



CITY COUNCIL

City Clerk's Office 7/14/2021 12:00:00 PM

Regular Meeting Agenda~

I hereby notify you that the following items of business have been filed with this office and can be acted upon at the meeting of the City Council **Monday July 19, 2021** at 07:00 PM.

City Clerk

Possible Public Speak-Out Time 6:30 PM

Call to Order

7:00 PM Meeting called to order on July 19, 2021 at Virtual Meeting (Zoom) , Virtual Meeting, N/A, NA.

Moment of Silence - Pledge of Allegiance

Public Participation

City Council President Marcus Williams will also be extending resident participation for hearings meetings. The City Council office will manage a sign-up sheet for both proponents and opponents who wish to participate in providing live testimony via Zoom. The City Clerk will provide instructions on how to sign up on each agenda (that can be accessed through the City's web page) that includes special permit and/or zone change requests. For any hearing item, there will be a limit of five residents, with each having two minutes to speak. The City Council will also continue to accept testimony via email, letter or voice recording which will be circulated to all Council members prior the hearings.

Reports of Committee

Petitions

- (1.) COMCAST- Liberty St.
- (2.) VERIZON-Liberty St.
- (3.) Eversource/Gas-Wilmington Avenue
- (4.) Eversource-West York Street
- (5.) 367 Hancock Street
367 Hancock Street: Creation of new local historic district (Elias Brookings LHD)
- (6.) Eversource Gas- Cabinet Installations

Grants

- (7.) State 911 Support & Incentive Grant - No Match - \$992,816 (Mayor Sarno)

- (8.) Order Accepting Mass Gaming Commission Grant Contract Amendment For \$821,169 to Reimburse Police Department FY22 Costs of Participation in the Gaming Enforcement Unit at MGM Springfield - No Match Required (Mayor Sarno)
- (9.) FY22 SSYI Grant Increase - No Match - \$662,346 (Mayor Sarno)
- (10.) Parks - EEA Green City Trees Grant Increase - No Match Required - \$230,000 (Mayor Sarno)
- (11.) State 911 Training Grant - No Match - \$214,177.06 (Mayor Sarno)
- (12.) DPW Complete Streets Tier 3 Construction Program Grant - No Match Required - \$192,500 (Mayor Sarno)
- (13.) Springfield Library Foundation Trust & Endowments Grant - No Match Required \$180,000.00 (Mayor Sarno)
- (14.) DPW Shared Streets & Spaces Program Grant - No Match Required - \$167,000 (Mayor Sarno)
- (15.) FY22 Prevention in Early Childhood Services Grant- \$156,250.00 (Mayor Sarno)
- (16.) FY22 Mason Square Library Grant - No Match Required - \$145,393.00 (Mayor Sarno)
- (17.) Tobacco Control Grant Program - No Match Required \$140,000.00 (Mayor Sarno)
- (18.) FY22 Local Consumer Aid Grant - No Match Required \$112,727.00 (Mayor Sarno)
- (19.) Thomas J O'Connor Veterinarian Grant - No Match Required \$42,000.69 (Mayor Sarno)
- (20.) DPW Rideshare Funding - No Match - \$41,435.40 (Mayor Sarno)
- (21.) Thomas J O'Connor Veterinarian Technician 2 Grant - No Match Required \$27,619.73 (Mayor Sarno)
- (22.) FY22 SHINE Grant 1St Quarter - No Match Required \$24,999.00 (Mayor Sarno)
- (23.) Project Safe Neighborhood Grant - No Match Required - \$24,839.02 (Mayor Sarno)
- (24.) Thomas J O'Connor Veterinarian Technician 1 Grant - No Match Required \$18,988.56 (Mayor Sarno)
- (25.) Libraries Rose Smith Music Fund Grant - No Match Required \$12,500.00 (Mayor Sarno)
- (26.) Springfield Library Foundation Staff Development Grant - No Match Required \$10,000.00 (Mayor Sarno)
- (27.) FY22 LSTA at the Table Grant- No Match Required \$10,000.00 (Mayor Sarno)
- (28.) Springfield City Library Donation - \$200.00 (Mayor Sarno)

Orders

- (29.) Collective Bargaining Agreement Ratification - American Federation of State, County and Municipal Employees - (AFSCME) Local 1596A (Mayor Sarno)
- (30.) Collective Bargaining Agreement Ratification - American Federation of State, County and Municipal Employees - Local 3065 (AFSCME 3065) (Mayor Sarno)
- (31.) Community Preservation Committee FY22 Budget (President Williams)
- (32.) Order Granting Permanent Utility Easement to NSTAR/Eversource at 415 Main Street (Mayor Sarno)
- (33.) May Revenue Vs. Expenditure Report (Mayor Sarno)
- (34.) Order Authorizing Contract Over 3 Years for School Department Copy Operations Request for Proposals (Mayor Sarno)

Zoning Ordinances

- (35.) 1259 East Columbus Avenue 1259 East Columbus Avenue None Yet

PETITIONER: Colvest/Columbus Springfield, LLC

ADDRESS: 1259 East Columbus Avenue

CHANGE REQUESTED: Bus C to Bus B

- (36.) To Change the Zoning of the Properties Known as 1021 Boston Road (01655-0570), SS Boston Road (01655-0578), ES Wollaston Street (12440-0120 & 0115) and 20 Shumway Street (01850-0010) from Residence a and Business a to Business B. 1021 Boston Road. Et.Al. Recommend

PETITIONER: Mark F & Bonnie, Trustees

ADDRESS: 1021 Boston Road. et.al.

CHANGE REQUESTED: Res A & Bus A to Bus B

Resolutions

- (37.) Support Act to Prevent COVID-19 EVICTIONS, FORECLOSURES AND PROMOTE EQUITABLE HOUSING RECOVERY

Suspension of Rules

- (38.) To Amend and Existing Special Permit (Drive-Up Service Window), Granted June 2007, by Allowing a Change to the Approved Site Plans at the Property Known as 809 Boston Road (01655-0612)(Book#3729&3766/Page#485&424), as Allowed by M.G.L. and the Springfield Zoning Ordinance, Article 4, Table 4-4, Section 19.1(2).

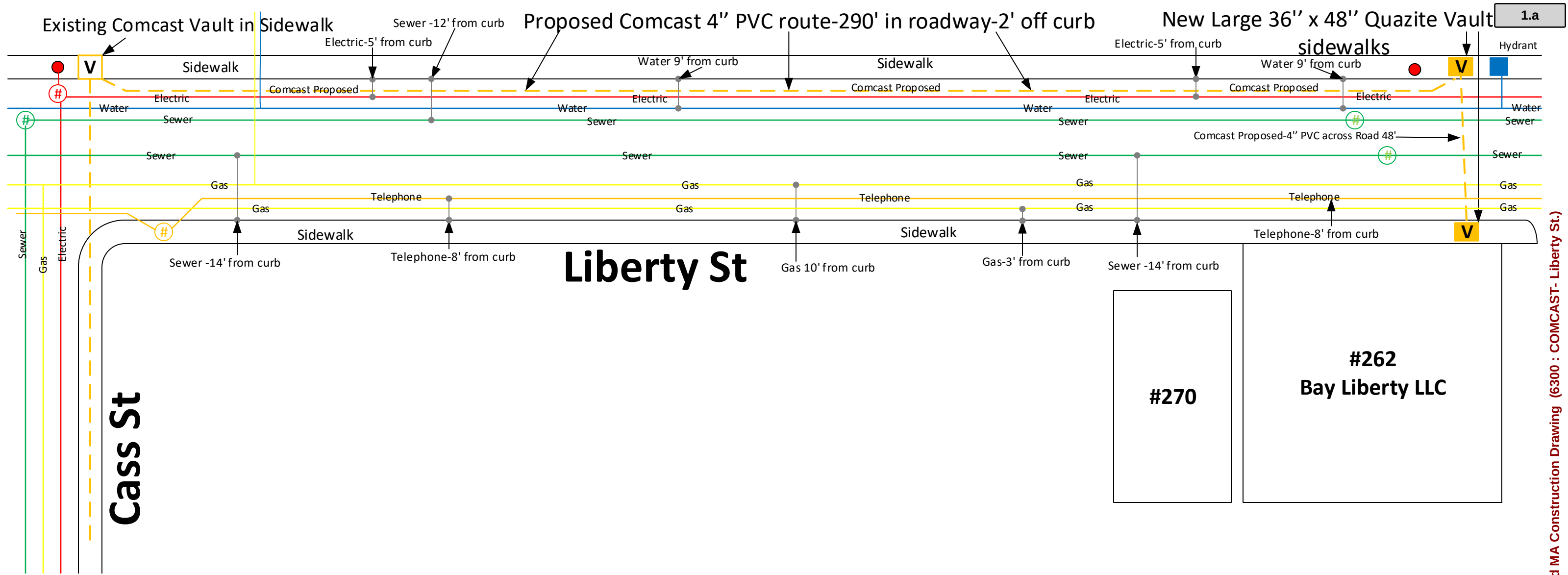
Request: See Above

Owner: McDonald's Real Estate Company

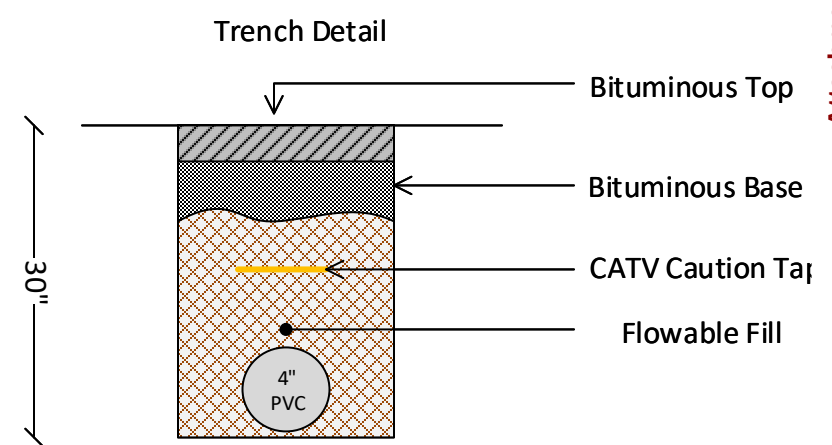
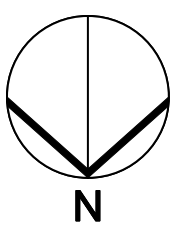
By: Brian Sheedy

Petitioner: McDonald's Real Estate Company

By: Brian Sheedy



Attachment: 262 Liberty St Springfield MA Construction Drawing (6300 : COMCAST- Liberty St.)



05/25/21

Honorable Mayor and City Council
City of Springfield
City Hall
Court Street
Springfield, MA 01103

ATTN: Mr. Anthony Wilson, City Clerk

To Whom it May Concern:

Comcast of Massachusetts II, Inc. hereby requests that it be granted a location for and permission to run and maintain approximately **335' of 4" conduit with Fiber Optic Line & Coax Cable on Liberty St from intersection of Cass St.** Together with such connections as it may now or subsequently find necessary.

Said plant installation is to be installed in accordance with the enclosed plan.

Thank you for your attention to this matter.

Sincerely,

Raymond S. LaBorde Jr

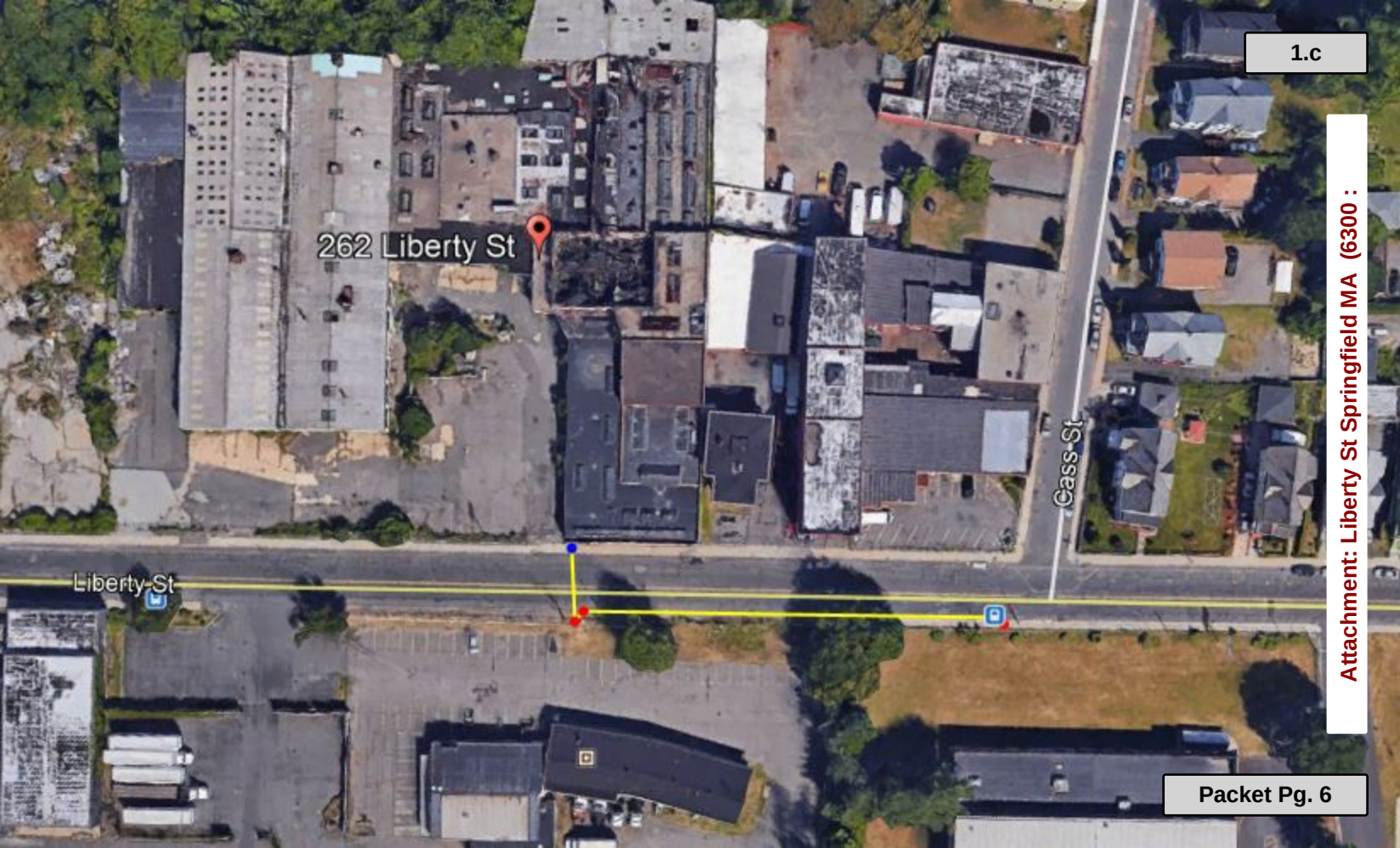
Enc.

Attachment: Liberty St petition-Springfield (6300 : COMCAST- Liberty St.)

1.c

Attachment: Liberty St Springfield MA (6300 :

Packet Pg. 6



GENERAL NOTES

1. THE LOCATIONS OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY AND HAVE NOT BEEN INDEPENDENTLY VERIFIED BY THE OWNER OR ITS REPRESENTATIVE. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE COMMENCING WORK, AND SHALL BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCASIONED BY THE CONTRACTOR'S FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

2. WHERE AN EXISTING UTILITY IS FOUND TO CONFLICT WITH THE PROPOSED WORK, THE LOCATION, ELEVATION AND SIZE OF THE UTILITY SHALL BE ACCURATELY DETERMINED WITHOUT DELAY BY THE CONTRACTOR, AND THE INFORMATION FURNISHED TO THE ENGINEER FOR RESOLUTION OF THE CONFLICT.

3. THE CONTRACTOR SHOULD MAINTAIN A SEPARATION OF 18 INCHES MIN. WHEN CROSSING EXISTING BWSC FACILITIES AND HORIZONTAL CLEARANCE.

4. THE CONTRACTOR SHALL MAKE ALL ARRANGEMENTS FOR THE ALTERATION AND ADJUSTMENT OF GAS, ELECTRIC, TELEPHONE AND ANY OTHER PRIVATE UTILITIES BY THE UTILITY COMPANY.

5. THE CONTRACTOR SHALL NOT DISTURB PUBLIC TREES AND SHRUBS.

6. AREAS OUTSIDE THE LIMITS OF PROPOSED WORK DISTURBED BY THE CONTRACTOR'S OPERATIONS SHALL BE RESTORED BY THE CONTRACTOR TO THEIR ORIGINAL CONDITION AT NO EXPENSE TO THE OWNER.

7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PLACING AND MAINTAINING TEMPORARY RESURFACING AND/OR PLATING FOR ALL EXCAVATIONS IN PAVED STREETS AND SIDEWALKS UNTIL PERMANENT RESURFACING IS COMPLETE.

8. JOINTS BETWEEN NEW BITUMINOUS CONCRETE ROADWAY PAVEMENT AND SAW CUT EXISTING PAVEMENT SHALL BE SEALED WITH BITUMEN AND BACK SANDED.

9. THE CONTRACTOR SHALL PROTECT AND SUPPORT ALL EXISTING UTILITY LINES THAT BECOME EXPOSED DUE TO EXCAVATION REQUIRED TO INSTALL THE PROPOSED CONDUIT.

10. THE CONTRACTOR SHALL REPLACE ALL DISTURBED TRAFFIC SIGNAL LOOP DETECTORS TO GOOD WORKING CONDITION AS REQUIRED BY THE LATEST STANDARDS OF THE MUNICIPAL TRAFFIC DEPARTMENT.

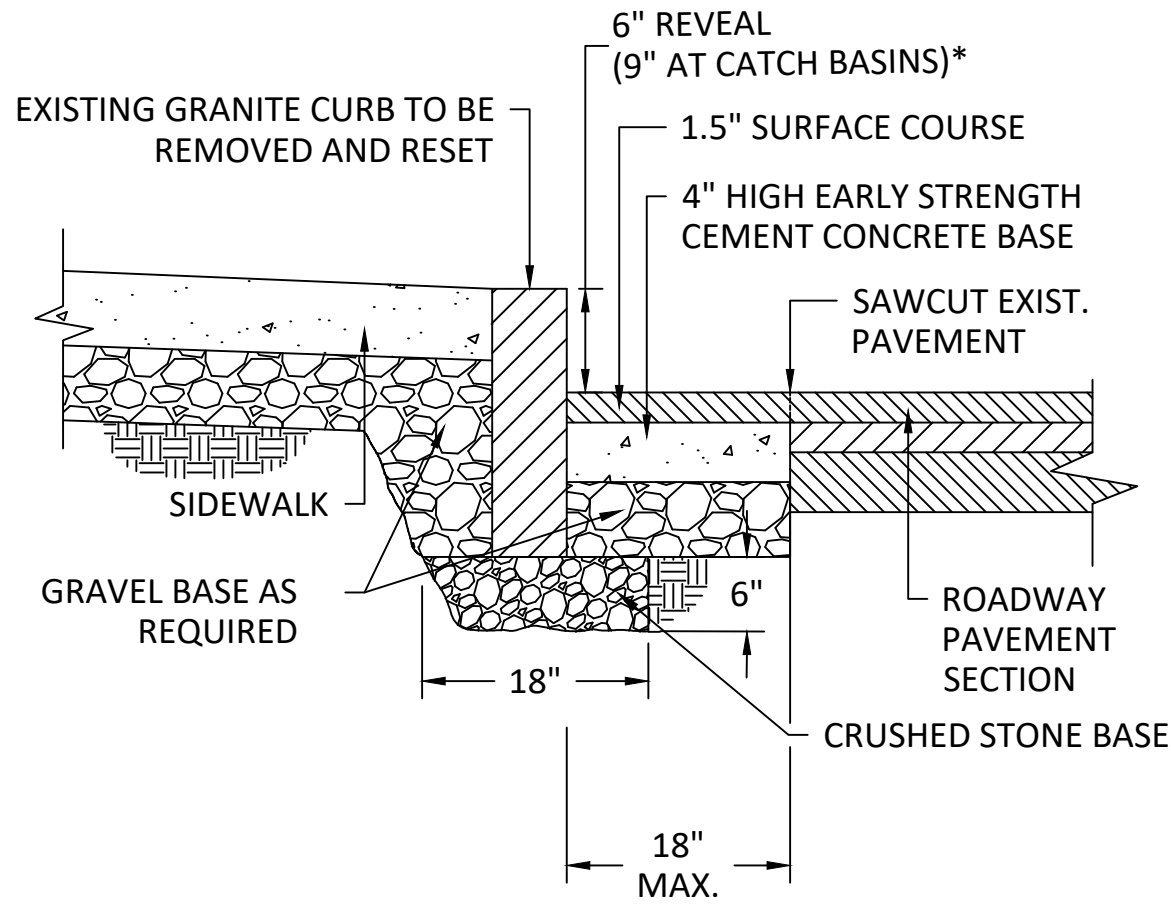
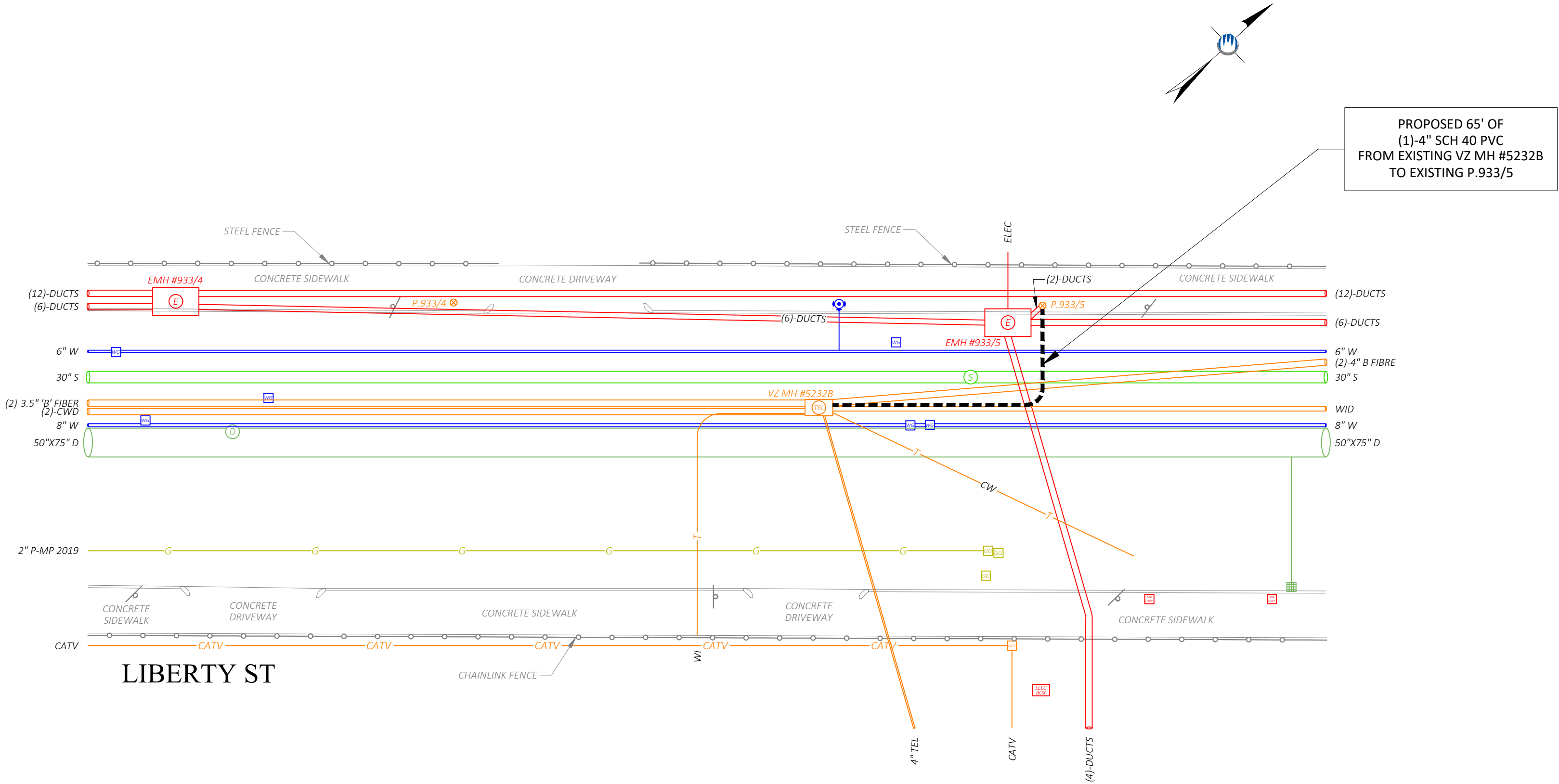
11. ALL EXISTING STATE, COUNTY, CITY, AND TOWN LOCATION LINES AND PRIVATE PROPERTY LINES HAVE BEEN ESTABLISHED FROM AVAILABLE INFORMATION AND THEIR EXACT LOCATION ARE NOT GUARANTEED.

