CITY COUNCIL

City Clerk's Office 3/25/2020 12:00:00 PM

Special Meeting Agenda~

I hereby notify you that at twelve o'clock noon today the following items of business had been filed with this office and can be acted upon at the meeting in City Council Chambers, Room 200 at City Hall, 36 Court Street **Monday** evening **April 6, 2020** at 05:30 PM according to Section 12, Rules and Orders of the City Council.

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, 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 held on April 6, 2020 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/

Call to Order

5:30 PM Meeting called to order on April 6, 2020 at City Hall -- Room 200, 36 Court Street, Springfield, MA.

Informational

(1.) February Revenue Vs. Expenditure Report (Mayor Sarno)

ATTACHMENTS:

- February Revenue Vs. Expenditure Report (PDF)

Grants

(2.) HUD Continuum of Care Grant - $4,229,898 - No Match Required (Mayor Sarno)

ATTACHMENTS:

- Continuum of Care grant-9 (PDF)

(3.) CDBG20-COVID Recovery Grant - $2,301,793 - No Match (Mayor Sarno)

ATTACHMENTS:

- CDBG, ESG, and HOPWA under COVID-19 (DOCX)

(4.) Health Services for the Homeless Grant- No Match Required $2,244,207.00 (Mayor Sarno)
ATTACHMENTS:

- Health Services for the Homeless (PDF)

(5.) ESG20-COVID Recovery Grant - $1,160,338- No Match (Mayor Sarno)
ATTACHMENTS:

- CDBG, ESG, and HOPWA under COVID-19 (DOCX)

(6.) FY20 Shannon CSI Grant - In-Kind Match Required - $1,062,975.90 (Mayor Sarno)
ATTACHMENTS:

- FY20 Shannon CSI Grant (PDF)

(7.) Critical Services Covid 19 Grant - No Match Required- $200,000 (Mayor Sarno)
ATTACHMENTS:

- Covid 19 (PDF)

(8.) HOPWA20-COVID Recovery Grant - $101,003 - No Matchh (Mayor Sarno)
ATTACHMENTS:

- CDBG, ESG, and HOPWA under COVID-19 (DOCX)

(9.) Homeless Covid 19 Grant - No Match Required- $53,362 (Mayor Sarno)
ATTACHMENTS:

- Covid 53,362 Grant Award (PDF)
- Covid 53,362(PDF)

(10.) MOAPC (MASSCALL) Grant -No Match Required- $25,000 (Mayor Sarno)
ATTACHMENTS:

- MOAPC (MASSCALL) (PDF)

(11.) Donation of Goods - Safety Glasses (Police) (Mayor Sarno)
ATTACHMENTS:

- PD Donation - Safety Glasses (PDF)

Orders

(12.) Order Authorizing Expenditure of FY21 Chapter 90 Funds ($3,681,737) (Mayor Sarno)
The Commonwealth of Massachuestts has authorized Chapter 90 funds totaling $3,681,737 for Springfield in FY21.

ATTACHMENTS:

- FY21 Chapter 90 (PDF)
- FY21 Ch. 90 Grant Set-Up Form (PDF)

(13.) Budget Transfer W/In a Department - $163,130.20 (Mayor Sarno)
Budget Transfer W/In a Department - $163,130.20

ATTACHMENTS:

- CAFO Cert PERS to OTPS Transfer Parks Beautification 4.6.20 (PDF)

(14.) Budget Transfer Across Departments - $47,703.00 (Mayor Sarno)
Budget Transfer Across Departments - $47,703.00

ATTACHMENTS:

- CAFO Cert - Reserves to Schools - 2nd (DOCX)

(15.) Budget Transfer W/In a Department - $21,963.00 (Mayor Sarno)
Budget Transfer W/In a Department - $21,963.00

ATTACHMENTS:

- CAFO Cert PERS to OTPS Transfer Parks Waste Removal 4.1.20 (DOCX)

(16.) Budget Transfer W/In a Department - $275,000 (Mayor Sarno)
Budget Transfer W/In a Department - $275,000

ATTACHMENTS:

- CAFO Cert - DPW Enterprise Fund Transfer (PDF)

(17.) Order Granting a Gas Easement to Bay State Gas Company, Dba Columbia Gas of Massachusetts, Its Successors and Assigns, For the Brightwood and Lincoln School Project (Mayor Sarno)

ATTACHMENTS:

- Exhibit #1 - Gas Easement For Brightwood and Lincoln School project, and Exhibit A to Easement - plan showing Easement Area (PDF)

(18.) Order Approving Contract Over 3 Years for Smart911 Software (Mayor Sarno)

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Pat Burns
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5602

February Revenue Vs. Expenditure Report (Mayor Sarno)

CITY OF SPRINGFIELD, MASSACHUSETTS

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

For the period ended 02/29/20

Revenues and Other Sources:	Revised Budget	Actual	Variance Over/(Under)	%
Real Estate & Personal Property Taxes	$ 214,906,563	$ 157,157,715	$ (57,748,848)	73%
Real Estate & Personal Property Taxes - Tax Liens	-	1,511,407	1,511,407	0%
Motor Vehicle Excise	12,281,263	5,743,304	(6,537,958)	47%
Penalties, interest and other taxes	19,533,375	3,430,529	(16,102,846)	18%
Charges for Services	12,908,113	7,270,217	(5,637,896)	56%
Intergovernmental	424,351,203	282,835,060	(141,516,143)	67%
Licenses and Permits	5,438,773	3,470,368	(1,968,405)	64%
Fines and Forfeits	536,733	307,451	(229,282)	57%
Interest earned on Investments	3,261,523	1,772,366	(1,489,157)	54%
Miscellaneous	6,064,000	4,081,044	(1,982,956)	67%
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	473,918,085	(231,469,957)	67%
Expenditures and Other Uses:				
General government	23,848,256	16,424,878	7,423,378	69%
Public safety				
Police	50,867,856	34,020,112	16,847,744	67%
Fire	24,142,820	16,150,611	7,992,209	67%
Centralized Dispatch	2,051,953	1,164,408	887,545	57%
Other	4,443,957	2,970,263	1,473,694	67%
Health and Welfare	4,076,470	2,265,439	1,811,031	56%
Public works	11,001,053	9,138,625	1,862,428	83%
Education	458,548,754	296,142,376	162,406,378	65%
Culture and recreation	14,352,621	10,067,517	4,285,105	70%
Pension and fringe	72,316,935	62,493,396	9,823,539	86%
State and district assessments	3,660,361	2,429,686	1,230,676	66%
Debt Service	27,843,303	20,575,035	7,268,268	74%
Pay as you go Capital	3,396,084	1,061,481	2,334,603	31%
Other Financing Use - Trash Enterprise Supplement	4,837,619	4,837,619	-	100%
Total Expenditures and Other Uses	705,388,042	479,741,445	225,646,597	68%
Excess (deficiency) of revenues and other sources over expenditures and other uses	-	$ (5,823,360)	$ (5,823,360)	

(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.

CITY OF SPRINGFIELD, MASSACHUSETTS
Budget and Actual - General Fund
Expenditures and Encumbrances
For the period ended
02/29/20

Expenditures and Other Uses:	Original Budget	Transfers In/(Out)	Revised Budget	Expenditure	Encumbrance	Variance Over/(Under)	%
General government	23,786,256	62,000	23,848,256	14,345,831	2,079,047	7,423,378	69%
Public safety							
Police	50,929,856	(62,000)	50,867,856	33,200,739	819,373	16,847,744	67%
Fire	24,142,820	-	24,142,820	15,948,257	202,354	7,992,209	67%
Centralized Dispatch	2,051,953	-	2,051,953	1,159,925	4,483	887,545	57%
Other	4,443,957	-	4,443,957	2,696,878	273,384	1,473,694	67%
Health and Welfare	4,076,470	-	4,076,470	2,218,691	46,748	1,811,031	56%
Public works	11,001,053	-	11,001,053	8,527,049	611,576	1,862,428	83%
Education	444,890,000	13,658,754	458,548,754	272,611,876	23,530,500	162,406,378	65%
Culture and recreation	14,352,621	-	14,352,621	9,118,676	948,841	4,285,105	70%
Pension and fringe	72,291,974	24,961	72,316,935	62,130,084	363,313	9,823,539	86%
State and district assessments	3,660,361	-	3,660,361	2,373,686	56,000	1,230,676	66%
Debt Service	27,843,303	-	27,843,303	20,575,035	-	7,268,268	74%
Pay as you go Capital	3,396,084	-	3,396,084	449,502	611,978	2,334,603	31%
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	450,193,848	29,547,597	225,646,597	68%

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5601

HUD Continuum of Care Grant - $4,229,898 - No Match Required (Mayor Sarno)

WHEREAS, the Office of Housing ("Department") has been awarded a grant in the amount of $4,229,898 from the US Department of Housing and Urban Development; and

WHEREAS, the funds provided are intended to be used to improve the lives of homeless men, women, and children through local planning efforts and through direct housing and service programs; and

WHEREAS, the Department intends to use the grant funds for the purposes as requested by the grantor; 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 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 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:

HUD Continuum of Care Grant - $4,229,898 - 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	3/27/2020
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: 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: CoC Grant

Total Grant Amount Awarded: $ 4,229,898.00

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	US Dept of HUD
Contact Person	Samantha Graves
Street Address	10 Causeway Street
City, State, Zip Code	Boston, MA
Telephone	617-994-5383
Fax	
E-Mail	sgraves@hud.com

Actual Award Date	3/15/2020
Board Approval Date	
Start Date	07/0/2020
Expiration Date	06/30/2021

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
Supportive Housing Funding

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 14.235

If applicable enter the State ID # :

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

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

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

Org Code:

Object Codes: set up same as #66520

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

3-27-20
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.

State

CoC Name

Project Name	Program	Awarded Amount
Lynn Shelter Plus Care II	CoCR	$215,952
Lynn Shelter Plus Care II	CoCR	$58,154
Lynn Shelter PSH	CoCR	$49,184
MA-502 Total :		**$2,133,570**
MA-503 - Cape Cod Islands CoC		
Cape Cod Supported Housing	CoCR	$253,017
Cape Homes V	CoCR	$453,548
Cape Regional Housing Initiative	CoCR	$256,261
Coordinated Entry System FY 19	CoCR	$85,292
Fresh Start	CoCR	$194,934
Housing First	CoCR	$156,098
MA 503 HMIS FY 19	CoCR	$67,356
MA 503 Planning Project Application FY 19	CoC	$54,134
Mainstay	CoCR	$77,191
Parkway House	CoCR	$86,638
Welcome Home 6	CoCR	$140,479
Youth Supportive Housing	CoC	$12,155
Youth Supportive Housing	CoC	$101,797
MA-503 Total :		**$1,938,900**
MA-504 - Springfield/Hampden County CoC		
Catholic Charities RRH3	CoCR	$445,652
CHD Family PSH (Expanded)	CoCR	$568,332
CoC Planning Project	CoC	$120,580
CSO-FOH Coordinated Assessment	CoCR	$243,000
CSO-FOH PSH	CoCR	$241,806
DV Coordinated Entry	CoCR	$230,263
Gandara SHINE RRH	CoCR	$369,988

State

CoC Name

Project Name	Program	Awarded Amount
HMIS	CoCR	$61,992
MHA Consolidated S+C	CoCR	$641,696
MHA PSH Expansion	CoC	$97,583
RVCC CoC Program	CoCR	$310,661
SMOC Bowdoin Tranquility	CoCR	$61,373
UFA Costs Project	CoC	$120,580
Viability Next Step	CoCR	$524,009
VOC Scattered Site Family Supportive Housing	CoCR	$127,271
Way Finders Turning Point	CoCR	$65,112
MA-504 Total :		**$4,229,898**

MA-505 - New Bedford CoC

City of New Bedford HMIS Project 2.0	CoCR	$74,524
Family Preservation Program	CoCR	$280,879
Portico	CoCR	$513,385
Portico	CoCR	$119,685
Prism	CoCR	$116,619
Step Up	CoCR	$290,187
The Call	CoCR	$46,757
The Call Expansion	CoC	$3,243
Transition to Stability	CoCR	$161,593
Welcome Home	CoCR	$186,423
MA-505 Total :		**$1,793,295**

MA-506 - Worcester City & County CoC

Central Massachusetts Housing Options	CoCR	$56,508
Coordinated Assessment Program	CoCR	$246,602
Family Housing for the Disabled	CoCR	$303,125
Friendly Family Housing	CoCR	$392,060

