CITY COUNCIL

Regular Meeting Agenda

I hereby notify you that the following items of business have been filed with this office and can be acted upon at the meeting of the City Council **Monday, May 4, 2026** at 6:30 PM.

City Clerk

Roll Call

Moment Of Silence - Pledge Of Allegiance

Reports Of Committee

Informational

1. **Zone Change Referral - 2220 Main Street - No Vote Read Only**
2. **March Revenue Vs. Expenditure Report**

Grants

3. **National Environmental Health Association Grant - No Match Required $9,000.00**
4. **AMP26- No Match Required $10,000**
5. **VET26 Grant Increase - No match Required $20,000.00**

Unfinished Business

6. **Discontinuance of Cloverdale Street - (04/07/2026)**
7. **Supporting the establishment of the Springfield Community Impact and Stabilization Fund in connection with the Springfield Regional Justice Center Public-Private Partnership Lease (04/13/2026)**
8. **City Council Public Speak Out Pilot (01/12/2026)**

To The City Council of the City of Springfield:

The undersigned respectfully petition your honorable body

to change the zoning of the property known as 2220 Main Street (08130-0211) from Industrial A to Business B.

Mailing Address:

850 Sheridan Street
Chicopee, MA 01020

Owner & Petitioner:

Hammond Business Center, LLC

I hereby certify that I am the owner and petitioner or acting on behalf of the owner and petitioner.

BY:_____
Sergey Sokolovsky, President

CITY OF SPRINGFIELD, MASSACHUSETTS

Statement of Revenues and Other Sources,
and Expenditures and Other Uses
Budget and Actual - General Fund

For the period ended
03/31/26

Revenues and Other Sources:	Revised Budget	Actual	Variance Over/(Under)	%
Real Estate & Personal Property Taxes	285,211,114	209,105,562	(76,105,552)	73%
Real Estate & Personal Property Taxes - Tax Liens	-	864,911	864,911	0%
Motor Vehicle Excise	12,950,000	12,844,265	(105,735)	99%
Penalties, interest and other taxes	24,558,176	5,077,881	(19,480,295)	21%
Charges for Services	16,557,239	11,599,880	(4,957,359)	70%
Intergovernmental	620,199,616	465,843,192	(154,356,424)	75%
Licenses and Permits	5,842,106	3,553,643	(2,288,463)	61%
Fines and Forfeits	341,183	334,517	(6,666)	98%
Interest earned on Investments	6,616,442	6,440,357	(176,085)	97%
Miscellaneous	6,427,539	5,282,089	(1,145,449)	82%
FY 2025 Net School Spending Shortfall (a.)	32,204,926	32,204,926	-	100%
Stabilization Reserves/Transfers in	5,431,988	5,431,988	-	100%
Other Financing Sources - Free Cash	3,616,000	3,616,000	-	100%
Free Cash to Reduce the Tax Rate	3,000,000	3,000,000	-	100%
Total Revenues and Other Sources	1,022,956,330	765,199,212	(257,757,118)	75%
Expenditures and Other Uses:				
General government	34,834,567	26,732,830	8,101,737	77%
Public safety				
Police	61,727,316	44,603,585	17,123,731	72%
Fire	29,486,202	22,467,765	7,018,437	76%
Centralized Dispatch	2,513,536	1,739,923	773,612	69%
Other	5,284,985	3,834,371	1,450,614	73%
Health and Welfare	4,566,753	2,988,927	1,577,826	65%
Public works	13,020,111	12,700,943	319,168	98%
Education	702,007,254	505,203,709	196,803,545	72%
Culture and recreation	18,815,347	14,153,517	4,661,829	75%
Pension and fringe	110,432,202	101,121,250	9,310,952	92%
State and district assessments	3,902,181	2,850,008	1,052,173	73%
Debt Service	23,050,925	20,621,578	2,429,347	89%
Pay as you go Capital	5,162,609	1,559,977	3,602,632	30%
Other Financing Use - Trash Enterprise Supplement	8,152,341	8,152,341	-	100%
Total Expenditures and Other Uses	1,022,956,330	768,730,724	254,225,605	75%
Excess (deficiency) of revenues and other sources over expenditures and other uses	-	(3,531,512)	(3,531,512)	

(a.) The FY 2025 Net School Spending Requirement shortfall must be appropriated in the School Budget pursuant to Chapter 70. Section 11 of the Education Reform Act of 1993.

CITY OF SPRINGFIELD, MASSACHUSETTS
Budget and Actual - General Fund
Expenditures and Encumbrances
For the period ended
03/31/26

	Original Budget	Transfers In/(Out)	Revised Budget	Expenditure	Encumbrance	Variance Over/(Under)	%
Expenditures and Other Uses:							
General government	29,817,160	5,017,407	34,834,567	23,938,369	2,794,461	8,101,737	77%
Public safety							
Police	61,727,316	-	61,727,316	43,789,874	813,711	17,123,731	72%
Fire	29,486,202	-	29,486,202	22,235,192	232,573	7,018,437	76%
Centralized Dispatch	2,513,536	-	2,513,536	1,724,456	15,467	773,612	69%
Other	5,294,985	(10,000)	5,284,985	3,585,165	249,206	1,450,614	73%
Health and Welfare	4,846,753	(280,000)	4,566,753	2,806,351	182,576	1,577,826	65%
Public works	13,020,112	-	13,020,111	11,663,287	1,037,656	319,168	98%
Education	669,974,557	32,032,697	702,007,254	456,483,418	48,720,291	196,803,545	72%
Culture and recreation	18,815,347	-	18,815,347	13,021,826	1,131,692	4,661,829	75%
Pension and fringe	109,932,202	500,000	110,432,202	101,119,920	1,329	9,310,952	92%
State and district assessments	3,902,181	-	3,902,181	2,782,744	67,264	1,052,173	73%
Debt Service	23,050,925	-	23,050,925	20,621,578	-	2,429,347	89%
Pay as you go Capital	5,162,609	-	5,162,609	392,156	1,167,822	3,602,632	30%
Other Financing Use - Trash Enterprise Supplement	8,152,341	-	8,152,341	8,152,341	-	-	100%
Total Expenditures and Other Uses	985,696,226	37,260,104	1,022,956,330	712,316,677	56,414,047	254,225,605	75%