12. THE CONTRACTOR SHALL REPLACE ALL PAVEMENT MARKINGS IN THEIR ENTIRETY THAT HAVE BEEN DAMAGED BY TRENCH EXCAVATION OR OPERATIONS OF THE CONTRACTOR WITH SIMILAR COLOR AND SIZE THERMOPLASTIC MARKINGS.

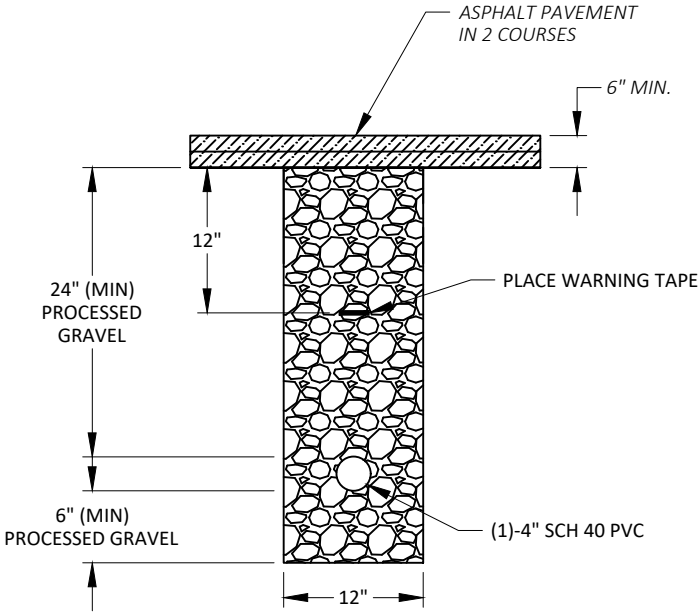
* - ITEM SHOWN ON UTILITY RECORDS, BUT NOT FOUND IN FIELD.

~ - ITEM FOUND IN FIELD, BUT NOT IN UTILITY RECORDS.

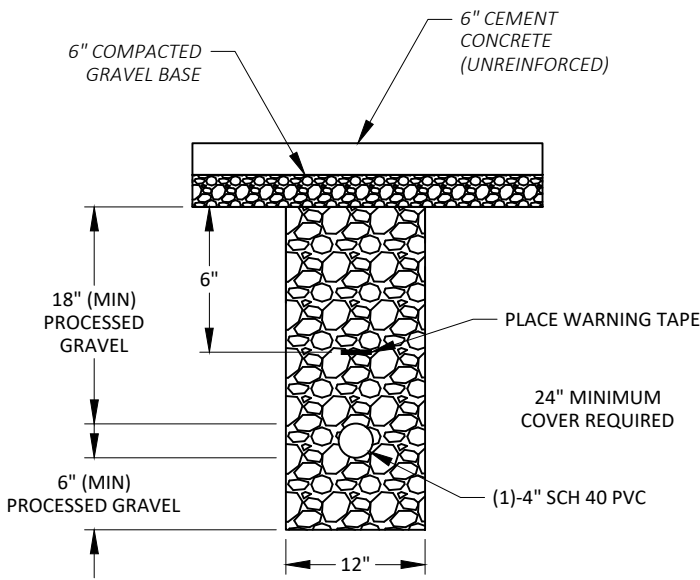
ALL FIELD DATA ACQUIRED
USING TOTAL STATION
SURVEY EQUIPMENT



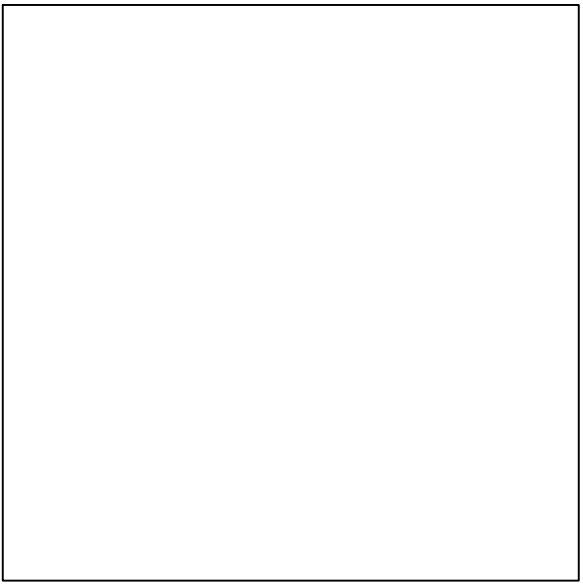
*6" REVEAL TYPICAL. REVEAL MAY VARY FROM 3" TO 9" WITH PWD APPROVAL.



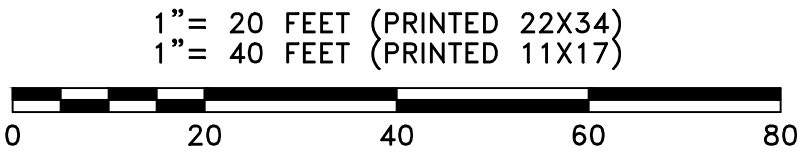
PROPOSED DUCT CONFIGURATION
ROADWAY PATCH AND DUCT BANK INSTALLATION DETAIL
N.T.S.



PROPOSED DUCT CONFIGURATION
CEMENT CONCRETE SIDEWALK PATCH AND DUCT BANK INSTALLATION DETAIL
N.T.S.



PROFESSIONAL ENGINEER



LEGEND			
⊗	ELECTRIC POLE	⌘	CATCH BASIN
⊗	JOINT UTILITY POLE	⌘	CATV HANDHOLE
⊗	LAMP POST	⊗	COMM PEDESTAL
⊗	TRAFFIC LIGHT	⌘	ELECTRIC HANDHOLE
⊗	CATV MANHOLE	⌘	FIRE HYDRANT
⊗	DRAIN MANHOLE	⌘	GAS GATE
⊗	ELECTRIC MANHOLE	⌘	GAS METER
⊗	SEWER MANHOLE	⌘	IRRIGATION VALVE
⊗	TELEPHONE MANHOLE	⌘	MAIL BOX
⊗	WATER MANHOLE	⌘	PARKING METER(S)
⊗	POLE ANCHOR GUY	⌘	SEWER GATE
⊗	BUSH/SHRUB	⌘	SIGN POLE
⊗	R/W	⌘	RIGHT OF WAY
⊗	CULVERT	⌘	STONE BOUND
⊗	FENCE	⌘	STREET LIGHT
⊗	GUARD RAIL	⌘	TEL HANDHOLE
⊗	ELECTRIC VAULT	⌘	TRANSFORMER
⊗	TRAFFIC HANDHOLE	⌘	UG CABLE MARKER
⊗	PROPOSED HANDHOLE	⌘	WATER GATE
⊗	PROPOSED CONDUIT	⌘	WATER METER

NOTE:
EXISTING UTILITIES SHOWN ARE APPROXIMATE AND NOT WARRANTED TO BE CORRECT. THE CONTRACTOR SHALL VERIFY THE LOCATION OF ALL PUBLIC AND PRIVATE UTILITIES PRIOR TO BEGINNING ANY EXCAVATION.



CALL BEFORE YOU DIG
UNDERGROUND SERVICE ALERT
72 HOURS NOTICE REQUIRED.
ENTER 1-888-DIG-SAFE

PREPARED BY:

PIKE
TELECOM

21 Oxford Rd
Mansfield, MA 02048
www.piketelecom.org
1-508-337-7600

PREPARED FOR:

verizon

REV #	DESCRIPTION	DATE

TITLE: ROW 1A4T7YP - LIBERTY ST AT MAIN ST SPRINGFIELD, MA VERIZON - PETITION PLAN	
SURVEYED BY: PIKE TELECOM	PRINT NO: 1 OF 1
DRAWN BY: ECF	SCALE: AS NOTED
DATE: 05/11/21	AS-BUILT:

PETITION FOR CONDUIT LOCATION

Springfield, Massachusetts, dated May 24, 2021
To the City Council of the City of Springfield, Massachusetts

VERIZON NEW ENGLAND INC. requests permission to lay and maintain underground conduits, with the wires and cables to be placed therein, under the surface of the following public way or ways:

LIBERTY STREET: Place two (2) four (4) inch conduits on Liberty Street beginning at manhole #5232B, located at on the northwesterly side of Liberty Street, and running in a northeasterly direction along the northwesterly side of Liberty Street a distance of approximately forty-five (45) feet to a point; and then continuing in a northwesterly direction a distance of approximately twenty (20) feet to pole T.5, located on the northwesterly side of Liberty Street.

Reason: Place conduit to provide for the distribution of intelligence and telecommunications.

Also for permission to lay and maintain underground conduits, manholes, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as it may desire for distributing purposes.

Plan marked - Verizon No. **1A4T7YP – Liberty St at Main St, Springfield, MA, Verizon – Petition Plan**, dated May 11, 2021, showing location of conduit to be constructed is filed herewith.

VERIZON NEW ENGLAND INC.

By: _____
Albert Bessette, Jr.
Manager-Right of Way

Attachment: PETITION - Liberty Street (6301 : VERIZON-Liberty St.)

EVERSOURCE

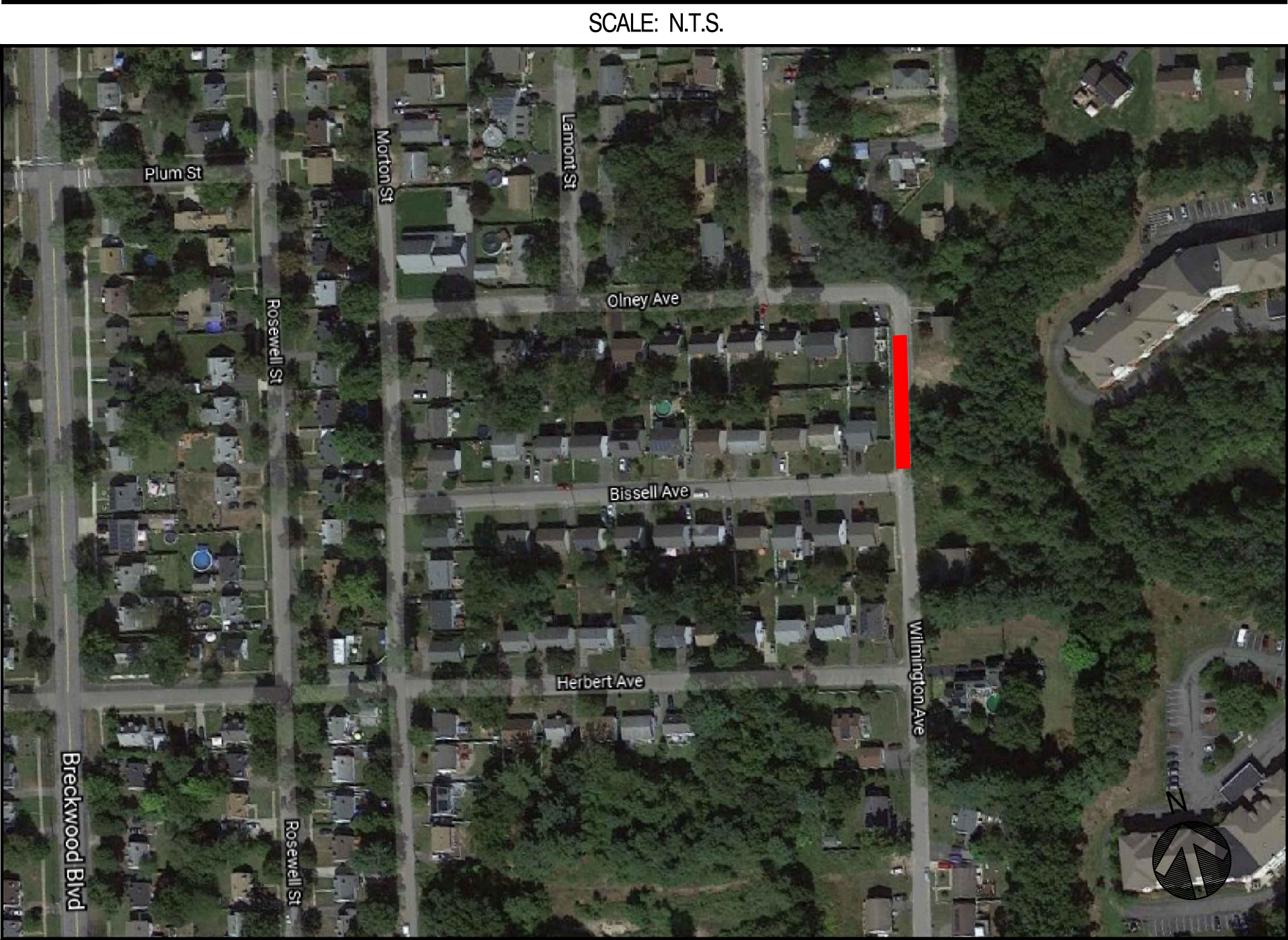
INSTALLATION ORDER NUMBER 21-0826635-00

PROJECT ID 21-79013
17 WILMINGTON AVENUE, SPRINGFIELD
JOB TYPE: NEW BUSINESS (555)

PROJECT INFORMATION

FIELD ENGINEER/TECHNICIAN:	RPB
CONSTRUCTION FLL:	DAVID BAYEUR
PERMITS:	CITY PERMIT
TCC/LOA:	8200 - SPRINGFIELD, MA
COUNTY:	HAMPDEN (013)
TAX DISTRICT/TOWNSHIP ID:	0000244
MAP/GRID NUMBER:	33
24 HR. EMERGENCY LINE:	1-800-525-8222

VICINITY MAP



SHEET INDEX

DWG.	DESCRIPTION
T-1	TITLE SHEET
GN-1	GENERAL NOTES
L-1 - L-1 MI	LAYOUT PLANS
D-1 - D-2	CONSTRUCTION DETAILS
I-1	ISOMETRIC DETAILS

PROJECT SUMMARY TABLE

PROPOSED INSTALLATION			PROPOSED ABANDONMENT		
LENGTH (FT)	SIZE (IN)	TYPE	LENGTH (FT)	SIZE (IN)	TYPE
100'	2"	PH IP	0'		
100'	TOTAL INSTALLATION (FEET)		0'	TOTAL ABANDONMENT (FEET)	
PROPOSED GAS SERVICES					
	REPLACEMENTS	TIE OVERS	TOTAL SERVICES	METER OUTS	
ESTIMATED GAS SERVICES	0	0	1	0	

PROJECT DESCRIPTION

INSTALL 100' OF 2" IP PH GAS MAIN ON WILMINGTON AVENUE TO PROVIDE SERVICE TO 17 WILMINGTON AVENUE.

EVERSOURCE



Know what's below.
Call before you dig.

PROPOSED

REVISIONS

0	5-14-21	DESIGNED FOR CONSTRUCTION
REV. #	DATE	DESCRIPTION
DESIGNED BY	RPB	5-14-21 413-262-3563
DRAWN BY	RPB	5-14-21 413-262-3563
CHECKED BY	X	X X
AS-BUILT BY		
	NAME	DATE PHONE #

SITE NAME:
INST# 21-0826635-00
ABAN#
PROJECT ID# 21-79013
17 WILMINGTON AVENUE
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
TITLE SHEET

DRAWING NO:
T-1

General Notes

1. The proposed gas facility locations shown are approximate and is subject to change.
2. Property lines, structures, street lines, etc. were compiled using the Eversource GIS and are to be considered approximate and not to scale.
3. Existing utilities, where shown, have been compiled from above ground evidence only and are to be considered approximate. Eversource does not guarantee the location of the underground utilities shown or that all existing utilities and/or subsurface structures are shown.
4. This project will adhere to all applicable federal, state or local permitting requirements for abandonment and installation of natural gas pipelines. All Federal, State, and Local codes and standards will be adhered including, but not limited to, the following:

- Code of Federal Regulations (CFR)
- 49 CFR 192 Pipeline Safety Regulations
- 29 CFR 1910 Occupational Safety and Health Administration (OSHA)
- American Society of Mechanical Engineers (ASME)
- ASME B31.8 Gas Transmission and Distribution Piping Systems

All Eversource construction standards, work practies, technical bulletins, and the O&M plan will be adhered to as applicable. These standards include but are not limited to the following (note state-specific designations where applicable):

- CS-100 Construction Standards - Mains - General
- CS-110 Construction Standards - Mains - Plastic
- CS-120 Construction Standards - Mains - Steel
- CS-200 Construction Standards - Services
- CS-300 Construction Standards - Meter Fits - General
- CS-310 Construction Standards - Meter Fits - Capacity & Sizing
- CS-320 Construction Standards - Meter Fits - Domestic/Small Commercial
- CS-330 Construction Standards - Meter Fits - Rotary Manifolds
- CS-350 Construction Standards - Meter Fits - Self Operated Regulators
- CS-400 Construction Standards - Regulator Stations - Design
- CS-500 Construction Standards - Corrosion Control
- CS-600 Construction Standards - Cross Bore Prevention and Trenchless Installation
- Eversource Welding Manual
- Eversource Welding Manual
- OM-010-ADM Review and Revision of O&M Plan - ADM
- OM-011-ADM General Procedure for Management of Change - ADM
- OM-020-ADM Event Response and Reporting - ADM
- OM-030-ADM Regulatory Reporting - ADM
- OM-040-ADM Establishing Maximum Allowable Operating Pressure - ADM
- OM-050 Mapping
- OM-085 Reporting Safety Related Conditions
- OM-090-ADM Analysis of Incidents and Near Misses - ADM
- OM-110 Leakage Surveys and Patrols
- OM-121-ADM Gas Leak Repair and Replacement - ADM
- OM-150 Damage Prevention and Mark out of Gas Facilities
- OM-160 Corrosion Control
- OM-180-ADM Planned Shutdown - ADM
- OM-190-ADM Gas Restoration Plan - ADM
- OM-205 Pressure Testing Mains
- OM-210 Pressure Testing Services
- OM-215 Abandoning Main
- OM-220 Abandoning/Inactivation of Services
- OM-230 Tapping and Stopping Off of LP/IP/HP Steel/Cast Iron Pipe
- OM-233 Tapping and Stopping Off Polyethylene Pipe
- OM-235 Inspection and Identification of Critical Valves
- OM-238-ADM Valve Box Adjustments and Repairs - ADM
- OM-240 Underground Plant Damage Prevention
- OM-255 Uprates
- OM-256 Pressure Increases in Place
- OM-260 Installation and Testing of Excess Flow Valves
- OM-410 Inspecting Gate/District Regulator Stations
- OM-430 Quantitative Odorant Testing
- OM-750 Repair to Pipelines Operating at Pressures Over 200 PSIG
- WP-AD-007 Procedures for Gas Operations
- WP-AD-009 Pipeline Construction Drawings
- WP-CP-001 Lowering In-Service Pipelines
- WP-EGMA-001 Planned Work Approval
- WP-EN-002 Evaluating Surface Damage and Imperfections in Steel Pipe
- WP-EN-003 Complex Design Review Process
- WP-EN-005 Engineering Work Practice
- WP-OP-110 Tool Lists for Tapping and Stopping Off Cast Iron/Steel Pipelines

5. Prior to beginning any excavation on site, the person responsible for earth moving shall notify utility owners of their intent to excavate and to have the exact locations of the utility lines marked by contacting the one call center in their state subject to any applicable state advance notification requirements.