State

CoC Name

Project Name	Program	Awarded Amount
Genesis Supportive Housing	CoCR	$154,880
Green House	CoCR	$129,297
GWHC PSH 2019	CoC	$330,524
GWHC Welcome Home Countywide Supportive Housing Program	CoCR	$378,907
Healthy Impact Supportive Housing	CoCR	$537,471
Homeless Management Information System	CoCR	$106,999
Leighton Street	CoCR	$110,345
MA-506 CoC Planning Application FY2019	CoC	$196,549
North County Supportive Housing	CoCR	$122,845
Safe Haven	CoCR	$370,862
SMOC Greater Worcester Housing Connection SHP	CoCR	$201,502
South County Homeless Project	CoCR	$164,116
Supportive Housing for the Disabled	CoCR	$111,056
Worcester Area Rental Assistance Project	CoCR	$555,954
Worcester County Leased Housing	CoCR	$387,958
Worcester County Leased Housing	CoCR	$614,060
Worcester Housing Plus Support	CoCR	$843,795
Worcester Transitional Housing Consortium	CoCR	$477,145
MA-506 Total :		**$6,792,560**

MA-507 - Pittsfield/Berkshire, Franklin, Hampshire Counties CoC

A Positive Place	CoCR	$127,880
Adult Independent Living Program	CoCR	$43,412
CHD PSH	CoCR	$690,520
Dial Self TH/PH RRH	CoCR	$98,255
LH Northern Berkshire PH	CoCR	$137,368
Louison House TH	CoCR	$139,091
Paradise Pond Apartments	CoCR	$27,247

State

CoC Name

Project Name	Program	Awarded Amount
Project Reach	CoCR	$24,290
SN Shelter Plus Care North	CoCR	$211,239
Three County CoC CE Project Application FY2019	CoCR	$111,543
Three County CoC HMIS Application FY2019	CoCR	$80,079
Three County COC Planning Project Application FY2019	CoC	$52,681
Village Center SHP	CoCR	$7,081
Village Center SHP	CoCR	$58,036
MA-507 Total :		**$1,808,722**

MA-508 - Lowell CoC

Alternative House, Transitional Housing Program - 2019	CoCR	$89,654
Alternative House, Transitional Housing Program - 2019	CoCR	$80,100
CTI PH-PSH for People Experiencing Chronic Homelessness 2019	CoC	$77,460
CTI Youth TH-RRH 2019	CoCR	$196,404
Lowell Planning 2019	CoC	$45,361
LTLC Permanent Supportive Housing Program	CoC	$108,527
Pathfinder PH Program	CoCR	$268,423
MA-508 Total :		**$865,929**

MA-509 - Cambridge CoC

AAC: Supportive Housing Ending Homelessness	CoCR	$134,034
AAC: Youth Rapid Rehousing Project	CoCR	$143,765
Bay Cove: Bridge PSH	CoCR	$112,517
Cambridge Coordinated Intake Consolidated	CoCR	$477,575
Cambridge Coordinated Intake Consolidated Expansion	CoC	$37,500
Cambridge Dedicated HMIS Consolidated	CoCR	$35,000
Heading Home: Cambridge Homeless to Housing PSH	CoCR	$326,129
Heading Home: Cambridge Stepping Stone PSH	CoCR	$487,315
Heading Home: Cambridge Stepping Stone PSH Expansion	CoC	$76,756

State

CoC Name

Project Name	Program	Awarded Amount
Heading Home: Solid Ground PSH	CoCR	$100,589
HomeStart: Going Home PSH	CoCR	$603,712
HomeStart: Going Home PSH Expansion	CoC	$76,756
HomeStart: Key PSH	CoCR	$923,777
Just-A-Start: Rapid Rehousing Project	CoCR	$353,199
Just-A-Start: Rapid Rehousing Project	CoCR	$1
MA-509 CoC Planning Application FY2019	CoC	$137,160
PRA: YMCA SRO Project	CoCR	$177,353
TRA Consolidated	CoCR	$273,945
Transition House: Collaborative Rapid Rehousing Project	CoCR	$118,745
Transition House: T-House PSH Consolidated	CoCR	$280,043
MA-509 Total :		**$4,875,871**

MA-510 - Gloucester, Haverhill, Salem/Essex County CoC

Campus Apartments Consolidation	CoCR	$441,196
Campus TH RRH	CoCR	$142,015
Emerson Street Shelter Plus Care	CoCR	$114,605
Emmaus Rapid Rehousing Program	CoCR	$47,386
Evergreen Place I	CoCR	$119,203
HMIS Renewal 2019	CoCR	$14,000
Maya's House	CoCR	$230,470
North Shore CofC - Coordinated Entry	CoCR	$128,890
North Shore CofC- Coordinated Entry - Expansion	CoC	$59,519
North Shore CofC Planning Application 2019	CoC	$63,667
Welcome Home 1 Expansion	CoCR	$460,045
MA-510 Total :		**$1,820,996**

MA-511 - Quincy, Brockton, Weymouth, Plymouth City and County CoC

BCIJ Consolidated Project	CoCR	$2,124,101

State

CoC Name

Project Name	Program	Awarded Amount
Corley's Project	CoCR	$343,198
HMIS Brockton	CoCR	$113,007
Louis Consolidated Project	CoCR	$1,834,606
MA-511 Planning Project Application FY2019	CoC	$195,130
My Home Consolidated Project	CoCR	$796,684
Nicole's Consolidated Project	CoCR	$477,211
Rapid Rehousing and Supports for DV Survivors	CoCR	$82,812
Rapid Rehousing and Supports for DV Survivors	CoCR	$231,687
South Shore Coordinated Entry Project	CoCR	$165,309
Supportive Housing for Families Expansion Project	CoCR	$388,781
Work Express Housing	CoCR	$126,395
MA-511 Total :		**$6,878,921**

MA-515 - Fall River CoC

Cornerstone	CoCR	$508,520
Francis House	CoCR	$78,511
Francis House	CoCR	$24,552
Home First	CoCR	$87,984
Home First 2	CoCR	$102,439
Homeless Management Information System	CoCR	$32,662
Next Step Home Program	CoCR	$482,794
Stone Residence	CoCR	$415,373
The CALL - Fall River	CoCR	$100,088
MA-515 Total :		**$1,832,923**

MA-516 - Massachusetts Balance of State CoC

Advocates Supported Housing	CoCR	$545,215
Aggressive Treatment and Relapse Prevention Program (ATARP)	CoCR	$773,079
Brookline Rental Assistance for the Chronically Homeless	CoCR	$57,208

State

CoC Name

Project Name	Program	Awarded Amount
Brookside Terrace S+C	CoCR	$273,195
Chelsea-Revere Homeless to Housing	CoCR	$589,954
Community Housing Initiative	CoCR	$128,400
Community Housing S+C	CoCR	$793,723
Disabled Family Leasing	CoCR	$315,897
Greater Boston Mobile Stabilization Team	CoCR	$198,955
Greater Boston Rental Assistance for the Chronically Homeless	CoCR	$368,034
Greater Boston Sponsor Based S+C	CoCR	$594,314
Greater Boston Sponsor Based S+C	CoCR	$484,347
Greater Boston Tenant Based S+C	CoCR	$1,193,762
HMIS Continuous Quality Improvement	CoCR	$377,873
HOAP S+C	CoCR	$402,567
Home Again/Fresh Start	CoCR	$190,513
Housing Pronto	CoCR	$197,368
Journey to Success	CoCR	$332,404
JRI Supportive Housing-Hope for Families Program	CoCR	$114,743
Julie House	CoCR	$118,970
LINCOLN ST	CoCR	$92,189
MA-516 CoC Planning Project FY 2019	CoC	$367,274
MA-516 Coordinated Entry	CoC	$327,546
METROWEST LEASED HOUSING	CoCR	$126,268
Metrowest SH	CoCR	$133,480
Mystic Valley Homeless to Housing	CoCR	$931,865
NEW BEGINNINGS	CoCR	$129,237
North East Scattered Site Tenancy S+C	CoCR	$201,418
North Star Housing	CoCR	$557,017
Post-Acute Treatment Services / Pre-Recovery Services (PDPR)	CoCR	$554,695
Proyecto Opciones	CoCR	$250,275

State

CoC Name

Project Name	Program	Awarded Amount
Scattered Site Transitional Apartment Project	CoCR	$211,891
SMOC MetroWest Permanent Supportive Housing Program	CoCR	$313,459
Tri-City Rental Assistance Project	CoCR	$146,516
TSS TH-RRH	CoCR	$260,815
TSS TH-RRH Expansion	CoC	$450,072
YWCA Fina House Project	CoCR	$23,755
MA-516 Total :		**$13,128,293**

MA-517 - Somerville CoC

Better Homes 4	CoCR	$96,863
Coordinated Entry	CoCR	$100,605
HMIS Dedicated	CoCR	$69,300
MA-517 CoC Planning Application FY2019	CoC	$63,302
Respond PH-RRH DV Bonus	CoC	$195,315
Shelter Plus Care	CoCR	$183,331
Somerville Better Homes 3	CoCR	$114,139
Somerville Better Homes 3	CoCR	$50,845
Somerville Stepping Stones	CoCR	$62,953
Turn the Key	CoCR	$993,189
Wayside'ShortStop Transitional Housing Program	CoCR	$240,315
MA-517 Total :		**$2,170,157**

MA-519 - Attleboro, Taunton/Bristol County CoC

CoC Planning Project Application FY2019	CoC	$27,059
Homes With Heart	CoCR	$195,310
Moving Forward II	CoCR	$57,259
Moving Forward II	CoCR	$337,839
Steadfast	CoCR	$198,239
The CALL Attleboro/Taunton and Greater Bristol County	CoCR	$27,357

State

CoC Name

Project Name	Program	Awarded Amount
MA-519 Total :		$843,063
Massachusetts Total :		$81,065,687

Fiscal Year 2019
Continuum of Care Competition
Homeless Assistance Award Report

State

CoC Name

Project Name	Program	Awarded Amount
Massachusetts		
MA-500 - Boston CoC		
Bay Cove Human Services, Inc. – Home At Last	CoCR	$581,957
Boston CoC Homeless Management Information System Consolidated	CoCR	$524,480
Boston CoC Homeless Management Information System III	CoCR	$500,000
Bridge Over Troubled Waters, Inc. - Youth Housing Pathways Program	CoCR	$673,006
Casa Myrna Vazquez, Inc. – Survivors Transitioning to Empowerment Program (STEP)	CoCR	$289,336
Casa Myrna Vazquez, Inc. – Survivors Transitioning to Empowerment Program II (STEP II)	CoCR	$743,260
Elizabeth Stone House – Joint TH-RRH	CoCR	$651,074
FamilyAid Boston - Home Advantage Collaborative	CoCR	$711,509
Heading Home, Inc. - Boston Homeless to Housing	CoCR	$187,989
HomeStart, Inc. – Chronic Consolidated Leasing	CoCR	$1,653,160
HomeStart, Inc. - Chronic Stabilization Program	CoCR	$221,371
HomeStart, Inc. - Pathways Navigation SSO-CE	CoC	$373,558
HomeStart, Inc. - The Apartment Connection	CoCR	$1,699,212
HomeStart, Inc. - The Welcome Home Project	CoCR	$619,798
Kit Clark Senior Services, Inc. - Walnut Community House	CoCR	$81,390
MA-500 CoC Planning Application FY2019	CoC	$847,552
MA-500 Coordinated Access Project	CoCR	$200,000
MA-500 Coordinated Access Project Expansion	CoC	$71,814
Massachusetts Housing & Shelter Alliance, Inc. - Home and Healthy for Good	CoCR	$433,889
Massachusetts Housing & Shelter Alliance, Inc. - Home Front	CoCR	$235,238
Massachusetts Housing & Shelter Alliance, Inc. - Rapid Re-Housing for Families (R2F2)	CoCR	$272,200
MBHP SRO Program	CoCR	$341,898

State

CoC Name

Project Name	Program	Awarded Amount
Metropolitan Boston Housing Partnership, Inc. - 2005 Project Based Rental Assistance	CoCR	$52,815
Metropolitan Boston Housing Partnership, Inc. - 2006 Sponsor Based Rental Assistance	CoCR	$70,390
Metropolitan Boston Housing Partnership, Inc. - Consolidated Sponsor Based Rental Assistance	CoCR	$2,883,572
Metropolitan Boston Housing Partnership, Inc. - Consolidated Tenant Based Rental Assistance	CoCR	$7,185,615
Metropolitan Boston Housing Partnership, Inc.- 1999 Tier 1 Project Based Rental Assistance	CoCR	$92,165
Metropolitan Boston Housing Partnership, Inc.- 1999 Tier 2 Project Based Rental Assistance	CoCR	$316,892
Metropolitan Boston Housing Partnership, Inc.- 2000 Project Based Rental Assistance	CoCR	$63,370
New England Center And Home For Veterans - Veterans Welcome Home	CoCR	$339,949
Pine Street Inn - First Home Consolidated Expansion	CoCR	$672,323
Pine Street Inn, Inc. - Chronically Homeless Housing	CoCR	$386,679
Pine Street Inn, Inc. - Housing Works Partnership Consolidated	CoCR	$1,113,569
Pine Street Inn, Inc. - Housing Works Partnership Consolidated	CoCR	$764,827
Pine Street Inn, Inc. - Long Term Stayers Consolidated	CoCR	$1,363,271
Pine Street Inn, Inc. - Place Me Home Chronic Housing	CoCR	$664,609
Pine Street Inn, Inc. – REACH Consolidated	CoCR	$1,497,087
Saint Francis House, Inc. – Pathways + Income SSO-CE	CoC	$389,879
Victory Programs, Inc. - Home Soon Rapid Re-housing Program	CoCR	$181,886
MA-500 Total :		**$29,952,589**

MA-502 - Lynn CoC

Bridgewell Dedicated PLUS	CoCR	$172,188
Bridgewell LSA PSH	CoCR	$245,750
Bridgewell-Project COPE, Inc. PH	CoCR	$102,042
CoC Planning Project FY2019	CoC	$55,250
HMIS	CoCR	$12,352
LEO Coordinated Entry	CoCR	$40,614
LSA DV	CoC	$189,056
Lynn Shelter Plus Care	CoCR	$993,028

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5608

CDBG20-COVID Recovery Grant - $2,301,793 - No Match (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "CDBG20-COVID Recovery Grant" of $2,301,793 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant is to provide funding and regulatory relief as is listed in the recently passed Corona virus Aid, Relief, and Economic Security (CARES) Act; 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:

CDBG20-COVID Recovery Grant - $2,301,793 - No Match

Good afternoon:

Below are grant notifications that are affecting your district. If you have any questions on CDBG, please contact Angela Ohm at Angela.Ohm@mail.house.gov. For all others, please contact Becky Salay at Rebecca.Salay@mail.house.gov.

