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

KIMBERLEY DRISCOLL
Lieutenant Governor

TERRENCE M. REIDY
Secretary

FRANK POZNIAK
Executive Director

November 15, 2023

Acting Chief Charles Femino
Somerville Police Department
220 Washington Street
Somerville, MA 02145

Dear Chief Femino:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY 2024 State 911 Department Support and Incentive Grant** program.

For your files, attached please find a copy of the executed contract and the final approved Appendix A: Personnel Costs form for your grant. Please note your contract start date is **November 15, 2023** and will run through June 30, 2024. 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, 2024.

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. 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, and/or the budget worksheet, 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, 2024.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY 2024 Support and Incentive Grant File

FY 2024 SUPPORT AND INCENTIVE GRANT
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):** Somerville Police Department	**COMMONWEALTH DEPARTMENT NAME:** State 911 Department **MMARS Department Code:** EPS
Legal Address: (W-9, W-4): 93 Highland Avenue, Somerville, MA 02143	**Business Mailing Address:** 151 Campanelli Drive, Suite A, Middleborough, MA 02346
Contract Manager: Jeff DiGregorio **Phone:** 617-625-1600	**Billing Address (if different):**
E-Mail: jdigregorio@police.somerville.ma.us **Fax:** 617-628-4936	**Contract Manager:** Cindy Reynolds **Phone:** 508-821-7299
Contractor Vendor Code: VC6000192138	**E-Mail:** 911DeptGrants@mass.gov **Fax:** 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD 001. **(Note: The Address ID must be set up for EFT payments.)**	**MMARS Doc ID(s):** CT EPS SUPG **RFR/Procurement or Other ID Number:** FY24 SUPG

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- — **Statewide Contract** (OSD or an OSD-designated Department)
- — **Collective Purchase** (Attach OSD approval, scope, budget)
- X **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
- — **Emergency Contract** (Attach justification for emergency, scope, budget)
- — **Contract Employee** (Attach Employment Status Form, scope, budget)
- — **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.

Enter **Amendment Amount:** $_____. (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

- — **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
- — **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
- — **Contract Employee** (Attach any updates to scope or budget)
- — **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): X Commonwealth Terms and Conditions — Commonwealth Terms and Conditions For Human and Social Services — 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.

— **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.)

X **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or *new* total if Contract is being amended). $ 295,463.00

PROMPT PAYMENT DISCOUNTS (PPD): 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: X agree to standard 45 day cycle — statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); — 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.) **Contract is for the reimbursement of funds under the State 911 Department FY 2024 Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.**

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

X 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 _____, 20___, 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 June 30, 2024, 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:

X: Katiana Ballantyne **Date:** 11-9-2023

(Signature and Date Must Be Captured at Time of Signature)

Print Name: Katiana Ballantyne

Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ **Date:** 11/17/23

(Signature and Date Must Be Captured at Time of Signature)

Print Name: Frank Pozniak

Print Title: Executive Director

Appendix A - Personnel Costs
(List Certified Enhanced 911Telecommunicators)

All Cert's ✓ CN

NAME OF PSAP: Somerville

{List ALL in Alphabetical Order by LAST Name - Not by Rank or Seniority}

Last Name	First Name	Hourly Pay Rate	Overtime Pay Rate
Cornelio	Christine	33.8792	50.8188
DeFranzo	Robyn	33.8792	50.8188
DeSousa	Susan	33.3785	50.0678
Hartsgrove	Cara	31.9204	47.8806
Hickey	John	31.9204	47.8806
Kiely	Julie	33.8792	50.8188
Lennon	Scott	33.3785	50.0678
Mahoney	Jeanne	33.3785	50.0678
McKenna	Joan	33.8792	50.8188
Medeiros	Theresa	33.8792	50.8188
Mobilia-Dowling	Janeen	31.9204	47.8806
Rivera	Betsy	31.9204	47.8806
Vallery	Kristine	33.3785	50.0678

*Please use additional pages if needed.