6. Proposed or completed gas facility installation location references may be indicated by a combination of the following codes:

- F - FRONT
- BK - BACK
- L - LEFT
- R - RIGHT
- B - BUILDING EDGE
- CU - CURB
- CLP - CENTER OF PAVEMENT
- CLR - CENTER OF RIGHT-OF-WAY
- CEL - CENTER OF EASTBOUND LANE
- CWL - CENTER OF WESTBOUND LANE
- CNL - CENTER OF NORTHBOUND LANE
- CSL - CENTER OF SOUTHBOUND LANE
- D - DRIVEWAY EDGE
- EP - EDGE OF PAVEMENT
- ES - EDGE OF SIDEWALK
- PL - PROPERTY LINE

Environmental Notes

7. Any site-specific erosion control drawings, must be provided to the contractor with the project drawings for review and planning prior to the start of construction activities. This includes any tree clearing activities required prior to the start of facility construction activities.
8. Any associated drawings must be reviewed with construction, the contractor, and an environmental representative prior to the start of construction activities.
9. These documents must remain on site for the duration of the construction project, and any project scope changes, with the potential to impact the requirements of the environmental drawings, must be coordinated with an environmental representative prior to completion.

DRAWING LEGEND

- Gas Main Symbology
- Existing Gas Main
- Existing Gas Main to Be Abandoned
- Proposed Gas Main
- Proposed Gas Main Uprate

- Gas Main Material/Pressure Label References
- MATERIAL CODES
- CS* Coated Steel Gas Main
- CI* Cast Iron Gas Main
- BS* Bare Steel Gas Main
- WI* Wrought Iron Gas Main
- PH* High Density Polyethylene Gas Main
- PM* Medium Density Polyethylene Gas Main

- PRESSURE CODES
- *LP Low Pressure (Less than or equal to 0.5 psig)
- *ELP Elevated Low Pressure (Greater than 0.5 psig but less than or equal to 2 psig)
- *LIP Low Intermediate Pressure (Greater than 2 psig and less than or equal to 35 psig)
- *IP Intermediate Pressure (Greater than 35 psig and less than or equal to 60 psig)
- *HP High Pressure (Greater than 60 psig but less than or equal to 99 psig)
- *EHP Elevated High Pressure (Greater than 99 psig but less than or equal to 199 psig)
- *OHP Over High Pressure (Greater than 199 psig)

- MISCELLANEOUS CODES
- *.SER Service
- *.R Riser
- (TC) Transmission Class

- Gas Main Installation Method Label References
- AT Attached
- BH Bridge Hanger
- BLGH Building Hanger
- DB Directional Bore
- IS Inserted
- OC Open Cut
- PB Pneumatic Bore
- PL Plowed
- RT Roof Top
- (E) Existing
- (P) Proposed

- W1
- Weld Location
- T1
- Gas Main Tie-in Location
- A1
- Gas Main Abandonment Location

- Gas Facility Symbology
- x"GV Gas Valve
- x"PVCritical Gas Valve
- (Gate - GV, Plug - PV, PE Ball - BP, ST Ball - BV)
- x"HVTT High Volume Tapping Tee
- x"SST Pressure Control Fitting - ShortStopp Tee
- x"SPH Pressure Control Fitting - Spherical Tee
- x"MF-BO Pressure Control Fitting - Mueller Bottom-out
- x"MF-SO Pressure Control Fitting - Mueller Side-out
- x"MF-FT Pressure Control Fitting - Mueller Flange Tee
- x"SS Pressure Control Fitting - ShortStopp
- x"MF Pressure Control Fitting - Mueller Stopper
- x"x x" POLYTAP Polytapp Side Saddle Fitting

- Transition
- End Cap
- Riser
- Reducer
- Electronic Marker
- Flush-mounted Tracer Wire Station
- Post Pipeline Marker with Tracer Wire
- Gas Main Marker without Tracer Wire
- Test Well
- Regulator Station
- Single Customer Regulator
- Meter
- Meter with Regulator
- Test Point (Station)
- Gas Service Tie-over
- Gas Service Replacement
- Meter Move Out

- Swing Tie Symbology
- Telephone Manhole
- Drain Manhole
- Electric Manhole
- Catch Basis
- Sewer Manhole
- Fire Hydrant
- Utility Pole
- Property Marker
- Telephone Pedestal
- Television Pedestal
- Unknown Manhole
- Water Box
- Water Gate
- Electric Pedestal
- Iron Pin
- Light Pole

PROPOSED

REVISIONS			
0	5-14-21	DESIGNED FOR CONSTRUCTION	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RPB	5-14-21	413-262-3563
DRAWN BY	RPB	5-14-21	413-262-3563
CHECKED BY	X	X	X
AS-BUILT BY	X	X	X
	NAME	DATE	PHONE #

SITE NAME:			
INST# 21-0826635-00			
ABAN#			
PROJECT ID# 21-79013			
17 WILMINGTON AVENUE			
SPRINGFIELD, HAMPDEN (013)			

DRAWING TITLE:			
GENERAL NOTES			

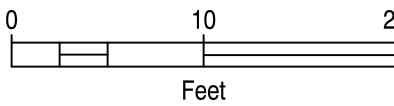
DRAWING NO:			
GN-1			



EVERSOURCE



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PROPOSED

REVISIONS

0	5-14-21	DESIGNED FOR CONSTRUCTION

REV. #	DATE	DESCRIPTION
--------	------	-------------

DESIGNED BY	RPB	5-14-21	413-262-3563
DRAWN BY	RPB	5-14-21	413-262-3563
CHECKED BY	X	X	X
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# 21-0826635-00
ABAN#
PROJECT ID# 21-79013
17 WILMINGTON AVENUE
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-1

MATERIAL INFORMATION

FITTING INSTALLATION DATA

[illegible]

VALVE INSTALLATION DATA

VALVE	TYPE	SIZE (IN)	STORES ITEM NUMBER (PO NUMBER IF NON-STOCK)	MATERIAL (MDPE, HDPE, STEEL)	MANUFACTURER	CLOCKWISE TO CLOSE?	TURNS TO CLOSE	PRESSURE RATING	DEPTH TO NUT	LOCATION 1	LOCATION 2	COMMENTS
						Y or N						

PIPELINE INSTALLATION DATA

[illegible]

FITTING LEGEND

CONTROLLABLE FITTINGS

FITTING TYPE	LABEL	SYMBOL
BOTTOM OUT MUELLER FITTING	4" MF-BO	
HIGH VOLUME TEE	4x2 HVTT	
SHORTSTOPP	4" SS	
FULL ENCIRCLEMENT SHORTSTOPP	4" SS-FE	
FULL ENCIRCLEMENT SHORTSTOPP TEE	4" SST-FE	
SIDE OUT MUELLER FITTING	4" MF-SO	
SPHERICAL TEE	4" SPH	
MUELLER STOPPER	4" MF-ST	
SHORTSTOPP TEE	4" SST	

NONCONTROLLABLE FITTINGS

FITTING TYPE	LABEL	SYMBOL
BLOW-DOWN	BLOW-DOWN	N/A ^
BLOW-OFF	BLOW-OFF	N/A ^
CHECK VALVE	4" CHECK VALVE	⊗
COUPLING	4" COUPLING	
ELL	4" 90° ELL/45° ELL	N/A*
END CAP	4" DE CAP	N/A
LAUNCHER-RECEIVER	LAUNCHER-RECEIVER	N/A ^
PUMPKIN	PUMPKIN	
REDUCER	4x2 REDUCER	◀
RELIEF	RELIEF	N/A ^
SADDLE	8x4 BRANCH SADDLE	N/A*
TEE	4" INLINE TEE	N/A*
TRANSITION	4" TRANSITION	
WELD INSULATOR	4" WELD INSULATOR	
RISER	4" PMMP-R/CSMP-R	⤴

* - FITTING INDICATED BY CHANGE IN DIRECTION (ELBOW) OR
INTERSECTION OF FACILITIES (INLINE TEE, BRANCH SADDLE)



Know what's **below**.
Call before you dig.

PROPOSED

REVISIONS

0	5-14-21	DESIGNED FOR CONSTRUCTION
REV. #	DATE	DESCRIPTION

DESIGNED BY	RPB	5-14-21	413-262-3563
DRAWN BY	RPB	5-14-21	413-262-3563
CHECKED BY	X	X	X
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME: _____

INST# 21-0826635-00
ABAN#

PROJECT ID# 21-79013

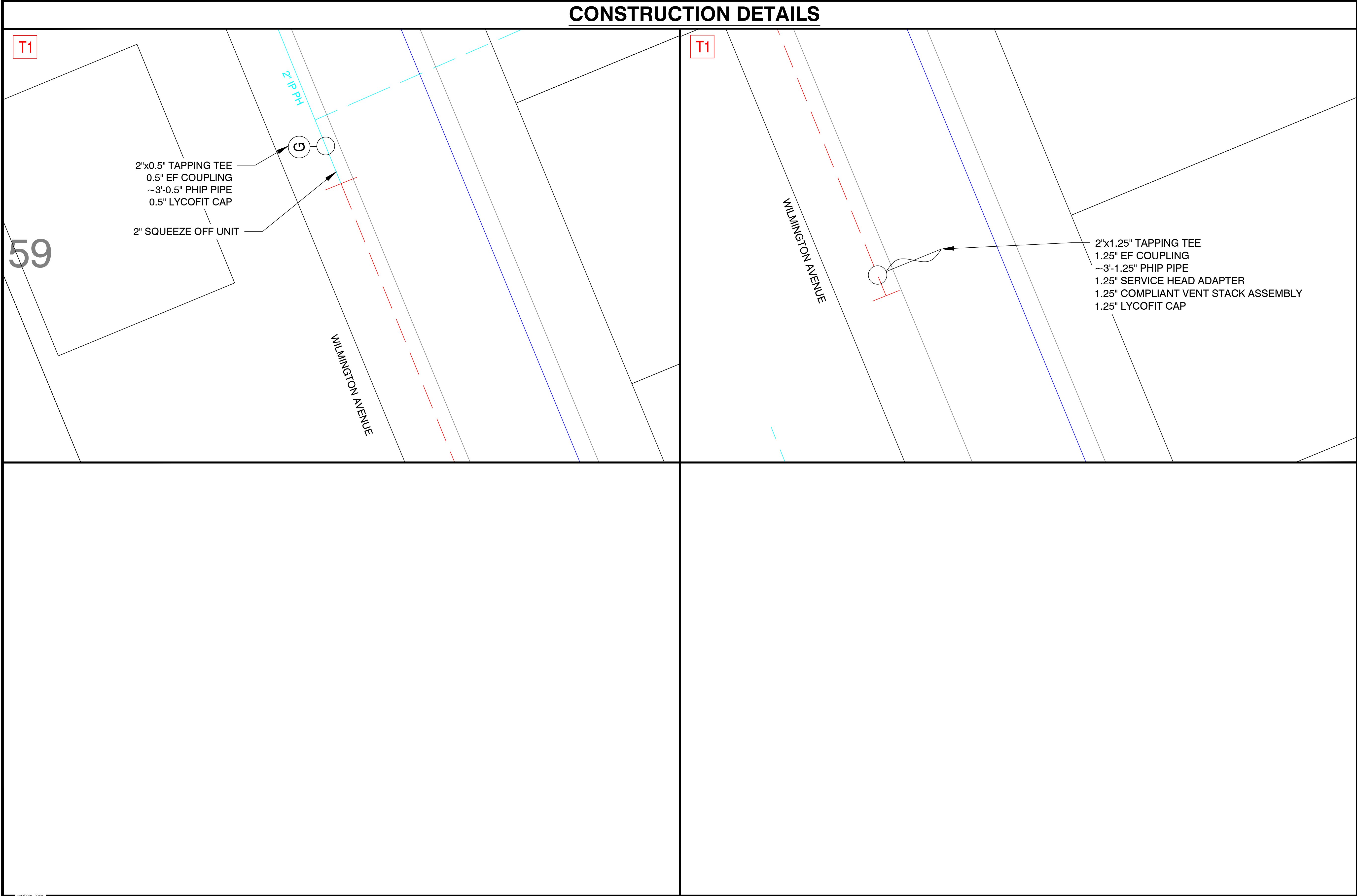
17 WILMINGTON AVENUE
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

MATERIAL INFORMATION

DRAWING NO: _____

L-1 MI







Know what's below.
Call before you dig.

PROPOSED

REVISIONS			
REV. #	DATE	DESCRIPTION	
0	5-14-21	DESIGNED FOR CONSTRUCTION	

DESIGNED BY	RPB	5-14-21	413-262-3563
DRAWN BY	RPB	5-14-21	413-262-3563
CHECKED BY	X	X	X
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:

INST# 21-0826635-00
ABAN#
PROJECT ID# 21-79013
17 WILMINGTON AVENUE
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

CONSTRUCTION
DETAILS

DRAWING NO:

D-1

CONSTRUCTION DETAILS

EVERSOURCE



Know what's below.
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PROPOSED

REVISIONS		
0	5-14-21	DESIGNED FOR CONSTRUCTION
REV. #	DATE	DESCRIPTION

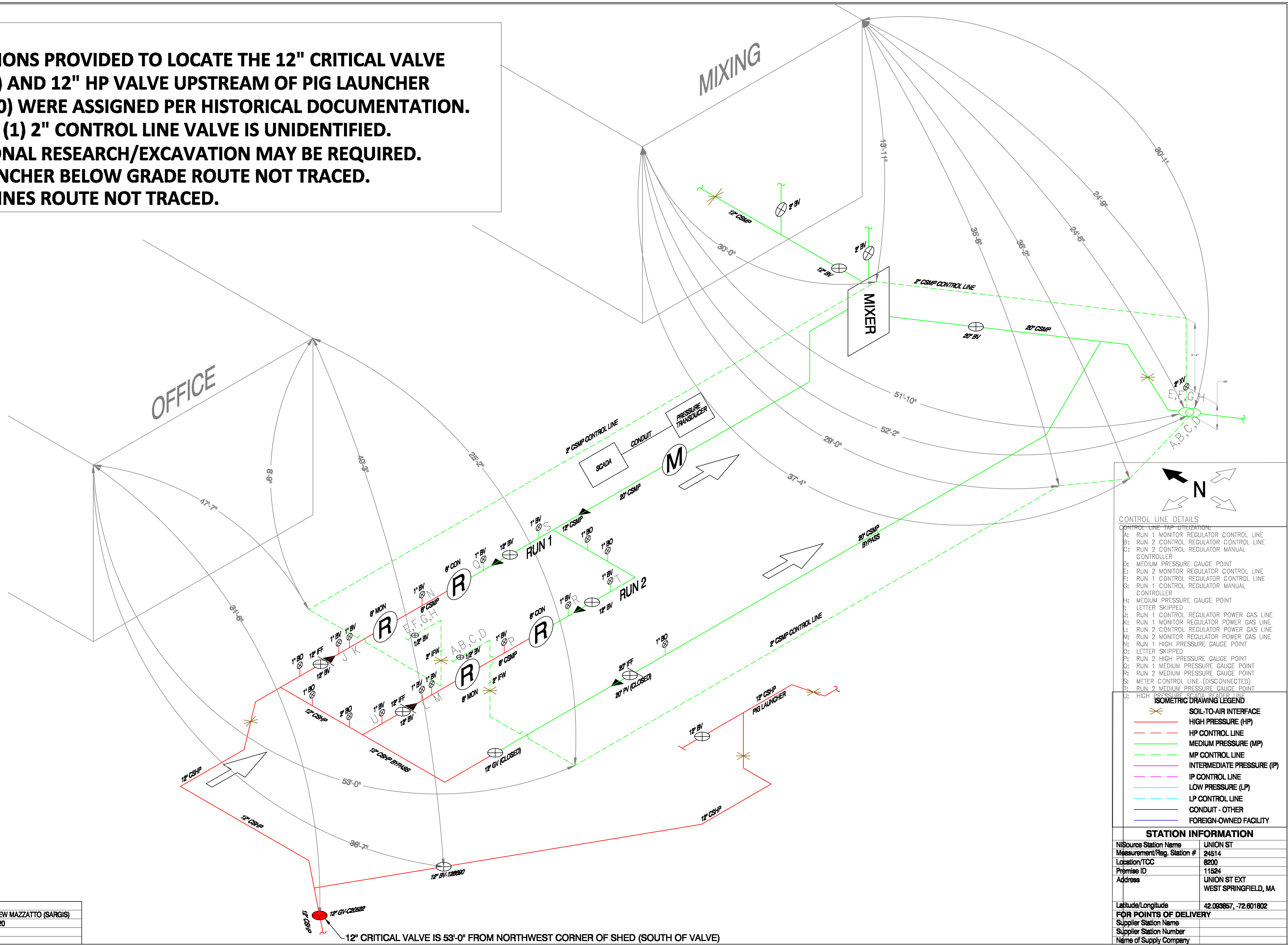
DESIGNED BY	RPB	5-14-21	413-262-3563
DRAWN BY	RPB	5-14-21	413-262-3563
CHECKED BY	X	X	X
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# 21-0826635-00
ABAN#
PROJECT ID# 21-79013
17 WILMINGTON AVENUE
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
CONSTRUCTION
DETAILS

DRAWING NO:
D-2

- WARNING:**
- 1. DIMENSIONS PROVIDED TO LOCATE THE 12" CRITICAL VALVE (#20522) AND 12" HP VALVE UPSTREAM OF PIG LAUNCHER (#128690) WERE ASSIGNED PER HISTORICAL DOCUMENTATION.
 - 2. TYPE OF (1) 2" CONTROL LINE VALVE IS UNIDENTIFIED.
 - 3. PIG LAUNCHER BELOW GRADE ROUTE NOT TRACED.
 - 4. MIXER LINES ROUTE NOT TRACED.



DRAWING REVISION DATA	
CAD DRAWING REVISION BY:	MATTHEW MAZZATTO (SARGIS)
CAD DRAWING REVISION DATE:	8/28/2020
REDLINE DRAWING REVISION BY:	
REDLINE DRAWING REVISION DATE:	

EVERSOURCE



Know what's below.
Call before you dig.

REVISIONS

REV. #	DATE	DESCRIPTION
0	5-14-21	DESIGNED FOR CONSTRUCTION

DESIGNED BY	RPB	5-14-21	413-262-3563
DRAWN BY	RPB	5-14-21	413-262-3563
CHECKED BY	X	X	X
AS-BUILT BY			

SITE NAME:
INST# 21-0826635-00
ABAN#
PROJECT ID# 21-79013
17 WILMINGTON AVENUE
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
ISOMETRIC DETAILS

DRAWING NO:
1-1

CITY OF SPRINGFIELD, MASSACHUSETTS

Date: June 23, 2021

TO THE MAYOR AND CITY COUNCIL OF THE CITY OF SPRINGFIELD:

The Board of Public Works, to which was referred the petition of Eversorce/Gas to install underground gas main pipe to service new house on Wilmington Ave Starting at existing gas main in Olney Avenue with 1-2" inches pipe running southerly direction for one hundred (100') feet to service house #17 Wilmington Avenue; as substantially shown on a plan attached with project name., all shown on a plan attached with project name, 17 Wilmington Avenue - ID # 21-79013 which is incorporated herein by reference and to lay and maintain underground gas main pipes for the purpose of improvements of the system, reports thereon as follows:

By virtue of Chapter 708 of the Acts of 1977 the Board of Public Works held the hearing on the above matter provided for in Section 22 of Chapter 166 of the General Laws. The hearing was held on June 23, 2021 at 4:00 P.M. at the corner of Olney Ave. and Wilmington Avenue after due notice from the office of the City Clerk. Two (2) members of the Board and one (1) person interested in the matter were present. Of the latter, one (1) voted in favor of and no-one (0) voted against.

The Board finds the request necessary in order that the utility company can provide service to new houses.

