



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

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

06/11/2026

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

Attn: Tina Los

R/E: Contract #: INTF2903P01190128214

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention is amending your contract as indicated below:

Amendment Reason: Renewal

The contract total maximum obligation is \$957,898.06.

The contract will be in effect through 06/30/2027 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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:

Previous Years	07/01/2018	06/30/2025	\$737,338.06
Current Year	07/01/2025	06/30/2026	\$110,280.00
Future Years	07/01/2026	06/30/2027	\$110,280.00

If you have questions about your **award** please contact your program manager **Alex Gomez** at alex.gomez@mass.gov.

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

- **STANDARD CONTRACT FORM**

This form must be signed with an authorized signatory, dated and returned via DocuSign.

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

If you have any questions about your **contract package**, please contact **Ann Marie Amaral at annmarie.amaral2@mass.gov**.

Please sign with an **authorized signatory** and return the contract package via DocuSign to **Ann Marie Amaral at annmarie.amaral2@mass.gov**, no later than close of business **6/18/2026**.

Sincerely,

Ruth Blodgett
Bureau Director

Bureau of Community Health and Prevention

Award Letter Additional Information

Contract ID #: INTF2903P01190128214

4512-9069 - FAIN ID: B08T1088475 FAIN DATE: 10/1/2025 Federal Funding Terms and Conditions supporting this contract are viewable at (<https://www.samhsa.gov/grants/grants-management/notice-of-award/terms>). Please copy and paste the URLs into a web browser to access the full Terms and Conditions.

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		Department Department of Public Health	Mosaic Department Code DPH
Legal Address As entered on Form W-9 or Form W-4 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740		Contract Manager Name Ann Marie Amaral	
Contract Manager Name Tina Los		Business Mailing Address 250 Washington Street, Boston MA 02108	
Phone 617-625-6600X4317		Phone 508-991-0166	Fax 617-624-5017
Email tlos@somervillema.gov		Email annmarie.amaral2@mass.gov	
Vendor Code vc VC6000192138		Mosaic Transaction ID(s) INTF2903P01190128214	
Vendor Code Address ID e.g. "AD001". AD 001		RFR/Procurement or Other ID Number 190128	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
<input type="checkbox"/> NEW CONTRACT		<input checked="" type="checkbox"/> CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date <i>PRIOR to Amendment</i> 06/30/2026	Amendment Amount Or Enter "No Change" \$110,280.00
<input type="checkbox"/> Statewide Contract (OSD or an OSD-designated department.)		Amendment Type Check one option only. Attach details of amendment changes.	
<input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, and budget.)			
<input type="checkbox"/> Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)			
<input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, and budget.)			
<input type="checkbox"/> Contract Employee (Attach Employee Status Form, scope, and budget.)			
<input type="checkbox"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated 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"/> Amendment to Date, Scope, or Budget (Attach updated scope and budget.)		<input type="checkbox"/> Interim Contract with Current Contractor (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/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="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	
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="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. Total maximum obligation for total duration of this contract (or new total if contract is being amended): 957,898.06			

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:

Statutory/legal
 Ready Payments ([M.G.L. c. 29, § 23A](#))
 Agree to standard 45-day cycle
 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.

Renewal with Maximum Obligation Change

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

YES If YES, the Contractor's annual SDP commitment for this Contract is

NO If NO, and the department is an Executive Department, enter the appropriate exemption:

ANTICIPATED START DATE (Complete ONE option only.)

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

- 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
- 2. may be incurred as of 07/01, 20 26, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
- 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 06/30, 20 27, 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

Signature and date must be captured at time of signature.

Signature	Date
Print Name	Print Title

AUTHORIZING SIGNATURE FOR THE DEPARTMENT

Signature and date must be captured at time of signature.

Signature	Date
Print Name	Print Title

Scope of Services

Contract ID #: INTF2903P01190128214

Contract Amendment - Increase

FY27 renewal - Vendor will build capacity, strengthen workforce, and implement community-informed strategies addressing social determinants (e.g., housing, education, employment) to reduce health disparities.

Contract Conditions

Contract ID#: INTF2903P01190128214

We have read and will adhere and comply to the requirements in the attached Contract Conditions and Attachments.

Provider Name: CITY OF SOMERVILLE

Signature: _____

Date: _____

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (DPH)
BUREAU OF COMMUNITY HEALTH AND PREVENTION (BCHAP)**

DIVISION/PROGRAM: Tobacco Enforcement

FY27 Contract Conditions

Vendor Name: City of Somerville

Contract ID#: INTF2903P01190128214

A- Associated restrictions for the **funding sources** being used for these contracts/engagements are:

Federal Funding Terms and Conditions supporting this contract are viewable at (<https://www.samhsa.gov/grants/grants-management/notice-of-award/terms>). Please copy and paste the URLs into a web browser to access the full Terms and Conditions.

Sub Recipient Notification

The purpose of this communication is to fulfill the requirement established in 2 CFR 200. 331 (a) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Your organization is receiving this communication because it receives federal funds from DPH in the form of a sub-award, and DPH's relationship with your organization is defined as a sub-recipient relationship.

A sub recipient is defined as a non-federal entity that receives a sub-award from a pass-thru-entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency.

The attached report identifies information that DPH is required to provide to all entities that meet the description of a sub-recipient.

This communication will be sent:

1. Whenever federal sub-awards are a part of the contractual relationship between DPH and the entities that it contracts with to provide services; and
2. Whenever the amount of those federal sub-awards change during the course of the contractual relationship.

Your organization may have other contracts with DPH that are not sub-awards because they do not include federal funds. This communication does not pertain to any state funds your organization may have received from DPH.

Your organization's contract may be a combination of federal and state funds. In this case, this communication **only** pertains to the federal funds portion of your contract.

For a list of other requirements and information that your organization is required to adhere to as a sub-recipient of DPH, please see:

1. Commonwealth of Massachusetts Standard Contract form;
2. Purchase of Service – Attachment 3 - Fiscal Year Program Budget (if applicable);
3. The appropriate Commonwealth Terms and Conditions; and
4. The Request for Response (RFR) and related documents.

Please be advised that DPH should have access to your organization's records and financial statements as is necessary to meet the requirements of this sub-award.

Contract Number: INTF2903P01190128214

Vendor Name - FEIN: CITY OF SOMERVILLE - 046001414

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	\$47,356.00
Grand Total of 2019							\$47,356.00
Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2020		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2019	06/30/2020	\$47,000.00
Grand Total of 2020							\$47,000.00
Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2020	06/30/2021	\$47,000.00

Grand Total of 2021 **\$47,000.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2022		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2021	06/30/2022	\$47,000.00

Grand Total of 2022 **\$47,000.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2023		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2022	06/30/2023	\$47,000.00

Grand Total of 2023 **\$47,000.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	\$55,140.00
2024	93.959	4512-9058	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	\$0.00

Grand Total of 2024 **\$55,140.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	\$55,140.00

Grand Total of 2025 **\$55,140.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2026		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2025	06/30/2026	\$55,140.00

Grand Total of 2026 **\$55,140.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2027		4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2026	06/30/2027	\$55,140.00

Grand Total of 2027 **\$55,140.00**

POS CONTRACT MANAGER CONTRACT REVIEW

Contract ID#: INTF2903P01190128214

I have reviewed and determined that all the necessary contract documents have been completed and returned by the vendor for the above identified contract.

POS Contract Manager Name:

Signature: