



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A ~ Middleborough, MA 02346
Tel: 508-828-2911 ~ TTY: 508-947-1455
www.mass.gov/e911



MAURA T. HEALEY
Governor

TERRENCE M. REIDY
Secretary

KIMBERLEY DRISCOLL
Lieutenant Governor

FRANK POZNIAK
Executive Director

September 5, 2025

Chief Shumeane Benford
Somerville Police Department
220 Washington Street
Somerville, MA 02145

Dear Chief Benford:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY2026 State 911 Department Training Grant Program**.

For your files, attached please find a copy of the executed contract and the final approved Personnel Cost Worksheet for your grant. Please note your contract start date is **September 5, 2025** and will run through June 30, 2026. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services **MUST** be received on or before June 30, 2026.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/e911. Please ensure all proper documentation is provided with the grant reimbursement submissions to avoid reductions or returns. For any questions related to this process, please contact Angela Pilling at 508-821-7305. Please note that funding of reimbursement requests received more than one (1) month after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, add personnel, or to request approval for trainings, please e-mail those proposed changes to 911DeptGrants@mass.gov. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 31, 2026.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2026 Training Grant File

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division 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 forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION			COMMONWEALTH INFORMATION		
Contractor Legal Name City of Somerville d/b/a Somerville Police Dept.			Department State 911 Department		MMARS Code EPS
Legal Address As entered on Form W-9 or Form W-4 93 Highland Avenue, Somerville, MA 02143			Contract Manager Name Cindy Reynolds		Business Mailing Address 151 Campanelli Dr. Suite A, Middleborough, MA 02346
Contract Manager Name Emily Wisdom			Billing Address If Different		
Phone 617-625-1600	Email ewisdom@police.somerville.ma.us	Fax 617-628-4936	Phone 508-821-7299	Email 911DeptGrants@mass.gov	Fax 508-947-1452
Vendor Code vc: 6000192138			MMARS Doc ID(s) CT EPS GRNT		
Vendor Code Address ID AD 001 e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number FY2026 GRNT		
<input checked="" type="radio"/> NEW CONTRACT Procurement or Exception Type (Check one option only) <input type="radio"/> Statewide Contract (OSD or an OSD-designated department.) <input type="radio"/> Collective Purchase (Attach OSD approval, scope, and budget.) <input type="radio"/> Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) <input type="radio"/> Emergency Contract (Attach justification for emergency, scope, and budget.) <input type="radio"/> Contract Employee (Attach Employee Status Form, scope, and budget.) <input type="radio"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="radio"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			<input type="radio"/> CONTRACT AMENDMENT Current Contract End Date PRIOR to Amendment Amendment Amount Or Enter "No Change" Amendment Type (Check one option only. Attach details of amendment changes.) <input type="radio"/> Amendment to Date, Scope, or Budget (Attach updated scope and budget.) <input type="radio"/> Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="radio"/> Contract Employee (Attach any updates to scope or budget.) <input type="radio"/> Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)		
TERMS AND CONDITIONS					
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option). <input checked="" type="radio"/> Commonwealth Terms and Conditions <input type="radio"/> Commonwealth Terms and Conditions for Human and Social Services <input type="radio"/> 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 . <input type="radio"/> 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="radio"/> Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended): \$155,271.38					
PROMPT PAYMENT DISCOUNTS (PPD)					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See Prompt Pay Discounts Policy . Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within: 10 days % PPD. 15 days % PPD. 20 days % PPD. 30 days % PPD. If PPD percentages are left blank, identify reason: <input type="checkbox"/> Statutory/legal <input type="checkbox"/> Ready Payments (M.G.L. c. 29, § 23A) <input checked="" type="checkbox"/> Agree to standard 45-day cycle <input type="checkbox"/> Only initial payment					
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. Contract is to support regionalization efforts to maximize effective emergency 911 and dispatch services as well as regional interoperability in compliance with the State 911 Department FY 2026 Training Grant and the awarded proposal attached hereto.					
SUPPLIER DIVERSITY PROGRAM (SDP) PLAN					
Does the Supplier Diversity Program apply? <input checked="" type="radio"/> YES If YES, the Contractor's annual SDP commitment for this Contract is <input type="radio"/> NO If NO, and the department is an Executive Department, enter the appropriate exemption: Grants					
ANTICIPATED START DATE (Complete ONE option only.)					
The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="radio"/> 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="radio"/> 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="radio"/> 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.					
CONTRACT END DATE					
Contract performance shall terminate as of June 30, 2026 , 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			AUTHORIZING SIGNATURE FOR THE COMMONWEALTH		
Signature and date must be captured at time of signature.			Signature and date must be captured at time of signature.		
Signature Katiana Ballantyne		Date 8/6/2025	Signature Frank Pozniak		Date 9/1/25
Print Name Katiana Ballantyne		Print Title Mayor	Print Name Frank Pozniak		Print Title Executive Director