After careful consideration, the Board recommends the petition be granted provided:

That due care for public safety is exercised during construction including but not limited to the use of a police officer(s) for traffic control if necessary.

That said construction would not unnecessarily interfere with the movement of vehicular or pedestrian traffic in the area.

That care be taken during said construction not to damage any underground services.

That the construction site be returned to the same condition as found or better.

Said company shall indemnify and save harmless against all damages, costs and expenses whatsoever to which the City may be subjected in consequence of the acts or neglect of said Company, its agents or servants, or in any manner arising from the rights and privileges granted it by the City.

In addition, said company shall before a public way is disturbed for the laying of its wire or conduit, execute its bond in the penal sum of Ten Thousand Dollars (\$10,000) conditioned for faithful performance of its duties under this permit.

Attachment: Eversource-CMA-Wilmington Ave. Report (6313 : Eversource/Gas-Wilmington Avenue)

Said company shall comply with the requirements of existing Ordinances and orders and comply with any changes in Ordinances and orders as may hereafter be adopted by the Mayor and Council governing the construction and maintenance of buried cable, conduits and wires.

That any sidewalks that are damaged or removed will be replaced in kind and in accordance with the City of Springfield's Standard Specifications.

That ramps for the handicapped will be provided if and where required by law and in conformance with the Rules and Regulations of the Massachusetts Architectural Barrier Board.

That any curbing that is disturbed during construction will be reset to the established street grade using proper construction procedures.

That due care be exercised not to unnecessarily damage any public shade trees located within the construction area.

That the Springfield Water and Sewer Commission be notified before construction begins. All installations of adjacent utilities must be a minimum of 4 feet from the existing water and/or sewer main, edge to edge of pipe.

That all conditions set forth in the respective order are complied with.

John J. Fitzgerald)
Ronald A. Blagden)
Michael J. Briggs)

BOARD OF PUBLIC WORKS

ORDER FOR LOCATION OF UNDERGROUND CONDUIT

WHEREAS, The Board of Public Works, to which was referred the petition of Eversource/Gas to install underground gas main pipe to service new house on Wilmington Ave.

WHEREAS, said petition Wilmington Avenue was referred to the Board of Public Works on May 17, 2021; and

WHEREAS, On June 3, 2021 a Notice of a Public Hearing on Wilmington Avenue, to be held on June 23, 2021, was sent by mail, to all property owners abutting an affected road, various Departments, Utility Companies, etc before the day of the hearing and posted on two public bulletin board a copy of which is attached a hearing of the Board of Public Works was held as scheduled on site with the petitioner and interested parties.

WHEREAS, on June 23, 2021 the Board of Public Works reported thereon that, after careful consideration of petition Wilmington Avenue to install underground gas main pipe to service new house on Wilmington Ave. Starting at existing gas main in Olney Avenue with 1-2" inches pipe running southerly direction for one hundred (100') feet to service house #17 Wilmington Avenue; as substantially shown on a plan attached with project name:

17 Wilmington Avenue - ID # 21-79013

Consisting of six (6) sheets, which plan is incorporated herein by reference and is on file in the office of the Engineering Division of the Department of Public Works, Springfield, Massachusetts.

WHEREAS, petition Wilmington Avenue came before the City Council for a Public Hearing on this date,

NOW THEREFORE, BE IT ORDERED:

1. That due care for public safety is exercised during construction including but not limited to the use of a police officer(s) for traffic control if necessary.
2. That said construction would not unnecessarily interfere with the movement of vehicular or pedestrian traffic in the area.
3. That care be taken during said construction not to damage any underground services.
4. That the construction site be returned to the same condition as found or better.
5. Said company shall indemnify and save harmless against all damages, costs and expenses whatsoever to which the City may be subjected in

- consequence of the acts or neglect of said Company, its agents or servants, or in any manner arising from the rights and privileges granted it by the City.
6. In addition said company shall, before a public way is disturbed for the laying of its wire or conduit, execute its bond in the penal sum of Ten Thousand Dollars (\$10,000) conditioned for faithful performance of its duties under this permit.
 7. Said company shall comply with the requirements of existing Ordinances and orders and comply with any changes in Ordinances and orders as may hereafter be adopted by the Mayor and Council governing the construction and maintenance of buried cable, conduits and wires.
 8. That any sidewalks that are damaged or removed will be replaced in kind and in accordance with the City of Springfield's Standard Specifications.
 9. That ramps for the handicapped will be provided if and where required by law and in conformance with the Rules and Regulations of the Massachusetts Architectural Barrier Board.
 10. That any curbing that is disturbed during construction will be reset to the established street grade using proper construction procedures.
 11. That all proposed silo, manhole and hexhole covers will conform to and be compatible with established street, treebelt or sidewalk grades with suitable non-skid covers when in the sidewalk area.
 12. That the Springfield Water and Sewer Commission be notified before construction begins. All installations of adjacent utilities must be a minimum of 4 feet from the existing water and/or sewer main, edge to edge of pipe.
 13. That asphalt trench restoration be done in accordance with the City of Springfield DPW requirements.
 14. That all conditions set forth in the respective order are complied with.

CITY OF SPRINGFIELD, MASSACHUSETTS

Date: June 28, 2021

TO THE MAYOR AND CITY COUNCIL OF THE CITY OF SPRINGFIELD:

The Board of Public Works, to which was referred the petition West York St. Eversource / Gas Company dated June 11, 2021 to install 350 feet of 1-2" pipe on West York Street. Starting at existing gas pipe on West Columbus Ave. running westerly direction 350 feet along W York Street with 1- 2" inches pipe to new pump station, all as substantially shown on a plan attached referred to West York Street Pump Station, which is incorporated herein by reference and to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with the pump station as it may desire for distributing purposes, reports thereon as follows:

By virtue of Chapter 708 of the Acts of 1977 the Board of Public Works held the hearing on the above matter provided for in Section 22 of Chapter 166 of the General Laws. The hearing was held on June 28, 2021 at 4:00 P.M. at the corner of W York Street and Hall of Fame Avenue in Springfield, MA. Two (2) members of the Board and one (1) persons interested in the matter were present. Of the latter, one (1) voted in favor of and no-one (0) voted against.

The Board finds the request necessary to provide gas service to newly built pump station on W York Street.

After careful consideration, the Board recommends the petition be granted provided:

That due care for public safety is exercised during construction including but not limited to the use of a police officer(s) for traffic control if necessary.

That said construction would not unnecessarily interfere with the movement of vehicular or pedestrian traffic in the area.

That care be taken during said construction not to damage any underground services.

That the construction site be returned to the same condition as found or better.

Said company shall indemnify and save harmless against all damages, costs and expenses whatsoever to which the City may be subjected in consequence of the acts or neglect of said Company, its agents or servants, or in any manner arising from the rights and privileges granted it by the City.

In addition said company shall, before a public way is disturbed for the laying of its wire or conduit, execute its bond in the penal sum of Ten Thousand Dollars (\$10,000) conditioned for faithful performance of its duties under this permit.

Attachment: W York St. Report (6318 : Eversource-West York Street)

Said company shall comply with the requirements of existing Ordinances and orders and comply with any changes in Ordinances and orders as may hereafter be adopted by the Mayor and Council governing the construction and maintenance of buried cable, conduits and wires.

That any sidewalks that are damaged or removed will be replaced in kind and in accordance with the City of Springfield's Standard Specifications.

That ramps for the handicapped will be provided if and where required by law and in conformance with the Rules and Regulations of the Massachusetts Architectural Barrier Board.

That any curbing that is disturbed during construction will be reset to the established street grade using proper construction procedures.

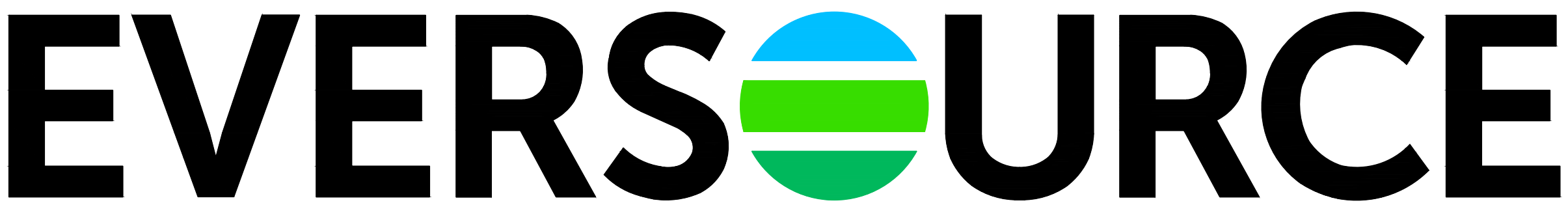
That due care be exercised not to unnecessarily damage any public shade trees located within the construction area.

That the Springfield Water and Sewer Commission be notified before construction begins. All installations of adjacent utilities must be a minimum of 4 feet from the existing water and/or sewer main, edge to edge of pipe.

That all conditions set forth in the respective order are complied with.

John J. Fitzgerald)
Ronald A. Chappell)
Michael J. Triggs)

BOARD OF PUBLIC WORKS



INSTALLATION ORDER NUMBER21-0826633-00

ABANDONMENT ORDER NUMBERN/A

PROJECT ID21-78837

WEST YORK ST. PUMP STATION - NEW BUSINESS

JOB TYPE: BUDGET NAME (555)

PROJECT INFORMATION

FIELD ENGINEER/TECHNICIAN:MATTHEW NICHOLS

CONSTRUCTION FLL:DAVID BAYEUR, JUSTIN VIOLETTE, ERIC SHEPARD

PERMITS:CITY PERMIT

TCC/LOA:8200 - SPRINGFIELD, MA

COUNTY:HAMPDEN (013)

TAX DISTRICT/TOWNSHIP ID:0000244

MAP/GRID NUMBER:23

24 HR. EMERGENCY LINE:1-800-525-8222

VALVES PLANNED FOR ABANDONMENT

VALVE NO.	FACILITY ID	LOCATION DESCRIPTION	ABANDONED VALVE INSERTED?		DISPOSITION			
			YES*	NO	VALVE REMOVED (NO BOX, ABOVE GROUND VALVE)	VALVE, VALVE BOX & LID REMOVED	VALVE REMAINS IN PLACE, BOX & LID REMOVED	VALVE REMAINS IN PLACE, BOX FILLED W/ CONCRETE
#								
#								
#								
#								

* - IF "YES," APPROVAL AND REASON ARE REQUIRED AND SHALL BE DOCUMENTED.
NOTE: IF VALVE COULD NOT BE LOCATED, MAKE APPLICABLE COMMENT IN ABOVE TABLE.

PROPOSED FACILITIES - SYSTEM MOP AND PRESSURE TEST DATA

SYSTEM NUMBER80003048

SYSTEM NAMESPRINGFIELD 60 PSIG

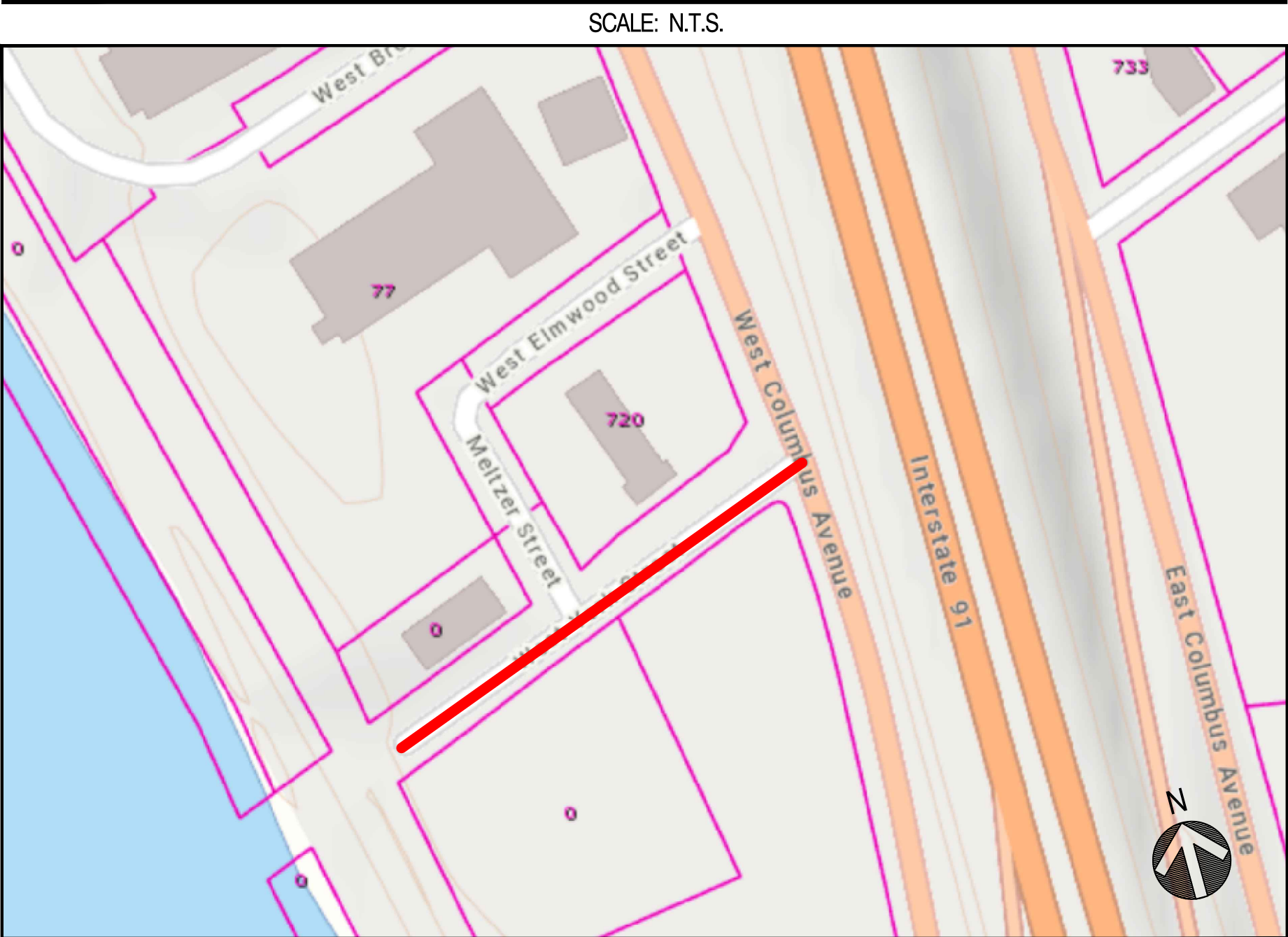
SYSTEM MOP (PSIG)60 PSIG

SEGMENT MAOP (PSIG)98 PSIG

MINIMUM TEST PRESSURE (PSIG)150 PSIG

MAXIMUM TEST PRESSURE (PSIG)197 PSIG

VICINITY MAP



PROJECT DESCRIPTION

INSTALL ~350' OF 2" PHIP ON WEST YORK STREET TO PROVIDE SERVICE TO A NEW PUMP STATION AND THE EXISTING PUMP STATION.

SHEET INDEX

DWG.	DESCRIPTION
T-1	TITLE SHEET
GN-1	GENERAL NOTES
L-1 - L-1 MI	LAYOUT PLANS
D-1 - D-2	CONSTRUCTION DETAILS

PROJECT SUMMARY TABLE

PROPOSED INSTALLATION			PROPOSED ABANDONMENT		
LENGTH (FT)	SIZE (IN)	TYPE	LENGTH (FT)	SIZE (IN)	TYPE
350'	2"	PHIP	0'		
350'	TOTAL INSTALLATION (FEET)		0'	TOTAL ABANDONMENT (FEET)	
PROPOSED GAS SERVICES					
	REPLACEMENTS	TIE OVERS	TOTAL SERVICES	METER OUTS	
ESTIMATED GAS SERVICES	2	0	2	0	

EVERSOURCE



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PROPOSED

REVISIONS

0	6/9/2021	DWG CREATED
REV. #	DATE	DESCRIPTION

DESIGNED BY	MJN	6/9/2021	413-262-5608
DRAWN BY	MJN	6/9/2021	413-262-5608
CHECKED BY	PJV	6/9/2021	X
AS-BUILT BY			
NAME		DATE	PHONE #

SITE NAME:

INST# 21-0826633-00
ABAN# N/A
PROJECT ID# 21-78837
WEST YORK ST PUMP STATION - NEW BUSINESS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

TITLE SHEET

DRAWING NO:

T-1

General Notes

1. The proposed gas facility locations shown are approximate and is subject to change.
2. Property lines, structures, street lines, etc. were compiled using the Eversource GIS and are to be considered approximate and not to scale.
3. Existing utilities, where shown, have been compiled from above ground evidence only and are to be considered approximate. Eversource does not guarantee the location of the underground utilities shown or that all existing utilities and/or subsurface structures are shown.
4. This project will adhere to all applicable federal, state or local permitting requirements for abandonment and installation of natural gas pipelines. All Federal, State, and Local codes and standards will be adhered including, but not limited to, the following:

- Code of Federal Regulations (CFR)
- 49 CFR 192 Pipeline Safety Regulations
- 29 CFR 1910 Occupational Safety and Health Administration (OSHA)
- American Society of Mechanical Engineers (ASME)
- ASME B31.8 Gas Transmission and Distribution Piping Systems

All Eversource construction standards, work practies, technical bulletins, and the O&M plan will be adhered to as applicable. These standards include but are not limited to the following (note state-specific designations where applicable):

- CS-100 Construction Standards - Mains - General
- CS-110 Construction Standards - Mains - Plastic
- CS-120 Construction Standards - Mains - Steel
- CS-200 Construction Standards - Services
- CS-300 Construction Standards - Meter Fits - General
- CS-310 Construction Standards - Meter Fits - Capacity & Sizing
- CS-320 Construction Standards - Meter Fits - Domestic/Small Commercial
- CS-330 Construction Standards - Meter Fits - Rotary Manifolds
- CS-350 Construction Standards - Meter Fits - Self Operated Regulators
- CS-400 Construction Standards - Regulator Stations - Design
- CS-500 Construction Standards - Corrosion Control
- CS-600 Construction Standards - Cross Bore Prevention and Trenchless Installation
- Eversource Welding Manual Eversource Welding Manual
- OM-010-ADM Review and Revision of O&M Plan - ADM
- OM-011-ADM General Procedure for Management of Change - ADM
- OM-020-ADM Event Response and Reporting - ADM
- OM-030-ADM Regulatory Reporting - ADM
- OM-040-ADM Establishing Maximum Allowable Operating Pressure - ADM
- OM-050 Mapping
- OM-085 Reporting Safety Related Conditions
- OM-090-ADM Analysis of Incidents and Near Misses - ADM
- OM-110 Leakage Surveys and Patrols
- OM-121-ADM Gas Leak Repair and Replacement - ADM
- OM-150 Damage Prevention and Mark out of Gas Facilities
- OM-160 Corrosion Control
- OM-180-ADM Planned Shutdown - ADM
- OM-190-ADM Gas Restoration Plan - ADM
- OM-205 Pressure Testing Mains
- OM-210 Pressure Testing Services
- OM-215 Abandoning Main
- OM-220 Abandoning/Inactivation of Services
- OM-230 Tapping and Stopping Off of LP/IP/HP Steel/Cast Iron Pipe
- OM-233 Tapping and Stopping Off Polyethylene Pipe
- OM-235 Inspection and Identification of Critical Valves
- OM-238-ADM Valve Box Adjustments and Repairs - ADM
- OM-240 Underground Plant Damage Prevention
- OM-255 Uprates
- OM-256 Pressure Increases in Place
- OM-260 Installation and Testing of Excess Flow Valves
- OM-410 Inspecting Gate/District Regulator Stations
- OM-430 Quantitative Odorant Testing
- OM-750 Repair to Pipelines Operating at Pressures Over 200 PSIG
- WP-AD-007 Procedures for Gas Operations
- WP-AD-009 Pipeline Construction Drawings
- WP-CP-001 Lowering In-Service Pipelines
- WP-EGMA-001 Planned Work Approval
- WP-EN-002 Evaluating Surface Damage and Imperfections in Steel Pipe
- WP-EN-003 Complex Design Review Process
- WP-EN-005 Engineering Work Practice
- WP-OP-110 Tool Lists for Tapping and Stopping Off Cast Iron/Steel Pipelines

5. Prior to beginning any excavation on site, the person responsible for earth moving shall notify utility owners of their intent to excavate and to have the exact locations of the utility lines marked by contacting the one call center in their state subject to any applicable state advance notification requirements.

6. Proposed or completed gas facility installation location references may be indicated by a combination of the following codes:

- F - FRONT
- BK - BACK
- L - LEFT
- R - RIGHT
- B - BUILDING EDGE
- CU - CURB
- CLP - CENTER OF PAVEMENT
- CLR - CENTER OF RIGHT-OF-WAY
- CEL - CENTER OF EASTBOUND LANE
- CWL - CENTER OF WESTBOUND LANE
- CNL - CENTER OF NORTHBOUND LANE
- CSL - CENTER OF SOUTHBOUND LANE
- D - DRIVEWAY EDGE
- EP - EDGE OF PAVEMENT
- ES - EDGE OF SIDEWALK
- PL - PROPERTY LINE

Environmental Notes

7. Any site-specific erosion control drawings, must be provided to the contractor with the project drawings for review and planning prior to the start of construction activities. This includes any tree clearing activities required prior to the start of facility construction activities.
8. Any associated drawings must be reviewed with construction, the contractor, and an environmental representative prior to the start of construction activities.
9. These documents must remain on site for the duration of the construction project, and any project scope changes, with the potential to impact the requirements of the environmental drawings, must be coordinated with an environmental representative prior to completion.

