached, including:

1. copy of invoice
2. proof of payment – cancelled check or similar other proof of payment documentation such as a copy of the City/Town warrant or invoice that is marked paid and signed as paid by the City/Town fiscal officer.

**Period of Performance:** **Approved expenditures may not be made until a contract has been executed between DFS and the grant recipient.** Expenses incurred prior to execution of a contract **will not** be eligible for reimbursement through this program.

Grant recipients must take delivery of equipment no later than June 30, 2024. Equipment delivered to the recipient after that date **will not** be eligible for reimbursement through this program unless approval for an extension has been already been granted in writing by the DFS grant manager.

Reimbursement requests must be submitted no later than July 26, 2024. DFS will only reimburse for costs incurred through the grant performance period, June 30, 2024.

**Grant Extensions:** Grant recipients may request a single performance period extension if extenuating circumstances beyond the control of the recipient (backordered equipment, supply chain disruptions, vendor errors, etc.) will prevent equipment from being delivered on or before June 30, 2024. Extensions for these purposes must be submitted to DFS by email no later than June 1, 2024. Approval of extension requests is at the sole discretion of DFS.

**Grant Monitoring:** The Department of Fire Services may conduct grant monitoring through either a desk-based review or on-site monitoring visits, or both, in order to obtain additional information or verify information related to grant spending, grant-funded activity, or grant award outcomes. Advance notice will be given prior to a site visit. Findings of non-compliance with

any portion of the terms of the FY24 Firefighter Safety Equipment Application, the executed Standard Contract Form, and the DFS Grant Agreement Scope of Work and Budget may result in a demand for funds to be returned to DFS.

**Changes in Scope of Work or Budget:** The grant project description and budget are fixed and any change would be a “material” change in the contract. “Material” changes to the project description (adding, deleting or altering items) or budget lines (deletions, additions or changes to items) will require both parties to execute a *Standard Contract Amendment Form*. Contract amendments may not be done retroactively and must be done prior to the grant end date.

**Records Management:** The grantee shall maintain records in accordance with 815 CMR 2.08. This regulation includes but is not limited to “... maintain records, books, files and other data as specified in a contract and in such detail as shall properly substantiate claims for payment under a contract, for a minimum retention period of seven years beginning on the first day after the final payment under a contract, or such longer period as is necessary for the resolution, of any litigation, claim, negotiation, audit or other inquiry involving a contract...”

Approved by:

  
City of Somerville

KATJANA BALLANTYNE  
Print Name and Title                      MAYOR

2-12-2024  
Date

Approved by:

\_\_\_\_\_  
Department of Fire Services

David Clemons, Director of Operations  
Print Name and Title

\_\_\_\_\_  
Date



Commonwealth of Massachusetts  
**CONTRACTOR AUTHORIZED SIGNATORY LISTING**

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

**Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company  
 (must match Form W-9 tax classification)**

Contractor Legal Name <b>CITY OF SOMERVILLE</b>	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number) <b>VC6000192138</b>
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**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
KATJANA BALLANTYNE		MAYOR	617-625-6600 x 2100	mayor@Somervillema.gov

**Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.**

I certify that I am a responsible authorized officer of the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

**Please note you cannot self-certify your own signature as a single signer listed above.**

Signature	Date
Print Name	Phone Number
Title	Email Address

A copy of this listing must be attached to the "record copy" of a contract filed with the department.



**EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY  
DEPARTMENT OF FIRE SERVICES**



**FY24 FIREFIGHTER SAFETY EQUIPMENT GRANT PROGRAM**

**COVER SHEET**

**Department Information**

Legal Name of Applicant Agency: City of Somerville

Mailing Address: 266 Broadway PO Box: \_\_\_\_\_

Municipality: Somerville Zip Code: 02145

**Chief of Department**

First Name: Charles Title: Chief

Middle Initial: J. Phone Number: 617-623-1700

Last Name: Breen Email Address: cbreen@somervillema.gov

Suffix: Jr.

**Grant Manager\***

First Name: Ali Title: Administrative Assistant

Middle Initial: \_\_\_\_\_ Phone Number: 617-623-1700 x8105

Last Name: Belabdi Email Address: abelabdi@somervillema.gov

Suffix: \_\_\_\_\_

\*Leave this section blank if Fire Chief will serve as Grant Manager.

