



CITY COUNCIL

City Clerk's Office 5/6/2020 12:00:00 PM

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 11, 2020** at 05:00 PM.

City Clerk

COVID-19 Advisory:

In order to enable municipal government to continue its important work during the COVID-19 pandemic, and to ensure that elected officials can satisfy CDC social distancing guidelines to avoid exposure to contagions, the City of Springfield is providing public notice that it will conduct this meeting utilizing remote collaboration technology in accord with Governor Baker's Order concerning the Open Meeting Law. FOCUS Springfield Community TV will continue to broadcast meetings utilizing the technology listed below.

There are three (3) methods for City residents to be present during the meeting or, in the alternative, watch the meeting at a later date:

1. Viewers used to watching "live" or "on-demand" recordings via Livestream will continue to watch meetings using the same link: <https://livestream.com/focusspringfield/citycouncil>
2. Viewers used to watching "live" or recordings played back on Springfield's Comcast Channel 17 will continue to watch meetings on the same channel, and it is repeatedly aired several times a week until the next meeting
3. At any point, City Council meetings can be viewed at the FOCUS Springfield website <http://focusspringfield.com/>

Possible Public Speak-Out is suspended until further notice.

Call to Order

5:00 PM Meeting called to order on May 11, 2020. THIS MEETING WILL BE HELD VIA ZOOM (remote collaboration technology).

Moment of Silence - Pledge of Allegiance

Reports of Committee

Informational

- (1.) March Revenue Vs. Expenditure Report (Mayor Sarno)

General Business

- (2.) Confirmation of Deputy Director of Veterans' Services (Mayor Sarno)

Petitions

- (3.) 20-05 Long Terr.
(4.) 20-15 Myrtle Street
(5.) 20-16 Myrtle Street

Grants

- (6.) CDBG Entitlement Grant - No Match - \$3,912,806.00 (Mayor Sarno)
(7.) HOME Entitlement Grant - No Match - \$1,678,324.00 (Mayor Sarno)
(8.) HOPWA Entitlement Grant - No Match - \$694,040.00 (Mayor Sarno)
(9.) HHS CARES Act Supplemental Funding - No Match Required - \$568,340.0000 (Mayor Sarno)
(10.) ESG Entitlement Grant - No Match Required - \$336,498.00 (Mayor Sarno)
(11.) Mass Substance Abuse Collaborative Grant Award- No Match Required- \$150,000.00 (Mayor Sarno)
(12.) Brownfields Assessment Grant - No Match Required - \$98,990 (Mayor Sarno)
(13.) Homeless Youth Grant Increase - No Match - \$60,000 (Mayor Sarno)
(14.) Massachusetts Census Division 2020 Census Municipal Grant - \$50,000 (Mayor Sarno)
(15.) Police Department Donation - \$50,000 (Mayor Sarno)
(16.) Mass Development Grant - No Match Required - \$49,973.00 (Mayor Sarno)
(17.) FY20 State Aid to Public Library Grant Increase- No Match Required \$5,313 (Mayor Sarno)
(18.) Police Department Donations - K9 Unit -\$2,650.00 (Mayor Sarno)
(19.) Massachusetts Cultural Council Grant - No Match Required \$2,250. (Mayor Sarno)
(20.) Donation - Police & Fire - \$1,000.00 (Mayor Sarno)
(21.) Police Silverbrick Donation - \$500.00 (Mayor Sarno)
(22.) Donation - Police/Fire/HHS - \$300.00 (Mayor Sarno)
(23.) Health and Human Services Donation - \$200.00 (Mayor Sarno)
(24.) Health and Human Services Donation - \$200.00 (Mayor Sarno)
(25.) Police Department Donation - \$50.00 (Mayor Sarno)

Orders

- (26.) Budget Transfer Across Departments - \$21,254.06 (Mayor Sarno)
Budget Transfer Across Departments - \$21,254.06
(27.) Bill of Prior Year - DPW - \$1,788.00 (Mayor Sarno)
(28.) Order Granting Permanent Easement to Verizon New England, Inc., For the Brightwood Lincoln School Project (Mayor Sarno)
(29.) Order Authorizing Mayor to Execute Quitclaim Deed for Sale of WS College St. (03020-0021) to Thuy L. Seward (Mayor Sarno)

Resolutions

(30.) Vote by Ballot

Suspension of Rules



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Pat Burns
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5640

1

March Revenue Vs. Expenditure Report (Mayor Sarno)

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

For the period ended
03/31/20

Revenues and Other Sources:	Revised Budget	Actual	Variance Over/(Under)	%
Real Estate & Personal Property Taxes	\$ 214,906,563	\$ 157,827,144	\$ (57,079,419)	73%
Real Estate & Personal Property Taxes - Tax Liens	-	1,611,076	1,611,076	0%
Motor Vehicle Excise	12,281,263	10,442,821	(1,838,442)	85%
Penalties, interest and other taxes	19,533,375	3,979,395	(15,553,980)	20%
Charges for Services	12,908,113	7,856,280	(5,051,833)	61%
Intergovernmental	424,351,203	318,742,113	(105,609,090)	75%
Licenses and Permits	5,438,773	3,800,970	(1,637,803)	70%
Fines and Forfeits	536,733	350,321	(186,412)	65%
Interest earned on Investments	3,261,523	1,920,425	(1,341,098)	59%
Miscellaneous	6,064,000	4,386,633	(1,677,367)	72%
FY 2019 Net School Spending Shortfall (a.)	6,081,535	6,081,535	-	100%
Stabilization Reserves	24,961	24,961	-	100%
Other Financing Sources	-	232,125	232,125	0%
Total Revenues and Other Sources	705,388,042	517,255,800	(188,132,243)	73%
Expenditures and Other Uses:				
General government	24,052,206	17,554,249	6,497,956	73%
Public safety				
Police	50,898,906	37,550,089	13,348,817	74%
Fire	24,142,820	17,688,408	6,454,412	73%
Centralized Dispatch	2,051,953	1,369,803	682,151	67%
Other	4,383,957	3,238,676	1,145,280	74%
Health and Welfare	4,001,470	2,513,160	1,488,310	63%
Public works	11,001,053	9,495,742	1,505,312	86%
Education	458,548,754	326,716,364	131,832,390	71%
Culture and recreation	14,272,621	10,894,052	3,378,569	76%
Pension and fringe	72,296,935	64,642,216	7,654,719	89%
State and district assessments	3,660,361	2,779,732	880,630	76%
Debt Service	27,843,303	26,155,116	1,688,186	94%
Pay as you go Capital	3,396,084	1,129,491	2,266,593	33%
Other Financing Use - Trash Enterprise Supplement	4,837,619	4,837,619	-	100%
Total Expenditures and Other Uses	705,388,042	526,564,717	178,823,326	75%
Excess (deficiency) of revenues and other sources over expenditures and other uses	-	\$ (9,308,917)	\$ (9,308,917)	

(a.) The FY 2019 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.

Attachment: March Revenue Vs. Expenditure Report (5640 : March Revenue Vs. Expenditure Report)

CITY OF SPRINGFIELD, MASSACHUSETTS

Budget and Actual - General Fund
Expenditures and EncumbrancesFor the period ended
03/31/20

Expenditures and Other Uses:

	Original Budget	Transfers In/(Out)	Revised Budget	Expenditure	Encumbrance	Variance Over/(Under)	%
General government	23,786,256	265,950	24,052,206	15,820,702	1,733,547	6,497,956	73%
Public safety							
Police	50,929,856	(30,950)	50,898,906	36,692,295	857,794	13,348,817	74%
Fire	24,142,820	-	24,142,820	17,539,118	149,290	6,454,412	73%
Centralized Dispatch	2,051,953	-	2,051,953	1,366,898	2,905	682,151	67%
Other	4,443,957	(60,000)	4,383,957	3,031,406	207,270	1,145,280	74%
Health and Welfare	4,076,470	(75,000)	4,001,470	2,502,517	10,643	1,488,310	63%
Public works	11,001,053	-	11,001,053	8,909,422	586,319	1,505,312	86%
Education	444,890,000	13,658,754	458,548,754	306,491,874	20,224,490	131,832,390	71%
Culture and recreation	14,352,621	(80,000)	14,272,621	9,996,743	897,309	3,378,569	76%
Pension and fringe	72,291,974	4,961	72,296,935	64,616,848	25,368	7,654,719	89%
State and district assessments	3,660,361	-	3,660,361	2,688,937	90,794	880,630	76%
Debt Service	27,843,303	-	27,843,303	26,155,116	-	1,688,186	94%
Pay as you go Capital	3,396,084	-	3,396,084	496,402	633,089	2,266,593	33%
Other Financing Use - Trash Enterprise Supplement	4,837,619	-	4,837,619	4,837,619	-	-	100%
Total Expenditures and Other Uses	691,704,327	13,683,715	705,388,042	501,145,897	25,418,819	178,823,326	75%



City Council

SCHEDULED

2

Meeting: 05/11/20 05:00 PM

Initiator: Tasheena Davis

Sponsors: Mayor Domenic J. Sarno

DOC ID: 5649

Confirmation of Deputy Director of Veterans' Services (Mayor Sarno)

Whereas, the City of Springfield Department of Veterans' Services is in need of a Deputy Director; and

Whereas, Mr. Joseph C. Decaro has served as Investigator for the Department of Veterans Services for the City of Springfield; and

Whereas, the Department of Health and Human Services has determined that Mr. Joseph Decaro has the knowledge and experience to serve as the Deputy Director of the Department; and

Whereas, the City Council must approve the appointment of Mr. Decaro to this position.

NOW, THEREFORE, BE IT ORDERED, that the City Council approves the appointment of Joseph C. Decaro as the Deputy Director of the Department of Veterans' Services for the City of Springfield.



City Council
36 Court Street
Springfield, MA 01103

SCHEDULED

PETITION (ID # 5633)

Meeting: 05/11/20 05:00 PM
Department: Department of Public Works
Category: General
Prepared By: Hector Velez
Initiator: Hector Velez
Sponsors:
DOC ID: 5633

20-05 Long Terr.

20-05

C I T Y O F S P R I N G F I E L D

In City Council, May 11, 2020

"In accordance with the provisions of Chapter 89, Section 9 of the General laws, the following street is designated as a STOP street at the following intersection and in the direction indicated."

LONG TERR. Stop signs facing eastbound vehicles on Long Terr. at Strong Street.

**NOTICE OF MEETING
SPRINGFIELD TRAFFIC COMMISSION
MEETING AGENDA**

Monday, January 13, 2020

Meeting Hour:
10:15 A.M

LOCATION:

Clodo Concepcion Community Center (Greenleaf)
1187 Parker St, Springfield, MA 01129

ACCEPT MINUTES OF THE MEETING OF OCTOBER 7, 2019

New items:

20-01 Amendment Traffic Rules & Orders. Update City Ordinance/Rules of the Road.

20-02 Amendment Traffic Commission Rules & Orders .

20-03 Crosswalk Petition. Allen Street & Allen Park Road intersection near the bus stop.

20-04 Sunrise Terrace. Stop signs, side streets abutting/ending at Sunrise Terrace. (Tabled)

20-05 Long Terr. Stop sign at Long Terrace and Strong Street.

20-06 Fire Stations. Don't block the driveway paving markings.

TRAFFIC REGULATIONS 120 days trail.

20-07 Oxford Street. STOP SIGN facing southbound vehicles on Oxford Street at Riverview Terr.

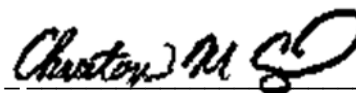
20-08 Connecticut Ave. NO PARKING "south side on Connecticut Ave, starting from Park Street 666 feet easterly.

20-09 Carew Street. No Parking Any Time from Hobart Street northerly 90 feet, west side.

20-10 Fountain Street. STOP SIGNS facing northbound and southbound vehicles on Fountain Street at Commonwealth Ave.

Other business that may lawfully come before the Traffic Commission pursuant to the Open Meeting Law

By: _____



Christopher M. Cignoli, Secretary
Springfield Traffic Commission

NOTE: If you are unable to attend this meeting, please notify Hector Velez at 784-4891 or hvelez@springfieldcityhall.com to ensure a quorum.

Attachment: 1-13-2020 Agenda (5633 : 20-05 Long Terr.)

20-05

C I T Y O F S P R I N G F I E L D**In City Council, May 11, 2020**

"In accordance with the provisions of Chapter 89, Section 9 of the General laws, the following street is designated as a STOP street at the following intersection and in the direction indicated."

LONG TERR. Stop signs facing eastbound vehicles on Long Terr. at Strong Street.

Attachment: City Council Order stop -20-05 (5633 : 20-05 Long Terr.)



City Council
36 Court Street
Springfield, MA 01103

SCHEDULED

PETITION (ID # 5647)

Meeting: 05/11/20 05:00 PM
Department: Department of Public Works
Category: General
Prepared By: Hector Velez
Initiator: Hector Velez
Sponsors:
DOC ID: 5647

20-15 Myrtle Street

20-15

C I T Y O F S P R I N G F I E L D

In City Council, May 11, 2020

ORDERED, that the Rules of the Road approved September 8, 1936, as amended be further amended by striking out under Sections 2 through 13 of Article V, the following:

Myrtle Street: 40 feet south side of Myrtle Street starting 45 feet from State Street.

AND, further amending by inserting under Section 16 of Article V, "Service Zones", as follows:

Myrtle Street: Starting 45 feet easterly from State Street south side of Myrtle Street for 40 feet.

20-15

C I T Y O F S P R I N G F I E L D**In City Council, May 11, 2020**

ORDERED, that the Rules of the Road approved September 8, 1936, as amended be further amended by striking out under Sections 2 through 13 of Article V, the following:

Myrtle Street: 40 feet south side of Myrtle Street starting 45 feet from State Street.

AND, further amending by inserting under Section 16 of Article V, “Service Zones”, as follows:

Myrtle Street: Starting 45 feet easterly from State Street south side of Myrtle Street for 40 feet.

Attachment: City Council Order -20-15 (5647 : 20-15 Myrtle Street)

**NOTICE OF MEETING
SPRINGFIELD TRAFFIC COMMISSION
MEETING AGENDA**

Monday, February 3, 2020

Meeting Hour:
10:15 A.M

LOCATION:

**Clodo Concepcion Community Center (Greenleaf)
1187 Parker St, Springfield, MA 01129**

ACCEPT MINUTES OF THE MEETING OF January 13, 2020

New items:

20-011 Traffic Commission Election. Per City Ordinance the election of Traffic Commission Officers shall be held at the first Traffic Commission Meeting of the new calendar year.

20-12 Amendment Traffic Rules & Orders. Update City Ordinance/Rules of the Road.

20-13 Sunrise Terrace. Stop signs, side streets abutting/ending at Sunrise Terrace. **(Tabled)**

20-14 Haumont Terrace. "No Thru Trucks" sign on Haumont Terrace.

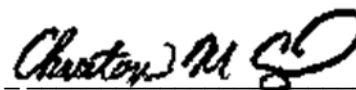
TRAFFIC REGULATIONS 90 days trail.

20-15 No Parking Loading Zone. Starting 45 feet from State Street south side of Myrtle Street for 40 feet.

20-16 Handicap Parking. Starting 90 feet from State Street south side of Myrtle Street for 40 feet.