Thanks,

Gladys

CPD COVID19 Recovery Formula Grants					
KEY	STA	NAME	CDBG20-COVID Recovery	ESG20-COVID Recovery	HOP
250078	MA	Arlington	$659,903.00	$0.00	
250126	MA	Attleboro	$256,069.00	$0.00	
250168	MA	Barnstable	$168,324.00	$0.00	
250282	MA	Boston	$10,257,948.00	$5,195,210.00	
250354	MA	Brockton	$841,179.00	$0.00	
250372	MA	Brookline	$807,337.00	$0.00	
250396	MA	Cambridge	$1,529,834.00	$787,948.00	
250486	MA	Chicopee	$706,467.00	$0.00	
250744	MA	Fall River	$1,723,628.00	$866,031.00	
250774	MA	Fitchburg	$586,047.00	$0.00	
250804	MA	Framingham	$319,206.00	$0.00	
250858	MA	Gloucester	$405,819.00	$0.00	
251020	MA	Haverhill	$610,649.00	$0.00	
251074	MA	Holyoke	$744,265.00	$0.00	
251194	MA	Lawrence	$1,011,001.00	$526,348.00	
251236	MA	Leominster	$272,508.00	$0.00	
251284	MA	Lowell	$1,305,645.00	$632,876.00	
251302	MA	Lynn	$1,456,642.00	$751,083.00	
251314	MA	Malden	$826,910.00	$0.00	
251410	MA	Medford	$926,445.00	$0.00	
251614	MA	New Bedford	$1,624,151.00	$805,424.00	
251650	MA	Newton	$1,136,128.00	$578,393.00	
251674	MA	Northampton	$401,400.00	$0.00	
251884	MA	Peabody City	$260,653.00	$0.00	
251938	MA	Pittsfield	$789,328.00	$0.00	
251962	MA	Plymouth Town	$227,797.00	$0.00	
251992	MA	Quincy	$1,093,105.00	$550,900.00	
252028	MA	Revere City	$477,809.00	$0.00	
252118	MA	Salem	$646,447.00	$0.00	

Attachment: CDBG, ESG, and HOPWA under COVID-19 (5608 : CDBG20-COVID Recovery Grant - $2,301,793 - No Match)

252250	MA	Somerville	$1,493,384.00	$750,831.00
252340	MA	Springfield	$2,301,793.00	$1,160,338.00
252418	MA	Taunton	$486,472.00	$0.00
252544	MA	Waltham	$567,982.00	$0.00
252700	MA	Westfield	$216,737.00	$0.00
252784	MA	Weymouth	$419,319.00	$0.00
252880	MA	Worcester	$2,716,551.00	$1,327,821.00
252904	MA	Yarmouth	$75,880.00	$0.00
259999	MA	Massachusetts Nonentitlement	$20,362,759.00	$16,474,052.00

HOPWA COVID19 Recovery Competitive Grants		
New Grant #	Grantee Name	Competitive GA
MA-H170022	Action, Inc.	$ 143,230.00
MA-H180005	Community Healthlink, Inc.	$ 93,379.00
MA-H180021	Fenway Community Health Center, Inc.	$ 155,486.00
MA-H190018	Justice Resource Institute	$ 153,633.00

Please Note: This information is embargoed until **Thursday, April 2nd.**

Date: 4/2/2020
Title: CDBG, ESG, and HOPWA under COVID-19 Supplemental Appropriations
Description: Resources to address COVID-19 under the following programs CDBG, ESG, and HOPWA.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5597

Health Services for the Homeless Grant- No Match Required $2,244,207.00 (Mayor Sarno)

WHEREAS, the Department of Health and Human Services, has been awarded a Health Services for the Homeless (HSH) grant totaling $2,244,207.00 from the U.S. Department of Health & Human Services, Health Resources and Services Administration for the budget period February 01, 2020 through January 31, 2021; and

WHEREAS, the City of Springfield, Health & Human Services Division, Health Services for the Homeless through advocacy, accessibility, and cultural sensitivity provides medical, mental health, dental and case management services to homeless population in the tri-county area of Berkshire, Hampshire and Hampden; and

WHEREAS, the Department intends to expand services at the adolescent clinic; and

WHEREAS, the Department has accepted the grant funds 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.

Health Services for the Homeless Grant - No Match Required $2,244,207.00

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 3-5-2020

Department Requesting Grant Setup SHHS / Homeless

Department Phone # (Please include extension) # 6822

Name and Title of Person to Contact in Case of Questions Tommy Dupré - Estimé
Lorene Leembruggen

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

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. 67739

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

Grant Name: Health Services for the Homeless

Total Grant Amount Awarded: $ 2,244,207.00

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

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

Entity Name HRSA
Contact Person Sheryl Alexandre
Street Address
City, State, Zip Code
Telephone 404-562-4128
Fax
E-Mail SAlexander1@hrsa.gov

Actual Award Date 12-17-2019
Board Approval Date
Start Date 02-1-2020
Expiration Date 01-31-2021
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
Health Services for the homeless

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)

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: 26775205

Object Codes: 501000 - 506010 - 517010 - 517020 - 530105
531020 - 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

3/9/2020
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.

1. DATE ISSUED: 12/17/2019	2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 5 H80CS00001-19-00	4b. GRANT NO.: H80CS00001	5. FORMER GRANT NO.: H66CS00329
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 01/31/2022		
7. BUDGET PERIOD: FROM: 02/01/2020 THROUGH: 01/31/2021		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title III, Section 330
Public Health Service Act, Section 330, 42 U.S.C. 254b
Affordable Care Act, Section 10503
Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330(e), 42 U.S.C. 254b
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): Health Center Program

9. GRANTEE NAME AND ADDRESS:
CITY OF SPRINGFIELD, MASSACHUSETTS
95 State St
Springfield, MA 01103-2091
DUNS NUMBER:
198910523
BHCMIS # 010120

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
HELEN R CAULTON-HARRIS
CITY OF SPRINGFIELD, MASSACHUSETTS
1145 Main St
Springfield, MA 01103-2143

11.APPROVED BUDGET:(Excludes Direct Assistance)
[ ] Grant Funds Only
[X] Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	$1,074,830.00
b . Fringe Benefits :	$365,442.00
c . Total Personnel Costs :	$1,440,272.00
d . Consultant Costs :	$0.00
e . Equipment :	$0.00
f . Supplies :	$97,500.00
g . Travel :	$14,300.00
h . Construction/Alteration and Renovation :	$0.00
i . Other :	$155,954.00
j . Consortium/Contractual Costs :	$2,035,338.00
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 :	$3,743,364.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$136,994.00
q . TOTAL APPROVED BUDGET :	$3,880,358.00
i. Less Non-Federal Share:	$1,636,151.00
ii. Federal Share:	$2,244,207.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$2,244,207.00**
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	$1,496,138.00
d. Less Cumulative Prior Awards(s) This Budget Period	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$748,069.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
20	$2,244,207.00

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 **[D]**
Estimated Program Income: $1,636,151.00

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**)
This grant is included under Expanded Authority

Electronically signed by Elvera Messina , Grants Management Officer on : 12/17/2019

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 - 3980879	93.224	19H80CS00001	$176,043.00	$0.00	HCH	HEALTHCARECENTERS_19
20 - 398879J	93.527	19H80CS00001	$572,026.00	$0.00	HCH	HEALTHCARECENTERS_19

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement:
   http://www.hrsa.gov/grants/hhsgrantspolicy.pdf
2. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.
   You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: https://pms.psc.gov/grant-recipients/access-newuser.html and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: https://pms.psc.gov/find-pms-liaison-accountant.html.
3. This action approves the FY 2020 Budget Period Progress Report application and awards 4-months prorated support based on your target FY 2020 funding under the Health Center Program. Prorated funding is provided in this award due to the status of the FY 2020 Health Center Program appropriation. The balance of grant support for the FY 2020 budget period will be provided consistent with subsequent Congressional action on the FY 2020 Health Center Program appropriation.
4. All HRSA grant and cooperative agreement award recipients must ensure that all Federal funds used in support of their project adhere to the applicable Federal appropriations statute. Your proposed budget submission included personnel costs that were not in compliance with requirements of The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Division H, § 202, (P.L115-245), enacted September 28, 2018, which limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate, set at $192,300, effective January, 2019. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
   Please adjust the personnel costs charged under this award to comply with the requirements noted. Failure to comply with Federal statutes may result in disallowance of all or part of the cost of the activity or action not in compliance. Payments made for costs determined to be unallowable by HRSA must be refunded to the Federal Government in accordance with instructions from HRSA.

Program Specific Term(s)

1. If federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award (NoA) for assistance regarding Federal Interest in the property within 60 days of the issuance date of this NoA.
2. The non-federal share of the project budget includes all anticipated program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from "other revenue sources" such as state, local, or other federal grants or contracts; private support; or income generated from fundraising or contributions. In accordance with Section 330(e)(5)(D) of the PHS Act, health centers may use their non-grant funds, either "as permitted" under section 330 or "for such other purposes … not specifically prohibited" under section 330 if such use "furthers the objectives of the project."
3. Consistent with Departmental guidance, health centers that purchase, are reimbursed, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products to maximize results for the health center and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
4. The Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure to submit a complete UDS report by the specified deadline may result in additional conditions and/or restrictions being placed on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System (PMS) have prior approval from the HRSA Division of Grants Management Operations (DGMO) and/or limits on eligibility to receive future supplemental funding.
5. This grant is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority." These recipients may take the following action without prior approval of the Grant Management Officer:
   Section 75.308 (d)(3) Carry forward unobligated balances to subsequent periods of performance: Except for funds restricted on a Notice of Award, recipients are authorized to carry over unobligated grant funds remaining at the end of that budget period up to 25% of the amount awarded for that budget period.
   In all cases, the recipient must notify HRSA when it has elected to carry over unobligated balances (UOB) under Expanded Authority and indicate the amount to be carried over. This notification must be provided by the recipient under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). In this section of the FFR, the recipient must also provide details regarding the source of the UOB for each type of funding received and to be carried over (e.g., the specific supplemental award(s), base operational funding). If the recipient wishes to carry over UOB in excess of 25% of the total amount awarded, the recipient must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist with any questions.
6. Prior approval by HRSA is required for any significant change in the scope of project (e.g., sites or services) or the nature of approved project activities. Requests to change the approved scope of project must be submitted for prior approval via the HRSA Electronic Handbooks (EHBs) Change in Scope Module prior to implementation. See http://www.bphc.hrsa.gov/programrequirements/scope.html for more information.
7. Your scope of project includes the approved service sites, services, providers, service area, and target population which are supported (wholly or in part) under your total approved health center budget. In addition, the scope of project serves as the basis for eligibility for associated programs such as Medicare and Medicaid Federally Qualified Health Center (FQHC) reimbursements, Federal Tort Claims Act coverage, and 340B Drug Pricing. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act. You are responsible for maintaining the accuracy of your Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. Refer to the Scope of Project policy documents and resources available at http://www.bphc.hrsa.gov/programrequirements/scope.html for details pertaining to changes to sites, services, providers, service area zip codes, and target population(s).
8. You must comply with all Health Center Program requirements. The Health Center Program Compliance Manual (https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html) provides consolidated guidance for demonstrating compliance with Health Center Program requirements. The Compliance Manual also serves as the foundation for HRSA's compliance determinations and for health centers when responding to any subsequent Progressive Action condition(s) placed on a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) due to an identified area(s) of non-compliance. For additional information on the Progressive Action process, see Chapter 2: Health Center Program Oversight of the Compliance Manual. If you elect to respond to a condition by demonstrating compliance in a manner alternative to that specified in the Compliance Manual, the response must include an explanation and documentation of how this alternative explicitly demonstrates compliance with applicable Health Center Program requirements. All responses to conditions are subject to review and approval by HRSA.
9. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds

to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

10. You are required to submit an annual Budget Period Progress Report (BPR) non-competing continuation (NCC) to report on progress made from the beginning of your most recent budget period until the date of NCC submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of an NCC is required for the release of each subsequent year of funding, dependent on Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the federal government. Failure to submit the NCC by the established deadline or submission of an incomplete or non-responsive progress report may result in a delay or a lapse in funding.