CERTIFIED PERSONNEL

PSAP Name: Somerville Police Department

{List Personnel in Alphabetical Order by Last Name}

LAST NAME	FIRST NAME	OT Rate	Con Ed.	Travel	Total Hrs	Total Salary	Vendor Fees for 16 Hours of Training
Briosio	Douglas	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Brown	Michael	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Buswell	Justin	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Canty	Patrick	\$ 76.63	16		16	\$ 1,226.08	\$ 717.00
Capasso	Michael	\$ 97.90	16		16	\$ 1,566.40	\$ 716.00
Catatao	Ashley	\$ 79.64	16		16	\$ 1,274.24	\$ 716.00
Cicerone	Fernando	\$ 79.64	16		16	\$ 1,274.24	\$ 716.00
Cornelio	Christine	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
DaCosta	Edna	\$ 79.64	16		16	\$ 1,274.24	\$ 716.00
Defranzo	Robyn	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
DeOliveira	Diogo	\$ 101.98	16		16	\$ 1,631.68	\$ 716.00
Desrochers	Roger	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
DiFava	Marc	\$ 83.32	16		16	\$ 1,333.12	\$ 716.00
Dottin	Derrick	\$ 70.59	16		16	\$ 1,129.44	\$ 716.00
Ducasse-Ayala	Juan	\$ 83.32	16		16	\$ 1,333.12	\$ 716.00
Duval	Marika	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Faria	Michael	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Fusco	Christopher	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Fusco	Salvatore	\$ 97.90	16		16	\$ 1,566.40	\$ 716.00
Garcia	Sergio	\$ 69.08	16		16	\$ 1,105.28	\$ 716.00
Guardado	Diana	\$ 52.00	16		16	\$ 831.92	\$ 717.00
Haley	Daniel	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Hartsgrove	Cara	\$ 53.48	16		16	\$ 855.68	\$ 716.00
Hartsgrove	Robert	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Hickey	John	\$ 59.43	16		16	\$ 950.88	\$ 716.00
Holland	Michael	\$ 97.90	16		16	\$ 1,566.40	\$ 716.00
Howe	John	\$ 76.63	16		16	\$ 1,226.04	\$ 716.00
Kiely	Julie	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
Kim	Eli	\$ 115.57	16		16	\$ 1,849.18	\$ 716.00
Lavey	Susan	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
Legros	Guerdy	\$ 79.64	16		16	\$ 1,274.24	\$ 716.00
Lennon	Scott	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
Lorenti	Alexander	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Mahoney	Jeanne	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
McCarey	Michael	\$ 69.43	16		16	\$ 1,110.88	\$ 716.00
McKenna	Joan	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
Mobililia-Dowling	Janeen	\$ 59.43	16		16	\$ 950.88	\$ 716.00
Monaco	Alan	\$ 70.59	16		16	\$ 1,129.44	\$ 716.00

EMD & PST RECERTIFICATION FEES WITH NO TRAINING HOURS ONLY:

APCO or Priority Dispatch EMD Recert fee or PST Recert fee ONLY	Example: 2 @ \$55	DO NOT WRITE ON GRAY LINES	\$ 110.00
DO NOT ADD LINES TO THIS WORKSHEET, AS THE FORMULAS MAY CHANGE, CONTINUE ON THE NEXT WORKSHEET BELOW			
TOTALS		\$ 45,242.18	\$ 27,210.00

FY 2026 Training Grant Personnel Costs Worksheet
CERTIFIED PERSONNEL cont.