DRAWING LEGEND

Gas Main Symbology

- Existing Gas Main
- Existing Gas Main to Be Abandoned
- Proposed Gas Main
- Proposed Gas Main Uprate

Gas Main Material/Pressure Label References

MATERIAL CODES

- CS* Coated Steel Gas Main
- CI* Cast Iron Gas Main
- BS* Bare Steel Gas Main
- WI* Wrought Iron Gas Main
- PH* High Density Polyethylene Gas Main
- PM* Medium Density Polyethylene Gas Main
- PRESSURE CODES
- *LP Low Pressure (Less than or equal to 0.5 psig)
- *ELP Elevated Low Pressure (Greater than 0.5 psig but less than or equal to 2 psig)
- *LIP Low Intermediate Pressure (Greater than 2 psig and less than or equal to 35 psig)
- *IP Intermediate Pressure (Greater than 35 psig and less than or equal to 60 psig)
- *HP High Pressure (Greater than 60 psig but less than or equal to 99 psig)
- *EHP Elevated High Pressure (Greater than 99 psig but less than or equal to 199 psig)
- *OHP Over High Pressure (Greater than 199 psig)

MISCELLANEOUS CODES

- *.SER Service
- *.R Riser
- (TC) Transmission Class

Gas Main Installation Method Label References

- AT Attached
- BH Bridge Hanger
- BLGH Building Hanger
- DB Directional Bore
- IS Inserted
- OC Open Cut
- PB Pneumatic Bore
- PL Plowed
- RT Roof Top
- (E) Existing
- (P) Proposed

- W1

Weld Location
- T1

Gas Main Tie-in Location
- A1

Gas Main Abandonment Location

Gas Facility Symbology

- ⊗x"GV

Gas Valve
- x"Pv

Critical Gas Valve
- (Gate - GV, Plug - PV, PE Ball - BP, ST Ball - BV)
- x"HVTT

High Volume Tapping Tee
- x"SST

Pressure Control Fitting - ShortStopp Tee
- x"SPH

Pressure Control Fitting - Spherical Tee
- x"MF-BO

Pressure Control Fitting - Mueller Bottom-out
- x"MF-SO

Pressure Control Fitting - Mueller Side-out
- x"MF-FT

Pressure Control Fitting - Mueller Flange Tee
- ⊠x"SS

Pressure Control Fitting - ShortStopp
- ⊠x"MF

Pressure Control Fitting - Mueller Stopper
- ×x"x x" POLYTAP

Polytapp Side Saddle Fitting
- I

Transition
- End Cap
- ⬇

Riser
- ◄

Reducer
- EM

Electronic Marker
- TWS

Flush-mounted Tracer Wire Station
- ↑

Post Pipeline Marker with Tracer Wire
- MM

Gas Main Marker without Tracer Wire
- W

Test Well
- R

Regulator Station
- R

Single Customer Regulator
- M

Meter
- M

Meter with Regulator
- ⦿

Test Point (Station)
- Ⓢ

Gas Service Tie-over
- Ⓢ

Gas Service Replacement
- MMO

Meter Move Out

Swing Tie Symbology

- Ⓢ

Telephone Manhole
- Ⓢ

Drain Manhole
- Ⓢ

Electric Manhole
- Ⓢ

Catch Basis
- Ⓢ

Sewer Manhole
- Ⓢ

Fire Hydrant
- Ⓢ

Utility Pole
- Ⓢ

Property Marker
- Ⓢ

Telephone Pedestal
- Ⓢ

Television Pedestal
- Ⓢ

Unknown Manhole
- Ⓢ

Water Box
- Ⓢ

Water Gate
- Ⓢ

Electric Pedestal
- Ⓢ

Iron Pin
- Ⓢ

Light Pole



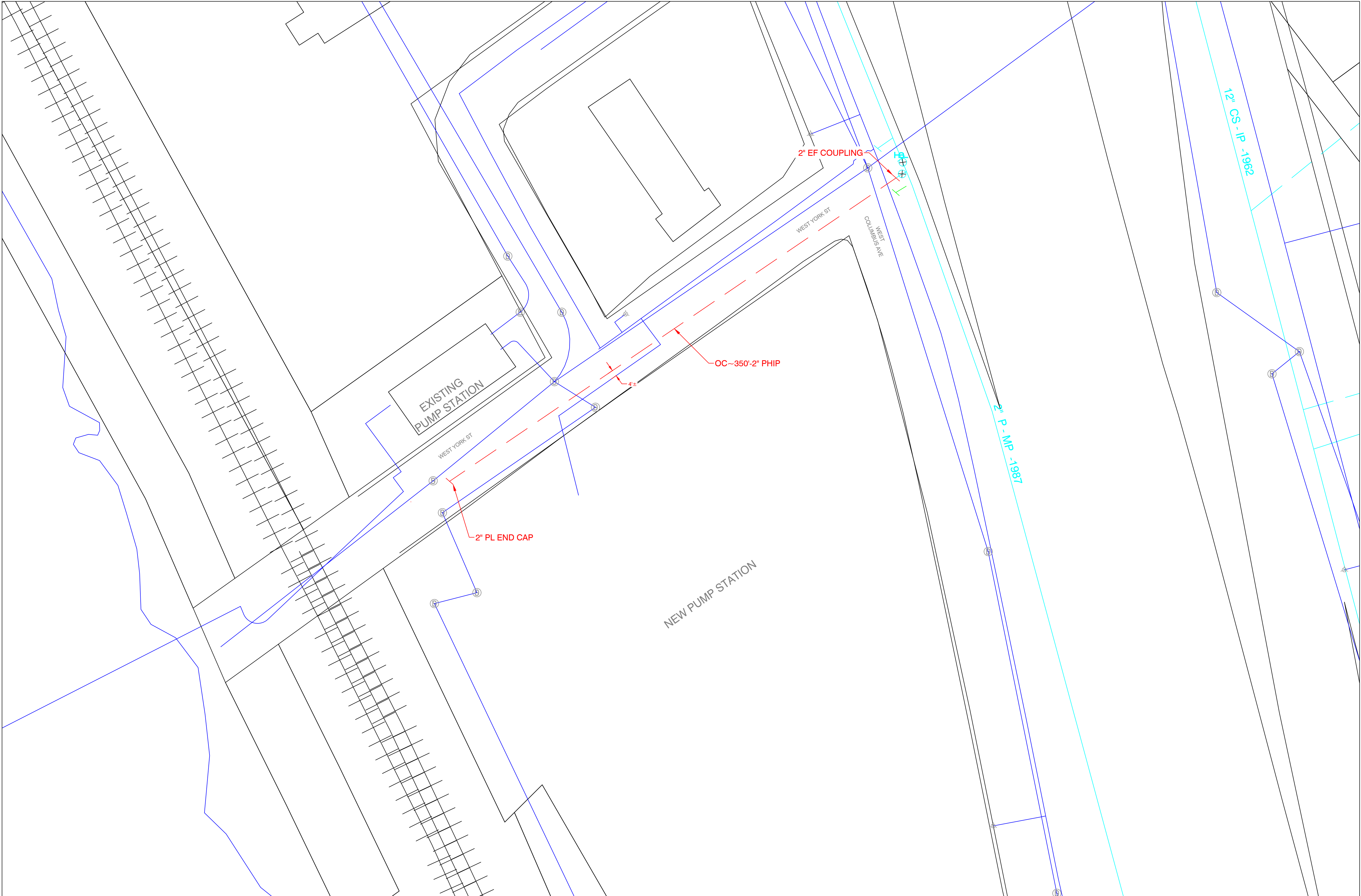
PROPOSED

REVISIONS			
0	6/9/2021	DWG CREATED	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	MJN	6/9/2021	413-262-5608
DRAWN BY	MJN	6/9/2021	413-262-5608
CHECKED BY	PJV	6/9/2021	X
AS-BUILT BY	X	X	X
	NAME	DATE	PHONE #

SITE NAME:			
INST# 21-0826633-00			
ABAN# N/A			
PROJECT ID# 21-78837			
WEST YORK ST PUMP STATION - NEW BUSINESS			
SPRINGFIELD, HAMPDEN (013)			

DRAWING TITLE:			
GENERAL NOTES			

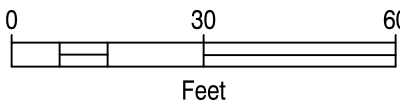
DRAWING NO:			
GN-1			



EVERSOURCE



Know what's below.
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PROPOSED

REVISIONS

0	6/9/2021	DWG CREATED	
REV. #	DATE	DESCRIPTION	

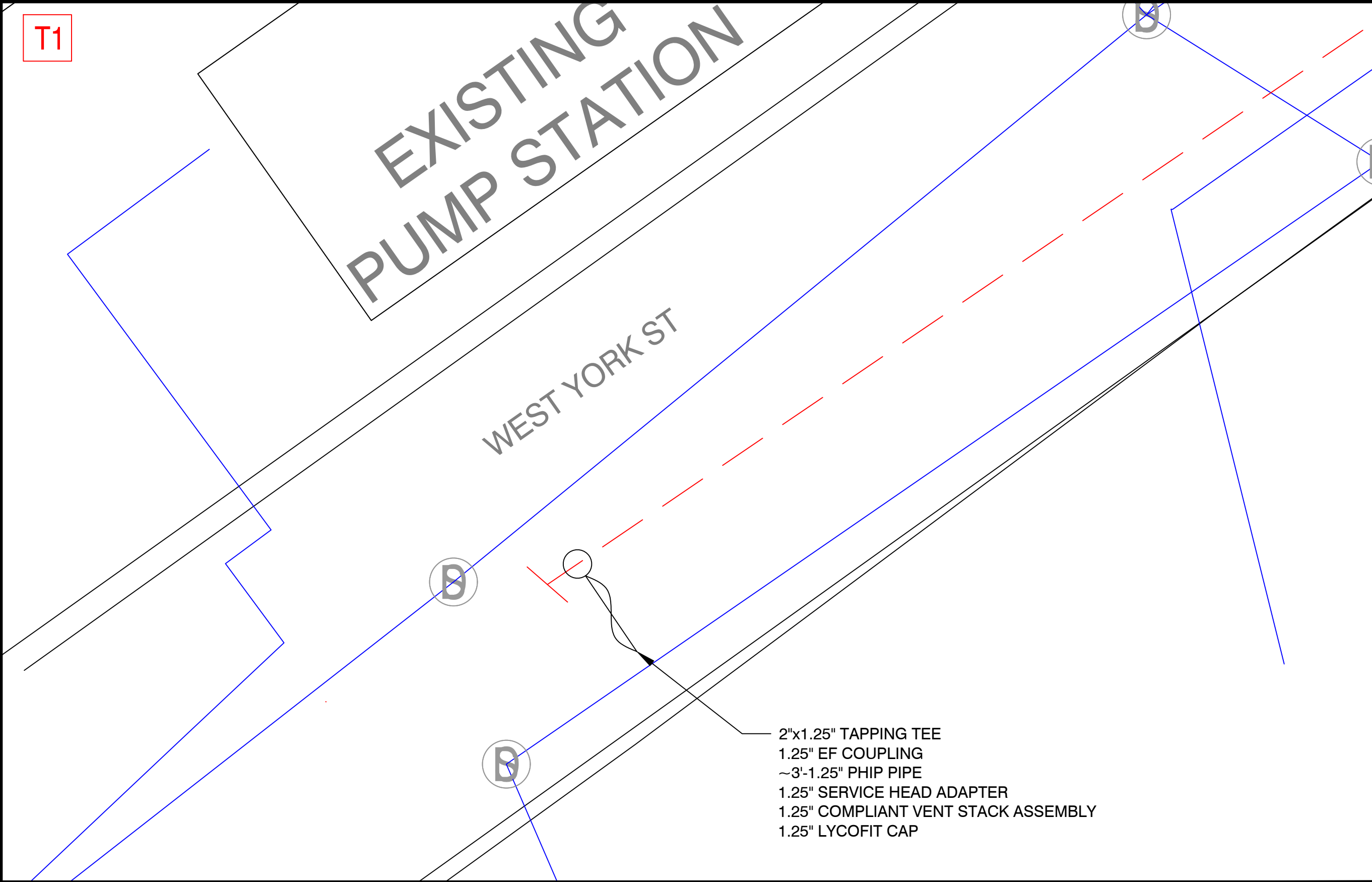
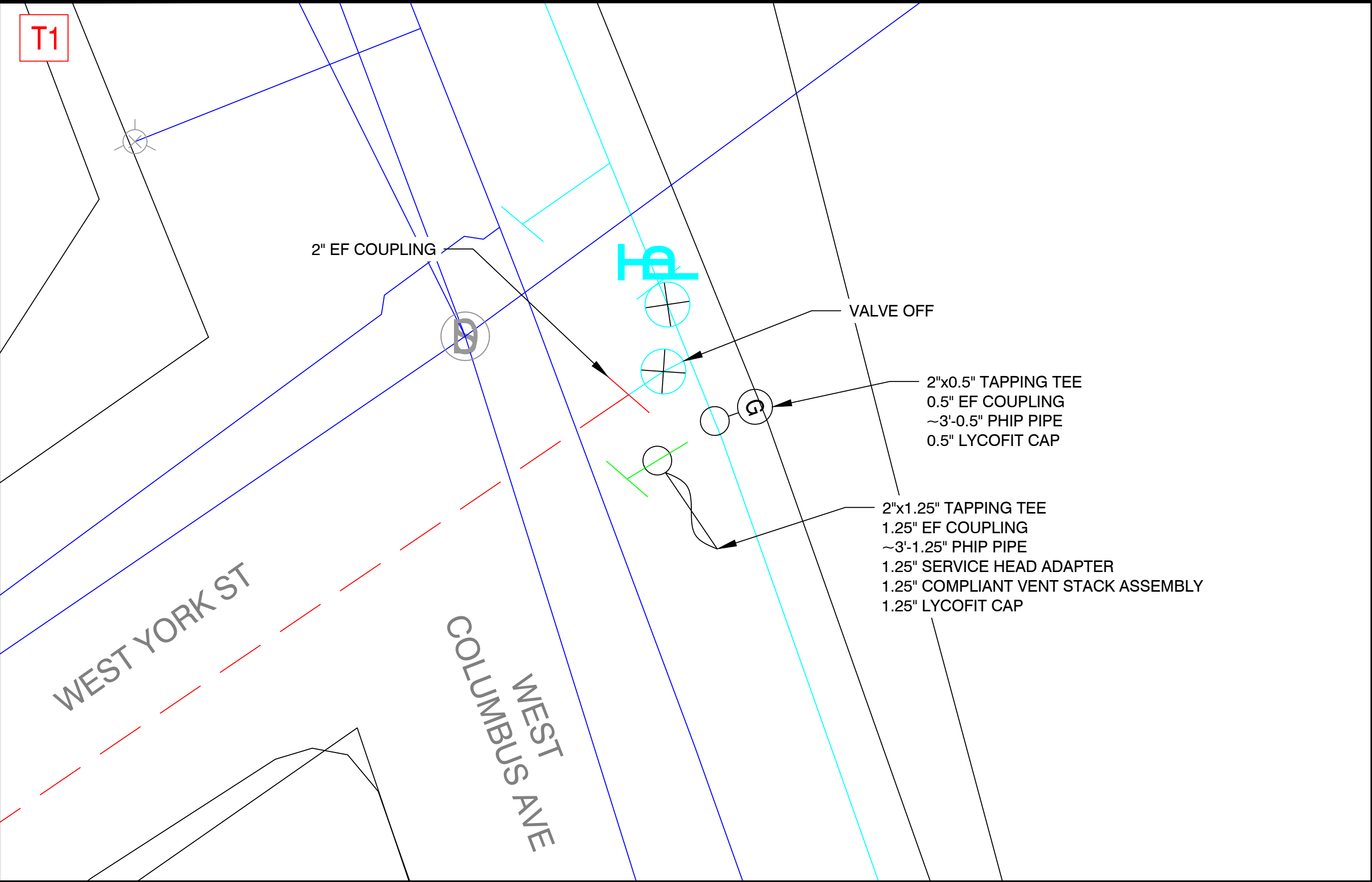
DESIGNED BY	MJN	6/9/2021	413-262-5608
DRAWN BY	MJN	6/9/2021	413-262-5608
CHECKED BY	PJV	6/9/2021	X
AS-BUILT BY			
NAME		DATE	PHONE #

SITE NAME:
INST# 21-0826633-00
ABAN# N/A
PROJECT ID# 21-78837
WEST YORK ST PUMP STATION - NEW BUSINESS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-1

CONSTRUCTION DETAILS



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PROPOSED

REVISIONS			
0	6/9/2021	DWG CREATED	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	MJN	6/9/2021	413-262-5608
DRAWN BY	MJN	6/9/2021	413-262-5608
CHECKED BY	PJV	6/9/2021	X
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# 21-0826633-00
ABAN# N/A
PROJECT ID# 21-78837
WEST YORK ST PUMP STATION - NEW BUSINESS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

DRAWING NO:
D-1

CONSTRUCTION DETAILS

EVERSOURCE



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PROPOSED

REVISIONS			
0	6/9/2021	DWG CREATED	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	MJN	6/9/2021	413-262-5608
DRAWN BY	MJN	6/9/2021	413-262-5608
CHECKED BY	PJV	6/9/2021	X
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# 21-0826633-00
ABAN# N/A
PROJECT ID# 21-78837
WEST YORK ST PUMP STATION - NEW BUSINESS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
CONSTRUCTION
DETAILS

DRAWING NO:
D-2



6/11/2021

Honorable Mayor and City Council
City of Springfield
City Hall
Court Street
Springfield, MA 01103

ATTN: Mr. Anthony Wilson, City Clerk

PROJECT NAME: West York Street Pump Station – New Business

Ladies & Gentlemen:

Eversource Gas of Massachusetts (EGMA) hereby requests that it be granted a location for and permission to install underground gas facilities along **West York St** (as seen in the attached plan). Work will extend to the following streets in varying degrees/durations:

<u>Street Name</u>	<u>From</u>	<u>To</u>
West York St	West Columbus Avenue	End of Road

This Project will introduce modernized natural gas facilities to the area and provide service to the New Pump Station that is being built, as well as the existing pump station. All proposed work by EGMA will include such laterals and service connections as it may now or subsequently find necessary.