CITY OF SPRINGFIELD, MASSACHUSETTS

Yearly Comparision Revenue Vs. Expenditures
For the period ended
03/31/26 vs 03/31/25

Revenues and Other Sources:	FY 2026 Actual	FY 2025 Actual	Increase/ (Decrease)	Comments
Real Estate & Personal Property Taxes	$ 209,105,562	$ 199,692,089	$ 9,413,474	
Tax Liens	864,911	1,180,297	(315,386)	
Motor Vehicle Excise	12,844,265	11,233,321	1,610,944	
Penalties, interest and other taxes	5,077,881	5,330,200	(252,318)	
Charges for Services	11,599,880	9,827,105	1,772,776	
Intergovernmental	465,843,192	435,575,395	30,267,797	*Increase in Chapter 70 State Aid*
Licenses and Permits	3,553,643	4,883,361	(1,329,718)	
Fines and Forfeits	334,517	210,366	124,151	
Interest earned on Investments	6,440,357	7,159,194	(718,837)	
Miscellaneous	5,282,089	5,970,641	(688,552)	
Net School Spending Shortfall	32,204,926	19,004,078	13,200,848	*NSS Carryover Increase*
Stabilization Reserves	5,431,988	4,518,927	913,061	
Free Cash to Reduce the Tax Rate	3,000,000	4,000,000	(1,000,000)	
Free Cash Appropriations	3,616,000	3,375,000	241,000	
Total Revenues and Other Sources	765,199,212	711,959,972	53,239,240	

Expenditures and Other Uses:

General government	26,732,830	27,700,148	(967,319)	*Settlement Payments in FY 25.*
Public safety				
Police	44,603,585	42,692,636	1,910,948	
Fire	22,467,765	21,497,355	970,410	
Centralized Dispatch	1,739,923	1,657,880	82,043	
Other	3,834,371	3,680,637	153,734	
Health and Welfare	2,988,927	2,994,147	(5,220)	
Public works	12,700,943	11,193,597	1,507,347	
Education	505,203,709	449,768,844	55,434,866	*Increase in NSS Carryover & CH 70*
Culture and recreation	14,153,517	13,768,491	385,027	
Pension and fringe	101,121,250	92,725,784	8,395,466	*Increase in Pension Payment & Health Insurance.*
State and district assessments	2,850,008	2,879,504	(29,497)	
Debt Service	20,621,578	20,292,303	329,275	
Pay as you go Capital	1,559,977	1,016,570	543,407	
Trash Enterprise Supplement	8,152,341	8,078,917	73,424	
Total Expenditures and Other Uses	768,730,724	699,946,814	68,783,911	
Totals	$ (3,531,512)	$ 12,013,159	$ (15,544,671)	

REQUEST FOR GRANT SETUP

This form and the required attachments are required by the Office of the City Comptrollers before a Grant Fund and related accounts will be created in MUNIS. Please do not use this form for requesting a non-grant related account to be created – use the Request for New Account form instead. Please return this form and the required attachments to the Office of the City Comptrollers.

All fields are mandatory.

Date of Request 04.17.2026

Department Requesting Grant Setup HHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions Henry Nguyen / Fiscal
Was this Grant previously setup for a prior fiscal year? N
If yes, please indicate your previous project number:

If this is a new Grant, have you filled out the "Approval to apply for a grant" Form? N
(Y/N) N/A If yes, please attach a copy of the Approved Form.

Grant Type:
State – Highway
Federal Pass-Through DOE– School
Federal Direct– School
Federal – City
State DOE– School
State Other – School
State – City
Private/Other

Grant Name: NEHA6

Total Grant Amount Awarded: $9,000.00

Is this a Reimbursable Grant? (Y/N)
A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

If it is a Reimbursable Grant, please enter Grantor contact information or the CID # if Grantor is already in the customer file:

Entity Name	NEHA – FDA Program
Contact Person	David T. Dyjack
Street Address	
City, State, Zip Code	
Telephone	
Fax	
E-Mail	retailgrants@neha.org

Actual Award Date	04/01/2026
Board Approval Date	
Start Date	04/01/2026
Expiration Date	03/31/2027
Renewal Action Date (optional)	N/A

If there are any Matching Funds:
- Type
- Percent
- Amount

Is there any Leverage? HUD FUNDING ONLY
- Source
- Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 93.103

If applicable enter the State ID # :

What is the required drawdown frequency?
(Ex: Monthly, Quarterly) Upfront

If payment is to be sent by Grantor as a Wire,
Please enter any wire reference/identification # that may be used (if known)

Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 26965200

Object Codes:
454000
530105
551700
572100
578700

Budget Roll-Up Codes:

I hereby attest that under the penalties of Chapter 656, I will adhere to all regulations in this grant agreement. I am responsible for timely and accurate reimbursements in the amounts listed above.

Signature

4/17/2026
Date

Please attach the following documents:

- Signed Approval to Apply for a Grant Form
- Grant Award Letter
- City Council/Mayor Approval
- Any other relevant documentation

This Form and all relevant attachments will be scanned and attached in the Grant Maintenance module in MUNIS and can be viewed or printed at your convenience.

NEHA-FDA Retail Flexible Funding Model Grant Program
Official Notice of Award for One-Year Grants

April 1, 2026

Grant Number: G-202602-08019
Application Type: 2026-27 Track 2 Development Base
Project Title: Springfield MA 2026 Track 2
Project Summary: 1. Required Outcome - Work on Standards 1-8: Maintain Standards 1 and 3, Partially Achieve Standards 2, 5, and 7 with a goal to Meet and Audit as soon as possible. 2. Optional Outcome - Work to Meet or Maintain Standard 9: N/A 3. Optional Outcome - Updated Self-Assessment of All 9 Standards (SA9): N/A 4. Mentee Optional Add-On: N/A due to already taking part of two other mentorship programs. 5. Training Optional Add-On: Attend NEHA Annual Education Conference, local seminars and conferences, and utilize any leftover funding to focus on food safety trainings.
Amount Requested: $12,500.00
One-Year Award Amount: $9,000.00
Project Period: 4/1/2026 to 3/31/2027

Unique Federal Award Identification Number (FAIN): 1U19FD008288
CFDA Number: 93.103
Awarded to NEHA on 09/10/2024

Samantha Chartier
City of Springfield, MA
Dept. of Health and Human Services
Springfield, MA 01105

Dear Samantha:

Your application has been approved for Springfield MA 2026 Track 2 as part of the National Environmental Health Association (NEHA)-U.S. Food and Drug Administration (FDA) Retail Flexible Funding Model (RFFM) Grant Program, with funding provided by the FDA. Approval is based on review of the project plan and budget details in your submitted application.