All Cert's


PSAP Name: Somerville Police Department

{List Personnel in Alphabetical Order by Last Name}

LAST NAME	FIRST NAME	OT Rate	Con Ed	Travel	Total Hrs	Total Salary	Enter the Vendor Fees for 16 Hours of Training
Moreira	Nicholas	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Morel	Jorge	\$ 70.59	16		16	\$ 1,129.44	\$ 716.00
Nevin	Mark	\$ 79.64	16		16	\$ 1,274.24	\$ 716.00
O'Leary	Charles	\$ 70.59	16		16	\$ 1,129.44	\$ 716.00
Pasqualino	Robert	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Pavao	Brian	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Perrone	Michael	\$ 101.98	16		16	\$ 1,631.68	\$ 716.00
Prophete	Frاندiane	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Pulli	Mark	\$ 79.65	16		16	\$ 1,274.40	\$ 716.00
Ramirez	Jose	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Richardson	Mackenzie	\$ 86.79	16		16	\$ 1,388.64	\$ 716.00
Rivera	Betsy	\$ 59.43	16		16	\$ 950.88	\$ 716.00
Rivera	Joseph	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Ruf	David	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Schneider	Devin	\$ 76.37	16		16	\$ 1,221.92	\$ 716.00
Sheehan	Sean	\$ 119.82	16		16	\$ 1,917.12	\$ 716.00
Slattery	James	\$ 69.43	16		16	\$ 1,110.88	\$ 716.00
Soares	Eduardo	\$ 76.63	16		16	\$ 1,226.08	\$ 716.00
Sullivan	Timothy	\$ 70.59	16		16	\$ 1,129.44	\$ 716.00
Sylvester	Sean	\$ 86.79	16		16	\$ 1,388.64	\$ 716.00
Taylor	Robert	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Thompson	Jamey	\$ 64.56	16		16	\$ 1,032.96	\$ 716.00
Vallery	Kristine	\$ 66.85	16		16	\$ 1,069.60	\$ 716.00
Van Nostrand	Timothy	\$ 83.32	16		16	\$ 1,333.12	\$ 716.00
Vivolo	Carmine	\$ 101.98	16		16	\$ 1,631.68	\$ 716.00
Whalen	Scott	\$ 86.79	16		16	\$ 1,388.64	\$ 716.00
		\$ -	16		16	\$ -	
		\$ -	16		16	\$ -	
		\$ -	16		16	\$ -	
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		\$ -	16		16	\$ -	
DO NOT ADD LINES TO THIS WORKSHEET, AS THE FORMULAS MAY CHANGE				TOTALS		\$ 31,685.60	\$ 18,616.00

In the Process of Obtaining Certification

✓ OR

[illegible]

FY 2026 TRAINING GRANT

Name of Eligible Entity / PSAP / RECC

Address

City/Town/Zip

Telephone Number

Fax Number

Website

Somerville Police Department

220 Washington Street

Somerville, MA 02143

617-625-1600

617-628-4936

www.somervillepd.com

RECEIVED

AUG 28 2025

State 911 Department
Middleborough, MA**Name & Title of Authorized Signatory**

Telephone Number

Email Address

Shumeane Benford, Chief of Police

617-625-1600 ext. 7450

sbenford@police.somerville.ma.us

Name & Title Grant Contract Manager

Telephone Number

Email Address

Emily Wisdom, SPD Director of Finance & Admin.

617-625-1600 ext. 7239

ewisdom@police.somerville.ma.us

Total Grant Program Funds Requested\$155,271.38 *an*
\$162,986.00**Applicant meets the EMD requirements established by the State 911 Department by:**

Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ APCO☐ PowerPhone☐ Priority Dispatch**OR**

Utilizing the following Certified EMD Resource:

Cataldo Ambulance Service

CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ APCO☐ PowerPhone☒ Priority Dispatch**Authorization and Certification**

Through its submission of this application to the State 911 Department, the applying governmental entity and the authorized signatory of the applying governmental entity affirms and declares that all information submitted to the State 911 Department regarding the application, reimbursements, budget modifications, reporting, and any and all other submissions required throughout the duration of the grant process, its award and execution shall be true and verifiable through source documentation. The above noted documents, excluding this application, will no longer require a signature at the time of submission. Submission of this application by the applying governmental entity and authorized signatory shall be applicable to any and all transactions submitted under a contract awarded as the result of this application.