Other business that may lawfully come before the Traffic Commission pursuant to the Open Meeting Law

By: _____



Christopher M. Cignoli, Secretary
Springfield Traffic Commission

NOTE: If you are unable to attend this meeting, please notify Hector Velez at 784-4891 or hvelez@springfieldcityhall.com to ensure a quorum.

Attachment: 2-3-2020 Agenda (5647 : 20-15 Myrtle Street)



City Council
36 Court Street
Springfield, MA 01103

SCHEDULED

PETITION (ID # 5648)

Meeting: 05/11/20 05:00 PM
Department: Department of Public Works
Category: General
Prepared By: Hector Velez
Initiator: Hector Velez
Sponsors:
DOC ID: 5648

20-16 Myrtle Street

20- 16

CITY OF SPRINGFIELD

In City Council, May 11, 2020

ORDERED, that the Rules of the Road approved September 8, 1936, as amended be further amended by striking out under Sections 2 through 13 of Article V, the following:

Myrtle Street: 40 feet south side of Myrtle Street starting 90 feet from State Street.

AND, further amending by inserting under Section 5(k) of Article VA, and Section 7 of Article VI "Handicapped Parking," as follows:

Myrtle Street: Starting 90 feet easterly from State Street south side of Myrtle Street for 40 feet.

20- 16

CITY OF SPRINGFIELD**In City Council, May 11, 2020**

ORDERED, that the Rules of the Road approved September 8, 1936, as amended be further amended by striking out under Sections 2 through 13 of Article V, the following:

Myrtle Street: 40 feet south side of Myrtle Street starting 90 feet from State Street.

AND, further amending by inserting under Section 5(k) of Article VA, and Section 7 of Article VI "Handicapped Parking," as follows:

Myrtle Street: Starting 90 feet easterly from State Street south side of Myrtle Street for 40 feet.

Attachment: City Council Order -20-16 (5648 : 20-16 Myrtle Street)

**NOTICE OF MEETING
SPRINGFIELD TRAFFIC COMMISSION
MEETING AGENDA**

Monday, February 3, 2020

Meeting Hour:
10:15 A.M

LOCATION:

**Clodo Concepcion Community Center (Greenleaf)
1187 Parker St, Springfield, MA 01129**

ACCEPT MINUTES OF THE MEETING OF January 13, 2020

New items:

20-011 Traffic Commission Election. Per City Ordinance the election of Traffic Commission Officers shall be held at the first Traffic Commission Meeting of the new calendar year.

20-12 Amendment Traffic Rules & Orders. Update City Ordinance/Rules of the Road.

20-13 Sunrise Terrace. Stop signs, side streets abutting/ending at Sunrise Terrace. **(Tabled)**

20-14 Haumont Terrace. "No Thru Trucks" sign on Haumont Terrace.

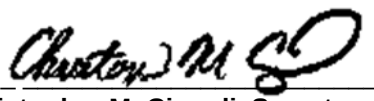
TRAFFIC REGULATIONS 90 days trail.

20-15 No Parking Loading Zone. Starting 45 feet from State Street south side of Myrtle Street for 40 feet.

20-16 Handicap Parking. Starting 90 feet from State Street south side of Myrtle Street for 40 feet.

Other business that may lawfully come before the Traffic Commission pursuant to the Open Meeting Law

By: _____


Christopher M. Cignoli, Secretary
Springfield Traffic Commission

NOTE: If you are unable to attend this meeting, please notify Hector Velez at 784-4891 or hvelez@springfieldcityhall.com to ensure a quorum.

Attachment: 2-3-2020 Agenda (5648 : 20-16 Myrtle Street)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5620

6

CDBG Entitlement Grant - No Match - \$3,912,806.00 (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "CDBG Entitlement Grant" of \$3,912,806.00 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant program is to provide affordable housing for low- income households; and

WHEREAS, the Department intends to use the grant funds to provide funds to first-time homeowners, tenant-based rental assistance, project based homeownership and rehab owner and rental properties; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, Sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

HOME Grant Program - \$3,912,806.00



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	4/23/2020
Department Requesting Grant Setup	Comm Dev
Department Phone # (Please include extension)	6082
Name and Title of Person to Contact in Case of Questions	Cathy Buono

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number: 63120

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

Grant Type:

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

Grant Name: CDBG Entitlement

Total Grant Amount Awarded: \$ 3,912,806.00

Attachment: SKM_C55820050611300 (5620 : CDBG Entitlement Grant - No Match - \$3,912,806.00)

Is this a Reimbursable Grant?

(Y/N) Y

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	US Dept of HUD
Contact Person	Samantha Graves
Street Address	10 Causeway Street
City, State, Zip Code	Boston, MA
Telephone	617-994-8353
Fax	
E-Mail	samanthagraves@hud.com

Actual Award Date	4/1/2020
Board Approval Date	
Start Date	7/1/2020
Expiration Date	6/30/2023
Renewal Action Date (optional)	

If there are any Matching Funds:

Type	
Percent	
Amount	

Is there any Leverage? HUD FUNDING ONLY

Source	
Amount	

Comments re: Description/Purpose of Grant

Annual Grant to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. The grant funds public services activities, infrastructure, business assistance, and neighborhood improvements.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 14.218

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) wire

Attachment: SKM_C55820050611300 (5620 : CDBG Entitlement Grant - No Match - \$3,912,806.00)

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

Org Code:

Object Codes: same set up as project #63120

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

4-23-20
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.

Attachment: SKM_C55820050611300 (5620 : CDBG Entitlement Grant - No Match - \$3,912,806.00)

FY2020 Allocations - USA

KEY	CNSRTKEY	NAME	STA	CDBG20	RHP20	HOME20	ESG20	HOPWA20
252340		Springfield	MA	\$3,912,806	\$0	\$1,678,324	\$336,498	\$694,040

Attachment: SKM_C55820050611300 (5620 : CDBG Entitlement Grant - No Match - \$3,912,806.00)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5621

7

HOME Entitlement Grant - No Match - \$1,678,324.00 (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "HOME Entitlement Grant" of \$1,678,324.00 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant program is to provide affordable housing for low- income households; and

WHEREAS, the Department intends to use the grant funds to provide funds to first-time homeowners, tenant-based rental assistance, project based homeownership and rehab owner and rental properties; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, Sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

HOME Grant Program - \$1,678,324.00



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	4/23/2020
Department Requesting Grant Setup	Comm Dev
Department Phone # (Please include extension)	6082
Name and Title of Person to Contact in Case of Questions	Cathy Buono

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number: 63020

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

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

Grant Name: HOME Entitlement

Total Grant Amount Awarded: \$ 1,678,324.00

Attachment: HOME ENTITLEMENT GRANT SETUP (5621 : HOME Entitlement Grant - No Match - \$1,678,324.00)

Is this a Reimbursable Grant? (Y/N) Y

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	US Dept of HUD
Contact Person	Samantha Graves
Street Address	10 Causeway Street
City, State, Zip Code	Boston, MA
Telephone	617-994-8353
Fax	
E-Mail	samanthagraves@hud.com

Actual Award Date	4/1/2020
Board Approval Date	
Start Date	7/1/2020
Expiration Date	6/30/2023
Renewal Action Date (optional)	

If there are any Matching Funds:

Type	
Percent	
Amount	

Is there any Leverage? HUD FUNDING ONLY

Source	
Amount	

Comments re: Description/Purpose of Grant

Federal Program designed to assist states and localities governments to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct assistance to individuals who were homeless.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 14.239

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) wire

Attachment: HOME ENTITLEMENT GRANT SETUP (5621 : HOME Entitlement Grant - No Match - \$1,678,324.00)

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

Org Code:

Object Codes: same set up as project #63020

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

4-23-20
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.

FY2020 Allocations - USA

KEY	CNSRTKEY	NAME	STA	CDBG20	RHP20	HOME20	ESG20	HOPWA20
252340		Springfield	MA	\$3,912,806	\$0	\$1,678,324	\$336,498	\$694,040



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5646

8

HOPWA Entitlement Grant - No Match - \$694,040.00 (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "HOPWA Entitlement Grant" of \$694,040.00 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant program is to provide affordable housing for low- income households; and

WHEREAS, the Department intends to use the grant funds for the above purpose; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, Sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

HOPWA Entitlement Grant - No Match - \$694,040.00



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	4/23/2020
Department Requesting Grant Setup	Comm Dev
Department Phone # (Please include extension)	6082
Name and Title of Person to Contact in Case of Questions	Cathy Buono

Was this Grant previously setup for a prior fiscal year?

If yes, please indicate your previous project number: 66620

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

Grant Type:

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

Grant Name: HOPWA Entitlement

Total Grant Amount Awarded: \$ 694,040.00

Attachment: SKM_C55820050611302 (5646 : HOPWA Entitlement Grant - No Match - \$694,040.00)

Is this a Reimbursable Grant?

(Y/N) Y

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	US Dept of HUD
Contact Person	Samantha Graves
Street Address	10 Causeway Street
City, State, Zip Code	Boston, MA
Telephone	617-994-8353
Fax	
E-Mail	samanthagraves@hud.com

Actual Award Date 4/1/2020

Board Approval Date

Start Date 7/1/2020

Expiration Date 6/30/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

The purpose is to meet the housing needs of persons living with HIV/AIDS and families of such persons. The Grant funds supportive services and rental payments for these individuals and families.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 14.241

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) wire

Attachment: SKM_C55820050611302 (5646 : HOPWA Entitlement Grant - No Match - \$694,040.00)

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

Org Code:

Object Codes: same set up as project #66620

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


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.

Attachment: SKM_C55820050611302 (5646 : HOPWA Entitlement Grant - No Match - \$694,040.00)

FY2020 Allocations - USA

KEY	CNSRTKEY	NAME	STA	CDBG20	RHP20	HOME20	ESG20	HOPWA20
252340		Springfield	MA	\$3,912,806	\$0	\$1,678,324	\$336,498	\$694,040

Attachment: SKM_C55820050611302 (5646 : HOPWA Entitlement Grant - No Match - \$694,040.00)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5618

9

HHS CARES Act Supplemental Funding - No Match Required - \$568,340.0000 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department ("Department") has been awarded a HHS CARES Act Supplemental Funding of \$568,340.00 from the US Department of Health and Human (HHS), through the Health Resources and Services Administration (HRSA); and

WHEREAS, the purpose of the grant is to support work related to prevention, diagnosis, and treatment of COVID-19; and

WHEREAS, the Department intends to use the grant funds to fulfill the requirements specified by the grant; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws ch. 44, sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

HHS CARES Act Supplemental Funding - No Match Required - \$568,340.00

1. DATE ISSUED: 04/03/2020		2. PROGRAM CFDA: 93.224		 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Coronavirus Aid, Relief and Economic Security (CARES) Act						
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.										
4a. AWARD NO.: 1 H8DCS35474-01-00		4b. GRANT NO.: H8DCS35474					5. FORMER GRANT NO.:			
6. PROJECT PERIOD: FROM: 04/01/2020 THROUGH: 03/31/2021										
7. BUDGET PERIOD: FROM: 04/01/2020 THROUGH: 03/31/2021										
8. TITLE OF PROJECT (OR PROGRAM): Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding										
9. GRANTEE NAME AND ADDRESS: Springfield, City Of (inc) 95 State St Springfield, MA 01103-2091 DUNS NUMBER: 198910523 BHCMS # 010120				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) HELEN R CAULTON-HARRIS Springfield, City Of (inc) 311 State St Springfield, MA 01105-1320						
11. APPROVED BUDGET: (Excludes Direct Assistance) ☒ Grant Funds Only ☐ Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:						
a. Salaries and Wages : \$0.00 b. Fringe Benefits : \$0.00 c. Total Personnel Costs : \$0.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$568,340.00 j. Consortium/Contractual Costs : \$0.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$568,340.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$568,340.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$568,340.00				a. Authorized Financial Assistance This Period \$568,340.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$568,340.00						
				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS									
Not applicable										
				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)						
				a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00						
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00										
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.										
REMARKS: (Other Terms and Conditions Attached [X]Yes []No)										
Electronically signed by Elvera Messina , Grants Management Officer on : 04/03/2020										
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1046001415A2		19. FUTURE RECOMMENDED FUNDING: \$0.00						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE				
20 - 398V879	93.224	20H8DCS35474C3	\$568,340.00	\$0.00	HCH	20- COVID19BPHC-C3				

Attachment: FY2020 CARES-COVID 19 CONTRACT (5618 : HHS CARES Act Supplemental Funding - No Match Required - \$568,340.00)



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 4/16/2020

Department Requesting Grant Setup SHHS/HSN-COVID

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions LORENE/ Fiscal Manager

Was this Grant previously setup for a prior fiscal year? NO

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? (Y/N) If yes, please attach a copy of the Approved Form.

Grant Type:

XX State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

Private/Other

Grant Name: 2020 CARES –COVID19 AID, RELIEF

Total Grant Amount Awarded: \$568,340.00

Is this a Reimbursable Grant? (Y/N) YES

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	HRSA
Contact Person	SHERYL ALEXANDER
Street Address	61 FORSYTH STREET, SW
City, State, Zip Code	ATLANTA, GA 30303
Telephone	404-562-4128
Fax	
E-Mail	saalexander1@hrsa.gov

Actual Award Date 4/3/2020

Board Approval Date

Start Date 4/1/2020

Expiration Date 3/31/2021

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

2020 CARES : To support the detection of coronavirus and prevention, diagnosis and treatment of COVID-19.

Comments re: Conditions/Restrictions of Grant

See Budget

If this is a Federal Grant, enter CFDA#: 93.224

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,

Attachment: FY2020 CARES-COVID 19 GRANT (5618 : HHS CARES Act Supplemental Funding - No Match Required - \$568,340.00)

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:

501000/517010/517020/530105/531020/535300/542010/551700/569300/571100/578700

Budget Roll-Up Codes: YES

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

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.



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5622

10

ESG Entitlement Grant - No Match Required - \$336,498.00 (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "ESG Entitlement Grant" of \$336,498.00 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant program is to provide affordable housing for low- income households; and

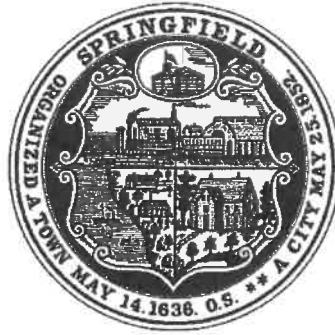
WHEREAS, the Department intends to use the grant funds to provide funds to first-time homeowners, tenant-based rental assistance, project based homeownership and rehab owner and rental properties; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, Sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

ESG Entitlement Grant - No Match Required - \$336,498.00



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	4/23/2020
Department Requesting Grant Setup	Comm Dev
Department Phone # (Please include extension)	6082
Name and Title of Person to Contact in Case of Questions	Cathy Buono

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number: 64420

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

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

Grant Name: ESG Entitlement

Total Grant Amount Awarded: \$ 336,498.00

Attachment: ESG Grant Setup (5622 : ESG Entitlement Grant - No Match Required- \$336,498.00)

Is this a Reimbursable Grant?

(Y/N) Y

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	US Dept of HUD
Contact Person	Samantha Graves
Street Address	10 Causeway Street
City, State, Zip Code	Boston, MA
Telephone	617-994-8353
Fax	
E-Mail	samanthagraves@hud.com

Actual Award Date 4/1/2020

Board Approval Date

Start Date 7/1/2020

Expiration Date 6/30/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

The purpose is to assist individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. The Grant funds shelter operations, homeless prevention services and rapid rehousing rental payments.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 14.231

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) wire

Attachment: ESG Grant Setup (5622 : ESG Entitlement Grant - No Match Required- \$336,498.00)

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

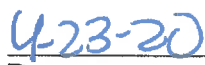
Org Code:

Object Codes: same set up as project #64420

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


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.