11. Health centers are reminded that separate Medicare enrollment applications must be submitted for each permanent site at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project (see https://bphc.hrsa.gov/programrequirements/scope.html for more information). Therefore, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare billing number.
In order to enroll in Medicare, first obtain a National Provider Identifier (NPI) (https://nppes.cms.hhs.gov/#/). You may enroll in Medicare electronically via the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) available at https://pecos.cms.hhs.gov. PECOS automatically routes applications to the appropriate Medicare Administrative Contractor for review and approval. While HRSA encourages electronic application, you may alternatively choose to submit a paper application available at http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf. To identify the address where the package should be mailed, refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."
The Medicare enrollment process is not applicable to the Medicaid program. State Medicaid Agencies use their own enrollment process. Contact your State Medicaid office to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.

3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of

direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at https://pms.psc.gov/.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free https://harvester.census.gov/facweb/default.aspx/.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at HHS Limited English Proficiency (LEP).
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000,as amended (22 U.S.C. 7104). For the full text of the award term, go to: https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Division H, § 202, (P.L 115-245), enacted September 28, 2018, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at $192,300, effective January, 2019. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/civil-rights/for-individuals/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit https://www.sam.gov/SAM/.
It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must

be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**
Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:
Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879
AND
U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201
Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.
Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
Recipient integrity and performance matters. If the total Federal share of the Federal award is more than $500,000 over the period of performance, Appendix XII to CFR Part 200 is applicable to this award.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2020 Ending: 12/31/2020, due 45 days after end of reporting period.**
The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data also inform Health Center programs, partners, and communities about the patients served by health centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Contact the UDS Support Line at 1-866-837-4357 or udshelp330@bphcdata.net for additional instructions or for questions. Reporting technical assistance can be found at https://bphc.hrsa.gov/datareporting/index.html.

2. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Helen R Caulton-Harris	Program Director	hcaulton@springfieldcityhall.com

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Sheryl Alexander at:
MailStop Code: 3M-90
BPHC/ONHS
61 Forsyth Street, SW
Atlanta, GA, 30303-
Email: salexander1@hrsa.gov
Phone: (404) 562-4128

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Francesca Mack at:
MailStop Code: MSC 10SWH03
OFAM/DGMO/HCB
5600 Fishers Lane, MSC 10SWH03
Rockville, MD, 20857-
Email: fmack@hrsa.gov
Phone: (301) 443-6363

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5606

ESG20-COVID Recovery Grant - $1,160,338- No Match (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "ESG20-COVID Recovery Grant" of $1,160,338 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant is to provide funding and regulatory relief as is listed in the recently passed Corona virus Aid, Relief, and Economic Security (CARES) Act; 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:

ESG20-COVID Recovery Grant - $1,160,338- No Match

Good afternoon:

Below are grant notifications that are affecting your district. If you have any questions on CDBG, please contact Angela Ohm at Angela.Ohm@mail.house.gov. For all others, please contact Becky Salay at Rebecca.Salay@mail.house.gov.

Thanks,

Gladys

CPD COVID19 Recovery Formula Grants					
KEY	STA	NAME	CDBG20-COVID Recovery	ESG20-COVID Recovery	HOP
250078	MA	Arlington	$659,903.00	$0.00	
250126	MA	Attleboro	$256,069.00	$0.00	
250168	MA	Barnstable	$168,324.00	$0.00	
250282	MA	Boston	$10,257,948.00	$5,195,210.00	
250354	MA	Brockton	$841,179.00	$0.00	
250372	MA	Brookline	$807,337.00	$0.00	
250396	MA	Cambridge	$1,529,834.00	$787,948.00	
250486	MA	Chicopee	$706,467.00	$0.00	
250744	MA	Fall River	$1,723,628.00	$866,031.00	
250774	MA	Fitchburg	$586,047.00	$0.00	
250804	MA	Framingham	$319,206.00	$0.00	
250858	MA	Gloucester	$405,819.00	$0.00	
251020	MA	Haverhill	$610,649.00	$0.00	
251074	MA	Holyoke	$744,265.00	$0.00	
251194	MA	Lawrence	$1,011,001.00	$526,348.00	
251236	MA	Leominster	$272,508.00	$0.00	
251284	MA	Lowell	$1,305,645.00	$632,876.00	
251302	MA	Lynn	$1,456,642.00	$751,083.00	
251314	MA	Malden	$826,910.00	$0.00	
251410	MA	Medford	$926,445.00	$0.00	
251614	MA	New Bedford	$1,624,151.00	$805,424.00	
251650	MA	Newton	$1,136,128.00	$578,393.00	
251674	MA	Northampton	$401,400.00	$0.00	
251884	MA	Peabody City	$260,653.00	$0.00	
251938	MA	Pittsfield	$789,328.00	$0.00	
251962	MA	Plymouth Town	$227,797.00	$0.00	
251992	MA	Quincy	$1,093,105.00	$550,900.00	
252028	MA	Revere City	$477,809.00	$0.00	
252118	MA	Salem	$646,447.00	$0.00	

Attachment: CDBG, ESG, and HOPWA under COVID-19 (5606 : ESG20-COVID Recovery Grant - $1,160,338- No Match)

252250	MA	Somerville	$1,493,384.00	$750,831.00
252340	MA	Springfield	$2,301,793.00	$1,160,338.00
252418	MA	Taunton	$486,472.00	$0.00
252544	MA	Waltham	$567,982.00	$0.00
252700	MA	Westfield	$216,737.00	$0.00
252784	MA	Weymouth	$419,319.00	$0.00
252880	MA	Worcester	$2,716,551.00	$1,327,821.00
252904	MA	Yarmouth	$75,880.00	$0.00
259999	MA	Massachusetts Nonentitlement	$20,362,759.00	$16,474,052.00

HOPWA COVID19 Recovery Competitive Grants		
New Grant #	Grantee Name	Competitive GA
MA-H170022	Action, Inc.	$ 143,230.00
MA-H180005	Community Healthlink, Inc.	$ 93,379.00
MA-H180021	Fenway Community Health Center, Inc.	$ 155,486.00
MA-H190018	Justice Resource Institute	$ 153,633.00

Please Note: This information is embargoed until **Thursday, April 2nd.**

Date: 4/2/2020
Title: CDBG, ESG, and HOPWA under COVID-19 Supplemental Appropriations
Description: Resources to address COVID-19 under the following programs CDBG, ESG, and HOPWA.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5506

FY20 Shannon CSI Grant - In-Kind Match Required - $1,062,975.90 (Mayor Sarno)

WHEREAS, the Springfield Police Department ("Department") has been awarded an FY20 Shannon Community Safety Initiative ("CSI") Grant in the amount of $1,062,975.90 from the Massachusetts Executive Office of Public Safety and Security; and

WHEREAS, the purpose of the grant is to help the Police Department identify and work directly with gang members and youth at risk of becoming involved with gang activity to promote prevention, intervention, and suppression which will reduce gang-related crime and youth violence; and

WHEREAS, the Department intends to use the grant funds to pay for police overtime, program supplies, salary expenses associated with a coordinator, and vendor contracts; and

WHEREAS, the grant will pay $1,062,975.90, and requires a match of $697,748.14 through in-kind services or expenses; 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 grants, 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 Shannon CSI Grant - $1,062,975.90

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	1/15/2020
Department Requesting Grant Setup	Police
Department Phone # (Please include extension)	787-6385
Name and Title of Person to Contact in Case of Questions	Lisa Willis

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number: Yes - 88819

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

Grant Name: Shannon Anti Gang

Total Grant Amount Awarded: $ 1,062,975.90

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	Executive Office of Public Safety and Security
Contact Person	Corine Pryme
Street Address	10 Park Plaza, Ste. 3720
City, State, Zip Code	Boston, MA 02116
Telephone	617-725-3322
Fax	617-725-0260
E-Mail	Corine.a.Pryme@mass.gov

Actual Award Date 12/20/2019
Board Approval Date
Start Date 1/10/2020
Expiration Date 12/31/2020
Renewal Action Date (optional)
If there are any Matching Funds:
Type Match
Percent
Amount $697,748.14

Comments re: Description/Purpose of Grant
Shannon Anti Gang

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? Quarterly
(Ex: Monthly, Quarterly) 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: 28882100

Object Codes: 501000 - $36,720.00
506000 - $223,788.80
530105 - $802,467.10

Budget Roll-Up Codes: Yes, please allow.

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

1/15/2020
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.

OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617)725-4000

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

December 20, 2019

Domenic J. Sarno, Mayor
Springfield City Hall
36 Court Street
Springfield, MA 01103

Dear Mayor Sarno:

We are pleased to inform you that the **City of Springfield** has been awarded **$1,062,975.90** in FY2020 Senator Charles E. Shannon, Jr. Community Safety Initiative (Shannon CSI) funds from the **Executive Office of Public Safety and Security's Office of Grants and Research** to support Springfield's Comprehensive Strategy to Address Youth Gang and Gun Violence.

The Commonwealth of Massachusetts Standard Contract Form (SC) and additional documentation for your review and signature will be forthcoming.

Throughout the project period, the Executive Office of Public Safety and Security will offer technical assistance and provide you with information regarding the availability of additional resources to support your multi-disciplinary efforts to combat gang violence. If you have any questions, please contact Emily Fontaine at 617.725.3313 or via email at Emily.fontaine@mass.gov.

Congratulations on your award!

Sincerely,

Governor Charles D. Baker

Lt. Governor Karyn E. Polito

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 (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME:** Executive Office of Public Safety & Security **MMARS Department Code:** EPS	
Legal Address: (W-9, W-4): 36 Court St., Springfield MA 01103-1699		**Business Mailing Address:** 10 Park Plaza, Suite 3720A Boston, MA 02116	
Contract Manager: Vanessa Lima	**Phone:** 413-328-1971	**Billing Address (if different):**	
E-Mail: vlima@springfieldpolice.net	**Fax:**	**Contract Manager:** Corine Pryme	**Phone:** 617-725-3322
Contractor Vendor Code: VC6000192140		**E-Mail:** corine.a.pryme@mass.gov	**Fax:** 617-725-0260
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		**MMARS Doc ID(s):** SCEPSFY20SHANNSPRING **RFR/Procurement or Other ID Number:** Grant Application	

_X_ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

___ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment:
Enter **Amendment Amount**: $ _____. (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
_X_ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $1,062,975.90

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _x_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)

2020 Shannon Anti-Gant Grant ($1,062,975.90)

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

_x_ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
__ 2. may be incurred as of _____, 20___, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
__ 3. were incurred as of _____, 20___ , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 12/31/2020, 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: Cheryl C Clapprood, Date: 1/6/20
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Cheryl C. Clapprood
Print Title: police commissioner

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____, Date: 1/10/20
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Kevin J. Stanton
Print Title: Executive Director

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5596

Critical Services Covid 19 Grant - No Match Required- $200,000 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department ("Department") has been awarded a Critical Services Covid-19 Grant in the amount of $200,000.00 from the MA Department of Public Health; and

WHEREAS, the purpose of this grant is to assist with critical services to fight the Covid-19 public health emergency; 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:

Critical Services Covid-19 Grant -No Match Required- $200,000

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	3/25/2020
Department Requesting Grant Setup	SHHS
Department Phone # (Please include extension)	6710
Name and Title of Person to Contact in Case of Questions	Helen Caulton-Harris

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
XX	State – City
	Private/Other

Grant Name: Critical Services COVID-19

Total Grant Amount Awarded: $ 200,000.00

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	MA DPH
Contact Person	Lilia Laitouli
Street Address	250 Washington Street
City, State, Zip Code	Boston, MA 02108
Telephone	617-624-5781
Fax	617-624-5017
E-Mail	

Actual Award Date	3/17/2020
Board Approval Date	
Start Date	3/17/2020
Expiration Date	6/302020

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
Critical Services to Address COVID-19 in City Of Springfield

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) **Lump Sum**

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

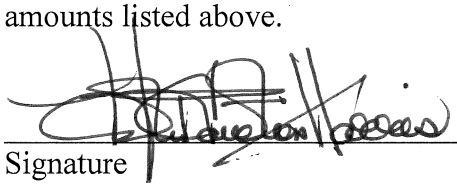
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 28975200

Object Codes:

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

3/26/2020

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 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 MMARS Department Code: DPH
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: 413-787-6456	Billing Address (if different):
E-Mail: hcaulton@springfieldcityhall.com — Fax:	Contract Manager: Lilia Laitouti — Phone: 617-624-5781
Contractor Vendor Code: VC6000192140	E-Mail: lilia.laitouti1@massmail.state.ma.us — Fax: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address Id Must be set up for EFT payments.)	MMARS Doc ID(s): INTF1208P01W20153011 RFR/Procurement or Other ID Number: W20153 Emergency

☐ 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 *Prior* to 06/30, 20 20.