Sincerely,

Matthew Nichols
Field Engineer
Eversource Gas of Massachusetts
2025 Roosevelt Avenue
Springfield, MA 01104
Cell: 413-262-5608
Email: matthew.nichols@eversource.com

Attachment: West York St - Springfield City Council Letter (6318 : Eversource-West York Street)

Columbia Gas[®]

A NiSource Company

SPR - ER350 CABINETS
PROJECT ID 20-71271

LOCATION #	STATION NAME	PREMISE #	INLET SYS.	OUTLET SYS.	JOB ORDER NUMBER	LOCATION #	STATION NAME	PREMISE #	INLET SYS.	OUTLET SYS.	JOB ORDER NUMBER
1	ALLEN ST @ SUMNER AV	11469	80003048	80003054	20-0825836-00	16	ARMORY ST @ SPRINGFIELD ST	11692	80003053	80003054	20-0825851-00
2	BRECKWOOD BV @ APPLE ST	11474	80003048	80003054	20-0825837-00	17	ASTER ST @ BAY ST	11470	80003048	80003054	20-0825852-00
3	CALIFORNIA ST @ ALLEN ST	11475	80003048	80003054	20-0825838-00	18	AUDUBON ST @ WHITE ST	11471	80003052	80003054	20-0825853-00
4	CHAPIN TE @ ARMORY ST	11476	80003053	80003054	20-0825839-00	19	BAY ST @ BAY MEADOW APTS	11472	80003048	80003054	20-0825854-00
5	OAK GROVE @ KENYON ST	11492	80003048	80003054	20-0825840-00	20	CHESTNUT ST @ BRIDGE ST	11477	80003048	80003054	20-0825855-00
6	OAK ST @ ODESSA ST	11493	80003048	80003054	20-0825841-00	21	PAGE BV @ CURVE ST	11478	80003048	80003054	20-0825856-00
7	ROOSEVELT AV @ CAMBRIA ST	11498	80003048	80003054	20-0825842-00	22	HANCOCK ST @ MILL ST	11482	80003048	80003054	20-0825857-00
8	STAFFORD ST @ CASS ST	11500	80003048	80003054	20-0825843-00	23	HUNTINGTON ST @ MAIN ST	11483	80003048	80003054	20-0825858-00
9	SYLVAN ST @ BELMONT AV	11502	80003048	80003054	20-0825844-00	24	LUCERNE ST @ BOSTON RD	11484	80003048	80003054	20-0825859-00
10	WALLACE ST @ BOSTON RD	11473	80003048	80003054	20-0825845-00	25	LUDLOW AV @ MAIN ST	11485	80003048	80003054	20-0825860-00
11	BRADLEY RD @ WILBRAHAM RD	11489	80003048	80003073	20-0825846-00	26	MASSACHUSETTS AV @ WILBRAHAM RD	11487	80003048	80003054	20-0825861-00
12	MAIN ST @ MILL ST	11490	80003053	80003054	20-0825847-00	27	ST JAMES ST @ ALBANY ST	11499	80003048	80003054	20-0825862-00
13	NEWBURY ST @ LIBERTY ST	11491	80003053	80003054	20-0825848-00	28	STATE ST @ INSURANCE RD	11501	80003048	80003054	20-0825863-00
14	NOTTINGHAM ST @ LITTLETON ST	11507	80003053	80003054	20-0825849-00	29	TRAFTON RD @ ELWOOD DR	11503	80003048	80003054	20-0825864-00
15	WASHINGTON BV @ PINEYWOODS AV	11692	80003053	80003054	20-0825850-00	30	WALNUT ST @ HICKORY ST	11506	80003048	80003054	20-0825865-00
						31	WILBRAHAM RD @ LAKESIDE ST	11509	80003048	80003054	20-0825865-00

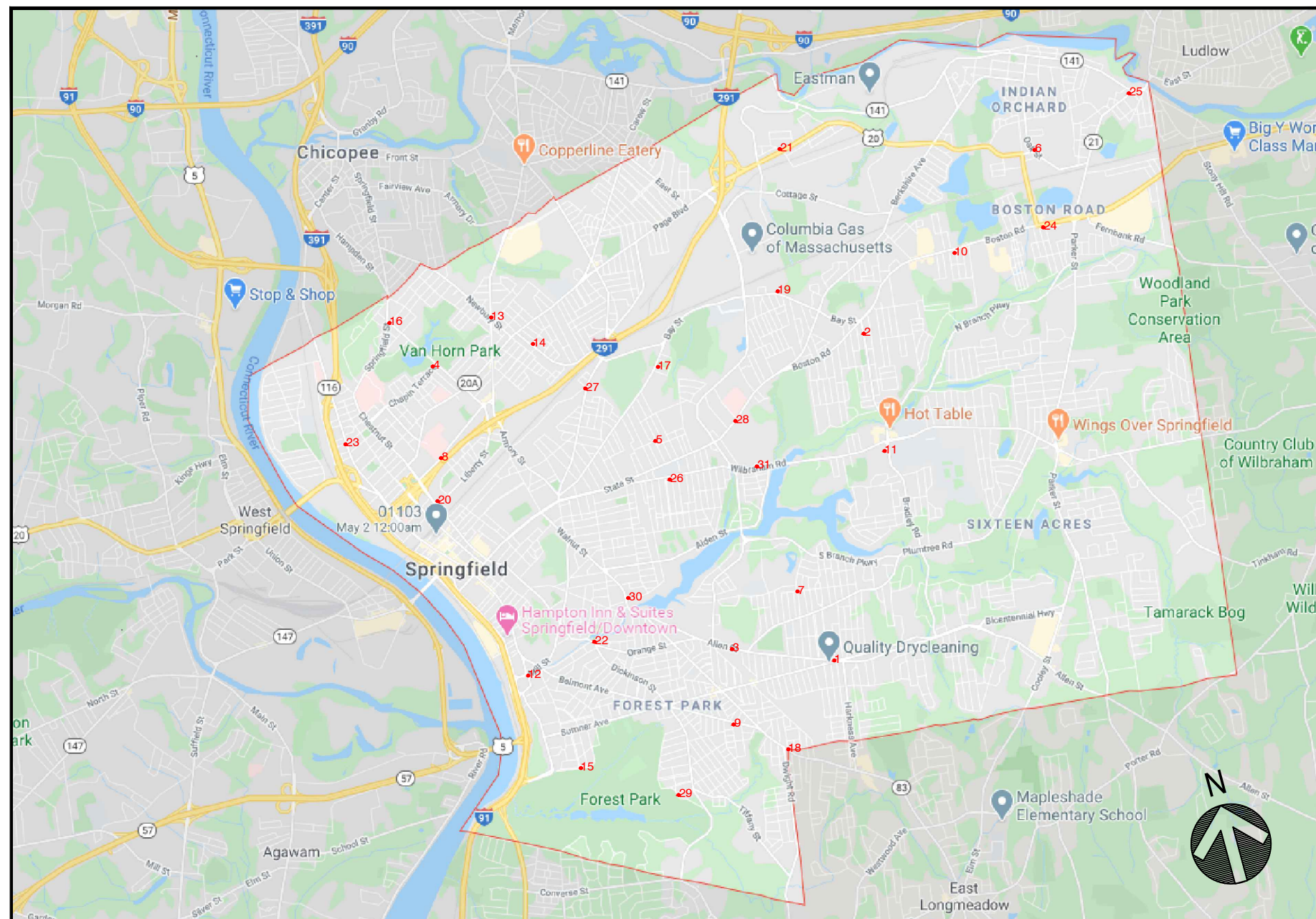
JOB TYPE: COMMUNICATION EQUIPMENT (909)

PROJECT INFORMATION

FIELD ENGINEER/TECHNICIAN:	RICHARD SALVAREZZA
CONSTRUCTION FLL:	LANCE HEDGE, RICHARD ROSS, MARK BRONNER DAVID BAYEUR
PERMITS:	CITY PERMIT CITY COUNCIL PETITION
TCC/LOA:	8200 - SPRINGFIELD, MA
COUNTY:	HAMPDEN (013)
TAX DISTRICT/TOWNSHIP ID:	0000244
MAP/GRID NUMBER:	VARIOUS
24 HR. EMERGENCY LINE:	1-800-525-8222

VICINITY MAP

SCALE: N.T.S.



PROJECT DESCRIPTION

INSTALL ER350 CABINETS, SENSING LINES, CONDUITS AND COMMUNICATIONS EQUIPMENT AT LP REGULATOR STATIONS IN SPRINGFIELD, MA.

SHEET INDEX

DWG.	DESCRIPTION
T-1	TITLE SHEET
GN-1	GENERAL NOTES
G-1	GENERIC DETAIL - MONITOR AND CONTROL VAULT STATIONS
G-2	GENERIC DETAIL - SINGLE VAULT STATIONS
L-1 - L-31	LAYOUT PLANS
D-1 - D-8	CONSTRUCTION DETAILS

PROJECT SUMMARY TABLE

PROPOSED INSTALLATION			PROPOSED ABANDONMENT		
LENGTH (FT)	SIZE (IN)	TYPE	LENGTH (FT)	SIZE (IN)	TYPE
1,082'	1"	CSLP/CSMP/CSIP	0'		
343'	1.25"	CONDUIT			
1,425'	TOTAL INSTALLATION (FEET)		0'	TOTAL ABANDONMENT (FEET)	
PROPOSED GAS SERVICES					
	REPLACEMENTS	TIE OVERS	TOTAL SERVICES	METER OUTS	
ESTIMATED GAS SERVICES	0	0	0	0	

VALVES PLANNED FOR ABANDONMENT							
VALVE NO.	FACILITY ID	LOCATION DESCRIPTION	ABANDONED VALVE INSERTED?	DISPOSITION			
			YES* NO	VALVE REMOVED (NO BOX ABOVE GROUND VALVE)	VALVE, VALVE BOX & LID REMOVED	VALVE REMAINS IN PLACE; BOX & LID REMOVED	VALVE REMAINS IN PLACE; BOX FILLED W/ CONCRETE
#							
#							
#							
#							
#							
* - IF "YES," APPROVAL AND REASON ARE REQUIRED AND SHALL BE DOCUMENTED. NOTE: IF VALVE COULD NOT BE LOCATED, MAKE APPLICABLE COMMENT IN ABOVE TABLE.							

PROPOSED FACILITIES - SYSTEM MOP AND PRESSURE TEST DATA		PROPOSED FACILITIES - SYSTEM MOP AND PRESSURE TEST DATA	
SYSTEM NUMBER	80003048 (MP)	SYSTEM NUMBER	80003053 (IP)
SYSTEM NAME	SPRINGFIELD 60 PSIG	SYSTEM NAME	SPRINGFIELD/ LONGMEADOW 10 PSIG
SYSTEM MOP (PSIG)	60 PSIG	SYSTEM MOP (PSIG)	10 PSIG
SEGMENT MAOP (PSIG)	99 PSIG	SEGMENT MAOP (PSIG)	99 PSIG
MINIMUM TEST PRESSURE (PSIG)	150 PSIG	MINIMUM TEST PRESSURE (PSIG)	150 PSIG
MAXIMUM TEST PRESSURE (PSIG)	450 PSIG (LIMITED BY VALVE)	MAXIMUM TEST PRESSURE (PSIG)	450 PSIG (LIMITED BY VALVE)

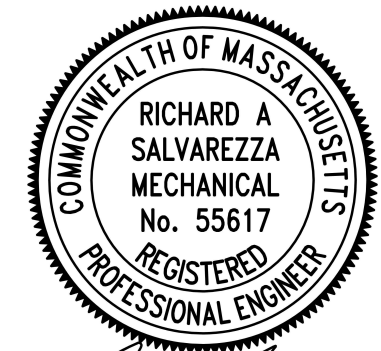
PROPOSED FACILITIES - SYSTEM MOP AND PRESSURE TEST DATA		PROPOSED FACILITIES - SYSTEM MOP AND PRESSURE TEST DATA	
SYSTEM NUMBER	80003052 (IP)	SYSTEM NUMBER	80003054 (LP)
SYSTEM NAME	SPRINGFIELD 10 PSIG	SYSTEM NAME	SPRINGFIELD LP
SYSTEM MOP (PSIG)	10 PSIG	SYSTEM MOP (PSIG)	12 PSIG
SEGMENT MAOP (PSIG)	99 PSIG	SEGMENT MAOP (PSIG)	99 PSIG
MINIMUM TEST PRESSURE (PSIG)	150 PSIG	MINIMUM TEST PRESSURE (PSIG)	150 PSIG
MAXIMUM TEST PRESSURE (PSIG)	450 PSIG (LIMITED BY VALVE)	MAXIMUM TEST PRESSURE (PSIG)	450 PSIG (LIMITED BY VALVE)

PROPOSED FACILITIES - SYSTEM MOP AND PRESSURE TEST DATA	
SYSTEM NUMBER	80003073 (LP)
SYSTEM NAME	SPR LP WILBRAHAM RD
SYSTEM MOP (PSIG)	12 PSIG
SEGMENT MAOP (PSIG)	99 PSIG
MINIMUM TEST PRESSURE (PSIG)	150 PSIG
MAXIMUM TEST PRESSURE (PSIG)	450 PSIG (LIMITED BY VALVE)

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RAS0001
2020.05.
29
10:45:29
-04'00'

PROPOSED

REVISIONS		
0	05/08/2020	SUBMITTED FOR PEER REVIEW
REV. #	DATE	DESCRIPTION
DESIGNED BY	RAS	05/08/2020 413-302-5853
DRAWN BY	RAS	05/08/2020 413-302-5853
CHECKED BY	GLG	05/08/2020 413-363-0636
AS-BUILT BY		
	NAME	DATE PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
TITLE SHEET

DRAWING NO:
T-1

General Notes

1. Deviation from NiSource CAD Standards is at discretion of reviewing Professional Engineer.
2. Refer to project documentation for the associated Environmental Compliance Plan (ECP) and any project-specific documentation.
3. The proposed gas facility locations shown are approximate and is subject to change.
4. Property lines, structures, street lines, etc. were compiled using the NiSource GIS and are to be considered approximate and not to scale.
5. Existing utilities, where shown, have been compiled from above ground evidence only and are to be considered approximate. NiSource does not guarantee the location of the underground utilities shown or that all existing utilities and/or subsurface structures are shown.
6. This project will adhere to all applicable federal, state or local permitting requirements for abandonment and installation of natural gas pipelines. All Federal, State, and Local codes and standards will be adhered including, but not limited to, the following:

Code of Federal Regulations (CFR)
49 CFR 192 Pipeline Safety Regulations
29 CFR 1910 Occupational Safety and Health Administration (OSHA)
American Society of Mechanical Engineers (ASME)
ASME B31.8 Gas Transmission and Distribution Piping Systems

All NiSource design codes and standards will be adhered to as applicable. These standards include but are not limited to the following (note state-specific designations where applicable):

- GS 1100.010(IN, KY, MA, MD, OH, PA, VA) Locating Gas Facilities
- GS 1100.040(MA and VA only) Damage Prevention When Using Conventional Excavation Technologies
- GS 1100.050(IN, OH, VA) Damage Prevention - Using Trenchless Technology
- GS 1170.010(IN) Gas Control Room Management
- GS 1210.010(MA) Nondestructive Testing And Visual Inspection
- GS 1300.010 Fusion And Mechanical Joining
- GS 1301.010 Plastic Pipe Fusion And Mechanical Joining Qualification Of Personnel
- GS 1302.010(VA) Butt Fusion Joining
- GS 1304.010 Electrofusion Joining
- GS 1320.010 Mechanical Coupling Connections
- GS 1323.010 Flange Connections
- GS 1400.010 Corrosion Control - General
- GS 1410.010(VA) Metallic Pipeline Exposures
- GS 1420.035 Coating Repair Methods For Mill Applied Coatings
- GS 1420.040 Coating Methods For Girth Welds, Fittings, Risers & Other Below Grade Appurtenances
- GS 1420.410 Corrosion Control - Inspection Of Steel Pipe Coating
- GS 1420.510 Installation Of Galvanic Anodes
- GS 1420.520 Installation Of Test Stations
- GS 1430.320 Ultrasonic Thickness Gauge
- GS 1500.010(MA, OH) Pressure Testing
- GS 1670.020(IN, KY, MA, MD) Odor Level Monitoring
- GS 1670.040 Pipeline Conditioning New Pipelines
- GS 1680.010 Tie-Ins And Tapping Pressurized Pipelines
- GS 1680.020 Plastic To Steel Transition Connections
- GS 1680.040 Squeeze Off Procedure For Plastic Pipe
- GS 1680.050 Squeeze Off Guidelines For Steel Pipe
- GS 1690.010 Purging
- GS 1708.020(IN, KY, MA, MD, PA) Leakage Surveys
- GS 1740.010(MA, OH, PA, VA) Abandonment Of Facilities
- GS 1740.012(MA, PA) Abandoning Facilities - Service Tee Removal
- GS 1742.010(VA) Discontinuing Gas Service
- GS 1754.010(KY, OH) Operation And Maintenance Of Pressure Gauges
- GS 1770.010 Prevention Of Accidental Ignition
- GS 1782.010(MA) Protecting Cast Iron Pipelines
- GS 2100.010 Design - General
- GS 3000.020(VA) Inspection Of Materials
- GS 3000.900 Work Site Restoration
- GS 3010.030 Bends And Elbows
- GS 3010.050(IN, MA) Installation Of Pipe In A Ditch
- GS 3010.060(IN) Installation Of Plastic Pipe
- GS 3010.080(MA, OH, VA) Underground Clearance
- GS 3010.090(IN, MA, PA, VA) Transmission Lines And Distribution Mains - Cover
- GS 3010.100(VA) Transmission Lines And Distribution Mains - Trenchless Technology
- GS 3010.102(VA) Directional Boring
- GS 3010.210(MA only) Use Of End Caps On Steel Pipe
- GS 3020.030 Service Line Connections To Main Piping
- HSE 4440.020 Environmental Construction Standards

7. Prior to beginning any excavation on site, the person responsible for earth moving shall notify utility owners of their intent to excavate and to have the exact locations of the utility lines marked by contacting the one call center in their state subject to any applicable state advance notification requirements.
8. Proposed or completed gas facility installation location references may be indicated by a combination of the following codes:

F - FRONT
BK - BACK
L - LEFT
R - RIGHT
B - BUILDING EDGE
CU - CURB

CLP - CENTER OF PAVEMENT
CLR - CENTER OF RIGHT-OF-WAY
CEL - CENTER OF EASTBOUND LANE
CWL - CENTER OF WESTBOUND LANE
CNL - CENTER OF NORTHBOUND LANE
CSL - CENTER OF SOUTHBOUND LANE

D - DRIVEWAY EDGE
EP - EDGE OF PAVEMENT
ES - EDGE OF SIDEWALK
PL - PROPERTY LINE

DRAWING LEGEND

Gas Main Symbology	
	Existing Gas Main
	Existing Gas Main to Be Abandoned
	Proposed Gas Main
	Proposed Gas Main Uprate
	Proposed Cable / Casing
Gas Main Material/Pressure Label References	
MATERIAL CODES	
CS*	Coated Steel Gas Main
CI*	Cast Iron Gas Main
BS*	Bare Steel Gas Main
WI*	Wrought Iron Gas Main
PH*	High Density Polyethylene Gas Main
PM*	Medium Density Polyethylene Gas Main
PRESSURE CODES	
*LP	Low Pressure
*IP	Intermediate Pressure
*MP	Medium Pressure
*HP	High Pressure
MISCELLANEOUS CODES	
*.SER	Service
*.R	Riser
(TC)	Transmission Class
Gas Main Installation Method Label References	
AT	Attached
BH	Bridge Hanger
BLGH	Building Hanger
DB	Directional Bore
IS	Inserted
OC	Open Cut
PB	Pneumatic Bore
PL	Plowed
RT	Roof Top
(E)	Existing
(P)	Proposed

		Weld Location
		Gas Main Tie-in Location
		Gas Main Abandonment Location

Gas Facility Symbology	
	Gas Valve (Gate - GV, Plug - PV, PE Ball - BP, ST Ball - BV)
	Critical Gas Valve
	High Volume Tapping Tee
	Pressure Control Fitting - ShortStopp Tee
	Pressure Control Fitting - Spherical Tee
	Pressure Control Fitting - Mueller Bottom-out
	Pressure Control Fitting - Mueller Side-out
	Pressure Control Fitting - Mueller Flange Tee
	Pressure Control Fitting - ShortStopp
	Pressure Control Fitting - Mueller Stopper
	Polytapp Side Saddle Fitting
	Transition
	End Cap
	Riser
	Reducer
	Electronic Marker
	Flush-mounted Tracer Wire Station
	Post Pipeline Marker with Tracer Wire
	Gas Main Marker without Tracer Wire
	Test Well
	Regulator Station
	Single Customer Regulator
	Meter
	Meter with Regulator
	Test Point (Station)
	Gas Service Tie-over
	Gas Service Replacement
	Meter Move Out
Swing Tie Symbology	
	Telephone Manhole
	Drain Manhole
	Electric Manhole
	Catch Basis
	Sewer Manhole
	Fire Hydrant
	Utility Pole
	Property Marker
	Telephone Pedestal
	Television Pedestal
	Unknown Manhole
	Water Box
	Water Gate
	Electric Pedestal
	Iron Pin
	Light Pole