FY 2024 SUPPORT AND INCENTIVE GRANT

RECEIVED
NOV 13 2023
State 911 Department
Middleborough, MA

Type of PSAP: (please check one)
☒ *Primary* ☐ *Regional* ☐ *Regional Secondary*
☐ *Regional Emergency Communication Center*

Name of Eligible Entity (PSAP/RECC)	**Somerville Police Department**
Address	220 Washington Street
City/Town/Zip	Somerville, MA 02143
Telephone Number	617-625-1600
Fax Number	617-628-4936
Website	www.somervillepd.com
Name & Title of Authorized Signatory	Charles Femino, Acting Chief of Police
Telephone Number	617-625-1600 ext. 7450
Email Address	cfemino@police.somerville.ma.us
Name & Title of Grant Contract Manager	Jeff DIGregorio, Administrative Captain
Telephone Number	617-625-1600 ext. 7207
Email Address	jdigregorio@police.somerville.ma.us

Total Grant Program funds requested: **$295,463.00**

REQUIRED - Check boxes below if:

☒ **Applicant has a Continuity Of Operations Plan (COOP)**

☒ **Applicant acknowledges its alternate PSAP**

Goal and Desired Outcome

Through its submission of this application to the State 911 Department, the applying governmental entity affirms that the primary goal of the State 911 Department PSAP and RECC Support and Incentive Grant Program is to assist PSAPs and RECCs in providing enhanced 911 service and to foster the development of regional PSAPs, regional secondary PSAPs and RECCs.

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

Signed under the penalties of perjury this 20th ***day of*** October, 2023.

Charles Femino

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2024 SUPPORT AND INCENTIVE GRANT

BUDGET SUMMARY

Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECCs	
CATEGORY	**AMOUNT**
A. Enhanced 911 Telecommunicator Personnel Costs	$ 295,463.00
B. Heat, Ventilation, Air Conditioning, and Other Environmental Control Equipment	
C. Computer-Aided Dispatch Systems	
D. Radio Console	
E. Console Furniture and Dispatcher Chairs	
F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service	
G. Other Equipment	
REGIONAL PSAPs and RECCs ONLY **H.** Public Safety Radio Systems	
REGIONAL SECONDARY PSAP ONLY **I.** PSAP Customer Premises Equipment Maintenance	
TOTAL ALLOCATION	**$ 295,463.00**

REVIEW APPENDIX B FOR ELIGIBILITY AND AMOUNT **Mobile Behavioral Health Crisis Response Services**	

GRAND TOTAL*	**$ 295,463.00**

***Grand Total = Total allocation amount and, if requesting, Mobile Behavioral Health Crisis Response Services**

FY 2024 SUPPORT AND INCENTIVE GRANT

DETAIL NARRATIVE

Please make sure that every item listed in the above Budget Summary is listed in below narrative with a detailed description including category of item, price per unit, quantity, brand, model, and any other pertinent and available information. Please include any and all quotes to support the budget narrative. For personnel costs, please complete the Appendix A – Personnel Costs Form. Please use additional pages if needed.

A. Enhanced 911 Telecommunicator Personnel Costs – to defray the costs of salary for enhanced 911 telecommunicator personnel, including enhanced 911 telecommunicators who are emergency communications dispatchers or supervisors. In order to be eligible for such funding, a grantee shall show that the personnel costs to be reimbursed: (1) cover only personnel who are trained and certified as an enhanced 911 telecommunicator in accordance with the requirements of the State 911 Department, or are in the process of obtaining such certification, in accordance with the requirements of the State 911 Department; and (2) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are working in the capacity of an enhanced 911 telecommunicator as their primary job function; and (3) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are conducting quality control/quality assurance of 911 calls. Reimbursement may be allowed for straight time costs for on the job training for new telecommunicators who are in the process of obtaining certification as an enhanced 911 telecommunicator, in accordance with the requirements of the State 911 Department. Reimbursement for personnel costs related to training may be allowed only for training courses that have been approved by the State 911 Department under the Fiscal Year 2024 State 911 Department Training Grant, or with the prior written approval of the State 911 Department. Reimbursement for personnel costs for individuals who have other primary job duties not directly related to enhanced 911 service, such as firefighters or police officers who may occasionally be assigned PSAP enhanced 911 telecommunicator duty, may be allowed only for the documented hours in which the employee is acting primarily in the capacity of an enhanced 911 telecommunicator. For example, if a police officer or firefighter is assigned to work as an enhanced 911 telecommunicator 1 day a week, funding from these grants may only be used to cover the portion of such firefighter or police officer's salary for the 1 day a week that he or she is assigned to enhanced 911 telecommunicator duty. Funding awarded through these grants shall be assigned to specific identified personnel, and the funding shall be applied to the personnel costs associated with such specific identified personnel.