As part of your application, your agency has made an assurance that it will comply with all applicable federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Part 75. Acceptance of this award and/or any funds provided by the NEHA-FDA Retail Flexible Funding Model Grant Program acknowledges agreement with all the terms and conditions in this award letter.

The amount of $9,000.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that NEHA-FDA Retail Flexible Funding Model Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Specific Conditions of Your Award
In addition to the general Terms and Conditions of your award as listed below, the following are additional conditions specific to your award:

The following component(s) of your project have been fully funded: $5,000 for work on Standards 1-8.

The following component(s) of your project have been partially funded: $4,000 for the Training Optional Add-On.

Funding reductions are not due to the quality of your Track 2 Development Base application but are a result of an overall funding reduction to the NEHA-FDA RFFM Grant Program. All Track 2 Training Optional Add-On requests have been reduced to $4,000 and not all Mentee requests could be funded this year.

As a new requirement for Grant Year 2026-27, all Track 2 and Track 3 grantees will be required to report on their Retail Program Standards progress twice during the Grant Year using the new Retail Program Standards Assessment (RSA) Tool: first in coordination with their Interim Progress Report (due no later than October 15, 2026) and again as part of the Final Progress Reporting requirements (due no later than May 14, 2027).

Budget
To review specific details of the approved budget in your grant award (required for Training Add-On funding only), please log into the NEHA-FDA RFFM Grant Portal where you can view and print your grant (including your budget justifications) and your budget worksheets.

Total Award Amount: $9,000.00

For funding where budgets are required (Training Add-On funding), budget changes are allowable but must be justified and approved in advance and in writing by the NEHA-FDA RFFM Grant Program Support Team. None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current Executive Level II of the Federal Executive Pay Scale for any specific funding year.

Terms and Conditions
Your award is based on the project application referenced in this Notice of Award, submitted to and approved by NEHA. Payment is contingent on continued Federal Funding from the United States Food and Drug Administration, and is subject to the following terms and conditions:

The grantee must complete the full scope of work and all tasks outlined in the approved grant application by the Project End Date, unless NEHA grants a written exception. The recipient agrees to comply with the current FDA general terms and conditions (HHS Grant Policy Statement).

Restrictions on the expenditure of funds in federal appropriations acts apply to this award, to the extent those restrictions are applicable to subawards made under federal grants. Please refer to 2 CFR 200.400 for guidance on relevant cost principles.

For the complete Terms and Conditions of this award, including links to all relevant federal guidance, please see the documents available through the **Grant Guidance** link on the NEHA-FDA RFFM website (https://www.neha.org/retail-grants).

Required Reporting
Reports with due dates will be accessible by logging into the Grant Portal. Reminders will be sent to the email address of your organization's Point of Contact regarding upcoming and past due reports.

Interim Progress Reports will be required each year for awards made through this program to assure that each funded project remains on track for timely completion. For one-year awards, an Interim Progress Report will be due halfway through the project period.

When all project objectives have been completed, a Final Project Report must be submitted through the online Grant Portal no later than 45 days after your Project End Date.

Unless otherwise requested, your first report will be the Interim Progress Report due halfway through the project period.

Payment Requests

For one-year awards made through this grant program, payment is normally made on a reimbursement basis at the end of the project, following submission of all required reporting.

Advance Payments may be requested for one-year awards when required by a jurisdiction, to cover immediate project needs.

Interim Payments may be requested as needed, ideally not more than once per quarter.

For complete information on required reporting and payment requests, please see the **Reporting and Payment Instructions,** accessible through the Grant Guidance link on the NEHA-FDA RFFM website.

Recipient FDA Notice
As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). For additional information regarding the Retail Program Standards, please visit the FDA's official webpage at: https://www.fda.gov/food/retail-food-protection/voluntary-national-retail-food-regulatory-program-standards.

Allowable and Non-allowable Costs
For information on allowable and non-allowable costs, please refer to the **Grant Guidance** link on the NEHA-FDA RFFM website.

Base Grant Requirement
Once awards under the NEHA-FDA RFFM Grant Program have been made, all grantees must complete their Base activities (specified either in their active Development Base Grant or Maintenance and Advancement Base Grant) to remain eligible for Optional Add-Ons and Grants (Training funds, Mentee funds, Mentor grants). If Base activities are not substantially completed by the end of the Project Period, both Base and Add-On funding may be in jeopardy of cancellation.

Travel Costs
Travel costs should adhere to the general guidelines found in the **NEHA-FDA RFFM Grant Guidance**. Contact the NEHA-FDA RFFM Grant Program Support Team with specific travel-related questions not covered in the guidance.

Financial Conflicts of Interest
This award is subject to the Financial Conflict of Interest (FCOI) regulation at 42 CFR Part 50 Subpart F.

Contact Us for Support
If you have questions about this award, please contact the NEHA-FDA RFFM Grant Program Support Team. Additionally, the FDA Retail Food Safety Specialist assigned to your geographic area is an integral part of your jurisdiction's successful completion of Retail Program Standards activities and is available to assist with your funded project.

NEHA-FDA RFFM Grant Program Support Team
retailgrants@neha.org
1-833-575-2404

FDA Retail Food Safety Specialist Contact Information
https://www.fda.gov/food/voluntary-national-retail-food-regulatory-program-standards/directory-fda-retail-food-specialists

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,

David T. Dyjack, DrPH, CIH
NEHA Executive Director

REQUEST FOR GRANT SETUP

This form and the required attachments are required by the Office of the City Comptrollers before a Grant Fund and related accounts will be created in MUNIS. Please do not use this form for requesting a non-grant related account to be created – use the Request for New Account form instead. Please return this form and the required attachments to the Office of the City Comptrollers.