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020413-302-5853	
DRAWN BY	RAS	05/08/2020413-302-5853	
CHECKED BY	GLG	05/08/2020413-363-0636	
AS-BUILT BY			
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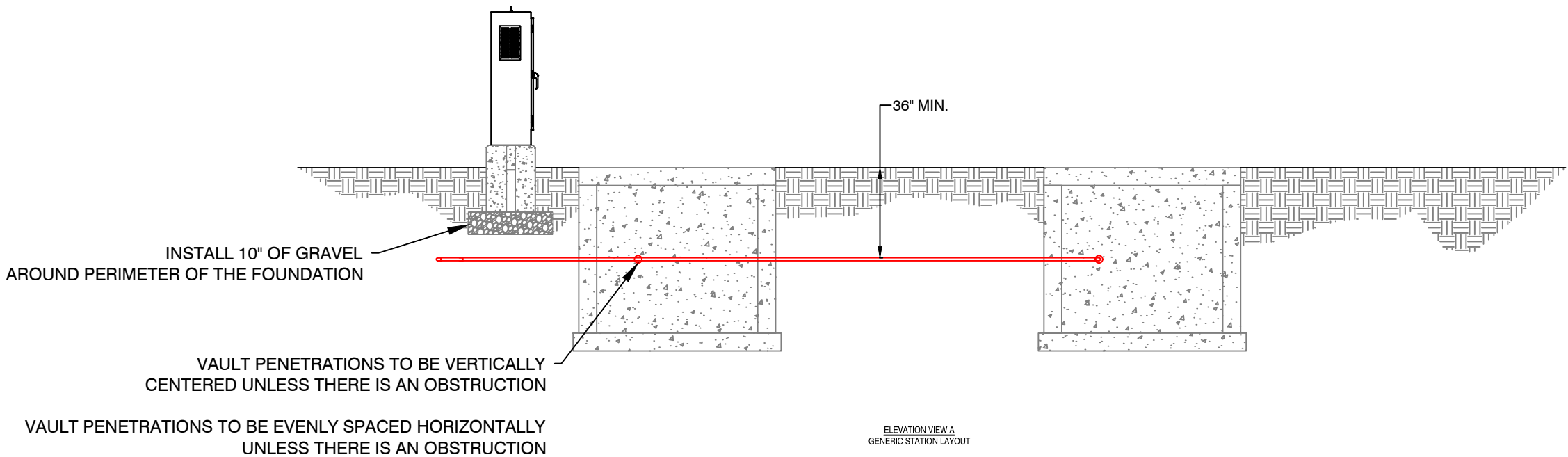
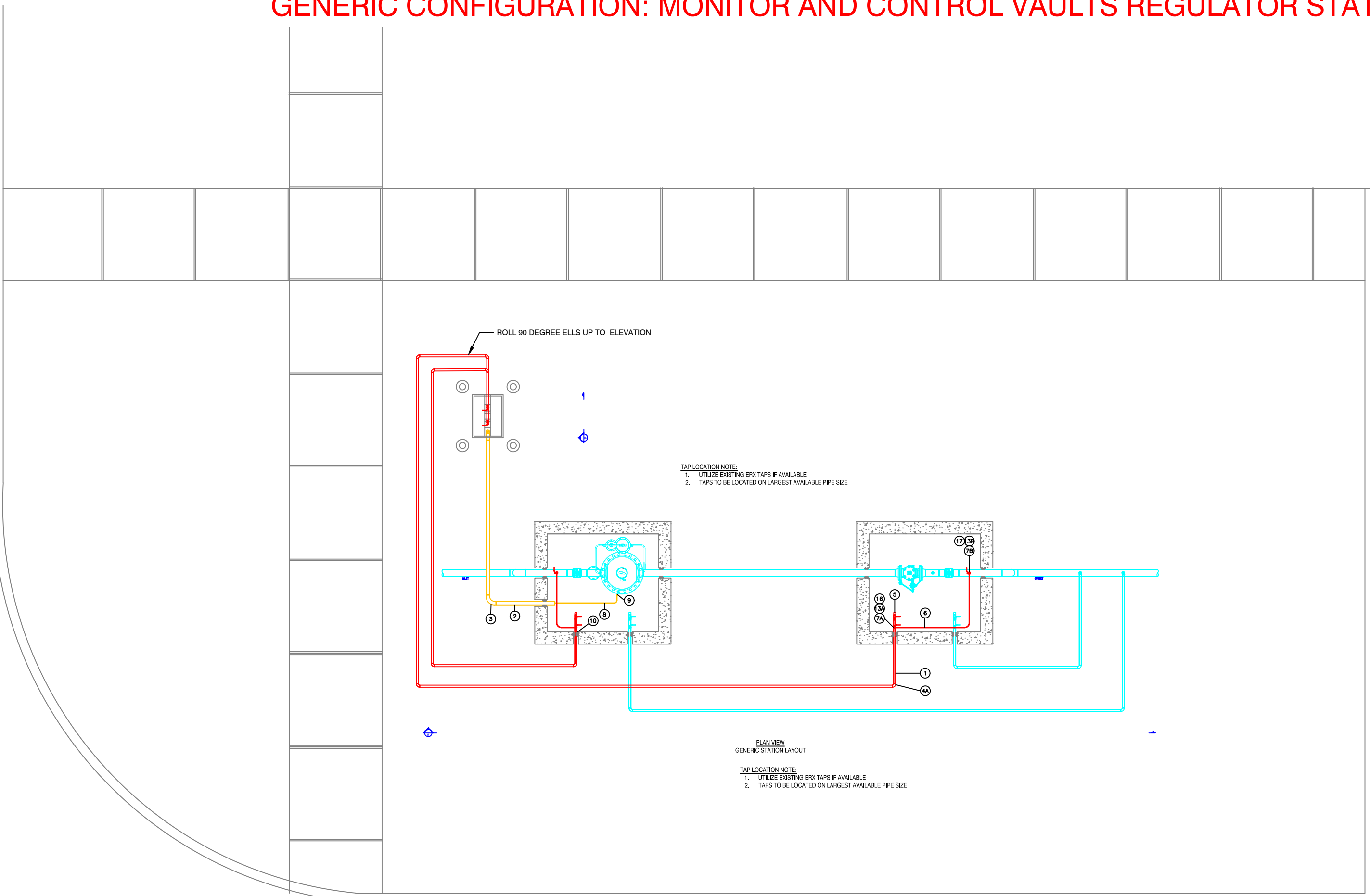
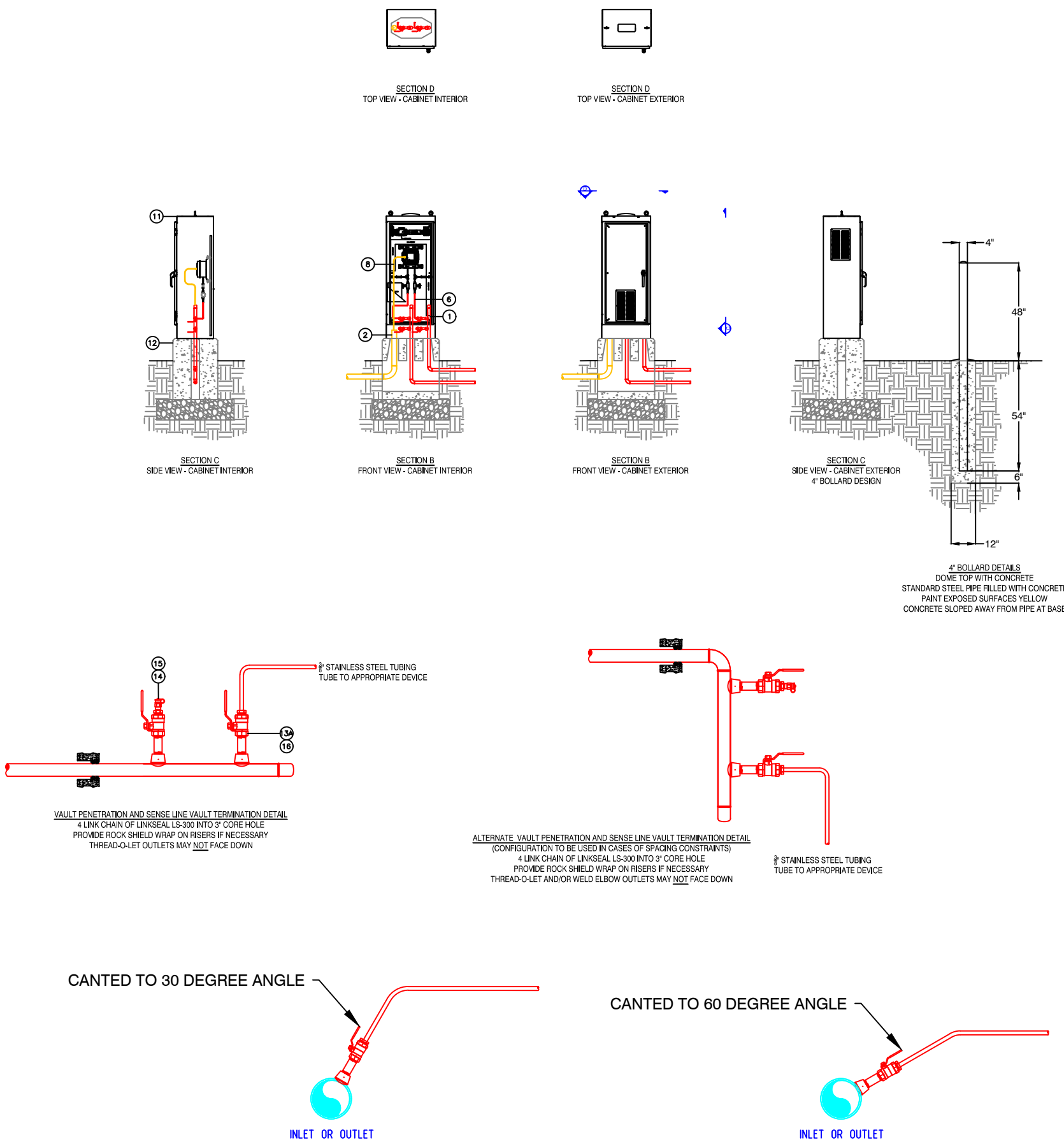
DRAWING TITLE:

GENERAL NOTES

DRAWING NO:

GN-1

GENERIC CONFIGURATION: MONITOR AND CONTROL VAULTS REGULATOR STATION



JOB NO. GENERIC			BILL OF MATERIAL		DWG. G-1
STOCK NO.	ITEM	QTY.	SIZE	DESCRIPTION	
SPEC ORDER	1	AS NEEDED	1"	1 x 2.17# XH.179 FBE 30 CS SMLS PIPE BEV SRL COLUMBIA GAS DEP-01 A106 B	
SPEC ORDER	2	AS NEEDED	1.25"	Ocal COND11/4 S Conduit, 1-1/4 in Trade, 1.394 in ID x 1.74 in OD PVC coating on the exterior, blue urethane on the interior	
SPEC ORDER	3	AS NEEDED	1.25"	Ocal LRELL11/4X12-G Large Radius Straight End Conduit Elbow 90 deg PVC coating on the exterior, blue urethane on the interior	
26-95-071	4A	AS NEEDED	1"	1" 3000# BLK CS COUPLING SOCKET WELD SA105	
26-95-227	4B	AS NEEDED	1"	1" 3000# BLK CS 90 DEG ELL SOCKET WELD SA105	
17-05-051	5	4	1"	1" CAP WELD 179W BLK CS SA234 WPB	
SPEC ORDER	6	AS NEEDED	1.25"	Tube: Swagelok 316/316L Stainless Steel Seamless Tubing, 3/8 in. OD x 0.035 in. Wall Cnnctr: Swagelok S.S. Tube Fitting, 3/8 in. Tube OD x 1/4 in. Male NPT 7800#	
SPEC ORDER	7A	8	0.5"	(1" INLET)x(0.5" OUTLET) 3000# BLK CS THREDOLET MSS SP97	
SPEC ORDER	7B	AS NEEDED	1"	(2" INLET)x(1" OUTLET) 3000# BLK CS THREDOLET MSS SP97 [2" STA. PIPING CASES]	
SPEC ORDER	7B	AS NEEDED	1"	(4"-5" INLET)x(1" OUTLET) 3000# BLK CS THREDOLET MSS SP97 [2" STA. PIPING CASES]	
SPEC ORDER	7B	AS NEEDED	1"	(6"-10" INLET)x(1" OUTLET) 3000# BLK CS THREDOLET MSS SP97 [6" STA. PIPING CASES]	
SPEC ORDER	8	1	N/A	25 FOOT CABLE (INCLUDED WITH PF DEVICE)	
SPEC ORDER	9	1	N/A	PROVING SWITCH AND CONNECTING DEVICE (INCLUDED WITH PF DEVICE)	
26-95-227	10	AS NEEDED	N/A	4 LINK CHAIN OF LINKSEAL LS-300 INTO 3" CORE HOLE	
SPEC ORDER	11	1	1"x3"	ECI 12VDC SOLAR ENCLOSURE C1D2 SOLAR PACKAGE 7 CABINET AND HONEYWELL ER350	
SPEC ORDER	12	1	22"x28"x30"	ANDERSEN AND SCHOLARI MODIFIED 3 PORT BOX FOUNDATION	
SPEC ORDER	13A	8	1/2"x3"	XH NIPPLE, GB, SMLS, CS A106, TBE	
SPEC ORDER			1/2"	VALVE, BALL, R.P., THREADED, SS, S8000-M3, 2000# W.O.G.	
SPEC ORDER			1/2"	PLUG, HEX HD, C.S., BLK, 6000#	
SPEC ORDER	13B	2	1"x3"	XH NIPPLE, GB, SMLS, CS A106, TBE	
SPEC ORDER			1"	VALVE, BALL, R.P., THREADED, SS, S8000-M3, 2000# W.O.G.	
SPEC ORDER			1"	PLUG, HEX HD, C.S., BLK, 6000#	
26-12-010	14	4	1/4"	PETES PLUG II, BRASS BODY, NEOPRENE CORE, WITH CAP & BLUE TETHER, 500# W.P	
26-12-010	15	4	1/2"x1/4"	1/2 X 1/4 6000# BLK CS HEX HEAD BUSHING THD SA105	
25-33-864	16	4	1/2"x3/8"	1/2 X 3/8 6000# BLK CS HEX HEAD BUSHING THD SA105	
SPEC ORDER	17	4	1"x3/8"	1 X 3/8 6000# BLK CS HEX HEAD BUSHING THD SA105	

- NOTES:
- UTILIZE BURIED OVER PIPE PROTECTION PLATES WHEREVER SENSING LINES ARE BURIED. REFER TO REG-42 FOR CONTROL LINE PROTECTION DETAILS.
 - MAINTAIN MINIMUM DEPTH OF 36" TO THE TOP OF BURIED PIPES UNLESS REQUIRED TO ENTER VAULT/CABINET PENETRATIONS.
 - PER GS 1500.010 PRESSURE TEST SENSING LINES TO A MINIMUM PRESSURE OF 150PSIG FOR A MINIMUM DURATION OF 1 HOUR, CONFIRM PRESSURE TEST DURATION FOR EACH INSTALLATION AS DURATION MAY CHANGE DUE TO PIPE LENGTH. CONFIRM WITH ENGINEERING AS NEEDED.
 - INSTALL TEE TAPE TO PROTECT INSER COATING INSIDE OF THE OF CABINET FOUNDATIONS.
 - REMIT PHOTOS AND AS-BUILT INFORMATION TO FIELD ENGINEERING AS REQUIRED OR NOTIFY FIELD ENGINEERING OF CONSTRUCTION. SO ON-SITE MEASUREMENTS AND PHOTOS CAN BE TAKEN.
 - REFER TO ECI SOLAR 7B PACKAGE DRAWING FOR ADDITIONAL INSTRUMENTATION AND CABINET DETAILS.
 - REFER TO SITE SPECIFIC LAYOUTS FOR PIPING CONFIGURATION, MINOR DEVIATIONS TO PIPING ALIGNMENTS ARE ALLOWED DUE TO OBSTRUCTIONS OR FIELD CONDITIONS.
 - REFER TO NIMSJOCS CORROSION RECOMMENDATION FORM FOR CORROSION CONTROL REQUIREMENTS.
 - EXISTING TAPS MAY BE UTILIZED ON FIELD ENGINEERS APPROVAL DUE TO SPACE CONSTRAINTS.

CONTROL LINE CONFIGURATION WILL VARY ON A STATION BY STATION BASIS:
UTILIZE VACUUM EXCAVATION OR HAND DIGGING AT ALL TIMES TO REDUCE THE RISK OF DAMAGE TO CONTROL LINES
VERIFY EXISTING CONTROL LINE CONFIGURATION WITH ISOMETRIC DRAWINGS FOR EACH STATION
UPSTREAM CONTROL LINES AND BYPASSES MAY NOT BE SHOWN ON ISOMETRIC DRAWINGS, NOTIFY FIELD ENGINEERING OF ANY DISCREPANCIES
IDENTIFY UPSTREAM AND DOWNSTREAM CONTROL LINES, ODORANT LINES, ELECTRIC LINES AT EACH STATION
THE CONTROL LINES SHOWN ABOVE ARE GENERIC ONLY AND DO NOT REPRESENT EXISTING CONDITIONS.

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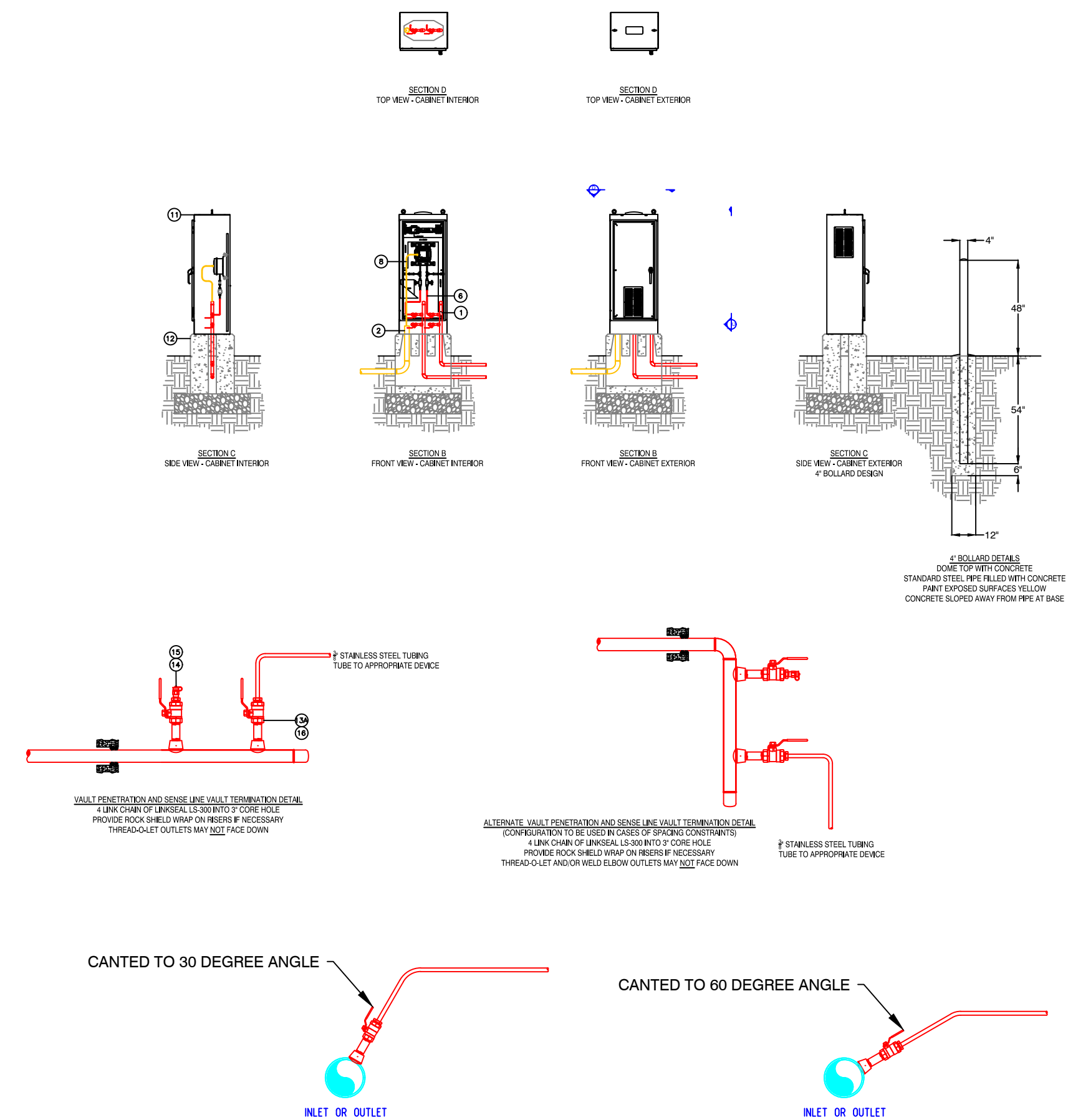
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REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
GENERIC DETAIL