All wage reimbursements authorized under this Program shall be allocated by the grantee in adherence with applicable collective bargaining agreements. However, the State 911 Department is not bound by or required to adhere to grantee collective bargaining agreements when determining allocations or reimbursements.

☒ Attach Appendix A – Personnel Costs Form

Total Category A $295,463.00

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment – to defray costs associated with the acquisition and maintenance of heat, ventilation and air-conditioning equipment and other environmental control equipment. Such funds may only be used to purchase, install, replace, maintain, operate, and/or upgrade such equipment used in the physical space used for the provision of enhanced 911 service.

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment

Description:

Vendor:

☐ Attach Quote and mark with letter B

Total Category B $

NORTH SHORE REGIONAL 911 CENTER	PRELIM	PRELIM
NORTHAMPTON POLICE DEPARTMENT	YES	YES
NORTHAMPTON STATE POLICE	PRELIM	PRELIM
NORTHBOROUGH POLICE DEPARTMENT	YES	YES
NORTHBRIDGE POLICE DEPARTMENT	YES	YES
NORTHERN MIDDLESEX REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	YES
OXFORD POLICE DEPARTMENT	YES	YES
PALMER POLICE DEPARTMENT	YES	YES
PATRIOT REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
PEABODY POLICE DEPARTMENT	YES	YES
PEMBROKE POLICE DEPARTMENT	YES	YES
PITTSFIELD POLICE DEPARTMENT	YES	YES
PLYMOUTH COUNTY SHERIFF'S OFFICE	PRELIM	PRELIM
PROVINCETOWN POLICE DEPARTMENT	YES	NO
QUINCY POLICE DEPARTMENT	YES	YES
RANDOLPH POLICE DEPARTMENT	YES	YES
RAYNHAM POLICE DEPARTMENT	YES	YES
READING POLICE DEPARTMENT	YES	YES
REGIONAL OLD COLONY COMMUNICATIONS CENTER	PRELIM	PRELIM
REHOBOTH POLICE DEPARTMENT	YES	YES
ROCKPORT POLICE DEPARTMENT	YES	YES
ROWLEY POLICE DEPARTMENT	YES	YES
RUTLAND REGIONAL EMERGENCY COMMUNICATION CENTER	PRELIM	YES
SALEM POLICE DEPARTMENT	YES	YES
SALISBURY POLICE DEPARTMENT	YES	YES
SANDWICH POLICE DEPARTMENT	YES	YES
SAUGUS POLICE DEPARTMENT	YES	YES
SCITUATE POLICE DEPARTMENT	YES	YES
SEEKONK POLICE DEPARTMENT	YES	YES
SHARON POLICE DEPARTMENT	YES	YES
SHELBURNE FALLS STATE POLICE	PRELIM	PRELIM
SHREWSBURY POLICE DEPARTMENT	YES	YES
SOMERSET POLICE DEPARTMENT	YES	YES
SOMERVILLE POLICE DEPARTMENT	YES	YES
SOUTH HADLEY POLICE DEPARTMENT	YES	YES
SOUTH SHORE REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	YES
SOUTH WORCESTER COUNTY COMMUNICATIONS CENTER	YES	PRELIM
SOUTHAMPTON POLICE DEPARTMENT	YES	YES
SOUTHBOROUGH POLICE DEPARTMENT	YES	YES
SOUTHBRIDGE POLICE DEPARTMENT	YES	YES
SOUTHEASTERN MASSACHUSETTS REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
SPENCER POLICE DEPARTMENT	YES	YES
SPRINGFIELD POLICE DEPARTMENT	YES	YES
STERLING COMMUNICATIONS	YES	YES
STONEHAM POLICE DEPARTMENT	YES	YES
STOUGHTON POLICE DEPARTMENT	YES	YES
STOW POLICE DEPARTMENT	NO	YES
STURBRIDGE POLICE DEPARTMENT	YES	YES
SUDBURY POLICE DEPARTMENT	YES	YES
SUTTON POLICE DEPARTMENT	YES	YES
SWANSEA POLICE DEPARTMENT	YES	YES
TAUNTON FIRE DEPARTMENT	YES	YES
TEMPLETON POLICE DEPARTMENT	YES	YES
TRURO POLICE DEPARTMENT	YES	YES
TYNGSBOROUGH POLICE DEPARTMENT	YES	YES
UPTON POLICE DEPARTMENT	PRELIM	YES
UXBRIDGE POLICE DEPARTMENT	YES	YES
WACHUSETT REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	PRELIM
WAKEFIELD POLICE DEPARTMENT	YES	YES
WALPOLE POLICE DEPARTMENT	YES	NO
WALTHAM COMMUNICATIONS	YES	YES
WAREHAM POLICE DEPARTMENT	YES	YES
WATERTOWN POLICE DEPARTMENT	YES	YES
WAYLAND POLICE DEPARTMENT	NO	YES
WELLESLEY POLICE DEPARTMENT	YES	YES
WEST BRIDGEWATER POLICE DEPARTMENT	YES	YES