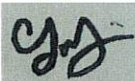
**Application Type**

Select Application Type Below:  
Single Department

If you are submitting a Regional Application, complete the "Supporting Regional Applicants" tab of this document. If you are not submitting a regional application, you may leave that tab blank.

**Signature**

As the Chief of the Department/Chief Executive, I am authorizing the department to solicit funds from the FY24 Firefighter Safety Equipment Grant Program from the Department of Fire Services (DFS). I have reviewed and approve of the contents of this application, and certify that all information provided is accurate. I have also reviewed and agree to abide by all terms and conditions in the Notice of Funding Opportunity. I further acknowledge that if my department incurs expenses for the grant prior to a contract for these grant funds being signed by DFS and my department, DFS will not be able to reimburse my department for those costs.

Name: Charles J. Breen, Jr. Signature:  Date: 11/29/2023



EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY  
DEPARTMENT OF FIRE SERVICES



**FY24 FIREFIGHTER SAFETY EQUIPMENT GRANT PROGRAM**

**Application Narrative**

**Project Summary**

Please explain all equipment being requested, quantities, and how it will be deployed/managed. Include details on installation, maintenance plans, how cost estimates were obtained, accessories to be included, and any other relevant information.

Equipment being requested is (1) multi-gas meter, (1) CO meter, (1) hand held thermal imaging camera, (1) flat head axe, (1) pick head axe, (1) probar, (1) multi purpose hook, (1) boston rake and (3) SCBA. This equipment will be installed on a new Engine Company which will be added to our Department to protect the rapidly expanding Assembly Square neighborhood. Quotes were obtained through our current vendors with an effort on keeping equipment standardized.

**Project Need**

Please explain the reason grant funding is needed to purchase this equipment and connect it to one of the Purchase Justification options listed in the Notice of Funding Opportunity (i.e. There are 10 firefighters on my department without a compliant second set of turnout gear, my department has one thermal imaging camera which was purchased in 2012 and no longer functions properly, etc.).

The Somerville FD will be adding a new Engine Company in 2024 to protect the Assembly Square neighborhood. A new fire station is under construction. This additional Engine Company will reduce response times and help the Department to better meet NFPA 1710 requirements. The cost of a new fire station, new pumper, new equipment and the hiring of additional firefighters will strain our budget. This grant will help reduce our financial burden while allowing us to equip our new Engine Company to meet minimum operational requirements.




**TOTAL COST: \$5,991.12**

<b>Chem./Bio./Rad. Mitigation Equipment</b>					
Item	Justification for Purchase	Quantity	Unit Cost	Total Cost	

**TOTAL COST:**

<b>Chem./Bio./Rad. Protection Equipment</b>			
Item	Justification for Purchase	Quantity	Total Cost



<b>TOTAL COST:</b>									
<b>Department Equipment</b>									
Item	Justification for Purchase	Quantity	Unit Cost	Total Cost					
Hand Tools (halls, axes, bars, etc.)	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	1	\$139.00	\$139.00					
Hand Tools (halls, axes, bars, etc.)	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	1	\$147.00	\$147.00					
Hand Tools (halls, axes, bars, etc.)	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	1	\$295.00	\$295.00					
Hand Tools (halls, axes, bars, etc.)	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	1	\$139.00	\$139.00					
Hand Tools (halls, axes, bars, etc.)	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	1	\$149.00	\$149.00					
<b>TOTAL COST: \$869.00</b>									

<b>Health and Wellness Equipment</b>									
Item	Justification for Purchase	Quantity	Unit Cost	Total Cost					

TOTAL COST:

**Personal Protective Equipment**

Item	Justification for Purchase	Quantity	Unit Cost	Total Cost
Self-Contained Breathing Apparatus (SCBA)	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	3	\$7,477.64	\$22,432.92

TOTAL COST: \$22,432.92

**Rehab Systems**

Item	Justification for Purchase	Quantity	Unit Cost	Total Cost

### Thermal Imaging Cameras

Item	Justification for Purchase	Quantity	Unit Cost	Total Cost
Handheld Thermal Imager	Obtaining new NFPA or OSHA compliant equipment that the department does not currently have to meet minimum operational and deployment standards	1	\$3,112.00	\$3,112.00
<b>TOTAL COST: \$3,112.00</b>				

### Training

Item	Justification for Purchase	Quantity	Unit Cost	Total Cost