All fields are mandatory.

Date of Request
4/15/2026
Department Requesting Grant Setup
Office of Finance
Department Phone # (Please include extension)
413-787-6831
Name and Title of Person to Contact in Case of Questions
Kyla Raimer – Grants Administrator

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number:
Yes please use AMP26
If this is a new Grant, have you filled out the "Approval to apply for a grant" Form?
(Y/N) N If yes, please attach a copy of the Approved Form.

	Grant Type:
	State – Highway
	Federal Pass-Through DOE– School
	Federal Direct– School
	Federal – City
	State DOE– School
	State Other – School
X	State – City
	Private/Other

Grant Name:
U.S. Department of Justice COPS Anti-Methamphetamine Program MOU with State Police
Total Grant Amount Awarded: **$10,000**
Is this a Reimbursable Grant? (Y/N)
A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.
Yes
If it is a Reimbursable Grant, please enter Grantor contact information or the CID # if Grantor is already in the customer file:

Entity Name	**Department of State Police**
Contact Person	**Melissa Comeau**
Street Address	**470 Worcester Road**
City, State, Zip Code	**Framingham, MA 01702**
Telephone	**508-820-2137**
Fax	**508-820-2165**
E-Mail	**melissa.comeau@pol.state.ma.us**

Actual Award Date **3/18/2026**
Board Approval Date
Start Date **Upon Execution**
Expiration Date **09/30/2028**
Renewal Action Date (optional)
If there are any Matching Funds: NO
Type
Percent
Amount

Comments re: Description/Purpose of Grant
Reimbursement of overtime costs associated with local police participation in the Anti-Methamphetamine Program.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?
(Ex: Monthly, Quarterly) **Monthly**

If payment is to be sent by Grantor as a Wire,

Please enter any wire reference/identification # that may be used (if known)

Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: **28952100**

Object Codes: **506000 - $10,000**

Budget Roll-Up Codes:

I hereby attest that under the penalties of Chapter 656, I will adhere to all regulations in this grant agreement. I am responsible for timely and accurate reimbursements in the amounts listed above.

Lisa J Mullis
Signature

4/15/2026
Date

Please attach the following documents:

- Signed Approval to Apply for a Grant Form
- Grant Award Letter
- City Council/Mayor Approval
- Any other relevant documentation

This Form and all relevant attachments will be scanned and attached in the Grant Maintenance module in MUNIS and can be viewed or printed at your convenience.

COMMONWEALTH OF MASSACHUSETTS | **STANDARD CONTRACT FORM** C#20260554

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

Contractor Legal Name
City of Springfield Police Department

d/b/a

Legal Address
As entered on Form W-9 or Form W-4
36 Court Street, Springfield, MA 01103

Contract Manager Name
Kyla Raimer

Phone	Fax
413-787-6831	

Email
kraimer@springfieldpolice.net

Vendor Code
VC VC6000192140

Vendor Code Address ID
e.g. "AD001". AD

Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.

COMMONWEALTH INFORMATION

Department	Mosaic Department Code
Department of State Police	POL

Contract Manager Name
Rebecca Rust

Business Mailing Address
470 Worcester Road, Framingham, MA 01702

Billing Address If Different

Phone	Fax
508-820-2688	508-820-2165

Email
Rebecca.Rust@pol.state.ma.us

Mosaic Transaction ID(s)
GAEPOL700026SPRNGFDX

RFR/Procurement or Other ID Number
15JCOPS-25-GG-00740-MUMU

NEW CONTRACT

Procurement or Exception Type (Check one option only)

- [ ] **Statewide Contract** (OSD or an OSD-designated department.)
- [ ] **Collective Purchase** (Attach OSD approval, scope, and budget.)
- [x] **Department Procurement** - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)
- [ ] **Emergency Contract** (Attach justification for emergency, scope, and budget.)
- [ ] **Contract Employee** (Attach Employee Status Form, scope, and budget.)
- [ ] **Interim Contract with new Contractor** (Attach justification for Interim Contract and updated scope/budget.)
- [ ] **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)

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.

- [ ] **Amendment to Date, Scope, or Budget** (Attach updated scope and budget.)
- [ ] **Interim Contract with Current Contractor** (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/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:

- (●) 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.)
- (●) **Maximum Obligation Contract.** Total maximum obligation for total duration of this contract (or new total if contract is being amended): $10,000.00

Mosaic Transaction ID(s) GAEPOL700026SPRNGFDX

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.

Reimbursement of overtime costs associated with local police participation in the anti-methamphetamine task force. Mass State Police received federal funding for this project from the federal COPS Award 15JCOPS-25-GG-00740-MUMU. Please also review Attachment A.

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 , 20 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

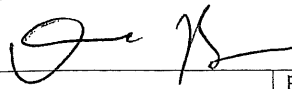
○ 3. were incurred as of , 20 , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances 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 September 30 , 20 28 , 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.		AUTHORIZING SIGNATURE FOR THE DEPARTMENT Signature and date must be captured at time of signature.	
Signature	Date	Signature	Date
	4/22/26		
Print Name	Print Title	Print Name	Print Title
Domenic J. Sarno	Mayor	Michelle Small	Chief Administrative Officer

Attachment A

Scope of Partnership Between
MASSACHUSETTS DEPARTMENT OF STATE POLICE
and
SPRINGFIELD, MA POLICE DEPARTMENT

The Massachusetts State Police has, pursuant to the 2025 COPS CAMP Anti-Methamphetamine Program, been awarded the sum of $2,000,000 for purposes related to the investigation of illicit activities related to the manufacture and distribution of methamphetamine.

This contract is an agreement between the **Massachusetts State Police** and the **Springfield Police Department** (**"Local Agency"**) to cooperate on the prevention and reduction in the investigation of illicit activities related to the manufacture and distribution of methamphetamine.

