



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

MARGRET R. COOKE  
 Commissioner

Tel: 617-624-6000  
 www.mass.gov/dph

06/13/2022

CITY OF SOMERVILLE  
 93 HIGHLAND AVE  
 SOMERVILLE, MA 02143-1740

Attn: ~~Joseph [redacted]~~ *Katjana Bellantyne*

R/E: Contract #: INTF2354M78220129158

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Addiction Services is amending your contract as indicated below:

**Amendment Reason: Funding Increase**

**The contract total maximum obligation is \$491,666.00.**

The contract will be in effect through 06/30/2023 with options for renewal in accordance with RFR# 220129 - Massachusetts Collaborative for Action, Leadership, and Learning 3 (MassCALL3) Substance Misuse Prevention Grant Program through 06/30/2029. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Current Year	07/01/2021	06/30/2022	\$125,000.00
Future Years	07/01/2022	06/30/2023	\$366,666.00

If you have questions about your award please contact your program manager **Andrew Robinson** at [andrew.robinson@mass.gov](mailto:andrew.robinson@mass.gov).

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package**, please contact **Sofia Brasileiro** at **Sofia.Brasileiro@mass.gov**.

Please sign with an **authorized signature** and return the contract package via email scan to **Sofia Brasileiro** at **Sofia.Brasileiro@mass.gov**, no later than close of business **06/21/2022**.

Sincerely,

**Deidre Calvert**

Bureau Director

Bureau of Substance Addiction Services

**Acceptable forms of Authorized signatures:**

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
  - a. Hand drawn using a mouse or finger if working from a touch screen device;
  - b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

**Please Note:**

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

# 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, 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>.

<b>CONTRACTOR LEGAL NAME:</b> CITY OF SOMERVILLE		<b>COMMONWEALTH DEPARTMENT NAME:</b> Department of Public Health <b>MMARS Department Code:</b> DPH	
<b>Legal Address: (W-9, W-4):</b> 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740		<b>Business Mailing Address:</b> 250 Washington Street, Boston MA 02108	
<b>Contract Manager:</b> Joseph Curtatone <i>Katjana Ballantyne</i>	<b>Phone:</b> 617-666-3311	<b>Billing Address (if different):</b>	
<b>E-Mail:</b> mayor@somervillema.gov	<b>Fax:</b>	<b>Contract Manager:</b> Sofia Brasileiro	<b>Phone:</b> 617-624-6180
<b>Contractor Vendor Code:</b> VC6000192138		<b>E-Mail:</b> Sofia.Brasileiro@mass.gov	<b>Fax:</b> 617-624-5017
<b>Vendor Code Address ID (e.g. "AD001"):</b> AD 001 <small>(Note: The Address Id Must be set up for EFT payments.)</small>		<b>MMARS Doc ID(s):</b> INTF2354M78220129158	
		<b>RFR/Procurement or Other ID Number:</b> 220129	
<input type="checkbox"/> <b>NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b> <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all grants <u>815 CMR 2.00</u> ) (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 <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> Other Procurement Exception: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> <b>CONTRACT AMENDMENT</b> Enter Current Contract End Date <u>Prior</u> to <u>06/30, 20 23</u> . Amendment: Enter Amendment Amount: \$ <u>241,666.00</u> (or "no change") <b>AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)</b> <input checked="" type="checkbox"/> Amendment to 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 <input type="checkbox"/> Commonwealth IT Terms and Conditions			
<b>COMPENSATION: (Check ONE option):</b> 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"/> <b>Rate Contract</b> (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"/> <b>Maximum Obligation Contract</b> Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$ <u>491,666.00</u>			
<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 type="checkbox"/> agree to standard 45 day cycle <input checked="" type="checkbox"/> statutory/legal or Ready Payments (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.) Maximum Obligation Change			
<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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <input type="checkbox"/> 2. may be incurred as of ____, 20 ____, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> 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 <u>06/30, 20 23</u> , 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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, 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: <i>Katjana Ballantyne</i> 6/22/22 <small>(Signature and Date Must Be Handwritten At Time of Signature)</small> Print Name: <u>Katjana Ballantyne</u> Print Title: <u>Mayor</u>		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> _____ Date: _____ <small>(Signature and Date Must Be Handwritten At Time of Signature)</small> Print Name: _____ Print Title: _____	

Approved as to Legal Form (Updated 07/21/2021) Page 1 of 1  
*JPG*  
 Jason Proves, Acting Deputy City Solicitor

FY: 2023

Amendment # (if Applicable): \_\_\_\_\_

If Federal Funds, CFDA#93.959

**PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE**

**PROGRAM INFORMATION**

<b>Contractor Name:</b> CITY OF SOMERVILLE	<b>Department Name:</b> Massachusetts Department of Public Health
<b>Program Type:</b> Mass Collaborative for Action, Leadership and Learning 2	<b>Document ID #:</b> INTF2354M78220129158
<b>Program Name:</b> MASS CALL 3	<b>UFR Program:</b>
<b>Program Address:</b> 93 HIGHLAND AVE	<b>MMARS Program Code:</b> 4940
<b>City/State/Zip:</b> SOMERVILLE MA 02143-1740	<b>Other Reference Information (Information Purposes Only):</b>
<b>Contact Person:</b> Joseph Curtatone <b>Telephone:</b> 617-666-3311	<b>Contact Person:</b> Sofia Brasileiro <b>Telephone:</b> 617-624-6180
<b>RFR INFORMATION:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Legislative Exception <input type="checkbox"/> Interim <input type="checkbox"/> Emergency <input type="checkbox"/> Amendment <input type="checkbox"/> Collective Purchase <b>SCOPE OF SERVICES:</b> <input checked="" type="checkbox"/> Bidders Response Attached <input type="checkbox"/> Description of Services Attached RFR Info CH257 <b>TOTAL ANTICIPATED CONTRACT DURATION:</b> 7/1/2021 to 6/30/2029 <b>INITIAL DURATION:</b> 7/1/2021 to 6/30/2023 <b>OPTIONS TO RENEW:</b> *****Refer to RFR for options to renew and for the years for each option*****	