Amendment: Enter Amendment Amount: $ 100,000.00 . (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). $ 200,000.00

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ____% PPD; Payment issued within 15 days ____% PPD; Payment issued within 20 days ____% PPD; Payment issued within 30 days ____% PPD. If PPD percentages are left blank, identify reason: ☐ 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.)

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 ____, 20___, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date,
- ☐ 3. were incurred as of ____, 20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 06/30, 2020, 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: 3/24/20
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Helen R Caulton-Harris

Print Title: Commissioner

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____, Date: _____
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Sharon Dyer

Print Title: Director, Purchase of Service Office

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF 1208P01W20153011

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds.

☐ **New Contract** This form will only be included with packages where a procurement exception (waiver) supports the contract.
Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

☒ **Contract Amendment**

If choosing amendment you must check off one of the three types below and provide explanation

☒ **Increase**

Include a clear explanation of what the funding change will support in terms of additional services.

The vendor will provide the following critical services to address the COVID-19 emergency in the City of Worcester

1. Conduct a rapid assessment of needs for services, resources, and public messaging/community education in vendor municipality.
2. Provide technical assistance to municipal partners based on identified needs.
3. Additional services may include

a. Surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up).
b. Monitoring of travelers.
c. Isolation and quarantine (including, but not limited to, housing; wrap-around services; security; environmental control, clean-up and waste management; and behavioral health services).
d. Surge staffing.
e. Risk communications support.
f. Public health coordination with healthcare systems.

New Maximum obligation – $200,000.00

A budget and brief interim report of activities will be due by April 17, 2020

☐ **Decrease**

Include a clear explanation of what the funding change will support in terms of additional services.

☐ **Other**

Include a clear explanation of what the funding change will support in terms of additional services.

Created 7/11/2011/Updated Oct 7, 2011

Leembruggen, Lorene

From: Caulton, Helen
Sent: Tuesday, March 17, 2020 3:24 PM
To: Leembruggen, Lorene
Subject: FW: [External] Emergency Contract COVID-19
Attachments: City of Springfield

Importance: High

From: Mustacchio, Lisa (DPH) [mailto:lisa.mustacchio@state.ma.us]
Sent: Tuesday, March 17, 2020 2:21 PM
To: Caulton, Helen
Cc: OConnor, Ron (DPH); Dinkins, Debra (DPH); Dyer, Sharon (DPH); Curley, Mary.Beth (DPH)
Subject: [External] Emergency Contract COVID-19
Importance: High

Good Afternoon,

The Department of Public Health (DPH), Office of Local and Regional Health (OLRH) have awarded your city an emergency contract for the purpose of critical services needed to fight COVID-19 public health emergency. Attached is the standard contract package. Please review, sign, and scan all required documents ASAP to Debra.Dinkins@state.ma.us. Should you have programmatic questions please contact Ron O'Connor @781-774-6603. Thank you.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5609

HOPWA20-COVID Recovery Grant - $101,003 - No Matchh (Mayor Sarno)

WHEREAS, the Office of Community Development ("Department") has been awarded a "HOPWA20-COVID Recovery Grant" of $101,003 from the U.S. Office of Housing and Urban Development; and

WHEREAS, the purpose of the grant is to provide funding and regulatory relief as is listed in the recently passed Corona virus Aid, Relief, and Economic Security (CARES) Act; 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:

HOPWA20-COVID Recovery Grant - $101,003 - No Match

Good afternoon:

Below are grant notifications that are affecting your district. If you have any questions on CDBG, please contact Angela Ohm at Angela.Ohm@mail.house.gov. For all others, please contact Becky Salay at Rebecca.Salay@mail.house.gov.

Thanks,

Gladys

CPD COVID19 Recovery Formula Grants					
KEY	STA	NAME	CDBG20-COVID Recovery	ESG20-COVID Recovery	HOP
250078	MA	Arlington	$659,903.00	$0.00	
250126	MA	Attleboro	$256,069.00	$0.00	
250168	MA	Barnstable	$168,324.00	$0.00	
250282	MA	Boston	$10,257,948.00	$5,195,210.00	
250354	MA	Brockton	$841,179.00	$0.00	
250372	MA	Brookline	$807,337.00	$0.00	
250396	MA	Cambridge	$1,529,834.00	$787,948.00	
250486	MA	Chicopee	$706,467.00	$0.00	
250744	MA	Fall River	$1,723,628.00	$866,031.00	
250774	MA	Fitchburg	$586,047.00	$0.00	
250804	MA	Framingham	$319,206.00	$0.00	
250858	MA	Gloucester	$405,819.00	$0.00	
251020	MA	Haverhill	$610,649.00	$0.00	
251074	MA	Holyoke	$744,265.00	$0.00	
251194	MA	Lawrence	$1,011,001.00	$526,348.00	
251236	MA	Leominster	$272,508.00	$0.00	
251284	MA	Lowell	$1,305,645.00	$632,876.00	
251302	MA	Lynn	$1,456,642.00	$751,083.00	
251314	MA	Malden	$826,910.00	$0.00	
251410	MA	Medford	$926,445.00	$0.00	
251614	MA	New Bedford	$1,624,151.00	$805,424.00	
251650	MA	Newton	$1,136,128.00	$578,393.00	
251674	MA	Northampton	$401,400.00	$0.00	
251884	MA	Peabody City	$260,653.00	$0.00	
251938	MA	Pittsfield	$789,328.00	$0.00	
251962	MA	Plymouth Town	$227,797.00	$0.00	
251992	MA	Quincy	$1,093,105.00	$550,900.00	
252028	MA	Revere City	$477,809.00	$0.00	
252118	MA	Salem	$646,447.00	$0.00	

Attachment: CDBG, ESG, and HOPWA under COVID-19 (5609 : HOPWA20-COVID Recovery Grant - $101,003 - No Match)

252250	MA	Somerville	$1,493,384.00	$750,831.00
252340	MA	Springfield	$2,301,793.00	$1,160,338.00
252418	MA	Taunton	$486,472.00	$0.00
252544	MA	Waltham	$567,982.00	$0.00
252700	MA	Westfield	$216,737.00	$0.00
252784	MA	Weymouth	$419,319.00	$0.00
252880	MA	Worcester	$2,716,551.00	$1,327,821.00
252904	MA	Yarmouth	$75,880.00	$0.00
259999	MA	Massachusetts Nonentitlement	$20,362,759.00	$16,474,052.00

HOPWA COVID19 Recovery Competitive Grants		
New Grant #	Grantee Name	Competitive GA
MA-H170022	Action, Inc.	$ 143,230.00
MA-H180005	Community Healthlink, Inc.	$ 93,379.00
MA-H180021	Fenway Community Health Center, Inc.	$ 155,486.00
MA-H190018	Justice Resource Institute	$ 153,633.00

Please Note: This information is embargoed until **Thursday, April 2nd.**

Date: 4/2/2020
Title: CDBG, ESG, and HOPWA under COVID-19 Supplemental Appropriations
Description: Resources to address COVID-19 under the following programs CDBG, ESG, and HOPWA.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5605

Homeless Covid 19 Grant - No Match Required- $53,362 (Mayor Sarno)

WHEREAS, the Homeless Covid-19 Grant in the amount of $53,362 from the Health Resources & Services Administration; and

WHEREAS, the purpose of this grant is to assist with critical services to fight the Covid-19 health services for the homeless; 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:

Homeless Covid 19 Grant - No Match Required- $53,362

INQUIRY: SA-G DATE: 03/31/2020 TIME: 01:37:47 PM

ACCOUNT** *PIN* 5D70P 5D70			
SUBACCOUNT	******AUTHORIZED******	******PAYMENTS*******	***FUNDS AVAILABL
20-COVID19BPHC-CV	$53,362.00	$.00	$53,36
ARRACIP-09	$386,045.00	$386,045.00	
	$386,045.00	$386,045.00	
	$.00	$.00	
HEALTHCARECENTERS_15	$2,745,028.00	$2,745,028.00	
HEALTHCARECENTERS_16	$6,064,907.00	$6,064,907.00	
HEALTHCARECENTERS_19	$4,523,472.00	$2,840,317.00	$1,683,15
ISHC-09	$145,811.00	$145,811.00	
	$145,811.00	$145,811.00	
	$.00	$.00	
	******AUTHORIZED******	******PAYMENTS*******	***FUNDS AVAILABL
LIST TOTAL	$13,918,625.00	$12,182,108.00	$1,736,51
	$531,856.00	$531,856.00	
	$13,386,769.00	$11,650,252.00	$1,736,51
ACCT TOTAL	$13,918,625.00	$12,182,108.00	$1,736,51
	$531,856.00	$531,856.00	
	$13,386,769.00	$11,650,252.00	$1,736,51

	*DEBITED**	**POSTED**	*SCHD*	*****AMOUNT*****
LAST ACCT TRANSACTION	01/29/2020	01/28/2020	13618	$403,998.14
PREV ACCT TRANSACTION	12/30/2019	12/27/2019	123556	$150,000.00

****
********** Inquiry Results Complete **********
****
You may now make another selection from the Menu

```
050  2019-398879I-4151          200,000.00 07/15/2019 02/01/2019 01/31/2020 07/12/20
050  2019-3980879-4151          562,914.00 12/21/2018 02/01/2019 01/31/2020 02/01/20
050  2019-398879I-4151        1,681,293.00 12/21/2018 02/01/2019 01/31/2020 02/01/20
050  2018-3980879-4151          218,061.00 12/16/2019 02/01/2019 01/31/2020 12/13/20
                NET TC:       4,523,472.00

PIN:5D70  ACC:5D70P   DOC:20H8CCS34408CV        AGY:FHHH398 OLD AGY:398 AUTH TC's Fo
T/C* ******FCO******** *****INC-AUTH***** POST DATE  START DATE END DATE   ISSUE DA
050  2020-398C879-4151           53,362.00 03/23/2020 03/15/2020 03/14/2021 03/20/20
                NET TC:           53,362.00

PIN:5D70  ACC:5D70P   DOC:C81CS13359RP        AGY:FHHH398 OLD AGY:398 AUTH TC's Fo
T/C* ******FCO******** *****INC-AUTH***** POST DATE  START DATE END DATE   ISSUE DA
191  2009-3981152-4111                .00 04/01/2012 06/29/2009 06/28/2011 01/29/20
059  2009-3981152-4111                .00 02/01/2012 06/29/2009 06/28/2011 01/29/20
050  2009-3981152-4111          386,045.00 06/29/2009 06/29/2009 06/28/2011 06/29/20
                NET TC:         386,045.00

PIN:5D70  ACC:5D70P   DOC:H8BCS11916RP        AGY:FHHH398 OLD AGY:398 AUTH TC's Fo
T/C* ******FCO******** *****INC-AUTH***** POST DATE  START DATE END DATE   ISSUE DA
191  2009-3981151-4115                .00 01/01/2012 03/27/2009 03/26/2011 12/16/20
059  2009-3981151-4115                .00 12/19/2011 03/27/2009 03/26/2011 12/16/20
050  2009-3981151-4115           1,000.00 09/22/2009 03/27/2009 03/26/2011 09/18/20
050  2009-3981151-4115          144,811.00 03/27/2009 03/27/2009 03/26/2011 03/27/20
                NET TC:         145,811.00
-------------------------------------------------------
Hits:  57
-------------------------------------------------------
-------------------------------------------------------


***********************************************
********** Inquiry Results Complete **********
***********************************************
You may now make another selection from the Menu
```

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 3/31/2020

Department Requesting Grant Setup SHHS- HEALTH SVCS FOR THE HOMELESS PROGRAM

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
xx	Federal – City
	State DOE– School
	State Other – School
	State – City
	Private/Other

Grant Name: Homeless – COVID-19

Total Grant Amount Awarded: $ 53,362.00
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	404-562-4218
Fax	
E-Mail	SAlexander1@hrsa.gov

Actual Award Date 3/30/2020
Board Approval Date
Start Date 1/1/2020
Expiration Date 1/31/2021
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
COVID-19 Funding, Health Services for the Homeless

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

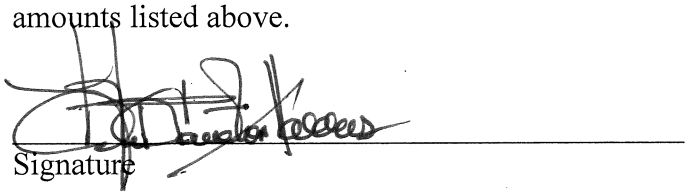
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 26775205

Object Codes:

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

3/31/20

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.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Hamediah Mohamed
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5595

MOAPC (MASSCALL) Grant -No Match Required- $25,000 (Mayor Sarno)

WHEREAS, the Springfield Health and Human Services Department ("Department") has been awarded a MOAPC (MASSCALL) Grant $25,000.00 increase from the MA Department of Public Health; bringing the total grant award to $856,261; and

WHEREAS, the opioid related overdoses was selected among substance abuse issues of greatest concern in the Commonwealth, and MASSCALL is an initiative to reduce opioid overdoses; 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:

MOAPC (MASSCALL) Grant Increase-No Match Required- $25,000

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	3/17/2020
Department Requesting Grant Setup	SHHS-MOAPC
Department Phone # (Please include extension)	6710
Name and Title of Person to Contact in Case of Questions	Lorene /Fiscal Mgr

Was this Grant previously setup for a prior fiscal year? YES
If yes, please indicate your previous project number: 18620

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
XX	State – City
	Private/Other

Grant Name: MOAPC (MASSCALL)

Total Grant Amount Awarded: $ 25,000.00

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	MA Dept of Public Health
Contact Person	Michelle McHugh
Address	250 Washington Street, 8th floor
City, State, Zip Code	Boston, MA 02108
Telephone	1-617-624-5289
Fax	1-617-624-5017
E-Mail	

Actual Award Date	3/13/2020
Board Approval Date	
Start Date	7/1/2020
Expiration Date	9/30/2020

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
MOAPC

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

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

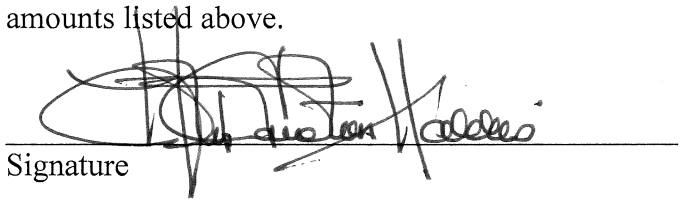
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 28975200

Object Codes:
501000/517010/517020/530105/531020/535200/542010/551700/569300/571100/578700

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

3/17/20
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.