The Massachusetts State Police has determined that appropriated funds shall be used to reimburse the Massachusetts State Police and the Local Agency for authorized employee overtime costs incurred by the assignment of police officers to prevent and reduce illicit activities related to the manufacture and distribution of methamphetamine. **Overtime hours being charged against a federal grant award may only seek reimbursement for Actual hours worked regardless of department policy or union contract rules.**

The Massachusetts Department of State Police shall be solely responsible for the administration and distribution of the appropriated funds and no overtime reimbursement shall be made to a Local Agency unless approved by the Massachusetts State Police.

In order to be eligible for reimbursement of overtime costs pursuant to this Agreement, the Local Agency shall:

(a) Execute and deliver to the Commonwealth an original of this Agreement, the Commonwealth Standard Contract, and the relevant Commonwealth'sTerms and Conditions.

(b) Receive approval from the Massachusetts State Police, acting through a designated Unit Supervisor(s), to incur law enforcement overtime pursuant to an approved target plan.

(c) Submit, at least monthly, an invoice of all Local Agency overtime approved by the Massachusetts State Police to MSPGrants@pol.state.ma.us
Such invoice shall:

(i) be submitted on Official Local Agency letterhead;

(ii) include all overtime hours worked pursuant to an approved target plan;

(iii) include law enforcement officer's full name;

(iv) include the date(s) and corresponding number of all approved hours worked by the officer(s);

(v) the applicable overtime rate for each such officer; and

(vi) total of all overtime hours approved and for which reimbursement is sought by the Local Agency.

(d) Each submitted invoice must be signed by an authorized official of the Local Agency/Police Department and contain the following or substantially similar attestation: "I attest that all information accompanying this invoice is true and accurate and that documentation supporting the same is maintained in municipal files, which shall be made available to the Massachusetts State Police upon request and/or in the event of an audit".

(e) Reimbursement of Local Agency overtime incurred pursuant to this Agreement shall, at all times, be subject to:

(i) The terms and conditions of this Agreement;

(ii) The availability of Massachusetts State Police approved funding;

(iii) The terms and conditions of the Commonwealth Standard Contract, which shall prevail over any conflicting terms or conditions in this Agreement;

(iv) The Commonwealth 's Terms and Conditions, which shall prevail over any conflicting terms or conditions in this Agreement; and

(v) The complete discretion and approval, supervisory and administrative , of the Massachusetts State Police;

The Commonwealth of Massachusetts
Department of State Police

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

GINA K. KWON
SECRETARY

GEOFFREY D. NOBLE
COLONEL/SUPERINTENDENT

DANIEL T. TUCKER
DEPUTY SUPERINTENDENT

Date: March 18, 2026

To: Springfield, MA Police Department

From: Rebecca Rust - Deputy Director of Grants and Special Projects
Jeff Ly - Accountant IV

Re: Grant Award – 15JCOPS-25-GG-00740-MUMU

Grant Manager: Rebecca Rust

Finance Point of Contact: Rebecca Rust / Jeff Ly

Grant Recipient: Massachusetts State Police

Grantee SAM Unique Entity ID: L147QU9MVD25

Award Number: - 15JCOPS-25-GG-00740-MUMU

Project Title: FY2025 COPS Office Anti-Methamphetamine Program

Title of Program: Massachusetts State Police and Springfield, MA Police Department

CFDA#: 16.710

Project Period: Upon Contract Execution - 09/30/2028

Budget Period: Upon Contract Execution – 09/30/2028

Sub recipient: Springfield, MA Police Department

Sub recipient Award Amount: FY26 **$10,000.00**

Sub recipient Unique Entity ID: ___MUKXN31JR7A9___ **(REQUIRED)**

REQUEST FOR GRANT SETUP

This form and the required attachments are required by the Office of the City Comptrollers before a Grant Fund and related accounts will be created in MUNIS. Please do not use this form for requesting a non-grant related account to be created – use the Request for New Account form instead. Please return this form and the required attachments to the Office of the City Comptrollers.

All fields are mandatory.

Date of Request 4|22|2026

Department Requesting Grant Setup TJO Animal Control

Department Phone # (Please include extension) 413-781-1022

Name and Title of Person to Contact in Case of Questions Heather Cahillane

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number:

If this is a new Grant, have you filled out the "Approval to apply for a grant" Form? N/A
(Y/N) If yes, please attach a copy of the Approved Form.

Grant Type:
State – Highway
Federal Pass-Through DOE– School
Federal Direct– School
Federal – City
State DOE– School
State Other – School
State – City
Private/Other

Grant Name: VET26 - Grant Increase

Total Grant Amount Awarded: $ 20,000

Is this a Reimbursable Grant? (Y/N)
A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

If it is a Reimbursable Grant, please enter Grantor contact information or the CID # if Grantor is already in the customer file:

- Entity Name
- Contact Person
- Street Address
- City, State, Zip Code
- Telephone
- Fax
- E-Mail

Actual Award Date - 4/14/2026
Board Approval Date
Start Date - 4/14/2026
Expiration Date
Renewal Action Date (optional)
If there are any Matching Funds:

- Type
- Percent
- Amount

Comments re: Description/Purpose of Grant Grant increase due to unpredictable veterinary costs related to neglect & cruelty cases

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?
(Ex: Monthly, Quarterly)

If payment is to be sent by Grantor as a Wire,
Please enter any wire reference/identification # that may be used (if known)

Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:

Object Codes:

Budget Roll-Up Codes:

I hereby attest that under the penalties of Chapter 656, I will adhere to all regulations in this grant agreement. I am responsible for timely and accurate reimbursements in the amounts listed above.

Heather Cahillane
Signature

4/22/2026
Date

Please attach the following documents:

- Signed Approval to Apply for a Grant Form
- Grant Award Letter
- City Council/Mayor Approval
- Any other relevant documentation

This Form and all relevant attachments will be scanned and attached in the Grant Maintenance module in MUNIS and can be viewed or printed at your convenience.

From: Cahillane, Heather
To: Malone, Sacoy; Berardi, Gianna
Subject: FW: [External] Revision - Reese Fund
Date: Tuesday, April 14, 2026 12:52:02 PM

From: Janna Brown <jbrown@tjofoundation.org>
Sent: Tuesday, April 14, 2026 12:40 PM
To: Cahillane, Heather <HCahillane@tjoconnoradoptioncenter.com>
Subject: [External] Revision - Reese Fund

Hi Heather,

Thank you for submitting the request for assistance through the Reese Fund.