FY2020 Allocations - USA

KEY	CNSRTKEY	NAME	STA	CDBG20	RHP20	HOME20	ESG20	HOPWA20
252340		Springfield	MA	\$3,912,806	\$0	\$1,678,324	\$336,498	\$694,040

Attachment: ESG Grant Setup (5622 : ESG Entitlement Grant - No Match Required- \$336,498.00)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5616

11

Mass Substance Abuse Collaborative Grant Award- No Match Required- \$150,000.00 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department ("Department") has been awarded a multi-year Massachusetts Substance Abuse Collaborative Grant totaling \$150,000.00 (FY21 \$75,000; FY22 \$75,000) from the DPH Bureau of Substance Abuse Services ; and

WHEREAS, the purpose of the grant is to develop local strategies for prevention of opioid abuse, underage drinking and other drug use; and

WHEREAS, the Department intends to use the grant funds to fulfill the requirements specified by the grant; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws ch. 44, sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

Mass Substance Abuse Collaborative Grant Award- No Match Required- \$150,000.00



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 4/16/2020

Department Requesting Grant Setup SHHS/SAPC

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions LORENE/ Fiscal Manager

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

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?
(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

XX

Grant Name: Substance Abuse Prevention Collaborative (SAPC)

Total Grant Amount Awarded: \$ 75,000 FOR FY 2021
 \$ 75,000 FOR FY 2022

Is this a Reimbursable Grant? (Y/N) YES

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	MA Dept of Public Health
Contact Person	Andrew Robinson
Street Address	250 Washington Street
City, State, Zip Code	Boston, MA 02108
Telephone	617-625-5094
Fax	
E-Mail	andrew.robinson@state.ma.us

Actual Award Date 3/13/2020

Board Approval Date

Start Date 7/1/2020

Expiration Date 6/30/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

SAPC: Substance Abuse Prevention Collaborative. To implement universal prevention efforts aimed at preventing and reducing underage drinking and other drug use in Massachusetts

Comments re: Conditions/Restrictions of Grant

See Budget

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) Monthly

Attachment: FY21 MSACP GRANT (5616 : Mass Substance Abuse Collaborative Grant Award- \$150,000.00)

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

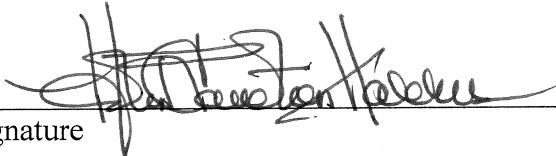
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 28975200

Object Codes:
501000/517010/517020/530105/531020/535300/542010/551700/569300/571100/578700

Budget Roll-Up Codes: YES

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 

4/16/20
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



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, Contractor Certifications and Commonwealth 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 SPRINGFIELD		COMMONWEALTH DEPARTMENT NAME: Department of Public Health	
Legal Address: (W-9, W-4): 36 COURT ST ROOM 405 SPRINGFIELD, MA 01103-1602		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Helen Caulton-Harris	Phone: 413-787-8456	Billing Address (if different):	
E-Mail: hcaulton@springfieldcityhall.com	Fax: 413-787-8458	Contract Manager: Michelle McHugh	Phone: 617-624-5289
Contractor Vendor Code: VC6000192140		E-Mail: michelle.e.mchugh@massmail.state.ma.us	
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		Fax: 617-624-5017	
☐ 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) ☐ Department Procurement (Includes all grants <u>815 CMR 2.00</u>) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach <u>Employment Status Form</u> , 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 <u>Prior to 06/30, 20 20</u> Amendment: Enter Amendment Amount: \$ <u>150,000.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) ☒ Amendment to 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, Contractor Certifications and the following Commonwealth Terms and Conditions document is 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			
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 Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ <u>725,000.00</u>			
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: ☐ Agree to standard 45 day cycle ☒ statutory/legal or Ready Payments (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.) Renewal with Maximum Obligation Change			
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 <u>07/01, 20 20</u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of <u> </u> , 20 <u> </u> , 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 <u>06/30, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>[Signature]</u> Date: <u>2/25/2020</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Domenica J. Sarno</u> Print Title: <u>Mayor</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>[Signature]</u> Date: <u>3/27/2020</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchase of Service Office</u>	

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: INTF2354M04160222094

Vendor Name - FEIN: CITY OF SPRINGFIELD - 046001415

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2016	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2015	06/30/2016	\$100,000.00
Grand Total of 2016							\$100,000.00
Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2017	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2016	06/30/2017	\$100,000.00
Grand Total of 2017							\$100,000.00
Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2018	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2017	06/30/2018	\$100,000.00

Grand Total of 2018 \$100,000.00

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	\$100,000.00

Grand Total of 2019 \$100,000.00

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2020	93.136	4512-9089	MASS-PREVENTING PRESCRIPTION DRUG OVERUSE, MISUSE, ABUSE, AND OVERDOSE.	CDC	01/14/2020	06/30/2020	\$75,000.00
2020	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2019	06/30/2020	\$100,000.00

Grand Total of 2020 \$175,000.00 ✓ done

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021	93.136	4512-9089	MASS-PREVENTING PRESCRIPTION DRUG OVERUSE, MISUSE, ABUSE, AND OVERDOSE.	CDC	07/01/2020	06/30/2021	\$75,000.00

Grand Total of 2021 \$75,000.00

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2022	93.136	4512-9089	MASS-PREVENTING PRESCRIPTION DRUG OVERUSE, MISUSE, ABUSE, AND OVERDOSE.	CDC	07/01/2021	06/30/2022	\$75,000.00

Grand Total of 2022 \$75,000.00

total 150,000



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5628

12

Brownfields Assessment Grant - No Match Required - \$98,990 (Mayor Sarno)

WHEREAS, the Community Development Department ("Department") has been awarded a Brownfields Assessment Grant 'not to exceed' \$98,990 from the Mass Development Finance Agency; and

WHEREAS, the purpose of the grant is to perform environmental assessment activities to clarify the nature and extent of contamination; and

WHEREAS, the Department intends to use the grant funds for the property located at 135-155 Lyman Street in order to perform a Phase II Environmental assessment activities; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds and the required City matching contribution described herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws ch. 44, sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

Brownfields Grant - No Match Required - \$98,990



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	4/24/20
Department Requesting Grant Setup	OPED
Department Phone # (Please include extension)	6082
Name and Title of Person to Contact in Case of Questions	Cathy Buono

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number: no

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?
(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
X	Private/Other

Grant Name: Brownfields Assessment - Lyman

Total Grant Amount Awarded: \$ 98,990.00

Is this a Reimbursable Grant?

(Y/N) yes

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	Mass Development Finance Agency
Contact Person	Ricard Griffin
Street Address	1350 Main Street
City, State, Zip Code	Springfield, MA 01103
Telephone	413-731-8848
Fax	
E-Mail	

Actual Award Date 4/22,20

Board Approval Date

Start Date 4/22/20

Expiration Date 6/30/21

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

Phase II Environmental assessment of 135-155 Lyman Street to clarify the nature and extent of contamination to allow the City to develop a more informative RFP and improve the marketability of the Site to the development community.

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)

Attachment: Brownfields Assessment (5628 : Brownfields Assessment Grant - No Match Required - \$98,990)

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

Org Code:

Object Codes: 530105

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



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.

April 22, 2020

City of Springfield
Attention: Shayvonne Plummer
70 Tapley Street
Springfield, MA 01104

Re: Brownfields Site Assessment Recoverable Grant for 135-155 Lyman Street, Springfield, MA 01105

Dear Mrs. Plummer:

We are pleased to inform you that the application of The City of Springfield (the "Sponsor") has been approved for a Brownfields Site Assessment recoverable grant for up to \$98,990 from the Brownfields Redevelopment Fund (the "MassDevelopment Funds") for the property located at 135-155 Lyman Street in Springfield, MA (the "Site") in order to perform a Phase II Environmental assessment activities to clarify the nature and extent of contamination to allow the City to develop a more informative RFP and improve the marketability of the Site to the development community. (the "Project").

The site assessment funds are a recoverable grant from the Brownfields Redevelopment Fund and the Sponsor will be required to enter into a Recoverable Grant Agreement regarding use of the funds and containing the details on the conditions, processes, and timeframe for drawing down funds, the Sponsor's reporting, and other program requirements during the term of the Recoverable Grant Agreement.

As you are aware, the request for funding is often greater than the resources available. Because of this situation, we require that Sponsor execute the Recoverable Grant Agreement by June 30, 2020.

The Recoverable Grant Agreement will contain, without limitation, the following terms:

1. A site assessment recoverable grant for up to \$98,990 to be used only for the environmental work approved by MassDevelopment;
2. A requirement that upon the occurrence of a Reimbursement Date under the Recoverable Grant Agreement, the MassDevelopment Funds must be repaid;
3. If all or any portion of the Site is sold, conveyed, gifted, demised, ground leased, or otherwise transferred to an unrelated party such event will be a Reimbursement Date;
4. Sponsor must agree that if the Site or any portion thereof is sold, conveyed, gifted, demised, ground leased, or otherwise transferred, and as a result of said transfer, Sponsor, or any affiliate, receives funds that exceed the aggregate amount necessary for repayment of existing monetary liens, mortgage loans, and other debt on the Project and all of the costs incurred by them in the acquisition, development, ownership, and sale of the Site or of the portion of the Site transferred (the "Net Proceeds"), then Sponsor shall reimburse MassDevelopment the full amount of the Net Proceeds up to the amount of the MassDevelopment Funds disbursed that have not already been repaid to MassDevelopment (the "Disbursed Funds") plus any accrued interest.

5. No interest will accrue on this recoverable grant unless it is not paid on the Reimbursement Date, then interest will be charged at an annual rate equal to the then Prime Rate plus 3%;
6. The Sponsor agrees it will comply with MassDevelopment's Contractor Policy. By signing below, Sponsor agrees that for costs of the Project which are to be financed by MassDevelopment, Sponsor or its affiliates have not and will not enter into a contract with any vendor listed as debarred or suspended on the debarment lists maintained by the Commonwealth of Massachusetts' Division of Capital Asset Management and Maintenance, the Department of Transportation, the Department of Industrial Accidents, the Office of the Attorney General and the Federal Government (the "Debarment Lists"). Sponsor is required to provide the name of its general contractor or construction manager (if one is engaged) to MassDevelopment at least 10 business days prior to a disbursement. At the time of the disbursement, Sponsor must certify that it has checked the Debarment Lists and that for costs of the project financed by MassDevelopment it has not and will not contract with any general contractor, construction manager or other vendor listed on the Debarment Lists. Sponsor must also require that its general contractor or construction manager (if one is engaged) certify in the contract with applicant for MassDevelopment financed work that the general contractor or construction manager: (i) will check the Debarment Lists before directly engaging a subcontractor or other vendor; and (ii) has not and not will contract directly with a subcontractor or other vendor listed on a Debarment List. The certification in the general contractor or construction manager contract shall further provide that general contractor or construction manager understands and acknowledges that noncompliance may result in debarment from future MassDevelopment funded projects for a period of one year from the date of written notification of noncompliance. If Sponsor cannot make the above certifications at the time of disbursement, MassDevelopment reserves the right not to proceed with the Sponsor's disbursement. MassDevelopment will not advance any proceeds against requisitions for payment of vendors that MassDevelopment learns were debarred or suspended at the time the relevant contract was created. The Commonwealth's Executive Office of Administration and Finance has a webpage with a link to the above named lists, <http://www.mass.gov/anf/property-mgmt-and-construction/design-and-construction-of-public-bldgs/vendor-debarment.html>;
7. Other standard terms and conditions for Recoverable Grant Agreements for site assessment and remediation funding under the Brownfields Redevelopment Fund Program.

The following are preconditions to the execution of the Recoverable Grant Agreement:

1. Sponsor must provide if Sponsor owns the Site, a copy of the deed showing Sponsor's title to the Site, or if Sponsor does not own the Site, a copy of the access agreement between Sponsor and the owner of the Site, or other authorization permitting access to the Site by Sponsor and the LSP for the duration of the site assessment work, or other documentation reasonably evidencing Sponsor's permission to access the Site;
2. The proposal of Weston & Sampson (the "LSP"), dated August 29, 2019 (the "LSP Proposal"), for the site assessment work must be accepted by countersignature of Sponsor;

City of Springfield
April 22, 2020
Page 3 of 4

3. If the scope of work includes remediation or demolition work to be performed by a separate contractor, the contract for the remediation or demolition work must be accepted by countersignature of Sponsor.

Until the Recoverable Grant Agreement is executed and all disbursement conditions are met, no MassDevelopment Funds will be disbursed. MassDevelopment Funds cannot be used for any site assessment or remediation work undertaken prior to the execution of the Recoverable Grant Agreement unless such work is approved in the Recoverable Grant Agreement by MassDevelopment.

This Award Letter sets out the general terms of the recoverable grant. In the case of inconsistencies (if any) between this Award Letter and the Recoverable Grant Agreement, the terms of the Recoverable Grant Agreement shall govern.

Richard Griffin Jr, West Region Vice President of Community Development, your primary contact with the Agency, will be in touch with you to discuss the Recoverable Grant Agreement as well as any other questions or concerns you may have. Please confirm your acceptance of this Award letter by signing below and returning it to Richard Griffin Jr, at MassDevelopment, 1350 Main Street, Suite 1110, Springfield, MA 01103.

Attachment: Brownfields Assessment (5628 : Brownfields Assessment Grant - No Match Required - \$98,990)

City of Springfield
April 22, 2020
Page 4 of 4

MassDevelopment's primary mission is to help build the communities of the Commonwealth by stimulating economic development. We look forward to working with you to make your project a reality for the benefit of the City of Springfield and all of the people of Massachusetts.