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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

Date: 03/13/2020

To: CITY OF SPRINGFIELD
Re: Contract # **INTF2354M04301822065**

Enclosed please find for your review and signature a Standard Contract package. This package is a result of recent negotiations with the Department of Public Health, as specified in the attached cover letter and includes the items noted below. Please take note of the following:

NEW STANDARD CONTRACT/AMENDMENT/RENEWAL FORM

Must be signed and dated (**Preferred BLUE INK**). Do not use correction fluid anywhere on the forms. If the provider information that is pre-filled in the upper left hand box is incorrect or missing, please contact me so that I can help you with the process to update. For instructions and hyperlinks, you can view this form at www.mass.gov/osc under Guidance for Vendors-Forms or at www.mass.gov/osd under OSD forms.

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

CONTRACTOR AUTHORIZED SIGNATORY LISTING AND AUTHENTICATION FORM

An original Contractor Authorized Signatory Listing (CASL) form must be submitted for each new contract package. Once an original is in the contract file, the provider/vendor can include a copy of the CASL with each subsequent contract amendment package, unless there is a change to the person who signed the Listing, or a name/s on the CASL changes.

If you have any questions, please contact **Michelle McHugh** at **617-624-5289**
An original contract package must be completed by **03/27/2020** and mailed to:

Department of Public Health
Purchase of Service Office
250 Washington St., 8th Floor
Boston, MA 02108-4619
Attention: **Michelle McHugh**

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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

March 13, 2020

Lorene Leembruggen
City Of Springfield
36 Court St
Springfield Ma 01103

Dear Ms. Leembruggen:

This is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Addiction Services has amended your contract amount to provide MOAPC services. This contract, #INTF2354M04301822065 has been extended. The effective date will be from July 1, 2020 through September 30, 2020 in the amount of $25,000.00

The total contract obligation for all years is $856,261.00.

This award contains funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, #4512-9069 (CFDA#93.959). Providers receiving federal grant funds will be considered sub-recipients for the federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular A-133.

If you have any questions, please call Andrew Robinson at (617) 624-5094.

Charles A. Whiteman, Director of Administration and Finance
Bureau of Substance Addiction Services

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 **MMARS Department Code**: DPH
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: Lorene Leembruggen — **Phone**: 413-787-6456	**Billing Address** (if different):
E-Mail: lleembruggen@springfieldcityhall.com — **Fax**: 413-787-6458	**Contract Manager**: Michelle McHugh — **Phone**: 617-624-5289
Contractor Vendor Code: VC6000192140	**E-Mail**: michelle.e.mchugh@massmail.state.ma.us — **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s)**: INTF2354M04301822065 **RFR/Procurement or Other ID Number**: 301822

☐ **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 *Prior* to 06/30, 20 20.
Amendment: Enter **Amendment Amount**: $ 25,000.00. (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). $ 856,261.00

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ____% PPD; Payment issued within 15 days ____% PPD; Payment issued within 20 days ____% PPD; Payment issued within 30 days ____% PPD. If PPD percentages are left blank, identify reason: ☐ 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 07/01, 20 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
- ☐ 3. were incurred as of _____, 20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 09/30, 2020, 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:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X: _____, Date: _____, (Signature and Date Must Be Handwritten At Time of Signature)	X: _____, Date: _____, (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: _____,	Print Name: Sharon Dyer,
Print Title: _____,	Print Title: Director, Purchase of Service Office,

FY: 2020 Amendment # (if Applicable): _____ If Federal Funds, CFDA#93.959

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: CITY OF SPRINGFIELD	**Department Name:** Massachusetts Department of Public Health
Program Type: Mass Collaborative for Action, Leadership and Learning 2	**Document ID #:** INTF2354M04301822065
Program Name: Prevention	**UFR Program:**
Program Address: 36 Court St	**MMARS Program Code:** 4940
City/State/Zip: Springfield MA 01103-1699	**Other Reference Information (Information Purposes Only):**
Contact Person: Lorene Leembruggen **Telephone:** 413-787-6456	**Contact Person:** Michelle McHugh **Telephone:** 617-624-5289

RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☑ Interim ☐ Amendment **RFR Reference #** 301822 ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2020 to 9/30/2020

INITIAL DURATION: 7/1/2013 to 6/30/2020

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ OPTION 1: PRICE AGREEMENT (list price)

$_____

Rate Regulation (if any) N/A

[ ] OPTION 2: SUMMARY BUDGET ("T" Lines only)

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ OPTION 3: COMPLETED BUDGET

☐ Unit Rate

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	Amount	FY	Amount	FY	Amount
2014	$100,000.00	2020	$100,000.00	2021	$25,000.00
2015	$100,000.00				
2016	$170,000.00				
2017	$161,261.00				
2018	$100,000.00				
2019	$100,000.00				
Total:	$731,261.00	Total:	$100,000.00	Total:	$25,000.00
			Multi Years Total:		$856,261.00

Current Max Obligation: $_____ **Unit Rate:** $_____ per _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL: CITY OF SPRINGFIELD
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192140
CONTRACT #: INTF2354M04301822065

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: ***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

_____ Date:
Signature

Title: Telephone:

Fax: Email:

[Listing can not be accepted without all of this information completed.]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF2354M04301822065

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds.

☐ **New Contract** This form will only be included with packages where a procurement exception (waiver) supports the contract.
Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

☒ **Contract Amendment**

If choosing amendment you must check off one of the three types below and provide explanation

☐ **Increase**
Include a clear explanation of what the funding change will support in terms of additional services.

☐ **Decrease**
Include a clear explanation of what the funding change will support in terms of additional services.

☒ **Other**
Include a clear explanation of what the funding change will support in terms of additional services.
Cost Renewal for 3 months (see attached waiver). Additional funds in the amount of $25,000 to support MOAPC #301822 procurement.

Created 7/11/2011/Updated Oct 7, 2011

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5599

Donation of Goods - Safety Glasses (Police) (Mayor Sarno)

WHEREAS, the Springfield Police Department ("Department") has been awarded a donation of six hundred (600) safety glasses from Smith & Wesson; and

WHEREAS, the Department intends to provide the glasses to police officers as a safety measure to protect against COVID-19 while they are in the line of duty; and

WHEREAS, the Department has accepted the donation and requests authorization from the City Council and the Mayor to authorize acceptance of the safety glasses; 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 acceptance of the gift and use of the tangible personal property, 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. 4410, Sec. 53A 1/2, that the City Council hereby accepts the donation of the safety glasses, and authorizes the Police Department to use the glasses for the purposes stated in this order.

From: Leydon, Jennifer
To: Fraser, Christopher
Cc: Willis, Lisa
Subject: Donations
Date: Friday, March 27, 2020 8:55:22 AM

Hi Chris
We received 600 safety glasses as a donation from smith and Wesson yesterday. Please add to the council agenda

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5604

Order Authorizing Expenditure of FY21 Chapter 90 Funds ($3,681,737) (Mayor Sarno)

WHEREAS, the Commonwealth of Massachusetts has appropriated an amount of Chapter 90 local transportation aid funding for Fiscal Year 2021 in the amount of $3,681,737, incorporated into the City of Springfield's 10-year Chapter 90 Contract (City Contract #20170622, see attached letter from Governor Baker and Lieutenant Governor Polito), and

WHEREAS, this appropriation provides for the payment of funds to the City of Springfield in order to continue efforts to maintain and upgrade the roadway systems of the City; and

WHEREAS, the Commonwealth of Massachusetts will reimburse the City of Springfield for costs associated with these roadway improvements through disbursements made pursuant to Mass Gen. Laws Ch. 90, sec. 34(2)(a); and

WHEREAS, after reviewing this order, the Chief Administrative and Financial Officer certifies 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 expenditure of these grant funds, 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 Public Works of the Chapter 90 grant funds for the purposes listed below, 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 these purposes without further appropriation:

FY21 Chapter 90 Funds -

1. Arterial and Residential Reconstruction:		$2,700,000
2. Design:		$ 781,737
3. In-house Staff Salaries:		$ 200,000
	Total:	**$3,681,737**

FINANCIAL IMPACT:

The Commonwealth of Massachuestts has authorized Chapter 90 funds totaling $3,681,737 for Springfield in FY21.

Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Stephanie Pollack, MassDOT Secretary & CEO

massDOT
Massachusetts Department of Transportation

February 28, 2020

City of Springfield
Domenic J. Sarno
Mayor
36 Court Street
Springfield, MA 01033

Dear Mayor Sarno,

We are pleased to inform you that we anticipate Chapter 90 local transportation aid funding for Fiscal year 2021 will total $200 million statewide, pending final legislative approval.

This letter certifies that, pending final passage of the bond authorization, your community's Chapter 90 apportionment for Fiscal year 2020 is **$3,681,737**. This apportionment will automatically be incorporated into your existing 10-year Chapter 90 contract, which will be available on the MassDOT website www.massdot.state.ma.us/chapter90.

The Chapter 90 program is an integral part of the maintaining and enhancing your community's infrastructure and is an essential component of our state-local partnership. We look forward to working with you in the coming year to continue the success of this program.

Thank you for all that you do to make the Commonwealth of Massachusetts a great place to live, work and raise a family.

Sincerely,

Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Department of Public Works FY2021 Roadway Improvement Program
Roadway and Sidewalk Improvement Locations

Base Bid #1 Chapter 90 – 2" Milling and Paving of Arterial Streets				
Street Name	**Begins**	**Ends**	**Street Length (LF)**	**Street Area (SY)**
GRAYSON DRIVE	Breckwood Circle	Fox Road	3,700	11,510
KENT ROAD	Boston Road	Fernbank Road	2,725	12,218
COOLEY STREET	Parker Street	Allen Street (371 Cooley)	3,600	17,800
COLUMBUS AVENUE	Longmeadow T/L	E/W Columbus Avenue	500	2,300
WORTHINGTON STREET	E. Columbus Avenue	Main Street	390	
	Dwight Street	Chestnut Street	360	3,166
CHESTNUT STREET	Worthington Street	State Street	1,848	56,518
		Totals	13,123	56,518

Base Bid #1 Chapter 90 – 2" Paving of Residential Streets				
Street Name	**Begins**	**Ends**	**Street Length (LF) +/-**	**Street Area (SY) +/-**
FENWICK STREET	Wilbraham road	Bonnyview Street	1,267	4,337
REGAL STREET	Plumtree Road	Overland Street	1,624	4,592
BULAT STREET	Fernbank Road	S'ly, E'ly, N'ly to Fernbank Road	1,350	4,271
FLORIDA STREET	Bay Street	Ingersoll Grove	2,232	7,443
RHINEBECK AVENUE	Wilbraham Road	Quentin Road	1,470	4,573
SENATOR STREET	Mallowhill Road	Wilbraham Road	2,600	8,244
WATERFORD CIRCLE	Kent Road	E'ly 225'	225	800
BAIRD TERRACE	Bairdcrest Road	E'ly 650'	650	2,827
DESROSIERS STREET	Carew Street	E'ly & NE'ly 496'	496	1,497
PELHAM STREET	Peer Street	Lorenzo Street	1,100	3,643
RUSH STREET	Berkshire Avenue	Rollins Street	581	1,754
PROGRESS AVENUE	Cottage Street	S'ly 1800'	1,811	8,667
BEVERLY STREET	Northhampton Avenue	Wilbraham Road	200	622
BRUNSWICK STREET	Dorset Street	Blaine Street	1,100	3,967
BEAUREGARD STREET	Decatur Street	Goodwin Street	686	2,093
MAZERINE STREET	Decatur Street	Meadow Street	1,300	4,040
		Totals	18,692	63,370