We're happy to approve a reimbursement grant of **$20,000** for the cost of veterinary care provided by NEVCCC and other costs accrued for:

- Pooh (A069529),
- Piglet (A069529),
- Theo (A068522),
- Kolton (A068883),
- Miles (A068884),
- Sir Michael (A070168), and
- Tammy (A070226).

Thank you for submitting the final invoice(s) and proof of payment (if applicable). We will process the grantt promptly.

We appreciate all that you and your team do to care for the animals—thank you for letting us support this important work.

Best,

Janna Brown
Executive Director
Foundation for TJO Animals
237 Memorial Drive
Springfield, MA 01104
C: 413-297-5407
O: 413-306-5161
JBrown@tjofoundation.org
www.tjofoundation.org

On Thu, Apr 9, 2026 at 12:38 PM Janna Brown <jbrown@tjofoundation.org> wrote:

> Hi Heather,
>
> Thank you for submitting the request for assistance through the Reese Fund.
>
> We're happy to approve reimbursement of up to **$20,000** for the cost of veterinary care provided by NEVCCCand other costs accrued for:
>
> - Pooh (A069529),
> - Piglet (A069529),
> - Theo (A068522),
> - Kolton (A068883),
> - Miles (A068884),
> - Sir Michael (A070168), and
> - Tammy (A070226).
>
> Thank you for submitting the final invoice(s) and proof of payment (if applicable). We will process the reimbursement promptly.
>
> We appreciate all that you and your team do to care for the animals—thank you for letting us support this important work.
>
> Best,
>
> **Janna Brown**
> Executive Director
> *Foundation for TJO Animals*
> *237 Memorial Drive*
> *Springfield, MA 01104*
> C: 413-297-5407
> O: 413-306-5161
> JBrown@tjofoundation.org
> www.tjofoundation.org

To the Mayor and City Council of the City of Springfield:

The undersigned respectfully petition your honorable body

Petition # 10,304

"To discontinue Cloverdale Street from Edgeland St. southerly approximately 1500 feet "

SPRINGFIELD, MASSACHUSETTS

September 24, 2024

	NAME: PRINTED and SIGNED	ADDRESS	
1	VEGA LOIDA & LIZZETTE CRUZ	83 Edgeland st	Loida Vega
2	Khawaja. Munir	71 Edgeland st	Munir Khawaja
3	MUAYYAD Reality LLC	(14-16 Cloverdale st) Mohammad BASHIR	BASHIR
4	Farooqui Zahid	88-90 Edgeland st	
5	Kelnate Reality LLC	210 Fort pleasant st	
6	McIntosh Conrad L	85-87 Edgeland st	
7	Rosa Carmell	50 longview st	
8	LOPEZ Emily	82-84 - Edgeland st	
9	William Murphy	93 Edgeland st	
10			
11			

September 13, 2024

Board of Public Works
Hector Velez, BPW representative
70 Tapley Street
Springfield, MA 01104

Re: Cloverdale St (partial) discontinuance

Dear Hector,

I'm following up on an e-mail exchange on or about 7/25/24 between my counsel and yourself regarding petitioning for discontinuance of Cloverdale St. starting at the end of the driveway of house number 14-16 Cloverdale and then continuing south to its end. The area we seek to close is wooded property and it is a paper street.

A review of the city's GIS will show that the mosque I represent, Baitus Salaam, has recently purchased many of the present lots around Cloverdale. Our mosque is at the corner of Ft. Pleasant Ave. and Edgeland St. and it is only a few steps away from Cloverdale.

The purpose for this letter and the reason why the mosque has purchased the aforesaid lots is we are hopeful to construct a new facility on the Cloverdale site. It will be a facility that will serve our faith community and, we believe, the Greater Springfield community, too. The only way we can see this come to fruition is through a successful petition to the Board to discontinue Cloverdale as described.

Please forward to my attention the neighborhood petition so that we may continue this process. Feel free to call or text my attorney (David Bartley 413-531-2213) or myself (413-221-4245) with any questions.

Sincerely,

ZAHID FAROOQUI

Baitus Salaam Inc.
148 Ft. Pleasant Ave.
Springfield, MA 01108
Attn.: Z. Farooqui

PLANNING BOARD ENDORSEMENT UNDER THE SUBDIVISION CONTROL LAW SHOULD NOT BE CONSTRUED AS EITHER AN ENDORSEMENT OR AN APPROVAL OF ZONING LOT AREA REQUIREMENTS.

WE HAVE CONFORMED WITH THE RULES AND REGULATIONS OF THE REGISTRY OF DEEDS IN PREPARING THIS PLAN.

MICHAEL D. SMITH - SMITH ASSOCIATES SURVEYORS, INC.

I CERTIFY THAT THE PROPERTY LINES SHOWN ARE THE LINES DIVIDING EXISTING OWNERSHIPS AND THE LINES OF THE STREETS SHOWN ARE THOSE OF PUBLIC OR PRIVATE STREETS ALREADY ESTABLISHED AND THAT NO NEW LINES FOR DIVISION OF EXISTING OWNERSHIP OR FOR NEW WAYS ARE SHOWN

PARTIAL STREET DISCONTINUANCE PLAN

CLOVERDALE STREET
HAZELWOOD STREET
SPRINGFIELD, MA

PREPARED FOR

CITY OF SPRINGFIELD
DEPARTMENT OF PUBLIC WORKS

DATE: 3/3/2026

SCALE: 1" = 20'

SMITH ASSOCIATES

NOTICE OF MEETING

CITY OF
SPRINGFIELD, MASSACHUSETTS

PET. NO. 10,304

The Board of Public Works, to which referred the petition of David K Bartley, Esq. and others :

“ To discontinue and abandon a portion of Public Way known Cloverdale Street from Edgeland St. southerly approximately 1500 feet "

Hereby gives notices that said Board will meet **at the corner of Edgeland Street and Cloverdale Street in Springfield, MA on Thursday, the first (1) of May 2025 at three thirty (3:30 P.M.) o’clock in the evening**