Massachusetts Development Finance Agency

By: Laura L. Canter
Laura L. Canter
Executive Vice President, Finance Programs

Accepted by:

City of Springfield

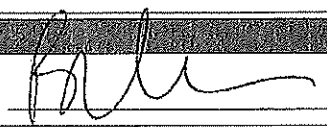
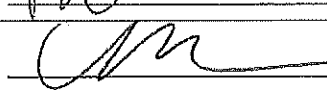
By: Shayvenne Plummer
Name: Shayvenne Plummer
Title: Senior Project Manager and Brownfields Coordinator
Date: April 24, 2020

Attachment: Brownfields Assessment (5628 : Brownfields Assessment Grant - No Match Required - \$98,990)



City of Springfield, Massachusetts

Form: Approval to Apply for a Grant

General Information			
Title of Grant	Brownfield Redevelopment Fund - Site Assessment/Remediation		
Submission Due Date	August 30, 2019		
Granting Agency	MassDevelopment		
Purpose/Summary of Grant:	Assessment Phase II and Reuse planning for 135-155 Lyman Street		
Amount of Grant	\$98,990	Department	Office of Planning & Economic Development
Staff Contact Name	Shayvonne Plummer	Contact Information	splummer@springfieldcityhall.com
Matching Funds and/or Support Required			
Are matching funds required?	☐ Yes ☒ No	If yes, dollar amount, timing, and source:	
Are you hiring new staff under this grant? Note: the City's <u>Fiscal Policies and Procedures</u> require that the hiring department structure the hiring as grant funded and temporary.	☐ Yes ☒ No	If yes, describe how this will be done:	
If hiring, list # of positions:			
Full time or part time?			
Fringe Benefits? (Y/N)			
Does work needed by the grant require staff hours from other departments?	☐ Yes ☒ No	If yes, describe whether that department or those departments have been notified, and whether those staff hours are covered under the grant:	
Are you purchasing IT equipment under this grant? Note: the City's <u>Fiscal Policies & Procedures</u> require that MTS be notified of all IT purchases.	☐ Yes ☒ No	If yes, describe equipment and software (include information on how upgrades for both hardware and software will be funded):	
Is IT equipment and software support covered under the grant?	☐ Yes ☒ No	If yes, describe costs covered and who will be providing the support:	
Are you requesting capital projects under this grant? Note: the City's <u>Fiscal Policies & Procedures</u> require capital project be approved in the City's centralized capital planning process.	☐ Yes ☒ No	If yes, describe who will be providing on-going maintenance and whether / how those cost are covered:	
Sign off			
DEPARTMENT HEAD		Date	8/30/19
GRANTS DIRECTOR		Date	9/5/19

Please Scan & E-mail this Form to Melanie Acobe at macobe@springfieldcityhall.com

Attachment: Brownfields Assessment (5628 : Brownfields Assessment Grant - No Match Required - \$98,990)

Council Date: May 11, 2020

Grant Name: MassDevelopment Brownfield Site Assessment Recoverable Grant for 135-155 Lyman Street, Springfield, MA 01105

Accepting Department: Office of Planning and Economic Development (OPED)

Awarding Entity: MassDevelopment

Amount: \$98,990

Match: \$0.00

Talking points for program grants:

Examples (A grant for an afterschool recreation program, senior book groups, police anti-gang initiative, etc. These are grants for a specific program)

- **What are the goals and deliverables of the program?** – The program’s goal is to perform environmental assessment activities to clarify the nature and extent of contamination to allow the City to develop a more informative RFP and improve the marketability of the Site.
- **Grant period: When does the grant start and end?** – April 22, 2020 - June 30, 2020
- **When will the program start?** The department expects to begin upon execution of COS contract execution which can commence upon City Council approval of funds.
- **Does the program support and current employee salaries and/or benefits? Which employees will it support?** – This grant does not apply to current employee salaries and/or benefits; it is all contractual.
- **Does the program support the hiring of new employees? Does it support their benefits? What will be the position titles of these new employees?** – This grant does not apply to new employee hiring, it is all contractual.
- **Does the program support the hiring of temp employees? How many and what roles?** – This grant does not support the hiring of temp employees; it is all contractual.
- **Where will the program take place (i.e. single location or city-wide)?** – This project will be conducted at 135-155 Lyman Street, Springfield, MA 01105. The Metro Center neighborhood.
- **Was the application for this grant competitive? If it is for a single location (e.g. one school or one library), why was that location chosen?** – No, this grant is available state wide. This site was chosen because in recent years, this area has experienced high rates of crime, illegal dumping, and neglect causing risk to residents and a blight on the neighborhood. The redevelopment of these parcels will help improve public health and environmental conditions that are present today. The redevelopment project will bolster activity in the TDI Dining & Innovation District proximate to this project.
- **Please note if the awarding agency is a pass through (e.g. it is federal funding being awarded by a private entity). If a certain type of funding, such as “Title III” is mentioned in the award, provide a brief description of it if possible.** – This funding comes from MassDevelopment, the

state's finance and development agency, that provides grant money for programs that are specifically designed to improve economic development and competitiveness across the Commonwealth. The Brownfields Redevelopment Fund finances the environmental assessment and remediation of brownfield sites in Economically Distressed Areas (EDAs) of the Commonwealth. In 2016, *An Act Relative to Job Creation and Workforce Development* (St. 2016, Ch.219), championed by Governor Baker and enacted by the legislature, authorized \$45 million over ten years from the Commonwealth's capital budget for the fund. Eligible applicants may apply for up to \$100,000 in site assessment funding, and/or up to \$500,000 in remediation funding.

- **If there is a match what is the funding source?** No match is required.



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5626

13

Homeless Youth Grant Increase - No Match - \$60,000 (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a Homeless Youth Grant Increase of \$60,000 from the Massachusetts Executive Office of Health and Human Services, bringing the total grant award to \$762,178; and

WHEREAS, the purpose of the grant program is to provide housing services for homeless youth between the ages of 18-24 both in Springfield and throughout Hampden County; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, Sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

Homeless Youth Grant Increase - \$60,000



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 11/9/2018

Department Requesting Grant Setup Housing

Department Phone # (Please include extension) 6082

Name and Title of Person to Contact in Case of Questions Cathy Buono

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?
(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

X State – City

Private/Other

#2 increase - \$60,000.00

FY20 new total \$506,089.00

Grant total \$822,178.00

Grant Name: Homeless Youth

Total Grant Amount Awarded: \$ 316,089.00 – FY19 and \$316,089.00 – FY20

Total Grant Award - \$632,178.00

#1 increase \$130,000.00 - new total \$762,178.00

FY20-446,089.00 Proj #89290

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	Commonwealth of MA
Contact Person	Linn Torto
Street Address	One Ashburton Place
City, State, Zip Code	Boston, MA 02108
Telephone	617-573-1600
Fax	617-573-1891
E-Mail	

Actual Award Date 10/16/2018

Board Approval Date

Start Date 11/1/2018

Expiration Date

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

Funding for the Homeless Youth Program for homeless youth between the ages of 18-24 in Hampden County

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)

Attachment: Homeless Youth Grant Increase 60,000 (5626 : Homeless Youth Grant Increase - No Match - \$60,000)

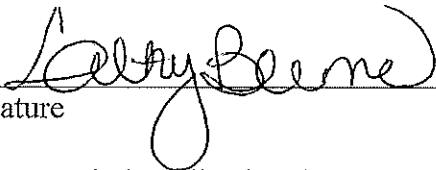
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

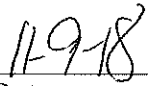
Org Code:

Object Codes: 501000;517010;517020;569300;530105

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


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.

Buono, Cathy

From: McCafferty, Geraldine
Sent: Thursday, April 23, 2020 1:24 PM
To: Buono, Cathy
Subject: FW: [External] contract increase for youth programming

From: Torto, Linn (EHS) <linn.torto@state.ma.us>
Sent: Thursday, April 23, 2020 1:24 PM
To: McCafferty, Geraldine <GMcCafferty@springfieldcityhall.com>
Subject: [External] contract increase for youth programming

April 23, 2020

Gerry McCafferty
 Director of Housing
 City of Springfield
 Springfield, MA

Dear Ms. McCafferty:

EOHHS is pleased to provide the city of Springfield with a one time increase of \$60,000.00 in their youth contract to support grant implementation with its sub-contractor CHD and additional COVID 19 related expenses.

Please let me know if you have any questions. Thank you.

Sincerely,
 Linn Torto
 Executive Director
 MA Interagency Council on Housing and Homelessness

CAUTION: This email originated outside our organization; please use caution.

Attachment: Homeless Youth Grant Increase 60,000 (5626 : Homeless Youth Grant Increase - No Match - \$60,000)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Kaiya Hill-Thomas
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5643

14

Massachusetts Census Division 2020 Census Municipal Grant - \$50,000 (Mayor Sarno)

WHEREAS, the City of Springfield has been awarded a Massachusetts Census Division 2020 Census Municipal Grant from The Commonwealth of Massachusetts' Cities Complete Count Grant Program; and

WHEREAS, the grant, established in 2019 by the legislature in Ch. 42 of the Acts, would ensure the accurate and complete count of the 2020 Census; and

WHEREAS, the City has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, Sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

MA Census Division 2020 Census Municipal Grant - \$50,000.00

Massachusetts Census Division 2020 Census Municipal Grant Agreement

The Commonwealth of Massachusetts has created a statewide grant program known as the “Cities Complete Count Grant Program” and hereinafter referred to as “CCCGP.” This grant program was established by the legislature in Chapter 142 of the Acts of 2019 for the purpose of ensuring a complete and accurate count in the 2020 census. Priority will be given to the municipalities with the hardest-to-count populations.

Name of Applicant Municipality: City of Springfield

Amount of Grant Funds Rewarded: \$50,000.00

Grant Administrator

Please contact the Grant Administrator with any questions or concerns:

Gregory Stewart
Gregory.stewart@sec.state.ma.us
617-727-2828

Cities Complete Count Grant Program Purpose

The CCCGP is a statewide program which awards grant funding to assist municipalities with providing a complete and accurate count in the 2020 census, which is to be used to support outreach efforts in communities that are at significant risk of being undercounted. These at risk communities are considered Hard to Count (HTC) populations which include, but are not limited to, the groups listed below:

- Immigrants (including undocumented residents)
- Populations with limited English proficiency
- Residents in “group quarters”
- Children under the age of 5
- Renters and those who move frequently (transient populations)
- People with low incomes
- Formerly incarcerated persons
- Persons with disabilities

Criteria

Eligible municipalities may receive funding through this grant program for planned work in the following areas:

- Conducting outreach to hard-to-count populations through media, mailings, canvassing, phone banking, or public forums.
- Disseminating information at key service centers and access points in the community.

- Tailored outreach and support to homeless populations, households with limited English, immigrant communities and individuals with difficulty accessing the internet or otherwise completing the form

Grant funds will be awarded, to the extent practicable, to ensure the following:

- Proportionate funding based on the distribution of hard-to-count communities throughout the Commonwealth.
- Targeted investments in areas with no federal area census office.
- Highest priority will be given to applications that identify solutions that directly address barriers to a complete count on 2020, including but not limited to usability of the digital platform, impacts of a federal citizenship question, and reduced federal resources.
- Identify solutions that directly address barriers to a complete count in 2020 including but not limited to: usability of the digital platform, impacts of a federal citizenship question, and reduced federal resources.
- Tailor outreach efforts to engage historically underserved populations

Grant Award Planned Use

To be eligible for grant funding, you must provide a plan for outreach to your target population(s), which must include at a minimum information about planned outreach campaigns and/or other eligible grant activities and timelines for implementation.

Commitment

The following factors shall be considered when determining grant awards:

- Appropriateness of proposed grant activities, feasibility of executing proposed grant activities, and the potential to successfully increase Census response in HTC areas.
- Participation in evaluation interviews concerning strategies, execution of strategies, and accomplishments.
- All grant funds being expended by May 29, 2020.
- Applicants must provide to the Secretary a final report within 30 days of completion of all grant funds, no later than June 30, 2020. A template will be provided for reporting purposes.

Assurance of Compliance

In consideration of and for the purpose of obtaining grant funds from the CCCGP, the Applicant Municipality hereby agrees that it will comply with the following:

1. **Spending Restrictions:** This grant award shall be limited to spending on the following: media, mailings, canvassing, phone banking, public forums, promotion at key service centers, access points in the community, and other grant activities that directly address barriers to a complete count in your community. Funds shall not be used to purchase and distribute gift cards or any technological device of any kind. Leasing or renting of technology, including laptops, tablets, etc., shall not extend beyond 6/30/2020.

2. **Audit/Access to Records:** In compliance with Executive Order 195, the Secretary of the Commonwealth, or his designee, the Governor, or his designee, the Secretary of Administration and Finance, the State Auditor or his designee shall have the right at reasonable times and upon reasonable notice to examine the books, records, and other compilations of data of (contractors) which pertain to the performance of the provisions and requirements of this contract.

3. **Financial Management:** Adequate financial management and record-keeping systems (meeting generally accepted accounting principles) will be maintained which provide efficient and effective accountability. Accounting records will be supported by source documentation. Documentation provided to the Secretary of the Commonwealth will adequately demonstrate project expenditures.

4. **Conflict of Interest:** The applicant and contractors shall not knowingly employ, compensate, or arrange to compensate any employee of the Office of the Secretary of the Commonwealth during the term of this agreement, unless such arrangement is permitted under the provisions of M.G.L. c. 268A.

5. Any contracts entered into by the Applicant Municipality to be paid for using grant funds must set forth mutual obligation and the scope of work to be performed and a copy shall be provided to the Secretary of the Commonwealth upon written request.

CERTIFICATION

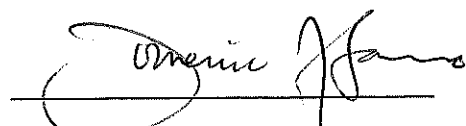
I, DOMENIC J. SARNO, certify that the City of Springfield will comply
(Name of Municipal Official) (Name of Municipality)

with the Municipal Census Grant Agreement. I further certify that the grant funds will be used for the implementation of census outreach activities as outlined in the submitted plan. I further agree to comply with compliance requirements contained within this agreement.

Applicant Municipality refusing to abide by the Municipal Census Grant Agreement or proposals shall be subject to loss of grant funding.

Submitted:

I hereby certify that the information provided in this application is true and accurate.



Applicant's Authorized Signatory

DOMENIC J. SARNO

Printed Name

4/30/2020

Date

MASSACHUSETTS CENSUS DIVISION

CENSUS GRANT: PLANNED USE AND TIMELINE

PROPOSED PLAN:

- Training events: Train staff via Zoom, on how to remotely answer FAQs, has a basic understanding about the census, response timeline, reassure residents that their information is secure and private, and provide residents assistance with responding either online or by phone.
- Coordinate the placement of lawn signs and banners to be displayed at City Hall and throughout the City of Springfield at community organizations, faith based organizations, retail locations offering essential services.
- We will create unified messaging including a logo, text elements and “catch phrase” that will work across languages and hard to count communities. These slogans and advertising will be used by all member groups for Census 2020 efforts including each individual organization’s social media. Additionally, we will coordinate an extensive print campaign of flyers and handouts in various languages will be printed for dissemination by each member group working with the Springfield Complete Count. The information campaign will include PVTa advertising, multilingual and multicultural newspaper ads.
- FOCUS Springfield plans to provide outreach through their social media platforms, and especially by the ability to run public service announcements (PSA’s) for Census 2020. These short PSA’s will be edited into other programs on air and online to achieve a wider audience.
- 911 Reverse Phone Calls/ Connect CTY Phone Calls to directly target specific geographic areas within the City.
- Outreach to all residents in the Springfield Housing Authority properties. This will include phone banking and physical outreach. Engage onsite youth services coordinator to connect with the 1,050 family units. Outreach will also be tailored to the 1,337 elderly/disabled units. Signage for all SHA properties including outdoor and indoor common areas.
- Targeted outreach at lunch and food distributions centers in the form of flyers and give away items. This will include the 17 Sodexo school lunch distribution sites which are providing free meals to all Springfield students.
- Collaborate with Health and Human Services to help disseminate flyers and information at testing sites.
- Collaborate with the Springfield School Department to drive participation via the SPS social media and web page.
- Targeted multi-dwelling outreach. Reach out to property managers to post signage in common areas, arrange “lit drops” and post lawn signs. Specific attention paid to Wards 1, 3 and 4 including the Homeless Family Shelters. Coordinate a direct mailing to specific zones based on response rate.
- Collaborate with Elder Affairs and Springfield Housing Authority to encourage participation amongst our senior population.

TIMELINE: All activities to occur in May and June. Funds to be expended by June 30, 2020 including the leasing of laptops and technology.