Department of Public Works FY2021 Roadway Improvement Program
Roadway and Sidewalk Improvement Locations

Base Bid #2 CDBG Eligible Area Sidewalk Repairs / Replacement			
House #	**Street Name**	**Length (Ft)**	**Included Addresses**
100	WILBER STREET	65	
26	EDENDALE STREET	60	
74	EDGEWOOD STREET	150	64 and 70
20	INA STREET	120	24
88-92	LEYFRED TERRACE	105	96-100
199-201	LEYFRED TERRACE	160	193-195 and 203-205
24	SCHUYLER STREET	55	
199-201	CORTHELL STREET	50	
96-98	SUFFOLK STREET	130	106
279	PRENTICE STREET	110	275
81	FERN STREET	95	
76-78	RANNEY STREET	100	82-84
92-94	CHERRELYN STREET	50	
46	LESLIE STREET	240	42 and 50
39	HOBSON STREET	115	29 and 35
147	BELVIDERE STREET	200	14 Dixwell Street
79	MELVILLE STREET	50	
118	WASHINGTON STREET	50	
9	BURTON STREET	165	3 and 5
25-27	OZARK STREET	100	32-34
79	WOODMONT STREET	100	73-75
66	ITENDALE STREET	260	58 and 96 Washington Street
126	CARROLL STREET	50	
39	MARENGO PARK	160	55
131	MARSDEN STREET	150	
26	WIGWAM PLACE	125	18-20
92	HALL STREET	110	96

Base Bid #3 UBER Funded Sidewalk Repairs / Replacement			
House #	**Street Name**	**Length (Ft)**	**Included Addresses**
69	AUDUBON STREET	50	
215	DAYTON STREET	60	
14	HARTWICK STREET	70	
194	POWELL STREET	120	184 and 190
34	KIPLING STREET	100	42
187	WINTON STREET	120	183
75	BRADDOCK STREET	150	81 and 85
103	WINTON STREET	70	107
76	WAYSIDE STREET	75	
95	SOUTH BRANCH PKWY.	55	

REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request	04/01/2020
Department Requesting Grant Setup	DPW
Department Phone # (Please include extension)	750-2728
Name and Title of Person to Contact in Case of Questions	Peg Merrill

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) Y Refer to City Contract #20170622 If yes, please attach a copy of the Approved Form.

Grant Type:

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

Grant Name: 2021 Chapter 90

$3,681,737

Total Grant Amount Awarded: [redacted]
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	Mass Highway Dept. District 2
Contact Person	Peter J Cavicchi, P.E.
Street Address	811 North King Street
City, State, Zip Code	Northampton, MA 01060
Telephone	413-582-0599
Fax	413-582-0596
E-Mail	Pcavicchi@state.ma.us

Actual Award Date 02/28/2020
Board Approval Date 05/06/2020
Start Date 07/01/2020
Expiration Date 06/30/2027
Renewal Action Date (optional) NA
If there are any Matching Funds:No
Type
Percent
Amount
Is there any Leverage? HUD FUNDING ONLY
Source
Amount

Comments re: Description/Purpose of Grant
MHD Chapter 90 Local transportation aid to maintain and upgrade the City's roadway system.

Comments re: Conditions/Restrictions of Grant
N/A

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code:

Object Codes: 501000,506000,530600,531730,543200,576400,580600,580800

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

4-1-20
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.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Erin Hand
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5607

Budget Transfer W/In a Department - $163,130.20 (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 (FY20), 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 $163,130.20 from various Parks Department - Salaries & Wages accounts to Parks - Horticulture - Landscaping Services line to fund the costs city park beautification; 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 $163,130.20 from various Parks Department Salaries & Wages accounts to the Parks-Horticulture Landscaping Services line in order to fund expenses relating to park beautification for the FY20 spring season.

From:

Parks - Recreation - Salaries and Wages **016300-501000**	**$30,000.00**
Parks - Forestry - Salaries and Wages **016330 - 501000**	**$20,000.00**
Parks - Administration - Salaries and Wages **016500 - 501000**	**$30,000.00**
Parks - Maintenance - Salaries and Wages **016510 - 501000**	**$70,000.00**
Parks - Horticulture - Salaries and Wages **01651900 - 501000**	**$13,130.20**
Total:	**$163,130.20**

To:

Parks Department - Horticulture - Landscaping Services

01651900-529300	**$163,130.20**
Total:	**$163,130.20**

FINANCIAL IMPACT:

Budget Transfer W/In a Department - $163,130.20

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: **April 1, 2020**

Re: **Order for Council Meeting – April 6, 2020**

Cc: **Mayor Sarno**

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for April 6, 2020 City Council meeting, which requests a transfer of $163,130.20 from multiple Parks Department Salaries and Wages accounts into Parks-Horticulture-Landscaping Services account.

Background: The Parks Department requests a transfer to fund this year's spring beautification program. This program will include the beautification of terrace and park sites, splash pads and downtown gateway beds. It will also include mulch, horticulture additional mows and trims, and Blunt Park track repairs.

Currently, the Forestry Division, Maintenance, Recreation, Horticulture and Administration have numerous vacancy savings. Savings from these vacancies will be used to fund this transfer. The Office of Management and Budget projects that there will be adequate funding available to fund this transfer and all payroll obligations through the end of the fiscal year.

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.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Timothy Brown
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5612

Budget Transfer Across Departments - $47,703.00 (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 $47,703.00 from the Comptroller - Reserve for Contingency account to the School Department - Reserve for Contingency line to meet state mandated Net School Spending requirements; 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 $47,703.00 from the Comptroller - Reserve for Contingency account to School Department for the purposes of meeting FY20 Net School Spending requirements.

From: Comptroller - Reserve for Contingency

01135-578200 **$47,703.00**

To: School Department - Reserve for Contingency

03010240-578200 **$47,703.00**

FINANCIAL IMPACT:

Budget Transfer Across Departments - $47,703.00

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: **April 1, 2020**

Re: **Order for Council Meeting – April 6, 2020**

Cc: **Mayor Sarno**

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the April 6, 2020 City Council meeting, which requests a transfer of $47,703.00 from the Comptroller's Reserve for Contingency Account to the Springfield School Department.

Background: This order is being brought before the Council a second time. Although the order was approved unanimously at the previous Council meeting, the Council did not have the required quorum to authorize a transfer across City departments at that time.

In order to meet Net School Spending (NSS) requirements, the City must increase the Springfield School Department's budget by $47,703.00. During the budget development process, the City must use an estimate for Schedule 19 rates. Schedule 19 is a Department of Elementary and Secondary Educations (DESE) allowable per pupil charge for the indirect costs of City administrative services provided to school districts. If the DESE Schedule 19 rate is set slightly lower than the City's budget estimates, it will require a transfer from the City's other accounts to the School Department to meet NSS.

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.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Erin Hand
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5610

Budget Transfer W/In a Department - $21,963.00 (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 (FY20), 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 $21,963.00 from the Parks Department - Horticulture - Salaries & Wages account to Parks Department - Forestry - Waste Removal line to fund the costs of extra work and tree removal; 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 $21,963.00 from Parks Department - Horticulture - Salaries & Wages account to Parks Department - Forestry - Waste Removal line in order to fund expenses relating to tree removal and extra work within the Forestry Division for the FY20 spring season.

From:

Parks - Horticulture - Salaries and Wages **01651900 - 501000**	**$21,963.00**
Total:	**$21,963.00**

To:

Parks Department - Forestry - Waste Removal **016330 - 529100**	**$21,963.00**
Total:	**$21,963.00**

FINANCIAL IMPACT:

Budget Transfer W/In a Department - $21,963.00

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: **April 1, 2020**

Re: **Order for Council Meeting – April 6, 2020**

Cc: **Mayor Sarno**

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for April 6, 2020 City Council meeting, which requests a transfer of $21,963.00 from the Parks Department – Horticulture - Salaries and Wages account into the Parks Department – Forestry – Waste Removal account.

Background: The Parks Department requests a transfer to support the Forestry Division, which will fund extra work and additional tree removal.

Currently, the Horticulture Division has numerous vacancy savings. Savings from these vacancies will be used to fund this transfer. The Office of Management and Budget projects that there will be adequate funding available to fund this transfer and all payroll obligations through the end of the fiscal year.

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.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5598

Budget Transfer W/In a Department - $275,000 (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 $275,000 from the DPW Enterprise Fund - various salary lines to the DPW Enterprise Fund - various OTPS accounts in order to fund higher-than-anticipated expenses incurred during the fiscal year.

WHEREAS, the DPW Director, Chris Cignoli, whose Department is in control of the appropriation from which the transfer is proposed to be made, has approved this transfer.

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 $275,000 from the DPW Enterprise Fund - various salary lines to the DPW Enterprise Fund - various OTPS accounts in order to fund higher-than-anticipated expenses incurred during the fiscal year and meet the expenses of the City of Springfield for Fiscal Year 2020.

From: DPW Enterprise Fund - Various Salaries Accounts:

65443332-501000	**$ 25,000**
65443333-501000	**$150,000**
65443337-501000	**$100,000**

To: DPW Enterprise Fund - Various OTPS Accounts:

65443333-531730	**$ 50,000**
65443391-548100	**$135,000**
65443399-517040	**$ 90,000**

FINANCIAL IMPACT:

Budget Transfer W/In a Department - $275,000

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: **April 6, 2020**

Re: **Order for Council Meeting – April 6, 2020**

Cc: **Mayor Sarno**

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the April 6, 2020 City Council meeting. This order is needed to transfer the sum of $275,000 from the DPW Enterprise Fund salary lines to the DPW Enterprise Fund - various OTPS accounts to accommodate higher-than-anticipated expenses incurred throughout the fiscal year.

Background: During the course of FY20, the DPW has recognized increased costs that have caused the need for additional funding within its Enterprise Fund OTPS budget. Examples of these include necessary vehicle repairs, an increase in costs associated with worker's compensation cases, and temporary contractors to cover for those individuals that are injured and out of work. To account for these shortfalls, the department will use savings recognized within its Personal Services budget.

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.

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Kathy Breck
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5611

Order Granting a Gas Easement to Bay State Gas Company, Dba Columbia Gas of Massachusetts, Its Successors and Assigns, For the Brightwood and 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 Bay State Gas Company, dba Columbia Gas of Massachusetts, its successors and assigns** (the "Grantee"), over certain City-owned land described in the attached Easement, including a portion of the School site, in order to bring gas service to the School Project. The Easement grants the Grantee the right to perform the following in the Easement Area:

1. "construct, install, operate, maintain, replace, repair, renew, alter the size of, and remove or abandon (in place) one or more pipelines, gas mains, markers and other appurtenances and equipment, together with valves, service lines, service connections and lateral connections (within the Easement Area as defined below), installed for transporting gas with associated fluids, or other substances that can be transported through pipelines, and appurtenant facilities including, but not limited to, cathodic protection (collectively, the "Gas Facilities");

2. perform pre-construction work;

3. ingress to and egress from the Easement Area by means of existing or future roads and other reasonable routes on the Premises and on Grantor's adjoining lands;

4. exercise all other rights necessary or convenient for the full use and enjoyment of the rights herein granted, including the right from time to time to, with prior notice to the Grantor: (a) clear the Easement Area of all obstructions not referenced herein, and (b) clear, cut, trim and remove any and all vegetation, trees, undergrowth and brush and overhanging branches from the Easement Area by various means, including the use of herbicides approved by the Commonwealth of Massachusetts or the United States Environmental Protection Agency (or successor-in duty) with prior notice to Grantor.

The Gas Facilities are to be located within a **twenty (20) foot wide permanent right-of-way** centered on the Gas Facilities installed on the Easement Area as described on the plan attached to the Easement as Exhibit A;

The Grantee will replace and restore the area disturbed by the laying, construction, operation, replacement, and maintenance of any Gas Facilities to as near as

practical to its condition immediately prior to these activities, except as provided herein.

The Grantee will furnish consideration of $10.00 to the City for the Easement.

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

WHEREAS, the Easement is needed for the construction 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 for Gas Facilities over the Easement Area to **Bay State Gas Company, dba Columbia Gas of Massachusetts**, **its successors and assigns**, to bring gas service to the School, in substantially the same form as the draft Easement attached hereto as Exhibit #1, for consideration of Ten Dollars ($10.00).