029300014
BAITUS SALAAM
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

029300015
BAITUS SALAAM
148 FORT PLEASAANT AVE
SPRINGFIELD, MA 01108

029300016
BAITUS SALAAM
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

029300017
BAITUS SALAAM
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

029300018
BAITUS SALAAM
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

029300019
BAITUS SALAAM
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

029300020
BAITUS SALAAM
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

029300011
BREAKTHROUGH WORSHIP
23 MARLENE DR
FEEDING HILLS, MA 01030

029300013
KELNATE REALTY LLC
27 CLEVELAND ST
SPRINGFIELD, MA 01104

044000022
KHAWAJA MUNIR & AMINA
71 EDGELAND ST
SPRINGFIELD, MA 01108

029300003
MUAYYAD REALTY LLC
530 SUMNER AVE
SPRINGFIELD, MA 01108

064700002
SALAAM BAITUS
148 FORT PLEASANT AVE
SPRINGFIELD, MA 01108

044000021
VEGA LOIDA & LIZZETTE
83 EDGELAND ST
SPRINGFIELD, MA 01108

Order of Discontinuance of a Section of Public Way Known as Cloverdale Street as a public way from its southeasterly terminus.

WHEREAS, the City of Springfield receives a Petition to "discontinue and abandon a paper street section of public way known as Cloverdale Street southeasterly terminus a distance of three hundred terty five (335') lineal feet in a southerly direction from Hazelwood Street, approximate area of 16,800 square feet", a copy of said petition dated July 16, 2025 (#10,305) is attached; and

WHEREAS, said petition #10,304 was referred to the Board of Public Works on September 24, 2024; and

WHEREAS, On April 14, 2025 a Notice of a Public Hearing on petition #10,304, to be held May 1, 2025, was sent by mail to all property owners abutting and a notice was published in a newspaper of general circulation in Springfield before the day of the hearing and posted in a conspicuous place in the office of the city clerk before the day of the hearing. The Board of Public Works was held as scheduled on site with the petitioner and interested parties; and

WHEREAS, on May 1, 2025 the Board of Public Works reported thereon that, after careful consideration of petition #10,304, the Board of Public Works is of the opinion common convenience and necessity recommends that the section of public way known as a Cloverdale Street southeasterly terminus a distance of three hundred terty five (335') lineal feet, approximate area of 16,800 square feet in a southerly direction from Hazelwood Street described in Exhibit A, be abandoned as shown on plan entitled:

Springfield, MA

Partial Street Discontinuance Cloverdale Street

Prepared for the Board of Public Works

Smith Associates, Surveyors, Inc.

Scale: 1"-20' Date: March 3, 2026

consisting of one (1) sheet, which plan is incorporated herein by reference and is on file in the office of the Engineering Division of the Department of Public Works, Springfield, Massachusetts, and which is to be recorded in the Hampden County Registry of Deeds; and,

The Board further opined that no damages would be sustained by any person, firm, or corporation in their property by reason of the proposed abandon a section of Wallace Street; and,

WHEREAS, petition #10,304 came before the City Council for a Public Hearing on this date, April 7, 2026.

NOW THEREFORE, BE IT ORDERED:

1. that the City Council of the City of Springfield, with the approval of the Mayor, finds that the paper street section of Cloverdale Street has become abandoned and unused for ordinary travel and that the common convenience and necessity no longer requires said way to be maintained in a condition reasonably safe and convenient for travel; and,

2. Declares that the city shall no longer be bound to keep such way in repair; and,

3. Upon filing of this Order with the city clerk, this Order shall take effect, provided that sufficient notice to warn the public that the way is no longer maintained is posted at both ends of such way or portions thereof; and,

4. this order is conditioned upon and subject to the rights of the Springfield Water and Sewer Commission, its employees and agents (collectively "The Commission) having continuing access to The Commission's water and sewer mains in the discontinued portion of Cloverdale Street, as shown on the plans attached hereto and made a part hereof, for the purposes of replacing, maintaining, operating, and repairing its water and sewer mains, including the operation of all values and hydrants to the recording of the abandonment of Cloverdale Street; and

5. The petitioner must produce two (2) mylar plans showing the area to be discontinued. The plans must be stamped by a Professional Land Surveyor, and one plan will be filed by the petitioner in the Registry of Deeds, and one plan will be filed in the Engineering Division of the Department of Public Works after the approval of this petition.

Exhibit A Petition 10,304

A certain parcel of land located in Springfield, Hampden County, Massachusetts and being the remaining portion of a way known as Hazelwood Street and the southerly portion of a way known as Cloverdale Street. Said parcel is more particularly described as:
Beginning at a point 174.61' southerly from the intersection of the southerly side of Edgeland Street and the westerly side of Cloverdale Street, thence running;
N 73°12'09" E – across the way known as Cloverdale Street, fifty and 00/100 feet (50.00) to a point on the easterly side of Cloverdale Street, thence:
S 16°47'51" E – along the easterly side of Cloverdale Street, three hundred and nine and 57/100 feet (309.57) to a point, thence:
S 73°12'09" W – along land of Kelnate Realty LLC. fifty and 00/100 feet (50.00) to a point, thence:
N 16°47'51" W – along the westerly side of Cloverdale Street two-hundred and twenty-nine and 90/100 feet (229.90) to the southeasterly corner of Hazelwood Street, thence:
S 89°26'40" W – along the southerly side if Hazelwood Street fifty and 00/100 feet (50.00) to a point, thence:
N 00°33'20" W – along land of n/f Forest Park Condominiums twenty-five and 00/100 feet (25.00) to a point, thence:
S 89°26'40" W – along the southerly side if Hazelwood Street ninety and 00/100 feet (90.00) to a point, thence:
N 00°33'20" W – along land of n/f Forest Park Condominiums twenty-five and 00/100 feet (25.00) to a point, thence:
N 89°26'40" E – along the northerly side of Hazelwood Street one-hundred and twenty-five and 43/100 feet (125.43) to the westerly side of Cloverdale Street, thence:
N 16°47'51" W – along the westerly side of Cloverdale Street to the point of beginning,
Containing Nineteen Thousand Eight Hundred Sixty-four and 31/100 (19864.31) square feet of land.