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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
Charles Femino	Acting Chief of Police
James Stanford	Deputy Chief
Christopher Ward	Deputy Chief

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: 11/1/2023

Name & Title: Katjana Ballantyne, Mayor

Telephone: 617-625-6600 ext. 2100

Fax: 617-625-3434

Email: mayor@somervillema.gov

[Listing cannot 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.

FY 2024

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (**print or type**): Katjana Ballantyne

Title: Mayor

X Katjana Ballantyne

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 1st day of November, 2023 before me, the undersigned notary public, personally appeared Katjana Ballantyne (name of document signer), proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Susan M Tkaczuk
Notary Public Signature

My MA Commission expires on: 1/11/2024

SUSAN M. TKACZUK NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS MY COMMISSION EXPIRES JANUARY 11, 2024

AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (**print or type**): Charles Femino

Title: Acting Chief of Police

X Charles Femino

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 24 day of October, 2023 before me, the undersigned notary public, personally appeared Charles Femino (name of document signer), proved to me through satisfactory evidence of identification, which was personally known to me, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Notary Public Signature

My MA Commission expires on: 10/27/2028

Jeffrey DiGregorio
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
October 27th, 2028

AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (**print or type**): James Stanford

Title: Deputy Chief

X _____

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 24 day of October, 2023 before me, the undersigned notary public, personally appeared James Stanford (name of document signer), proved to me through satisfactory evidence of identification, which was Party known to me, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Notary Public Signature

Jeffrey DiGregorio
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires October 27th, 2028

My MA Commission expires on: 10-27-2028

AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Somerville
Contractor Vendor/Customer Code: VC6000192138

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (**print or type**): Christopher Ward

Title: Deputy Chief

X _____

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 24 day of October, 2023 before me, the undersigned notary public, personally appeared Christopher Ward (name of document signer), proved to me through satisfactory evidence of identification, which was Party known to me, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Notary Public Signature

Jeffrey DiGregorio
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires October 27th, 2028

My MA Commission expires on: 10-27-2028

AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Corporate Clerk Signature

AFFIX CORPORATE SEAL