COMMONWEALTH OF MASSACHUSETTS

Massachusetts Census Division 2020 Census Municipal Grant Agreement

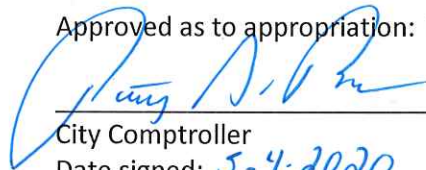
Grantee CITY OF SPRINGFIELD signature page, continued

For the Grantee - City of Springfield, MA:



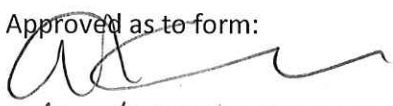
City Elections Department
Name: Gladys Oyola-Lopez
Title: Election Commissioner
Date signed: _____

Approved as to appropriation: NA



City Comptroller
Date signed: 5-4-2020

Approved as to form:



Edward P. Kelly City Solicitor
Date signed: 5/4/2020

Attachment: Grant Agreement (5643 : MA Census Division 2020 Census Municipal Grant - \$50,000.00)



City Council

SCHEDULED

15

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5632

Police Department Donation - \$50,000 (Mayor Sarno)

WHEREAS, the Springfield Police Department has been awarded a donation of \$50,000 from INSA, Inc., formerly known as Hampden Care Facilities, Inc.; and

WHEREAS, the funds provided by the donor shall be used for the purposes that best fit the Department's operational needs, and are being paid as part of the company's Host Community Agreement with the City of Springfield (attached herein); and

WHEREAS, the Department has accepted the donation and requests authorization from the City Council and the Mayor to expend the donation funds listed in the Attachment; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donation, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donation without further appropriation:

Police Department Donation - \$50,000



City Council

ADOPTED

Meeting: 11/14/16 07:00 PM
Initiator: Anthony I. Wilson
Sponsors: Mayor Domenic J. Sarno
DOC ID: 3730

15.a

Order to Approve Revised Host Community Agreement with Hampden Care Facilities, Inc. (Mayor Sarno)

HOST COMMUNITY AGREEMENT BETWEEN THE CITY OF SPRINGFIELD AND HAMPDEN CARE FACILITIES, INC.

This **HOST COMMUNITY AGREEMENT** made on this ____ day of ____, 2016 by and between the **City of Springfield**, a municipal corporation existing within the Commonwealth of Massachusetts, acting by and through its Chief Development Officer, with the approval of its Mayor, hereinafter referred to as the "**City**", and **Hampden Care Facilities, Inc.**, a Massachusetts non-profit corporation, with a usual place of business located at _____, Springfield, Massachusetts 01104, hereinafter referred to as "**Hampden Care**". The City and Hampden Care shall be collectively known herein as "the Parties".

Witnesseth That:

WHEREAS, in accordance with all applicable Massachusetts laws and regulations, the City has conducted a two-phased RFP/Q solicitation process for Medical Marijuana Treatment Center proposals in Springfield;

WHEREAS, Hampden Care has been incorporated under Chapter 180 of the Massachusetts General Laws to provide marijuana for medical use to patients of Hampden Care, and desires to establish and operate a marijuana for medical use retail dispensary in Springfield located at 506 Cottage Street (the "Dispensary"); and

WHEREAS, the Massachusetts Department of Public Health ("DPH") has informed Hampden Care that it is being reviewed as a provisional licensee to operate a Registered Marijuana Dispensary ("RMD") , and upon receipt of a final Certificate of Registration to operate an RMD from DPH, Hampden Care will have the legal authority to operate its Dispensary; and

WHEREAS, at the conclusion of Phase II (RFP/Q No. 16-090) of the City's solicitation process, the City selected Hampden Care as the highest ranked proposal; and

WHEREAS, Hampden Care desires to support community initiatives and interests in Springfield to express its appreciation for the community support it has received to operate an RMD in Springfield; and

WHEREAS, Hampden Care desires to mitigate any actual or potential adverse community impacts from dispensing medical marijuana and holding medical marijuana inventory in Springfield and to improve the security and health of the people of Springfield; and

WHEREAS, the City and Hampden Care enter into this Host Community Agreement to

memorialize the terms of Hampden Care's support of community initiatives and interest in Springfield and Hampden Care's commitment to mitigate actual or potential adverse community impacts from dispensing medical marijuana and holding medical marijuana inventory in Springfield; and

NOW, THEREFORE, for the consideration set forth herein, the Parties hereto mutually agree as follows:

1. The preamble set forth above, the City's Phase I and Phase II RFP/Q Solicitations, and Hampden Care's proposals in response to the City's Phase I and Phase II RFP/Q Solicitations are hereby incorporated and made part of this Agreement.

2. Host Community Donations: Based on Hampden Care receiving a final Certificate of Registration to operate an RMD in Springfield, during the term of this Agreement (as defined in Section 5), Hampden Care shall make the following Host Community Donations to the City as follows:

(a) **Calendar Year 2016 - 2017** - As Hampden Care will not be fully operational in 2016 or 2017 but, rather, will be involved in obtaining necessary licenses and permits and then completing the build-out; there will be nothing paid to the City of Springfield.

(b) **Calendar Year 2018** - Hampden Care shall donate to the City \$50,000 in two (2) installments, the first payment of \$25,000 due on 1/2/2018 and the second payment of \$25,000 due 180 days thereafter, as well as \$50,000 paid directly to the Springfield Police Department, due 12/31/2018. Additionally Hampden Care shall pay to the City 1.5% of gross sales revenue during the Calendar Year 2018, to be paid within 90 days of 12/31/2018.

(c) **Calendar Year 2019** - On or before February 1, 2019, Hampden Care shall donate to the City the sum of \$100,000 in two (2) installments, the first payment of \$50,000 due on 1/2/2019 and the second payment due on or before 12/31/2019, as well as \$50,000 paid directly to the Springfield Police Department on or before 12/31/2019. Additionally Hampden Care will pay 2% of the gross sales revenue during the Calendar Year 2019, to be paid within 90 days of 12/31/2019.

(d) **Calendar Year 2020** and succeeding years beginning on February 1, 2020, Hampden Care shall donate to the City the sum of \$150,000 in two (2) installments, the first payment of \$75,000 due on January 2nd of each year and the second payment due on or before December 31st of each successive year as well as \$50,000 paid directly to the Springfield Police Department. Additionally Hampden Care shall pay to the City 2.5% of the gross sales revenue for each year of operation to be paid on a quarterly basis within sixty (60) days from the end of each quarter.

(e) All payments described above are to be paid as long as this Agreement is in effect and Hampden Care is operating within the City of Springfield.

(f) The term "gross sales" shall mean the grand total of all sales transactions, without any deductions included in the figure. This definition shall include any retail sales occurring at the RMD including, but not limited to, medical marijuana and any other products that facilitate the use of marijuana for medical purposes, such as vaporizers, and as further defined in 105 CMR 725.004.

Attachment: PD Donation - HCA with Hampden Care Facility (5632 : Police Department Donation - \$50,000)

Host Community Donations shall be made payable to the City as directed by the Mayor or his delegate.

3. **Fairness and Uniformity:** As it is possible that the City of Springfield will reach agreements with other vendors to operate medical marijuana facilities, the parties agree that fairness and uniformity with respect to the selection process and host agreements should govern all such facilities. Therefore, the parties agree that all other medical marijuana facilities shall follow the exact same practice and procedures that Hampden Care has been required to pursue. All other medical marijuana facilities shall enter into a Host Agreement with the City. In the event that any other medical marijuana facilities enter into a host agreement that has more advantageous terms than those contained in this agreement, all other medical marijuana facilities will have the option of adopting those terms. This paragraph is intended to provide for fairness and uniformity in the selection and negotiation process by the City and any other potential medical marijuana facilities.

4. **Cause for Reopening Host Community Agreement Negotiations:** In the event that either (1) the Mayor of Springfield determines that another municipality in the four Western Counties of the Commonwealth of Massachusetts (Berkshire, Franklin, Hampden and Hampshire) has entered into a host community agreement with an RMD developer that contains financial terms that are superior to what Hampden Care agrees to provide to the City pursuant to this Agreement (taking into consideration an RMD that is similar in size, scope, production and patient sales to the Dispensary), or (2) the sale of marijuana becomes legalized in the Commonwealth of Massachusetts for recreational sale and use and Springfield's zoning laws permit Hampden Care to sell marijuana for recreational use at its Springfield Dispensary location and Hampden Care obtains a special permit, if so required by Springfield's then current zoning ordinances, to sell marijuana for recreational use, or (3) the Mayor of Springfield determines the actual impacts of the Dispensary on the community are not adequately addressed through the terms of the HCA, or (4) If RMD gross sales are less than or equal to \$3 million in any fiscal year after December 31, 2019, then the Parties will immediately reopen negotiations and negotiate an amendment to this Agreement that fully addresses the underlying cause for renegotiation.

In the event that the parties reopen negotiations under this section and are unable to successfully negotiate an amendment within 90 days, the parties agree to immediately submit the matter to arbitration. The Parties further agree that if they cannot agree on an arbitrator within seven (7) days of the unsuccessful conclusion of reopened negotiations within this section, then each party provides the name of one arbitrator to the other party, and those two named arbitrators shall select an arbitrator to hear the matter. Additionally, either party shall be allowed to seek injunctive relief to maintain the status quo under the existing HCA during the amendment negotiation period or arbitration period.

5. **Real Estate Taxes:** At all times during the Term of this Agreement, real estate taxes for the property at which the Dispensary is operated will be paid either directly by Hampden Care or by its landlord, and Hampden Care will not seek a non-profit exemption from paying such taxes.

6. **Term and Termination:**

Attachment: PD Donation - HCA with Hampden Care Facility (5632 : Police Department Donation - \$50,000)

- (a) The Term of this Agreement shall commence on the date DPH issues a final Certificate of Registration to Hampden Care to operate an RMD in Springfield and shall remain in effect until DPH revokes Hampden Care's Certificate of Registration to operate an RMD in Springfield, unless sooner terminated pursuant to section 5 (b) of this Agreement.
- (b) Hampden Care may terminate this Agreement upon the permanent cessation of all RMD business at the Dispensary and within the City of Springfield by Hampden Care and/or any of its heirs, successors, assigns, agents, affiliates or subsidiaries.

7. **Job Creation and Hiring:** Within eighteen months (18) of the execution of this Agreement, Hampden Care shall have created approximately 15 new full time jobs in the City of Springfield at the Dispensary, with competitive wages, benefits, and professional development opportunities. Failure of Hampden Care to substantially comply with this provision shall result in Hampden Care making an additional annual donation of one hundred thousand dollars (\$100,000) to the City of Springfield, payable on or before December 31 of each year of this Agreement, until such time as Hampden Care is in compliance with this provision. Additionally, Hampden Care shall make best efforts to hire and give preference in hiring to Springfield residents for full time employment at the Dispensary.

8. **Good Neighbor Agreement and Charitable Donations.** Hampden Care will be donating a total of \$5,000 to be distributed between the Springfield Public Schools and the City of Springfield Department of Health and Human Services to further opiate addiction awareness and education. This donation will be made on an annual basis and the distribution between the School Department and Dept. of Health and Human Services will be on an equal basis.

9. **Annual Meeting of the Parties.** The City of Springfield shall send a Notice no later than December 15th of each year of the proposed date and time of an annual meeting to the individual representing the City of Springfield and to that individual who is designated to receive Notices by Hampden Care.

Hampden Care:

With a copy to:

City:

Chief Development Officer
Office of Planning &
Economic Development
City of Springfield
70 Tapley Street
Springfield, MA 01104

Attachment: PD Donation - HCA with Hampden Care Facility (5632 : Police Department Donation - \$50,000)

With a copy to:

Office of the City Solicitor
36 Court Street
Springfield, MA 01104

The Parties shall promptly notify each other of any change of their respective addresses set forth above, after which notification such new address shall become the notice address hereunder. Notice and other communications shall be deemed given when deposited in the United States mail and sent registered or certified, postage prepaid, to the last known address of the party concerned.

10. Entire Agreement. This Agreement supersedes any and all other agreements, either oral or in writing, between the Parties hereto with respect to the subject matter of this Agreement. This Agreement may not be changed verbally, and may only be amended by an agreement in writing signed by both Parties.
11. No Rights in Third Parties. This Agreement is not intended to, nor shall it be construed to, create any rights in any third parties.
12. Severability. If any provision of this Agreement shall be held by a court of competent jurisdiction to be contrary to law, that provision will be enforced to the maximum extent permissible and the remaining provisions of this Agreement shall remain in full force and effect, unless to do so would result in either party not receiving the benefit of its bargain.
13. Governing Law and Exclusive Venue. The Parties agree that this Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts, and that a court of competent jurisdiction in Springfield, Hampden County shall be the exclusive venue for any legal proceedings that may arise from this Agreement.
14. Successors. This Agreement shall be binding upon and shall inure to the benefit of the Parties, their respective heirs, executors, administrators and assigns.
15. Prohibition Against Assignment. The Parties shall be prohibited at all times from Assigning, in whole or in part, any portion of this Agreement without the written consent of the other party.
16. Minority Hiring. Hampden Care agrees that thirty-eight (38%) percent of its full-time employees at the Dispensary will be minorities and women, as that term is defined in the Code of Massachusetts Regulations, 425 CMR 2.00.
17. Progress Report. In the first quarter of 2019, Hampden Care shall appear before the City Council to report on its compliance with the provisions of this Agreement.

In Witness Whereof, Hampden Care and the City have executed this Host Community Agreement as of the date the same is finally signed by all parties listed below.

HAMPDEN CARE FACILITIES, INC.**CITY OF SPRINGFIELD**

By: _____

By: _____

Title:

Director, Department of Health and
Human Services

Approved as to Appropriation:

Approved as to Form:

City Comptroller_____
City Solicitor

Approved:

Approved:

Chief Procurement Officer_____
Chief Administrative and Financial Officer**APPROVED:**_____
Domenic J. Sarno, Mayor
Date: _____

RESULT:	ADOPTED [12 TO 0]
AYES:	Hurst, Twiggs, Allen, Rooke, Williams, Ramos, Williams, Gomez, Ashe, Edwards, Walsh, Fenton
ABSENT:	Kenneth E. Shea

Attachment: PD Donation - HCA with Hampden Care Facility (5632 : Police Department Donation - \$50,000)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5619

16

Mass Development Grant - No Match Required - \$49,973.00 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department ("Department") has been awarded a Mass Development Grant - No Match Required - \$49,973.00 from the Mass Development/HEFA Trust; and

WHEREAS, the purpose of the grant is to provide primary and preventative care and social services to medically underserved individuals and families; and

WHEREAS, the Department intends to use the grant funds to fulfill the requirements specified by the grant; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws ch. 44, sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation:

Mass Development Grant - No Match Required - \$49,973.00



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 4/10/2020

Department Requesting Grant Setup SHHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions Lorene/Fiscal Manager

Was this Grant previously setup for a prior fiscal year? NO

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?
(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

XX Private/Other

Grant Name: MASSDEVELOPMENT GRANT

Total Grant Amount Awarded: \$ 49,973.00

Attachment: Mass Development Grant (5619 : Mass Development Grant - No Match Required - \$49,973.00)

Is this a Reimbursable Grant?

(Y/N) YES

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	MASS DEVELOPMENT/HEFA TRUST
Contact Person	Tonya Ingram
Street Address	99 High Street
City, State, Zip Code	Boston, MA 02110
Telephone	404-562-4128
Fax	
E-Mail	<u>TIngram@Massdevelopment.com</u>

Actual Award Date 4/9/2020

Board Approval Date

Start Date 4/1/2020

Expiration Date 3/31/2021

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Description/Purpose of Grant

To provide primary and preventative health care and social services to medically underserved individuals and families.