EXHIBIT #1

RECORDING EQUESTED BY AND
WHEN RECORDED MAIL TO:
Columbia Gas – Survey & Land
1809 Coyote Drive
Chester, VA 23836

RW Num:

Job Order: 20-0825640-00

Tax Parcel I.D. # 09775-0258

EASEMENT

THIS EASEMENT FOR GAS FACILITIES (this "Easement") is granted this day of _____ 2020, by **The City of Springfield**, MA., a municipal corporation with a principal place of business at 36 Court Street, Springfield, Massachusetts 01103 ("Grantor"), in favor of **Bay State Gas Company d/b/a Columbia Gas of Massachusetts**, a Massachusetts corporation, with a mailing address of 4 Technology Drive, Westborough, Massachusetts 01581, its successors and assigns ("Grantee").

W I T N E S S E T H

In consideration of $10.00, the receipt and sufficiency of which are hereby acknowledged, Grantor hereby grants to Grantee an easement under, upon, on, over, across and through a portion of Grantor's property located at 471 Plainfield Street, Springfield, Massachusetts 01104 as further designated in the Hampden County Registry of Deeds, Book 9413, Page 516 (the "Premises"), consisting of a "20-foot Wide Gas Pipeline Easement" as shown on the plan attached hereto and incorporated herein as Exhibit A (the "Easement Area").

The Grantee's Gas Facilities are to be located within a twenty (20) foot wide, permanent right-of-way centered on the Gas Facilities installed on the Premises as further described as a "20' Wide Gas Pipeline Easement" on Exhibit A, attached hereto and incorporated herein (the "Easement Area"). This Easement gives the Grantee the right to perform the following in the Easement Area:

1. construct, install, operate, maintain, replace, repair, renew, alter the size of, and remove or abandon (in place) one or more pipelines, gas mains, markers and other appurtenances and equipment, together with valves, service lines, service connections and lateral connections (within the Easement Area as defined herein), installed for transporting gas with associated fluids, or other substances that can be transported through pipelines, and appurtenant facilities including, but not limited to, cathodic protection (collectively, the "Gas Facilities");

2. perform pre-construction work;

3. ingress to and egress from the Easement Area by means of existing or future roads and other reasonable routes on the Premises and on Grantor's adjoining lands;

4. exercise all other rights necessary or convenient for the full use and enjoyment of the rights herein granted, including the right from time to time to, with prior notice to the Grantor: (a) clear the Easement Area of obstructions not referenced herein, and (b) clear, cut, trim and remove any and all vegetation, trees, undergrowth and brush and overhanging branches from the Easement Area by various means, including the use of herbicides approved by the Commonwealth of Massachusetts or the United States Environmental Protection Agency (or successor-in- duty) with prior notice to the Grantor.

The Grantee acknowledges that the Premises, including the Easement Area, is the site of a combined public elementary school to be known as the Brightwood and Lincoln Elementary School ("School"), which is currently under construction. The Grantee agrees that its exercise of the rights granted pursuant to this Easement shall not interfere in any way with the Grantor's operation of the School on the Premises.

The Grantee acknowledges that the Grantor will be using portions of the Easement Area for the front driveway of the School and for access to parking areas, including pavement, concrete aprons and sidewalk, a grass island, curbing, exterior plantings and raised planting beds, and the Grantee agrees that the Grantor's use of the Easement Area for these and related purposes shall not constitute interference with the Grantee's rights under this Easement. Grantor may use and enjoy the Easement Area for other purposes, to the extent such use and enjoyment does not interfere with Grantee's rights under this Easement. Grantor shall not construct or permit to be constructed or place any other structures, including but not limited to, mobile homes, unapproved fences, dwellings, garages, out-buildings, pools, decks, man-made bodies of water, trees, leach beds, septic tanks, on or over the Easement Area, or any other obstructions on or over Easement Area that will, in any way, interfere with the construction, maintenance, operation, replacement, or repair of the Gas Facilities or appurtenances described herein, constructed under this Easement. After completion of construction of the School, the Grantor will not: materially change the depth of cover or grading within the Easement Area without notice to the Grantee; . engage in or permit the dumping of refuse or waste, or the long-term storage of any materials of any kind; or engage in or permit the operation of any heavy machinery or heavy equipment over the Easement Area without notice to the Grantee. Grantor will not cause, and will not authorize any third parties to cause, the Easement Area to be covered by standing water, except in the course of normal seasonal irrigation.

The Grantee will replace and restore the area disturbed by the laying, construction, operation, replacement, and maintenance of any Gas Facilities to as near as practical to its condition immediately prior to these activities, except as provided herein.

With regard to the Easement Area, Grantor represents that, to the best of its knowledge:

1. No pollutants, contaminants, petroleum or hazardous substances above

Reportable Concentrations (RCS-1) have been disposed or released on or under the Easement Area which would cause or threaten to cause an endangerment to human health or the environment or require clean up;

2. Neither the Easement Area, nor any portion thereof, is legally or contractually restricted as to its use or is subject to special environmental protections that would affect the use of the Easement Area for Grantee's intended use; and,

3. The Easement Area is not currently and will not be used for industrial purposes. The Easement Area is on the site of a public elementary school which is currently under construction.

With regard to the Easement Area, and subject to applicable laws, Grantor will assume all risk, liability, loss, cost, damage, or expense for any and all pollutants, contaminants, petroleum, hazardous substances and endangerments on or under the Premises and/or Easement Area, except those which: (i) result from or arise out of Grantee's use of and activities on the Premises and Easement Area, and/or (ii) are the legal responsibility of the Grantee. Grantee will give Grantor written notice of any claim, demand, suit or action arising from any pollutants, contaminants, petroleum, hazardous substances and endangerments on or under the Premises or Easement Area within ten (10) business days from the date that Grantee becomes aware of such claim, demand, suit or action.

Grantor and Grantee agree that, except to the extent caused by or arising out of the acts or omissions of the Grantee, or its representatives and contractors, the Grantee shall not be liable for, and is hereby released from, any and all claims, damages, losses, judgments, suits, actions and liabilities, whether arising during, prior to or subsequent to the term of this Easement, related to the presence of pollutants, contaminants, petroleum, hazardous substances or endangerments in, beneath or along the Premises and/or Easement Area.

The rights, privileges and terms hereby shall extend to and be binding upon the Grantor and the Grantee and their representatives, heirs, successors and assigns.

IN WITNESS WHEREOF, the Grantor has duly executed this Easement for Gas Facilities this ___day of_____,2020.

THE GRANTOR:
City of Springfield, MA.

By:_____
Name: Domenic J. Sarno
Mayor of the City of Springfield

STATE OF **MASS.** COUNTY OF **HAMPDEN**

HAMPDEN, SS.

On this_____day of_____,2020, before me, a Notary Public, personally appeared DOMENIC J. SARNO, MAYOR OF THE CITY OF SPRINGFIELD, MA., who is known to me (or satisfactorily proven) to be the person whose name is ascribed to the within instrument, and acknowledged they executed the same for the purposes therein contained.

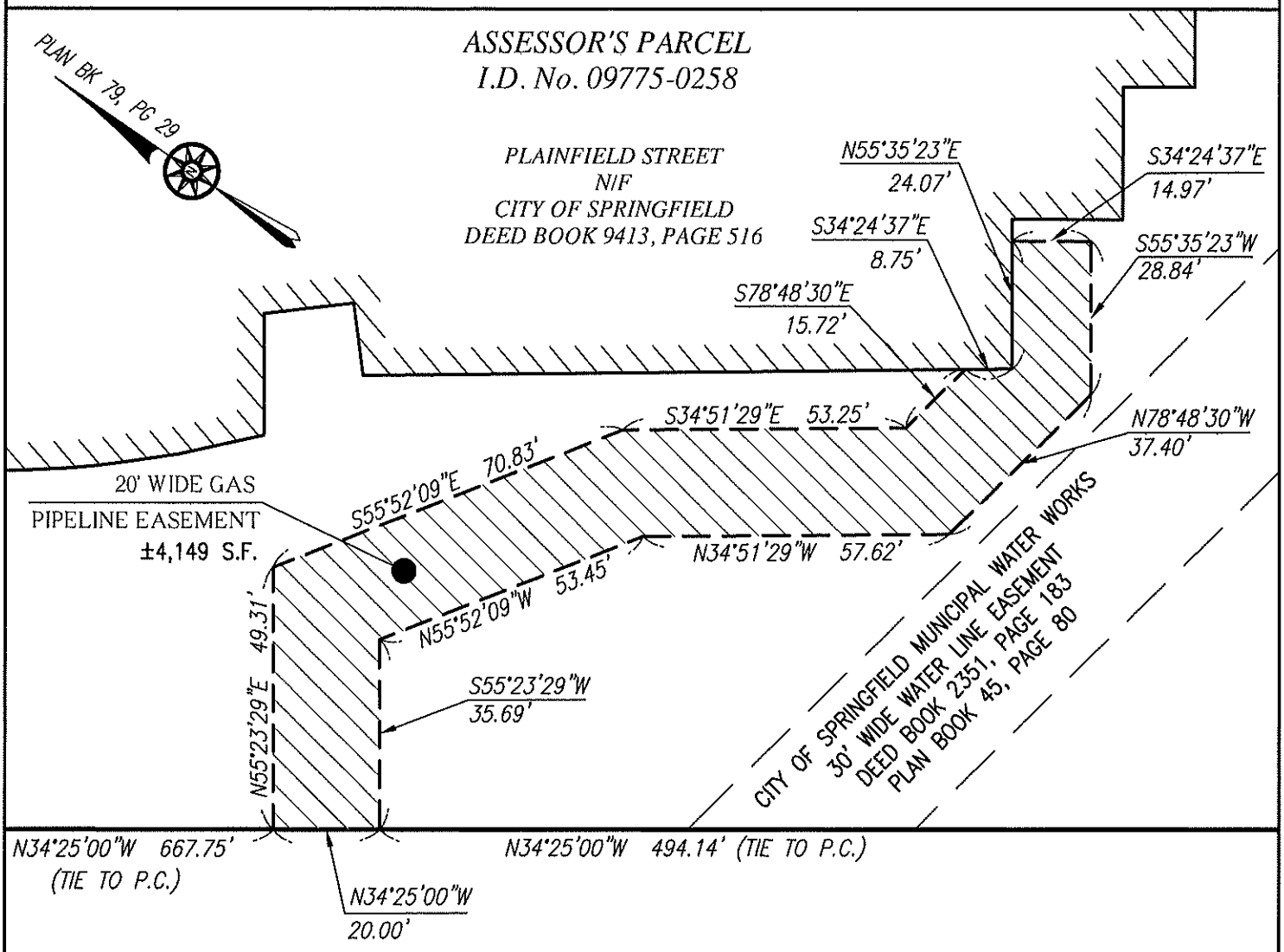
WITNESS my hand and notarial seal the day and year first above written.

_____ (SEAL)
Notary Public Signature

Print Notary Public Name: _____

My commission expires: _____

EXHIBIT A



RECORD OWNER:
PARCEL I.D. No. 09775-0258
CITY OF SPRINGFIELD
36 COURT STREET
SPRINGFIELD, MA 01103

PREPARED FOR:
COLUMBIA GAS
SURVEY AND LAND
1809 COYOTE DRIVE
CHESTER, VA 23836

= GAS PIPELINE EASEMENT AREA

30 0 30
SCALE IN FEET

BRIGHTWOOD SCHOOL - SPRINGFIELD, MA

DIG SAFE
CALL MA-RI-ME-NH-VT TOLL FREE
1-888-344-7233

Merrill
Engineers and Land Surveyors
427 COLUMBIA ROAD, HANOVER, MA 02339 / T: (781) 826-9200
26 UNION STREET, PLYMOUTH MA 02360 / T: (508) 746-6060
WWW.MERRILLINC.COM

CMA JOB No:	20-0825640-00
MC JOB No:	19-049-044
SCALE:	1"=30'
DATE:	3/10/20
DRAWN BY:	JAB
DRAWING No.	1 OF 1

Attachment: Exhibit #1 - Gas Easement For Brightwood and Lincoln School project, and Exhibit A to Easement - plan showing Easement Area

City Council

SCHEDULED

Meeting: 04/06/20 05:30 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 5600

Order Approving Contract Over 3 Years for Smart911 Software (Mayor Sarno)

WHEREAS, Massachusetts General Laws chapter 30B, section 12(b) provides that the Chief Procurement Officer may not award a contract for more than three (3) years without a majority vote of the governmental body; and

WHEREAS, the Springfield Emergency Communications (Dispatch) Department ("Department") is seeking to enter into a new agreement with Smart911, a public safety software which enhances dispatchers' ability to locate and assist callers in emergency situations; and

WHEREAS, the Department has recommended that a 5-year contract term is more beneficial and cost-effective than a standard 3-year contract term; and

WHEREAS, the Chief Procurement Officer has determined that Smart911 is categorized as "sole source", meaning there are no other vendors who can provide the same type of product or service, and is thus exempt from the competitive bidding process;

NOW THEREFORE BE IT ORDERED, pursuant to Mass. Gen. Laws ch. 30B, section 12(b), that the City Council approves the awarding of a contract for the Smart911 public safety software, for a term of five (5) years.