City Council

Finance Sub-Committee

~ Agenda ~

36 Court Street
Springfield, MA 01103
http://www.springfieldcityhall.com

Tasheena Davis
4137876589

Wednesday, February 24, 2021 | **5:15 PM** | **Virtual Meeting (Zoom)**

I. Call to Order

5:15 PM Meeting called to order on February 24, 2021 at Virtual Meeting (Zoom) , Virtual Meeting, N/A, NA.

II. Public Portion

III. Orders

1. **Order (ID # 6039)**

   FY21 Shannon CSI Grant - In-Kind Match Required - $1,062,975.90

   ATTACHMENTS:

   - FY21 Shannon Grant (PDF)

2. **The Salvation Army**

3. **Martin Luther King, Jr. Family Services**

4. **Springfield Boys & Girls Club**

5. **YMCA Dunbar**

6. **New North Citizens' Council**

7. **Springfield Boys & Girls Club Family Center**

8. **South End Community Center**

9. **Greater New Life Christian Center**

10. **YWCA of Western Mass**

11. **Springfield Parks & Recreation Dept.**

12. **Hampden County DA**

City Council

TABLED

Meeting: 02/24/21 05:15 PM
Initiator: Christopher Fraser
Sponsors: Mayor Domenic J. Sarno
DOC ID: 6039

FY21 Shannon CSI Grant - In-Kind Match Required - $1,062,975.90 (Mayor Sarno)

WHEREAS, the Springfield Police Department ("Department") has been awarded an FY21 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:

FY21 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	1-25-2021
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 88820

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

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

Grant Name: Shannon Community Safety Initiative (CSI) Grant

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 Suite 3720 A
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	1/15/2021
Board Approval Date	
Start Date	1/15/2021
Expiration Date	12/31/2021
Renewal Action Date (optional)	

If there are any Matching Funds:

Type	In-Kind Match
Percent	
Amount	$697,748.14

Comments re: Description/Purpose of Grant
Identify and reduce gang-related crime and youth violence

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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: 2882100

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

Once the final Parks Department Budget for this grant is decided, we will request additional line items as we did for project code 88820.

Budget Roll-Up Codes: Yes, please allow 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 _____ 1/28/21
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 and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: City of Springfield (and d/b/a):	**COMMONWEALTH DEPARTMENT NAME:** Executive Office of Public Safety and Security **MMARS Department Code:** EPS
Legal Address: (W-9, W-4): 311 State St, Springfield, MA, 01105-1320	**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"): AD001. (Note: The Address ID must be set up for EFT payments.)	**MMARS Doc ID(s):** SCEPSFY21SHANNONSPRI **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: _____, 20___.

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

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

__ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

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

Senator Charles E. Shannon Jr., Community Safety Initiative Funding ; 2021 Shannon Anti-Gang Grant ; 8100-0111 ; $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 12/31/2021, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Domenic J. Sarno. Date: 1/7/2021.
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Domenic J. Sarno.

Print Title: Mayor, City of Springfield.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. Date: 1/15/21.
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Kevin J. Stanton.

Print Title: Executive Director.

RECEIVED JAN 15 2021

Attachment: FY21 Shannon Grant (6039 : FY21 Shannon CSI Grant - In-Kind Match Required - $1,062,975.90)