The funding will be used for dental equipment and IT upgrading. The remainder of the award will be used to mitigate the impact of the COVID-19 pandemic on our ability to continue to provide services to the community.

Comments re: Conditions/Restrictions of Grant

See Budget

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) One lump sum payment

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

Attachment: Mass Development Grant (5619 : Mass Development Grant - No Match Required - \$49,973.00)

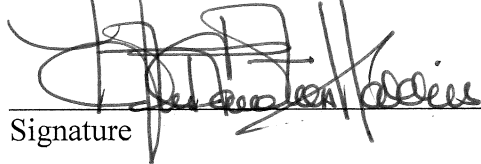
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

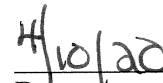
Org Code:

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.


Signature


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.



City Council

SCHEDULED

17

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5651

FY20 State Aid to Public Library Grant Increase- No Match Required \$5,313 (Mayor Sarno)

WHEREAS, the Library Department has been awarded State Aid to Public Libraries Grant Increase of \$5,313 from the Commonwealth of Massachusetts Board of Library Commissioners; and

WHEREAS, the State Aid to the Public Libraries is an integral part of the Board of Library Commissioners responsibility to support, develop, coordinate, improve and promote library services throughout the Commonwealth. The Board also strives to provide every resident of the Commonwealth with full and equal access to the library information resources regardless of geographic locations, social or economic status, age, level of physical or intellectual ability or cultural background; and

WHEREAS, the Department intends to use the state aid to provide funding for, Printing and Binding, Library Materials, Library programs, Professional Development, and Salary and Wages; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws ch. 44, sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation.

FY20 State Aid to Public Library Grant Increase - No Match Required \$5,313



Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

March 23, 2020

Stephen Cary, Trustee Chair
87 Pinewood Ave.
Springfield, MA 01108

re: Springfield City Library

The Board of Library Commissioners is pleased to issue a second and final State Aid to Public Libraries award to the City of Springfield in these amounts:

FY2020 Library Incentive Grant (LIG)	\$ 57,284.69
FY2020 Municipal Equalization Grant (MEG)	\$102,631.62
FY2020 Nonresident Circulation Offset Award	\$ 3,512.48
Total	\$163,428.79

The state treasurer's office will issue this payment as an electronic transfer within the next few weeks.

Springfield will have received a total of \$321,094.00 in FY2020 State Aid to Public Libraries funds.

State Aid to Public Libraries may not be used toward meeting the Municipal Appropriation Requirement, as stated in Chapter 41, Acts of 2019 of the Massachusetts Legislature. Annual state budget language also requires that "any payment made under this item shall be deposited with the treasurer of the city or town and held as a separate account and shall be expended by the public library of such city or town without appropriation" (Ch. 41, Acts of 2019).

We have notified your municipal treasurer about this FY2020 State Aid to Public Libraries payment. However, you should contact the treasurer and/or accountant about the award amounts and confirm that the funds will be made available to the library.

Sincerely,

James M. Lonergan
Director

cc: Springfield City Library, Springfield
Treasurer, the City of Springfield

Massachusetts Board of Library Commissioners
98 N. Washington St., Suite 401, Boston, MA 02114
P:800-952-7403(in-state only)
P:617-725-1860
F:617-725-0140

mass.gov/libraries
(consumer portal)

mass.gov/mbic
(agency site)

Attachment: State Aid (5651 : FY20 State Aid to Public Library Grant Increases - No Match Required \$5,313)



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 4/1/2020

Department Requesting Grant Setup Library

Department Phone # (Please include extension) 263-6828 x290

Name and Title of Person to Contact in Case of Questions Carol Leaders, Bus Mgr

Was this Grant previously setup for a prior fiscal year? Y

If yes, please indicate your previous project number: 83819

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?
(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

X State – City Massachusetts Board of Library Commissioners
Private/Other

Grant Name: MBLC FY'20 State Aid

Total Grant Amount Awarded: \$5,313

Is this a Reimbursable Grant? (Y/N) 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 11/8/19

Board Approval Date

Start Date 7/1/19

Expiration Date none

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

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: 28386105

Object Codes: 501000; 503000; 506000; 521015; 521020; 524030; 527010; 527030;
529100; 530105; 531010; 531020; 531200; 531740; 534100; 534200; 542300; 551300;
551400; 551700; 569200; 571100; 580500; 580600; 572100

Budget Roll-Up Codes: YES

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.

Molly Fogarty
Signature

4/1/2020
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.



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5636

18

Police Department Donations - K9 Unit -\$2,650.00 (Mayor Sarno)

WHEREAS, the Springfield Police Department has been awarded donations from various individuals totaling \$2,650.00 to be used by it's K9 Unit; and

WHEREAS, the Department intends to use \$2,000.00 of the donation funds to purchase two (2) ballistic vests for K9 dogs, as requested by one of the donors, and the remaining funds will be used for purposes that best fit the K9 Unit's operational needs; and

WHEREAS, the Department has accepted the donations and requests authorization from the City Council and the Mayor to expend the donation funds listed in the Attachment for the purposes of such donations; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donations, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donations without further appropriation:

Police Department Donations - \$2,650.00

Donations for Springfield Police K9 Unit

Donor	Amount
Yvonne Costa	\$ 50.00
PVA	\$ 100.00
P & T Humiston	\$ 100.00
Anita Dangelantonio	\$ 100.00
Roman Catholic Bishop	\$ 300.00
Jan & Bernadette Piepul (for two K9 ballistic vests)	\$ 2,000.00
Total	\$ 2,650.00

Attachment: Donations - PD K9 Unit (5636 : Police Department Donations - K9 Unit -\$2,650.00)

To whom it May Concern;

18.b

Enclosed please find our check in the amount of \$2000.00 that is to be used for the purchase of 2 stab/bulletproof vests for the K-9 unit of the Springfield Police Dept.

We are long time residents of Springfield who are committed to animal welfare in our community. As recent proud parents of a white German Shepherd we truly hope that our donation makes a difference in saving lives.

Sincerely,

Jan Piepul

Bernadette Piepul

Jan & Bernadette Piepul

Bank of America	
JAN F PIEPUL OR BERNADETTE PIEPUL	309
	4/29/20 Date
Pay <u>City of Springfield Police Department</u>	\$2,000.00
to the order of <u>Fourthward and no 1222</u>	Dollars
Bank of America 	Photo Safe Deposit Details on back
ACH R/T 01000138	
Memo <u>Applied PDR 9 unit vests</u>	<u>Bernadette Piepul</u>
	

Attachment: PD K9 Donation - 2 Ballistic Vests (5636 : Police Department Donations - K9 Unit -\$2,650.00)

05/05/2020 10:50
108745CITY OF SPRINGFIELD
RECEIPTSP
arrecing

1

Year/Bill

2020

02 MISC

CASH RECEIPTS

Category

6050183

50.00

Effective Date

03/02/20

12:29:17

POLICE ADM

Receipt

212069

50.00

Entry Date/Time

115070

210

Payment Entry

Batch

030320145

Paid By CID

YVONNE COSTA

145

Reference

030320145

Paid By Ref

1 CHECK

145

Customer

DONATION

Payment Method

Y

Released? Y

Reversed? N

Post Date

03/03/2020

Web Transaction?

Y

Reason

Released? Y

Reversed? N

Yr/Per/Unl

2020 09 160

Reason

Y

Released? Y

Reversed? N

Cash Account

0000

Reason

Y

Released? Y

Reversed? N

Line Chg Cd Desc

1 210842 DONATIONS

Interest

Principal

50.00

Adjusted

Installation

Interest

Principal

Adjusted

No installment detail records exist.

05/05/2020 10:49
108745CITY OF SPRINGFIELD
RECEIPTSP
arrecing 1

Year/Bill	2020	PAYMENT	Effective Date	10/07/19
Category	02 MISC	CASH RECEIPTS	Entry Date/Time	10/07/19 08:34:54
Receipt	5865186		Clerk	cweble
Amount	100.00		Department	210
Batch	204731		Source	Payment Entry
External Batch			Paid By CID	POLICE ADM
Reference	100819145		Paid By Ref	
Deposit #			Check #	PVA DONATION
Customer			Payment Method	995052
Prop ID	10/08/2019		Web Transaction?	1 CHECK
Post Date	2020 04 543		Posted?	Y
Yr/Per/Unl			Reason	Released? Y
Cash Account	0000	104051		Reversed? N

Line	Chg Cd	Desc	Interest	Principal	Adjusted
1	210842	DONATIONS		Principal	
				100.00	
Installation		Interest	Principal	Adjusted	

No installment detail records exist.

05/05/2020 10:48 CITY OF SPRINGFIELD
108745 RECEIPTS

Year/Bill	2020	PAYMENT	Effective Date	09/27/19
Category	02 MISC	CASH RECEIPTS	Entry Date/Time	09/27/19 08:22:27
Receipt	5861567		Clerk	cwheble
Amount	100.00		Department	210
Batch	204273		Source	Payment Entry
External Batch			Paid By CID	POLICE ADM
Reference			Paid By Ref	HUMISTON, P AND T
Deposit #	092719145		Check #	1228
Customer			Payment Method	1 CHECK
Prop ID			Web Transaction?	Y
Post Date	09/27/2019		Reason	Released? Y
Yr/Per/Unl	2020 03 2809			Reversed? N
Cash Account	0000 104051			

Line	Chg Cd	Desc	Interest	Principal	Adjusted
1	210842	DONATIONS		100.00	
	Installment	Interest	Principal	Adjusted	

No installment detail records exist.

05/05/2020 10:47
108745CITY OF SPRINGFIELD
RECEIPTSP 1
arrecing

Year/Bill

2020

PAYMENT

Effective Date

08/26/19

11:08:00

POLICE ADM

Category

02 MISC

CASH RECEIPTS

Entry Date/Time

08/26/19

113080

POLICE ADM

Receipt

5838630

CASH RECEIPTS

Clerk

113080

POLICE ADM

Amount

100.00

CASH RECEIPTS

Department

210

POLICE ADM

Batch

202647

CASH RECEIPTS

Source

210

POLICE ADM

External Batch

082719145

CASH RECEIPTS

Paid By CID

ANITA DANGELANTONIO

2562

Released? Y

Reference

082719145

CASH RECEIPTS

Paid By Ref

ANITA DANGELANTONIO

2562

Released? Y

Customer

082719145

CASH RECEIPTS

Check #

ANITA DANGELANTONIO

2562

Released? Y

Prop ID

08/27/2019

CASH RECEIPTS

Payment Method

1 CHECK

POLICE ADM

Post Date

2020 02 2278

CASH RECEIPTS

Web Transaction?

Y

Released? Y

Yr/Per/Jnl

2020 02 2278

CASH RECEIPTS

Reason

Y

Released? Y

Cash Account

0000

CASH RECEIPTS

Reason

Y

Released? Y

Line Chg Cd

210842

CASH RECEIPTS

Desc

DONATIONS

Interest

Principal

Interest

100.00

CASH RECEIPTS

Adjusted

Adjusted

Principal

Adjusted

No installment detail records exist.

Interest

Principal

Adjusted

Adjusted

Principal

Adjusted

05/05/2020 10:45
108745

CITY OF SPRINGFIELD
RECEIPTS

1
P
arrecing

Year/Bill

2020

PAYMENT

Category

02 MISC

CASH RECEIPTS

Receipt

5836295

Amount

300.00

Batch

202436

External Batch

Reference

082319145

Deposit #

Customer

08/23/2019

Post ID

2020 02 2050

Yr/Per/Jnl

0000 104051

Cash Account

0000 104051

Effective Date

08/21/19

Entry Date/Time

08/21/19 08:00:06

Clerk

cwheble

Department

210

Source

Payment Entry

Paid By CID

ROMAN CATHOLIC BISHO

Paid By Ref

4533

Check #

1 CHECK

Payment Method

Released? Y

Web Transaction?

Reversed? N

Posted?

Y

Reason

Interest

Principal
300.00

Adjusted

Line Chg Cd Desc

1 210842 DONATIONS

Interest

Principal

Adjusted

No installment detail records exist.



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5650

19

Massachusetts Cultural Council Grant - No Match Required \$2,250. (Mayor Sarno)

WHEREAS, the Springfield City Library ("Department") has been awarded a Grant of \$2,250 from the Massachusetts Cultural Facilities Fund; and

WHEREAS, the purpose of the grant is to support an unrestricted operating Cultural Investment portfolio; and

WHEREAS, the Department intends to use the grant funds for such purposes; and

WHEREAS, the Department has accepted the grant and requests authorization from the City Council and the Mayor to expend the grant funds listed below for the purposes of such grants; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the grant funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws ch. 44, sec. 53A, that the City Council approves the expenditure by the Department of the grant funds listed below for the purposes of such grant, subject to the approval of the Mayor, and the grant funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the grant without further appropriation.

Massachusetts Cultural Council Grant - \$2,250 No Match 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	9/10/19
Department Requesting Grant Setup	Library
Department Phone # (Please include extension) x290	263-6828
Name and Title of Person to Contact in Case of Questions	C Leaders, Bus Mgr

Was this Grant previously setup for a prior fiscal year? Yes
 If yes, please indicate your previous project number: 83619

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?
 (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

X

Grant Name: Massachusetts Cultural Council

Total Grant Amount Awarded: \$2,250.

Is this a Reimbursable Grant? (Y/N) 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 8/27/19
Board Approval Date
Start Date 10/1/19
Expiration Date 6/30/2020
Renewal Action Date (optional)
If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

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: 28366105

Object Codes: 530105 551700 571100 551300 524020 531040 531200 580600 501000

Budget Roll-Up Codes: YES

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.