Sign below to acknowledge having read and agreed to the Authorization and Certification above and the grant conditions and reporting requirements listed in the grant guidelines.

Signed under the penalties of perjury this 18 day of August, 2025.


ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2026 TRAINING GRANT BUDGET NARRATIVE

- A. **Fees** – Fees associated with attendance at approved live or online 911 training courses, including certifications/recertification for certified Telecommunicators to include 16 hours of continued education or for those working toward certification. Add the **Total Vendor Fees** from the **Personnel Costs Worksheet(s)** and the total Membership & Conference Fees below to get the total for Category A.

For Membership fees, list the name and amount for each below.

Membership Fees:

For Conference fees, list the name of the conference, number attending and the amount for each conference below.

Conference Fees:

Total Category A

\$ 45,826.00

- B. **Personnel Costs** – Straight time or overtime expenses for participants or replacement/backfill (who are certified telecommunicators), to cover participant class hours but not both. Add the **Total Salary** column(s) from the **{{REQUIRED}}** **Personnel Costs Worksheet(s)** and enter below.

Total Category B

\$ 109,445.38

- C. **Training Materials and Other Products** – Funding may be authorized for the purchase, installation, replacement, maintenance, and/or upgrade of software and other products related to the certification and training of enhanced 911 telecommunicators, including but not limited to, call handling guide cards, call handling software, skill and ability pre-employment testing software, and additional related training materials such as books and manuals. In addition, funding not to exceed \$2,500 may be authorized for the purchase of skill and ability software/programs/subscriptions utilized by a PSAP to enhance the skill set of its certified telecommunicators.

Description:

Attach quote for this category

Total Category C

\$

- D. Enter the lodging expenses to include the number of people and number of nights for two (2) or more consecutive days of training (not to include the night prior to the training) and the distance of which is equal to or greater than ninety (90) miles away from where travel originates. **NOTE: Lodging for conferences is not eligible.**

Description:

Total Category D

\$

- E. **Mileage** – Funding may be authorized for the payment of mileage when an employee utilizes his/her personal vehicle for travel to attend eligible trainings. Mileage, where applicable, will be verified utilizing a recognized mileage guide such as Google Maps. Eligible mileage will be calculated by determining the round-trip mileage from the PSAP to the training location, rounded to the nearest mile. Other expenses associated with travel, such as tolls and parking, may also be eligible. **If requesting funding under this category, applicant must provide its employment Agreement.**

Description: Show your calculation below for the amount you are requesting, use an additional sheet of paper if needed.

Total Category E

\$



Commonwealth Police Legacy, Inc.

P.O. Box 752

Norton, Massachusetts 02766

Phone: 508-989-9848 Fax: 508-622-1820

policelegacy.com

July 29, 2025

Somerville Police Department
Lieutenant Carmine Vivolo
220 Washington Street
Somerville, MA 02143

Dear Lieutenant Vivolo:

Thank you for requesting a quote for your FY2026 State 911 Dispatch training.

I have included the following information for your review:

- 4 'online' or 'in-person' State 911 approved Dispatch Training classes
- Cost: \$179.00 per person per 4 hour class; \$716.00 per person for 16 hours of training

Should you have any questions, please feel free to contact me at 508-989-9848.

Sincerely,

A handwritten signature in cursive script that reads "Paula Heagney".

Paula Heagney,
President



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.

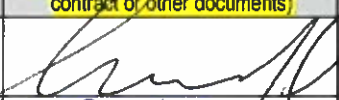

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name City of Somerville	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number) VC 6000192138
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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.

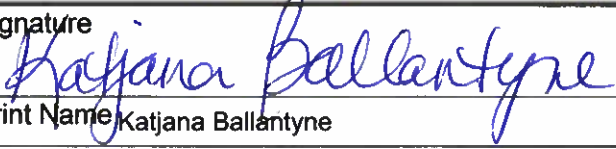
There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn 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
Shumeane Benford		Chief of Police	617-625-1600	sbenford@police.somerville.ma.us
James Donovan		Deputy Chief	617-625-1600	jdonovan@police.somerville.ma.us

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 8-26-2025
Print Name Katjana Ballantyne	Phone Number 617-625-6600 ext. 2100
Title Mayor	Email Address mayor@somervillema.gov

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