RESOLUTION SUPPORTING THE ESTABLISHMENT OF THE SPRINGFIELD COMMUNITY IMPACT AND STABILIZATION FUND IN CONNECTION WITH THE SPRINGFIELD REGIONAL JUSTICE CENTER PUBLIC-PRIVATE PARTNERSHIP LEASE

CITY OF SPRINGFIELD
In the City Council April 13, 2026

WHEREAS, the Commonwealth of Massachusetts, through DCAMM, is advancing the development of the Springfield Regional Justice Center under a long-term public-private partnership (P3) lease structure; and

WHEREAS, the Justice Center will consolidate multiple court functions into a single, modernized regional facility intended to serve the Commonwealth for several decades; and

WHEREAS, while judicial functions currently operate within the City, the proposed Justice Center represents a consolidation and long-term reconfiguration of those functions, which may alter the scale, concentration, location, and duration of associated impacts on municipal services and surrounding community conditions; and

WHEREAS, the operation of a regional judicial facility may result in incremental demands on municipal services and broader community conditions that extend beyond baseline service levels funded through existing municipal revenues, including, but not limited to, project-specific municipal and community impacts such as court-related transport coordination, traffic management, and emergency response; and

WHEREAS, such impacts may not be fully captured through property taxation, District Improvement Financing (DIF), or other existing revenue mechanisms; and

WHEREAS, large-scale, long-term public facilities may also contribute to broader impacts over time, including effects on infrastructure, housing patterns, transportation systems, and related local conditions; and

WHEREAS, these impacts may include, but are not limited to, changes in traffic patterns and access, displacement of existing businesses and professional services, environmental and site-related conditions, and long-term changes in surrounding land use; and

WHEREAS, the Springfield City Council recognizes that both direct and indirect impacts should be considered as part of the long-term operation of such a facility; and

WHEREAS, the proposed P3 lease structure contemplates long-term financial commitments by the Commonwealth over a period of approximately forty (40) years or more, with possible extensions; and

HEREAS, the City Council further recognizes that any such support may be structured as a component of lease-related obligations, payable on a recurring basis, and directed to a dedicated, restricted municipal fund intended to be used for addressing these impacts and not as general municipal revenue; and

WHEREAS, the City Council believes it is appropriate to explore approaches that address these impacts over the lifecycle of the Justice Center;

NOW, THEREFORE, BE IT RESOLVED:

1. **Support for Approach**
   The Springfield City Council expresses its support for the development of an approach to address project-specific municipal and community impacts associated with the Springfield Regional Justice Center.

2. **Service Level Agreement Framework**
   The City Council supports pursuing a Service Level Agreement or similar contractual mechanism to coordinate and address impacts associated with the operation of the Justice Center.

3. **Flexible Structure**
   The City Council supports an approach that is sufficiently flexible to address both direct and indirect impacts over the full lifecycle of the facility.

4. **Consistency with Procurement Structure**
   The City Council recognizes that any such approach should be structured in a manner consistent with the Commonwealth's procurement process and may involve coordination among the Commonwealth, the selected developer or property owner, and the City.

5. **Use of Support**
   The City Council expresses that any support provided through such an approach should be used to address impacts associated with the Justice Center and not as general municipal revenue.

6. **Lease-Based Structure**
   The City Council recognizes that such an approach may be structured as a defined, lease-based component, payable on a recurring basis over the full term of the lease, including any extensions.

7. **Engagement**
   The City Council encourages continued engagement with DCAMM and relevant stakeholders to ensure that these impacts are appropriately considered as part of the ongoing procurement process.

8. **Transmission**
   The City Clerk is directed to transmit a copy of this resolution to relevant parties.

Adopted by the Springfield City Council
on this ___ day of _____, 2026.

The City Clerk is directed to transmit a copy of this resolution to:

- The Springfield Legislative Delegation
- The Mayor of the City of Springfield
- The Department of Capital Asset Management and Maintenance (DCAMM)
- The Office of the State Auditor
- The Governor of the Commonwealth of Massachusetts

ORDER ESTABLISHING A PILOT FOR PUBLIC SPEAK-OUT DURING REGULAR CITY COUNCIL MEETINGS

ORDERED, that the Springfield City Council hereby establishes a **pilot procedure** permitting **Public Speak-Out to occur during regular City Council meetings on non-hearing nights**, subject to the following conditions:

1. **Applicability**
   This pilot shall apply **only to regular City Council meetings that are not designated as hearing nights**. Public Speak-Out shall not occur on nights when public hearings are scheduled.
2. **Agenda Placement**
   Public Speak-Out shall occur **after Roll Call, Moment of Silence, and the Pledge of Allegiance**, and **before reports, orders, ordinances, and other legislative business**.
3. **Speaker Limits**
   Public Speak-Out shall be limited to **eight (8) speakers per meeting**, with a **three (3) minute time limit per speaker**.
4. **Scope of Remarks**
   Speakers shall address only matters relating to the **affairs of the City of Springfield** and shall not address:
   - Matters scheduled for a public hearing; or
   - Matters that have already been the subject of a public hearing and are awaiting final disposition.
5. **Sign-Up Procedure**
   Speaker sign-ups shall be **first-come, first-served**, administered by the **City Clerk or City Council staff**, with a clearly established cutoff time.
6. **Council Response**
   Public Speak-Out shall not constitute a public hearing. Members of the City Council shall **not engage in debate or responses** during Public Speak-Out.
7. **Decorum and Enforcement**
   All speakers shall comply with the City Council Rules and Orders. The **Council President** shall retain full authority to enforce time limits and maintain order.
8. **Pilot Period**
   This pilot shall remain in effect for **ninety (90) days** from adoption. At the conclusion of the pilot, the City Council shall evaluate its effectiveness and determine next steps.
9. **No Permanent Rule Change**
   This Order establishes a pilot only and shall not permanently amend the City Council Rules and Orders absent further action.

ORDERED, that the City Clerk shall post notice of this pilot and implement all administrative steps necessary for execution.