____Molly Fogarty____
Signature

____4/29/2020____
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

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 de 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](#), [Contractor Certifications](#) and [Commonwe 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 Springfield for Springfield City Library (and d/b/a): City Hall, 36 Court Street, Springfield MA 01103-1683		COMMONWEALTH DEPARTMENT NAME: Mass Cultural Council MMARS Department Code: ART	
Legal Address: (W-9, W-4):		Business Mailing Address: 10 St. James Ave 3rd Floor, Boston, MA 02116	
Contract Manager: Timothy J. Plante	Phone: 413/886-5288	Billing Address (if different):	
E-Mail:	Fax: 413/784-1035	Contract Manager: Cynthia E. Gaviglio	Phone: 617/858-2711
Contractor Vendor Code: VC VC6000192140		E-Mail: Cyndy.Gaviglio@art.state.ma.us	Fax: 617/574-7305
Vendor Code Address ID (e.g. "AD001"): AD_01 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): FY20-CI-CIA-0417	
RFR/Procurement or Other ID Number:			
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) ☐ 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 <u>Prior</u> to Amendment: <u>06/30</u> , <u>20 20</u> . Enter Amendment Amount: \$ <u>2,250</u> . (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, Contractor Certifications and the following Commonwealth Terms and Conditions document is 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			
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. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ <u>17,250</u>			
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: ☐ 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.) This is a grant of financial assistance to engage a diverse community and connect them to timely, accessible resources through responsive public service in order to: promote lifelong learning, independence and individual personal achievement for citizens of all ages, and to provide opportunities for community members to challenge and examine their world and to explore the diversity			
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 <u> </u> , <u>20</u> <u> </u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☒ 3. were incurred as of <u>07/01</u> , <u>20 19</u> , 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 <u>06/30</u> , <u>20 20</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>David T. Slatery</u> Print Title: <u>Deputy Director</u>	



City Council

SCHEDULED

20

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5639

Donation - Police & Fire - \$1,000.00 (Mayor Sarno)

WHEREAS, through the generosity of one of its parishioners, Our Lady of Mount Carmel Parish has awarded the City of Springfield a donation of \$1,000.00. This funding will be split evenly between the Police and Fire Departments; and

WHEREAS, the funds provided by the donor shall be used for protective equipment for police officers and firefighters during the ongoing COVID-19 pandemic; and

WHEREAS, the Department has accepted the donation and requests authorization from the City Council and the Mayor to expend the donation funds listed in the Attachment; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donation, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donation without further appropriation:

Donation - Police & Fire - \$1,000.00

OUR LADY OF MOUNT CARMEL PARISH
123 WILLIAM STREET
SPRINGFIELD, MASSACHUSETTS 01105-2314

4:40 1/24/2020

TEL: 413-734-5433
MOUNTCARMELRECTORYOFFICE@GMAIL.COM

The Honorable Domenic Sarno
City of Springfield
Office of the Mayor
36 Court Street
Springfield, MA 01103

please to
TJ. /rus search
for 1/2 4/12
SP / SFO
thank you
for

\$1600
Thank you - Fr White
I'll send you
the rest soon
have you letter
to

Dear Mayor Sarno,

Recently a parishioner provided a donation that he wants used to help during the Corona Virus crisis. He asked me to disburse this using my best judgement.

I saw your appeal for protective equipment for police officers, firefighters and EMT's. Please find enclosed a \$1,000.00 check that you can apply for that purpose.

While this is a modest sum, it does represent the care and concern of Mount Carmel parishioners who want to assist your efforts to combat this pandemic.

Please be assured of a continued remembrance in prayer.

Sincerely,

Robert S. White, C.S.S.

Reverend Robert S. White, C.S.S.

Don - well! My best to Carla
Hope to see you
in usual place soon.
d bless.
R.W.

OUR LADY OF MT CARMEL CHURCH
SPECIFIC FUNDS

1284
53-7169/2118
1324

Pay to the
Order of

City of Springfield

Date

4/22/20

\$ 1000 -

one thousand 00/100

Dollars



Security
Features
Details on
Back

2020

BERKSHIRE BANK

America's Most Exciting Bank

For FIRST RESPONDER
(SUPPLIES)

Robert S. White, C.S.S.



City Council

SCHEDULED

21

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5634

Police Silverbrick Donation - \$500.00 (Mayor Sarno)

WHEREAS, the Springfield Police Department has been awarded a donation of \$500.00 from The Silverbrick Group; and

WHEREAS, the funds provided by the donor shall be used for the purposes that best fit the Department's operational needs; and

WHEREAS, the Department has accepted the donation and requests authorization from the City Council and the Mayor to expend the donation funds listed in the Attachment; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donation, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donation without further appropriation:

Police Department Donation - \$500.00

Year/Bill	2020	PAYMENT	Effective Date	03/02/20
Category	02 MISC	CASH RECEIPTS	Entry Date/Time	03/02/20 12:34:30
Receipt	6050193		Clerk	115070
Amount	500.00		Department	210 POLICE ADM
Batch	212069		Source	Payment Entry
External Batch			Paid By CID	
Reference			Paid By Ref	SILVERBRICK GROUP
Deposit #	030320145		Check #	658408345
Customer			Payment Method	1 CHECK
Prop ID			Web Transaction?	
Post Date	03/03/2020		Posted?	Y
Yr/Per/Jnl	2020 09 160		Reason	
Cash Account	0000 104051			

Line	Chg Cd	Desc	Interest	Principal	Adjusted
1	210842	DONATIONS		500.00	
Installment		Interest	Principal	Adjusted	
No installment detail records exist.					

Attachment: PD Silverbrick Donation (5634 : Police Silverbrick Donation - \$500.00)



City Council

SCHEDULED

22

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5635

Donation - Police/Fire/HHS - \$300.00 (Mayor Sarno)

WHEREAS, the City of Springfield has been awarded a donation of \$300.00 from Ms. Pamela Laforte, which will be split evenly amongst the Police, Fire, and Health Departments; and

WHEREAS, the funds provided by the donor shall be used for medical supplies and other purposes that best fit the Departments' operational needs related to the ongoing COVID-19 pandemic; and

WHEREAS, the Department has accepted the donation and requests authorization from the City Council and the Mayor to expend the donation funds listed in the Attachment; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donation, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donation without further appropriation:

Donation - Police/Fire/HHS - \$300.00

4/26/2020

22.a

Attn: Mayor Sarno
City of Spfld
36 Court St.
Spfld., MA 01103

Candace
please so very nice & kind.
cc. To T.J. w/ cc of Comm's letter.
Colvin & Helen C. \$100 a piece -
I'll send thank you letters for
Steve
M3
23

Dear Mayor Sarno

Enclosed is ck #108-4/26/2020 for \$300.00.
Please distribute towards the following
C-19 Funds.

- 1) Police Dept. \$100.00
- 2) Fire Dept \$100.00
- 3) Medical C-19 Fund \$100.00

May all our 1st Responders stay Safe &
Thanking all of them for their services.

Respectfully:

Pamela LaPorte
79 Midway St
S. O., MA 01151

Attachment: PD-Fire-HHS Donation \$300 (P LaPorte) (5635 : Donation - Police/Fire/HHS - \$300.00)



THE CITY OF SPRINGFIELD, MASSACHUSETTS

MAYOR DOMENIC J. SARNO

HOME OF THE BASKETBALL HALL OF FAME April 29, 2020

Ms. LaForte & Family,

First of all, good health to you & your family. Just wanted to drop you a note of thanks for your very generous towards our Police/Fire & Health Dept.'s — "So, so very kind & thoughtful of you!" Take care & God Bless.

Respectfully

Domenic J. Sarno

Checks Unlimited 1-800-210-0468 www.checksunlimited.com

51-7031/2111

108

PAMELA G LAFORTE
JULIE E BOWDER

4/26 2020

City of Springfield \$300.00

Three hundred & no/100

1) Police Dept 2) Fire Dept.

PEOPLE'S UNITED BANK

C-19 Funds City of Springfield Pamela G LaForte

(413) 787-6100



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5624

23

Health and Human Services Donation - \$200.00 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department has been awarded donations totaling \$200.00 from Kathleen M Cournoyer; and

WHEREAS, the funds provided by the donors were designated to assist with food for the needy; and

WHEREAS, the Department has accepted the donations and requests authorization from the City Council and the Mayor to expend the donation funds listed in the attachment titled "HHS Donations"; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donations, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donations without further appropriation:

Springfield Health and Human Services Donations - \$200.00

DEPOSIT CHECK 1-800-855-1088 www.e2scheck.com

53-7160/2118
e2scheck® Check
Fraud Protection

414

KATHLEEN M. COURNOYER
44 RUGBY ROAD
FEEDING HILLS, MA 01030

Date: 4-8-2020

Pay to the order of Mayor Domenic Sarno \$200.00
Two Hundred and 00/100 — Dollars

WESTFIELD BANK
WESTFIELD, MA 01086

For Food for the needy Kathleen M. Cournoyer

PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS

HOME OF THE BASKETBALL HALL OF FAME April 21, 2020

Ms. Cournoyer & Family

First of all, good health to you & your family.
Thank you so much for your very generous donation
to those in need. I will direct your efforts
to my Health Dept. Wishing you & your family good
health, luck & continued success in all your
future endeavors. Take care & God Bless.

Respectfully

Domenic J. Sarno

P.S. You know, I had a wonderful English Teacher, Ms. Cournoyer too @ Kiley Jr. H.S. ?
(1975-78)

City of Springfield • 36 Court Street • Springfield, MA 01103-1687 • (413) 787-6100

Attachment: 200 Donation HHS (5624 : Health and Human Services Donation - \$200.00)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5642

24

Health and Human Services Donation - \$200.00 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department has been awarded donations totaling \$200.00 from Kathleen M Cournoyer; and

WHEREAS, the funds provided by the donors were designated to assist with food and medicine during the Corona Virus Pandemic; and

WHEREAS, the Department has accepted the donations and requests authorization from the City Council and the Mayor to expend the donation funds listed in the attachment titled "HHS Donations"; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donations, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donations without further appropriation:

Springfield Health and Human Services Donations - \$200.00

Kathleen M. Cournoyer
 LOOK FOR:
 3D-hologram (all across top)
 Heat-reactive circle in upper-right corner

1554
 53-7202/21

4-7-2020 Date

Pay to the Order of: Mayor Dominic Sarno \$ 200.00

Two hundred and 00/100 Dollars

UNITED BANK

For: food, medicine during pandemic Kathleen M. Cournoyer

152 16 APR 2020 11:57

Kathleen & Richard Cournoyer
 44 Rugby Road
 Feeding Hills, MA 01030

152 HARTFORD CT 061
 4/6/20
 02 APR 2020 PM 3 L

please direct this to
 T.J. / Post Office / Helent.
 to give to the Health Dept.



I'll send thank you
 letter for
 This
 y

Mayor Dominic J. Sarno
 36 Court Street
 Springfield, MA 01103

01103-160236



Attachment: HHS \$200 donation food medicine (5642 : Health and Human Services Donation - \$200.00)



City Council

SCHEDULED

25

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5637

Police Department Donation - \$50.00 (Mayor Sarno)

WHEREAS, the Springfield Police Department has been awarded a donation of \$50.00 from the Memorial Sunshine Fund at Dryden Elementary School, in memory of an individual who passed away from complications due to COVID-19; and

WHEREAS, the funds provided by the donor shall be used for the purposes that best fit the Department's operational needs; and

WHEREAS, the Department has accepted the donation and requests authorization from the City Council and the Mayor to expend the donation funds listed in the Attachment; and

WHEREAS, the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, has certified that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the City Council Order authorizing the expenditure of the donation funds listed herein, subject to the approval of the Mayor, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, acting pursuant to Mass. Gen. Laws Ch. 44, sec 53A, that the City Council approves the expenditure by the Department of the donation funds listed below for the purposes of such donation, subject to the approval of the Mayor, and the donation funds received shall be deposited with the City Treasurer and held as a separate account and may be expended for the purposes of the donation without further appropriation:

Police Department Donation - \$50.00

Memorial Sunshine Fund Deborah Walsh Dianne Tuttle 		1214 53-8591/2118
PAY TO THE ORDER OF <u>Springfield Police Department</u>		<u>April 22, 2020</u> DATE
<u>Fifty dollars and 00/100</u>		<u>\$ 50.00</u>
Arrha Credit Union		145 Industry Ave Springfield, MA 01104 413-732-8812
FOR DEPOSIT IN <u>in memory of Elaine Corrie Dianne M. Tuttle</u>		Security features Included Details on back
		

Attachment: PD Donation - Sunshine Fund (5637 : Police Department Donation - \$50.00)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5627

26

Budget Transfer Across Departments - \$21,254.06 (Mayor Sarno)

WHEREAS, to meet the expenses of the City of Springfield for the fiscal year commencing July 1, 2019 and ending June 30, 2020 (FY'20), pursuant to Mass. Gen. Laws Ch. 44, Section 33B, and Chapter 468 of the Acts of 2008, the Chief Administrative and Financial Officer and his Honor the Mayor have requested authorization from the City Council to transfer the sum of \$21,254.06 from the Comptroller - Reserve for Contingency account to the Planning and Economic Development Department - Salaries & Wages line to fund a projected deficit in that account; and

WHEREAS, the City Comptroller, Patrick Burns, whose Department is in control of the appropriation from which the transfer is proposed to be made, has approved this transfer; and

WHEREAS, after reviewing this order, the Chief Administrative and Financial Officer has certified to the Mayor and City Council, that in his professional opinion, after an evaluation of all pertinent financial information reasonably available, the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the transfer, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

NOW THEREFORE BE IT ORDERED, that the City Council approves the transfer of the sum of \$21,254.06 from the Comptroller - Reserve for Contingency account to Planning and Economic Development Salaries and Wages account for the purposes of avoiding an end of year deficit in that account.

From: Comptroller - Reserve for Contingency

01135-578200 **\$21,254.06**

To: Planning and Eco-Dev - Salaries & Wages

01175490-501000 **\$21,254.06**

FINANCIAL IMPACT:

Budget Transfer Across Departments - \$21,254.06

City of Springfield
36 Court Street
Springfield, MA 01103

Division of Administration
and Finance



To: Springfield City Council
From: Timothy J. Plante, Chief Administrative & Financial Officer
Date: May 11, 2020
Re: Order for Council Meeting – May 11, 2020
Cc: Mayor Sarno

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for May 11, 2020 City Council meeting, which requests a transfer of \$21,254.06 from the Comptroller's Reserve for Contingency Account into Planning ECO-DEV PS account.

Background: A long time employee of the City has left their position in the Office of Planning and Economic Development this fiscal year. As required by the City's current policies for non-bargaining employees, and the Massachusetts Wage Act, the City must pay the full value of any unused vacation time to an employee when they separate from City employment. As a result, the Office of Management and Budget is projecting an \$21,254.06 deficit in the department's personal services accounts. This deficit must be extinguished through a transfer from the City's reserve for contingencies account to prevent a negative end of year balance that will affect FY20 Certified Free Cash.

CAFO Certification: This memorandum will confirm that in my professional opinion, as the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in this City Council Order, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

This certification is made in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

Attachment: CAFO Cert - Comptrollers to PS (5627 : Budget Transfer Across Departments - \$21,254.06)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5631

27

Bill of Prior Year - DPW - \$1,788.00 (Mayor Sarno)

WHEREAS, to meet expenses incurred by the City of Springfield, pursuant to Mass. Gen. Laws Ch. 44 Section 64 and Chapter 468 of the Acts of 2008, the Chief Administrative and Financial Officer ("CAFO") and his Honor the Mayor have requested authorization from the City Council that the Department of Public Works ("DPW") may pay a bill from a previous fiscal year, listed on the attached CAFO certification, totaling \$1,788.00; and

WHEREAS, the DPW will make payment for unpaid bills of a previous fiscal year from its FY20 General Fund Operating Budget; and

WHEREAS, the Chief Administrative and Financial Officer has provided a written certification to the Mayor and City Council, that in his professional opinion, after an evaluation of all pertinent financial information reasonably available, the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in the payments, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008;

NOW THEREFORE BE IT ORDERED, that the City Council approves the payment of a bill listed on the attached CAFO certification from the FY20 General Fund Departmental Operating Budgets for the expenses incurred in a previous fiscal year.



INVOICE

Applus Technologies Inc.
 787A Hartford Turnpike
 Shrewsbury, MA 01545
 Phone: (312) 644-3262
 Email: info@massvehiclecheck2017.com

REMIT TO ADDRESS:

MA OPS
PO BOX 21254
New York, NY 10087-1254

INVOICE #90192347
 DATE: 7/1/2019

TO:

KENNETH TUROWSKY
 CITY OF SPRINGFIELD DPW
 70 TAPLEY ST
 SPRINGFIELD, MA 01104
 (413) 787-6347

SHIP TO:

KENNETH TUROWSKY
 CITY OF SPRINGFIELD DPW
 70 TAPLEY ST
 SPRINGFIELD, MA 01104
 (413) 787-6347

COMMENTS OR SPECIAL INSTRUCTIONS:

STATION ID	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	WKS #	TERMS
FL019059	MT FEES	K TUROWSKY	APPLUS	1771	Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
12	Monthly maintenance fees	\$149.00	\$1,788.00
	Period from July 2018		
	through June 2019		
SUBTOTAL			\$1,788.00
SALES TAX			-
SHIPPING & HANDLING			-
TOTAL DUE			\$1,788.00

Make all checks payable to Applus Technologies Inc.