**FISCAL TERMS**

Price is established through: (Check 1, 2, or 3)  <input type="checkbox"/> <b>OPTION 1: PRICE AGREEMENT (list price)</b> \$ _____ Rate Regulation (if any) N/A _____  <input type="checkbox"/> <b>OPTION 2: SUMMARY BUDGET ("T" Lines only)</b> <input type="checkbox"/> Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____  <input checked="" type="checkbox"/> <b>OPTION 3: COMPLETED BUDGET</b> <input type="checkbox"/> Unit Rate <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____	<b>FUNDING SUMMARY</b>					
	<b>Prior Years</b>		<b>Current Years</b>		<b>Future Years</b>	
	FY	Amount	FY	Amount	FY	Amount
			2022	\$125,000.00	2023	\$366,666.00
	<b>Total:</b>		\$0.00	<b>Total:</b>		\$125,000.00
		<b>Total:</b>		<b>Total:</b>		
				<b>\$366,666.00</b>		
<b>Multi Years Total:</b>					<b>\$491,666.00</b>	
<b>Current Max Obligation:</b> \$ _____ <b>Unit Rate:</b> \$ _____ per _____ <b># Billable Units:</b> _____						
<b>Additional Payment or Price Specifications:</b>						

## Scope of Services

Contract ID #: INTF2354M78220129158

### **Contract Amendment - Increase**

Maximum obligation increase

Services and support for strategic planning and prevention program implementation and evaluation.

**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

Issued May  
2004



**CONTRACTOR LEGAL NAME:** CITY OF SOMERVILLE  
**CONTRACTOR VENDOR/CUSTOMER CODE:** VC6000192138

**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.)

**NOTICE:** *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.*

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.

AUTHORIZED SIGNATORY NAME	TITLE
Katjana Ballantyne	Mayor

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for 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 below 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.

Katjana Ballantyne  
Signature

Date: 6/22/2022

Title: Mayor

Telephone: 617 625 6600 x2100

Fax:

Email: Mayor2@Somerville.ma.gov

[Listing can not be accepted without all of this information completed.]

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

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH**

FY	2023 Budget #1
Contract ID	INTF2354M78220120158

**SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES**

**(206) Subcontracted Direct Care:** Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

**Provider Name:** City of Somerville - Health & Human Services

**DPH Program Name:** MassCall3

Submitted by: Denise Holland Date: 6/14/22 Phone: 617-366-7471  
 Provider/Vendor Authorized Signature  
Denise Holland  
 Print Name

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DPH Program Manager  
 \_\_\_\_\_  
 Print Name

**INSTRUCTIONS:**  
 Providers/vendors must complete and submit to DPH at the time of **initial contract execution** for each fiscal year AND when **subcontract dollars and/or vendors/providers are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Providers are to complete this form for each fiscal year when subcontracted \$ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- Identify the Subcontractor and Federal ID number along with \$ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form, they belong in UFR Code 201 consultants)
- \$ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
Town of Lexington	04-6001200	\$40,000.00	Program development & oversight, attendance and participation, collection, analysis & sharing	<input type="checkbox"/>
Town of Arlington	04-6001070	\$50,000.00	Program development & oversight, attendance and participation, collection, analysis & sharing	<input type="checkbox"/>
City of Everett - CHA	04-6001386	\$60,000.00	Program development & oversight, attendance and participation, collection, analysis & sharing data	<input type="checkbox"/>
Institute for Community Health	04-3543853	\$25,196.00	Program Evaluator	<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
<b>TOTAL:</b>		<b>\$175,196.00</b>	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.





**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH**

FY	2023 Budget #2
Contract ID	INTF2354M78220129158

**SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES**

**(206) Subcontracted Direct Care:** Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

**Provider Name:** City of Somerville - Health & Human Services

**DPH Program Name:** OD2A Substance Abuse Prevention

Submitted by: Denise Holland Date: 7/1/22 Phone: 617-366-7471  
 Provider/Vendor Authorized Signature  
Denise Holland  
 Print Name

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DPH Program Manager  
 \_\_\_\_\_  
 Print Name

**INSTRUCTIONS:**

Providers/vendors must complete and submit to DPH at the time of **initial contract execution** for each fiscal year AND when **subcontract dollars and/or vendors/providers are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Providers are to complete this form for each fiscal year when subcontracted \$ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- Identify the Subcontractor and Federal ID number along with \$ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form, they belong in UFR Code 201 consultants)
- \$ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
Fenway Health	04-2510564	\$17,500.00	Outreach & Training	<input type="checkbox"/>
Somerville Homeless Coalition	04-2897447	\$32,500.00	Outreach & Training	<input type="checkbox"/>
Institute for Community Health	04-3543853	\$23,850.00	Evaluations	<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
<b>TOTAL:</b>		<b>\$73,850.00</b>	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