If you have any questions concerning this invoice, contact: Finance at (312) 644-3262 or
 info@massvehiclecheck2017.com

THANK YOU FOR YOUR BUSINESS!

Attachment: DPW BOPY Applus Technologies (5631 : Bill of Prior Year - DPW - \$1,788.00)

City of Springfield
36 Court Street
Springfield, MA 01103



Division of Administration
and Finance

To: Springfield City Council
From: Timothy J. Plante, Chief Administrative & Financial Officer
Date: May 11, 2020
Re: Order for Council Meeting – May 11, 2020
Cc: Mayor Sarno

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the May 11, 2020 City Council meeting, which will pay a prior year invoice in the amount of \$1,788.00

Background: This is a request to allow the Department of Public Works to pay a previous year's bill from the current year (FY20) operating budget. Listed below is the department invoice, due date, reason and amount.

5/11/2020 Council Meeting

Department	Invoice #	Vendor	Date	Reason	Amount
DPW	90192347	Applus Technologies	7/1/2019	FY19 Services Rendered	\$ 1,788.00
Total					\$ 1,788.00

CAFO Certification: This memorandum will confirm that in my professional opinion, as the Chief Administrative and Financial Officer, after an evaluation of all pertinent financial information reasonably available, that the City's financial resources and revenues are and will continue to be adequate to support the proposed expenditures and obligations involved in this City Council Order, without a detrimental impact on the continuous provision of the existing level of municipal services, in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

This certification is made in accordance with Section 2(f) of Chapter 656 of the Acts of 1989, as added by Section 1 of Chapter 468 of the Acts of 2008.

Attachment: CAFO Certification - DPW BOPY (5631 : Bill of Prior Year - DPW - \$1,788.00)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Kathy Breck
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5641 A

28

Order Granting Permanent Easement to Verizon New England, Inc., For the Brightwood Lincoln School Project (Mayor Sarno)

WHEREAS, the City of Springfield, MA., is in the process of constructing a new combined Brightwood and Lincoln Elementary School ("Project"), on Plainfield Street in Springfield, MA.; and

WHEREAS, it is necessary for the City of Springfield ("Grantor") to grant a **permanent easement to Verizon New England, Inc., its successors and assigns** ("Grantee"), over certain City-owned land described in the attached Easement, including a portion of the School site, in order to bring lines for the transmission of intelligence and telecommunications service to the School Project. The Easement grants the Grantee the perpetual right to perform the following in the Easement Area:

"to lay, construct, reconstruct, operate, maintain, replace and remove LINES for the transmission of intelligence and telecommunications upon, over, under and across a portion of the land of Grantor"; "underground cables, pipes, conduits, manholes, and such surface testing terminals, pedestals, equipment cabinets, concrete pads, repeaters, markers, and other appurtenances with wires and/or cables therein as the Grantee may from time to time desire"; to "cut down and keep trimmed all trees, bushes, underbrush and growth including the foliage thereon, other than those installed as part of the design and construction of the school, as the Grantee may from time to time deem necessary for the safe operation of said lines, upon prior notice to Grantor"; and other rights as set forth in the draft Easement attached hereto as Exhibit #1.

It is mutually agreed that the parties shall not unreasonably interfere with each other's use of the Easement Area. Grantor shall have the right to use the Easement Area herein granted for any purpose not inconsistent with the rights granted to Grantee hereunder, and the Grantee's use of the Easement Area shall not interfere with the Grantor's use of its land for the construction and operation of a public school.

Also with the further perpetual right and easement from time to time to renew, repair, replace, add to, maintain, operate, patrol and otherwise change said underground system and each and every part thereof and to make such other excavation or excavations as may be reasonably necessary in the opinion and judgment of Grantee, its successors and assigns, with prior notice to Grantor, to avoid unnecessary disruption to the operation of the school. However, said Grantee, its successors and assigns, will promptly and properly backfill said excavation or excavations and restore the surface of the land to at least as reasonably good condition as said surface was in immediately prior to the excavation or excavations thereof, and will not unreasonably interfere with the Grantor's operation of the school.

The Grantee's facilities are to be located within a ten (10) foot wide strip of land referred to as the "Easement Area", as described in the Easement attached hereto as Exhibit #1, and the map which will be attached to the Easement as Exhibit A.

The Grantee will furnish consideration of \$1.00 to the City for the Easement.

The draft Easement is attached hereto as Exhibit #1, and a map showing the Easement Area will be attached as Exhibit A to the Easement.

WHEREAS, the Easement is needed for the construction and operation of the School.

NOW THEREFORE BE IT ORDERED, that the Mayor be and is hereby authorized in the name of and on behalf of the City of Springfield, to take all steps necessary to execute, deliver and record an instrument granting a permanent easement over the Easement Area to **Verizon New England, Inc., its successors and assigns**, to bring lines for the transmission of intelligence and telecommunications service to the School Project, in substantially the same form as the draft Easement attached hereto as Exhibit #1, for consideration of One Dollar (\$1.00).

EXHIBIT #1

EASEMENT

KNOW ALL MEN BY THESE PRESENTS that the CITY OF SPRINGFIELD a municipal corporation duly established under the laws of the Commonwealth of Massachusetts and having its usual place of business at 36 Court Street, Room 312, Springfield, Massachusetts 01103 (hereinafter referred to as the Grantor(s)), for consideration of One (\$1.00) Dollar in hand paid by the Grantee to the Grantor, the receipt and sufficiency of which is hereby acknowledged, grants to VERIZON NEW ENGLAND INC., (formerly known as New England Telephone and Telegraph Company) a New York corporation, having its principal place of business at 6 Bowdoin Square, 9th Floor, Boston, Massachusetts 02114, its successors and assigns, (hereinafter referred to as the Grantee) with quitclaim covenants, the perpetual right and easement to lay, construct, reconstruct, operate, maintain, replace and remove LINES for the transmission of intelligence and telecommunications upon, over, under and across a portion of the land of Grantor, which land is more particularly shown on a drawing entitled "Plan of Land in Springfield, Massachusetts, Surveyed for City of Springfield - Owner" dated February 16, 1996, and recorded in the Hampden County Registry of Deeds in Plan Book 297, page 63, said land being located in the City of Springfield, Hampden County, Massachusetts.

The above granted rights being more particularly described as the perpetual right within said land of Grantor to lay, construct, reconstruct, operate, maintain, replace and remove underground cables, pipes, conduits, manholes, and such surface testing terminals, pedestals, equipment cabinets, concrete pads, repeaters, markers, and other appurtenances with wires and/or cables therein as the Grantee may from time to time desire, within a ten (10) foot wide strip of land beginning at existing Verizon Manhole 5854, located on Plainfield Street, and running in a southeasterly direction across Plainfield Street and then over, across and upon the land of Grantor a distance of approximately six hundred and fifty (650) feet to the building at 255 Plainfield Street (the Brightwood-Lincoln Elementary School currently under construction) , and then into an interior utility room, as shown on the map attached hereto as Exhibit #4 (hereinafter the "Easement Area"), all of which shall become permanent upon placement of the aforementioned facilities, with the right to cut down and keep trimmed all trees, bushes, underbrush and growth including the foliage thereon, other than those installed as part of the design and construction of the school, as the Grantee may from time to time deem necessary for the safe operation of said lines, upon prior notice to Grantor.

The Grantee shall have the right to connect such conduits, manholes, cables and wires with the poles, conduits, cables and wires which are located or which may be

Property Address: 255 Plainfield Street, Springfield, MA - Verizon Job No. 4A0KL0V

Attachment: Exhibit #1 - Draft Easement for Verizon New England, Inc., for the Brightwood School Project, and Exhibit A - Map of Easement

placed in parcels of land, private, public ways or streets within, adjacent or contiguous to the aforesaid premises, with the right to serve Grantor and others. Permission is herein granted to Grantee to enter Grantor's land for these purposes.

The herein granted right and easement is more particularly described as that certain strip(s) of land situated within and along said Grantor's land for Grantee to install the necessary cables, wires, conduit, equipment and facilities as described above to be owned, operated and maintained exclusively by said Grantee for the transmission and distribution of intelligence and communication by electricity or otherwise to serve Grantor's property and others. It is also agreed that any cables, lines, poles, equipment and appurtenant facilities and each and every part thereof, whether fixed to the realty or not, shall be and remain exclusively the property of the Grantee, its successors and assigns, as its interest appears.

It is agreed that the exact location of the facilities shall be established by the installation and placements of said facilities within said Easement Area. It is mutually agreed that the parties shall not unreasonably interfere with each other's use of the Easement Area. Grantor shall have the right to use the Easement Area herein granted for any purpose not inconsistent with the rights granted to Grantee hereunder, and the Grantee's use of the Easement Area shall not interfere with the Grantor's use of its land for the construction and operation of a public school.

Also with the further perpetual right and easement from time to time to renew, repair, replace, add to, maintain, operate, patrol and otherwise change said underground system and each and every part thereof and to make such other excavation or excavations as may be reasonably necessary in the opinion and judgment of Grantee, its successors and assigns, with prior notice to Grantor, to avoid unnecessary disruption to the operation of the school. However, said Grantee, its successors and assigns, will promptly and properly backfill said excavation or excavations and restore the surface of the land to at least as reasonably good condition as said surface was in immediately prior to the excavation or excavations thereof, and will not unreasonably interfere with the Grantor's operation of the school.

For Grantor's title, see Order of Taking dated February 12, 1996 and recorded with the Hampden County Registry of Deeds in Book 9413, Page 516 and Order of Taking dated February 12, 1996 and recorded with the Hampden County Registry of Deeds in Book 9413, Page 523.

(Continued)

IN WITNESS WHEREOF, the said CITY OF SPRINGFIELD has caused its corporate seal to be affixed and these presents to be signed, acknowledged and delivered in its name and behalf by Domenic J. Sarno, its Mayor hereto duly authorized, this _____ day of _____ in the year two thousand twenty.

CITY OF SPRINGFIELD
By:

By: Domenic J. Sarno
Mayor of Springfield

COMMONWEALTH OF MASSACHUSETTS

County of _____, ss _____, 2020

On this _____ day of _____, 2020, before me, the undersigned notary public, personally appeared Domenic J. Sarno, proved to me through satisfactory evidence of identification, which were _____ (source of identification) to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.

Before me,

Notary Public
Print Name _____
My Commission expires: _____

(Continued)

Approved and Adopted by the Springfield City Council at a public meeting held on _____, 2020, on a call of yeas and nays.

_____ Yeas _____ Nays _____ Abstain

I hereby certify the vote of the Springfield City Council on this _____ of _____, 2020

City Clerk

EXHIBIT A

Map of Easement Area

(to be attached when available)



City Council

SCHEDULED

Meeting: 05/11/20 05:00 PM
Initiator: Melvyn Altman
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5630

29

Order Authorizing Mayor to Execute Quitclaim Deed for Sale of WS College St. (03020-0021) to Thuy L. Seward (Mayor Sarno)

WHEREAS, on January 17, 2008, the City of Springfield acquired title to vacant land situated in Springfield, Massachusetts containing about 5,000 square feet now known as West Side College Street, formerly with building thereon and formerly known as 126 College Street, with a Parcel-ID Number of 03020-0021 (hereinafter the "Property"), through tax title foreclosure proceedings in Land Court; and

WHEREAS, the Tax Title Custodian determined that the Property is not needed for general municipal purposes; and

WHEREAS, the Tax Title Custodian attempted to sell the Property at tax title auction on five different occasions (2008, 2010, 2011, 2018, 2019) without success and requested the Office of Housing to offer the Property for sale to an abutter pursuant to the City's Abutter Lots Sales Program; and

WHEREAS, the Office of Housing solicited requests to abutters to submit applications for the purchase and redevelopment of the Property pursuant to the Abutter Lots Sales Program for consideration of \$500.00 (10 cents per square foot); and

WHEREAS, the application submitted by Thuy L. Seward, the owner of abutting property located at 122 College Street, was accepted by the Abutter Lots Sales Program Committee; and

WHEREAS, Thuy L. Seward proposes to use the Property as a fenced-in backyard and will combine the Property with 122 College Street to form one larger parcel.

NOW THEREFORE BE IT ORDERED, that the Mayor be and is hereby authorized in the name of and on behalf of the City of Springfield to execute and deliver a quitclaim deed to Thuy L. Seward for the transfer of title to West Side College Street (Parcel-ID # 03020-0021) for consideration of Five Hundred and 00/100 Dollars (\$500.00).



City Council
36 Court Street
Springfield, MA 01103

Meeting: 05/11/20 05:00 PM
Department: City Council
Category: Council Request
Prepared By: Lavar Click
Initiator: Adam Gomez
Gomez, Whitfield, Hurst, Lederman, Curran, Walsh, Fenton, Williams, Brown, Edwards, Davila, Ramos
DOC ID: 5629

SCHEDULED

RESOLUTION (ID # 5629)

Vote by Ballot

WHEREAS: On Tuesday, April 7th 2020, Wisconsin held its primary election with in-person voting, despite being under a shelter-in-place order since March 25th 2020; and

WHEREAS: Concerns about the outbreak of the coronavirus for the Wisconsin primary contributed to a shortage of poll workers, leading to the National Guard dispersing over 2,000 troops to serve in their stead; and

WHEREAS: Due to the lack of poll workers, the City of Milwaukee opened only five of their 180 polling locations where the average wait time to vote was an hour and half to two hours; and

WHEREAS: Having voters and poll workers at polling stations for hours is dangerous and runs counter to social distancing and best practices aimed at limiting the spread of COVID-19; and

WHEREAS: The states of Oregon, Washington, and Colorado conduct their elections completely by mail; and

WHEREAS: The Commonwealth of Massachusetts, which dictates the City of Springfield's election policies and procedures, has already begun implementing voting reform measures such as early voting for certain elections; and

WHEREAS: The Commonwealth of Massachusetts, which does not currently allow for no-excuse absentee voting, has accepted recommendations to classify absence at your polling location as a precautionary measure in response to COVID-19 as an allowed qualification for a mail-in ballot; and

WHEREAS: The City of Springfield has at least two elections slated for the fall of 2020: the state primary election on September 1st & the state election on November 3rd; and

WHEREAS: The City of Springfield and the Commonwealth of Massachusetts can further our commitment to the health and safety of residents by taking all of the necessary and thoughtful steps now as it relates to our upcoming elections; and

WHEREAS: To prevent the continued spread and/or recurrence of COVID-19, the City of Springfield and the Commonwealth of

Massachusetts should plan for increased absentee ballot requests, increased polling location staffing levels, and potentially the implementation and management of an emergency all vote-by-mail election; **THEREFORE BE IT**

Resolved: That the Springfield City Council hold a hearing to explore preparation for the upcoming 2020 elections in September and November, including the feasibility of an all vote-by-mail election due to the COVID-19 pandemic, and that representatives from the Secretary of State's office, the Springfield Elections Department, other relevant State and City departments, voting advocacy organizations, and members of the public be invited to testify.