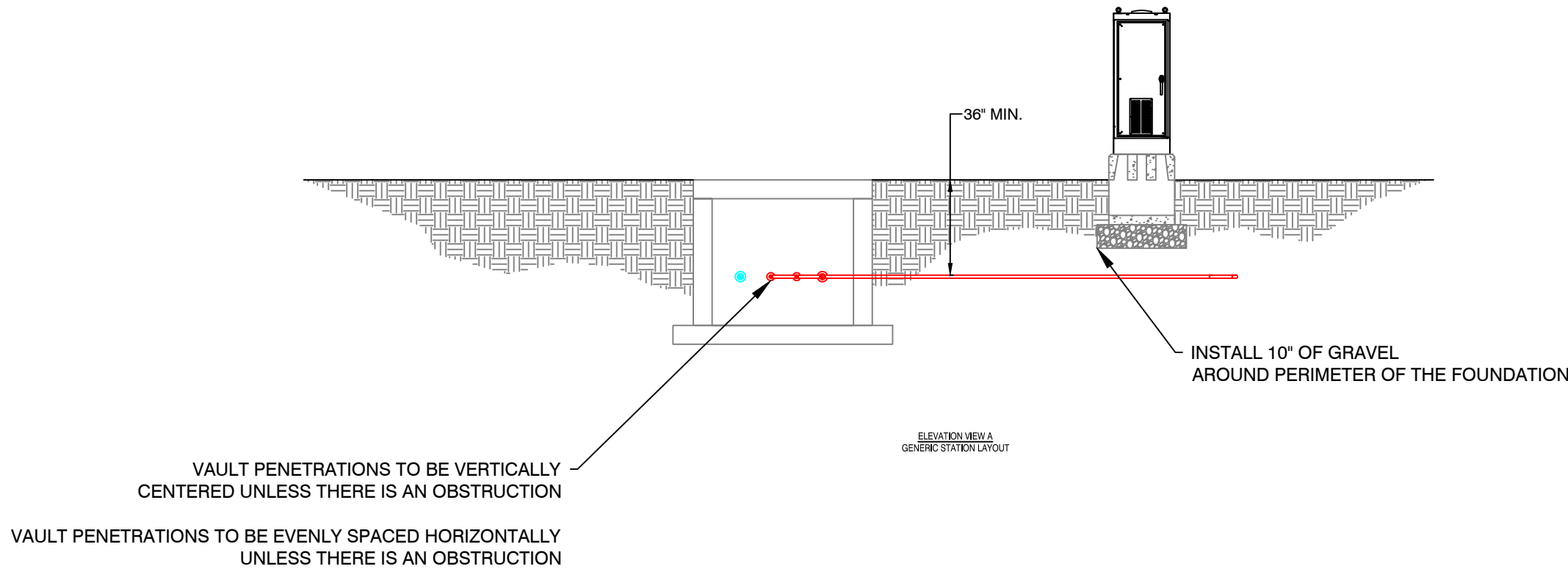
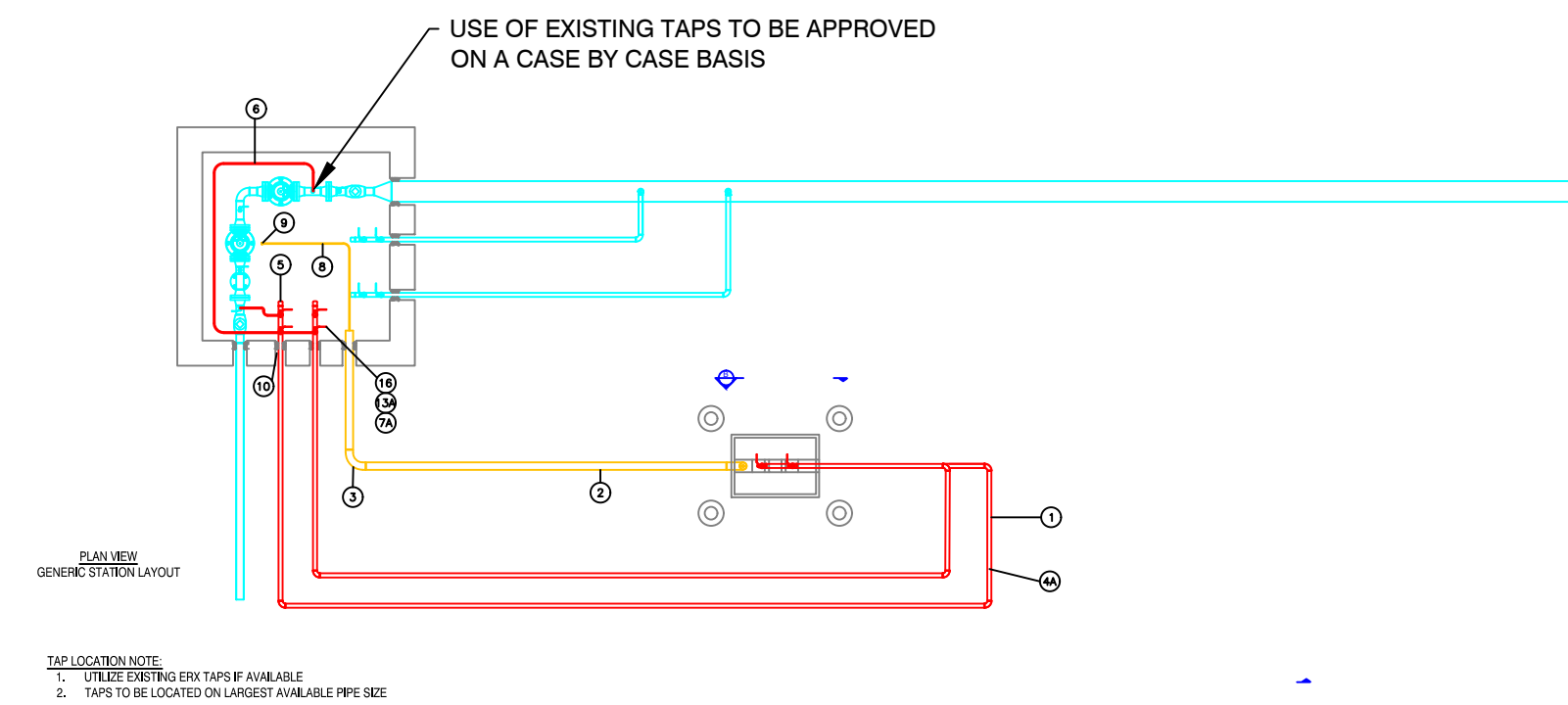
DRAWING NO:
G-1



JOB NO. GENERIC			BILL OF MATERIAL		DWG. G-1
STOCK NO.	ITEM	QTY.	SIZE	DESCRIPTION	
SPEC ORDER	1	AS NEEDED	1"	1 x 2.17# XH. 179 FBE 30 CS SMLS PIPE BEV SRL COLUMBIA GAS DEP-01 A106 B	
SPEC ORDER	2	AS NEEDED	1.25"	Ocal COND11/4 in Trade, 1.394 in ID x 1.74 in OD PVC coating on the exterior, blue urethane on the interior	
SPEC ORDER	3	AS NEEDED	1.25"	Ocal LRELL11/4X12-G Large Radius Straight End Conduit Elbow 90 deg PVC coating on the exterior, blue urethane on the interior	
26-95-071	4A	AS NEEDED	1"	1" 3000# BLK CS COUPLING SOCKET WELD SA105	
26-95-227	4B	AS NEEDED	1"	1" 3000# BLK CS 90 DEG ELL SOCKET WELD SA105	
17-05-051	5	4	1"	1" CAP WELD 179W BLK CS SA234 WPB	
SPEC ORDER	6	AS NEEDED	1.25"	Tube: Swagelok 316/316L Stainless Steel Seamless Tubing, 3/8 in. OD x 0.035 in. Wall Cnnctr: Swagelok S.S. Tube Fitting, 3/8 in. Tube OD x 1/4 in. Male NPT 7800#	
SPEC ORDER	7A	8	0.5"	(1" INLET)x(0.5" OUTLET) 3000# BLK CS THREDOLET MSS SP97	
SPEC ORDER	7B	AS NEEDED	1"	(2" INLET)x(1" OUTLET) 3000# BLK CS THREDOLET MSS SP97 [2" STA. PIPING CASES]	
SPEC ORDER	7B	AS NEEDED	1"	(4"-5" INLET)x(1" OUTLET) 3000# BLK CS THREDOLET MSS SP97 [2" STA. PIPING CASES]	
SPEC ORDER	7B	AS NEEDED	1"	(6"-10" INLET)x(1" OUTLET) 3000# BLK CS THREDOLET MSS SP97 [6" STA. PIPING CASES]	
SPEC ORDER	8	1	N/A	25 FOOT CABLE (INCLUDED WITH PF DEVICE)	
SPEC ORDER	9	1	N/A	PROVING SWITCH AND CONNECTING DEVICE (INCLUDED WITH PF DEVICE)	
26-95-227	10	AS NEEDED	N/A	4 LINK CHAIN OF LINKSEAL LS-300 INTO 3" CORE HOLE	
SPEC ORDER	11	1	1"x3"	ECI 12VDC SOLAR ENCLOSURE C1D2 SOLAR PACKAGE 7 CABINET AND HONEYWELL ER350	
SPEC ORDER	12	1	22"x28"x30"	ANDERSEN AND SCHOLARI MODIFIED 3 PORT BOX FOUNDATION	
SPEC ORDER	13A	8	1/2"x3"	XH NIPPLE, GB, SMLS, CS A106, TBE	
SPEC ORDER			1/2"	VALVE, BALL, R.P., THREADED, SS, S8000-M3, 2000# W.O.G.	
SPEC ORDER			1/2"	PLUG, HEX HD, C.S., BLK, 6000#	
SPEC ORDER	13B	2	1"x3"	XH NIPPLE, GB, SMLS, CS A106, TBE	
SPEC ORDER			1"	VALVE, BALL, R.P., THREADED, SS, S8000-M3, 2000# W.O.G.	
SPEC ORDER			1"	PLUG, HEX HD, C.S., BLK, 6000#	
26-12-010	14	4	1/4"	PETES PLUG II, BRASS BODY, NEOPRENE CORE, WITH CAP & BLUE TETHER, 500# W.P	
26-12-010	15	4	1/2"x1/4"	1/2 X 1/4 6000# BLK CS HEX HEAD BUSHING THD SA105	
25-33-864	16	4	1/2"x3/8"	1/2 X 3/8 6000# BLK CS HEX HEAD BUSHING THD SA105	
SPEC ORDER	17	4	1"x3/8"	1 X 3/8 6000# BLK CS HEX HEAD BUSHING THD SA105	

- NOTES:
1. UTILIZE BURIED OVER PIPE PROTECTION PLATES WHEREVER SENSING LINES ARE BURIED. REFER TO REG-42 FO
 2. MAINTAIN MINIMUM DEPTH OF 36" TO THE TOP OF BURIED PIPES UNLESS REQUIRED TO ENTER VAULT/CABINET I
 3. PER GS 1500.010 PRESSURE TEST SENSING LINES TO A MINIMUM PRESSURE OF 150PSIG FOR A MINIMUM DURAT
 4. DURATION FOR EACH INSTALLATION AS DURATION MAY CHANGE DUE TO PIPE LENGTH. CONFIRM WITH ENGINEE
 5. INSTALL TEE TAPE TO PROTECT INSER COATING INSIDE OF THE OF CABINET FOUNDATIONS.
 6. REMIT PHOTOS AND AS-BUILT INFORMATION TO FIELD ENGINEERING AS REQUIRED OR NOTIFY FIELD ENGINEER
 7. MEASUREMENTS AND PHOTOS CAN BE TAKEN.
 8. REFER TO ECI SOLAR 7B PACKAGE DRAWING FOR ADDITIONAL INSTRUMENTATION AND CABINET DETAILS.
 9. REFER TO SITE SPECIFIC LAYOUTS FOR PIPING CONFIGURATION, MINOR DEVIATIONS TO PIPING ALIGNMENTS AT
 10. FIELD CONDITIONS.
 11. REFER TO WMSDOCS CORROSION RECOMMENDATION FORM FOR CORROSION CONTROL REQUIREMENTS.
 12. EXISTING TAPS MAY BE UTILIZED ON FIELD ENGINEERS APPROVAL DUE TO SPACE CONSTRAINTS.

GENERIC CONFIGURATION: SINGLE VAULT REGULATOR STATION



CONTROL LINE CONFIGURATION WILL VARY ON A STATION BY STATION BASIS:
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REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

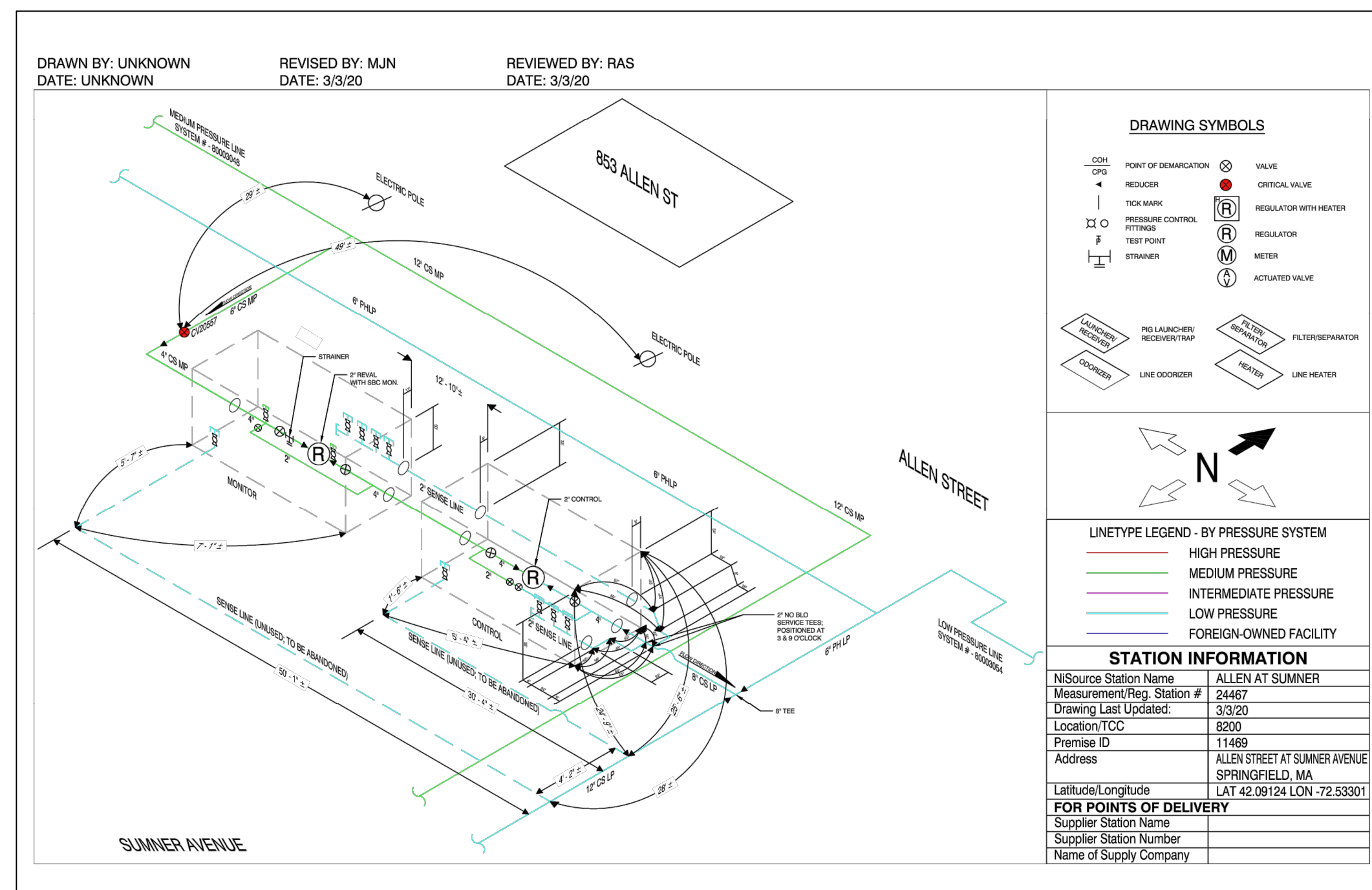
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
GENERIC DETAIL

DRAWING NO:
G-2



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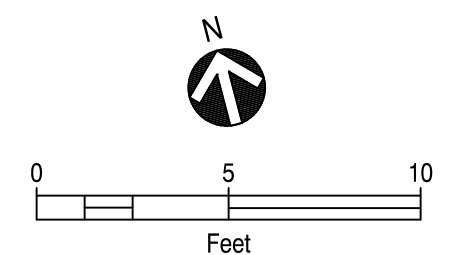
MONITOR VAULT



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CHECKED BY	GLG	05/08/2020413-363-0636	
AS-BUILT BY			
	NAME	DATE	PHONE #

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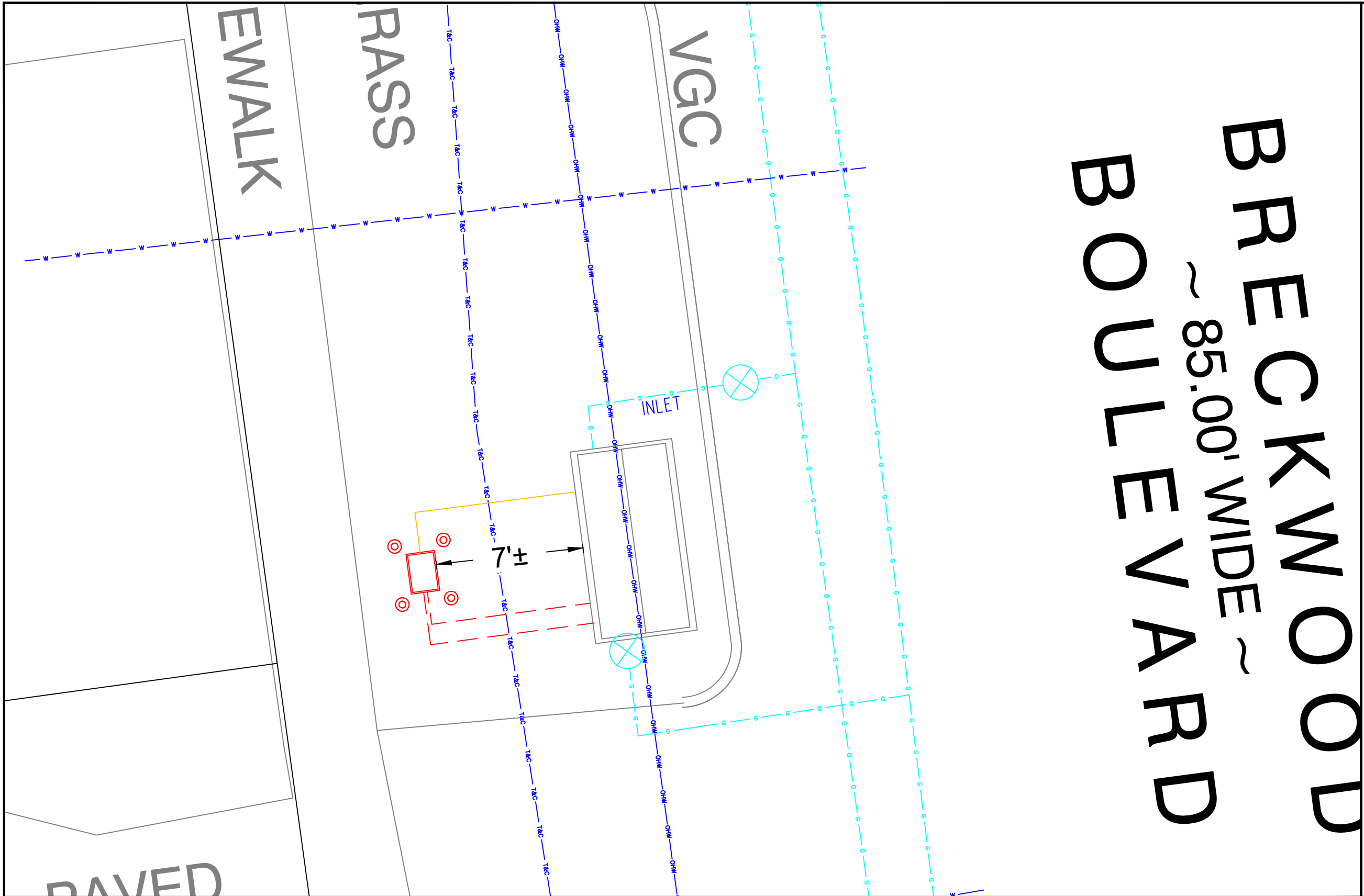
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SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

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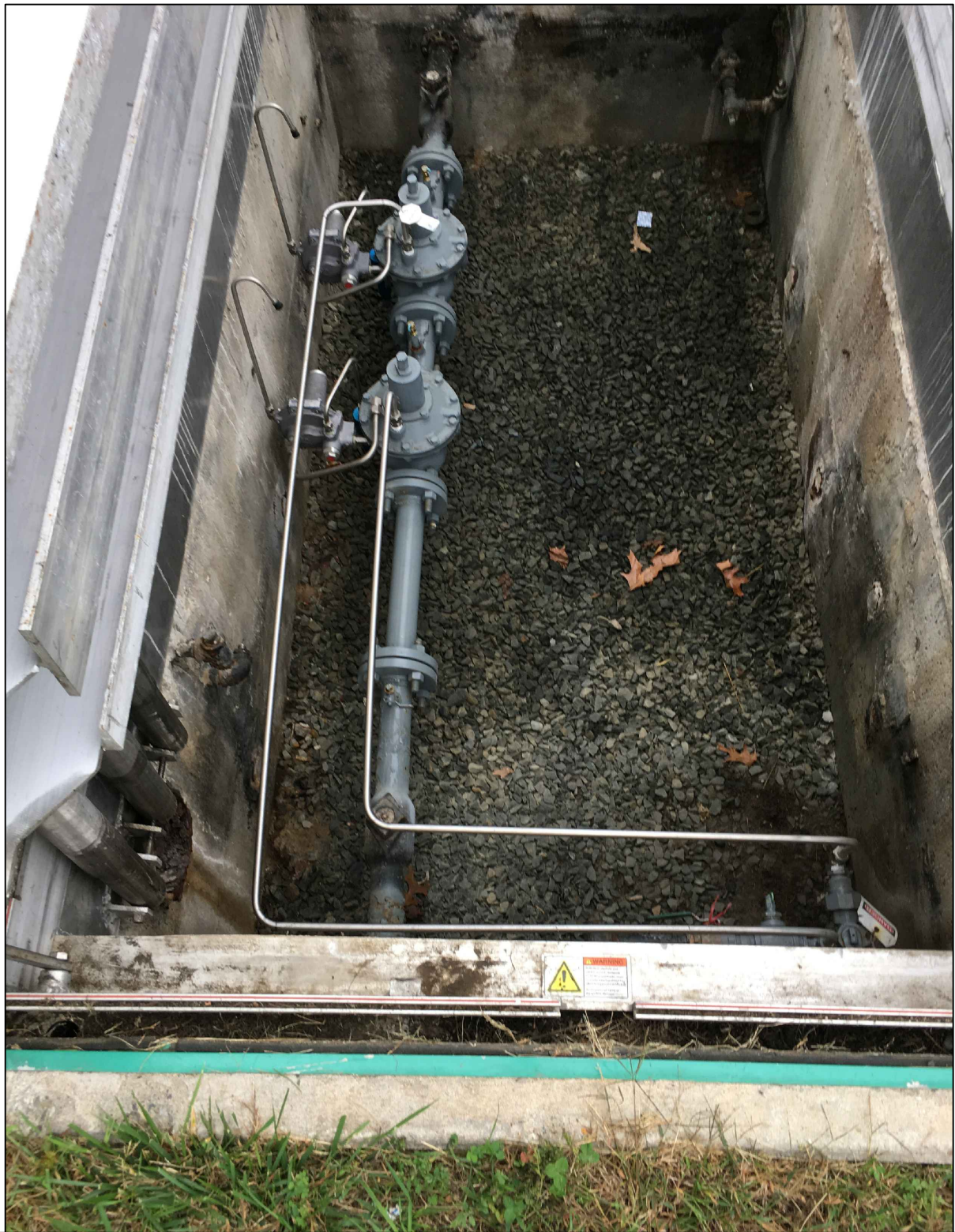
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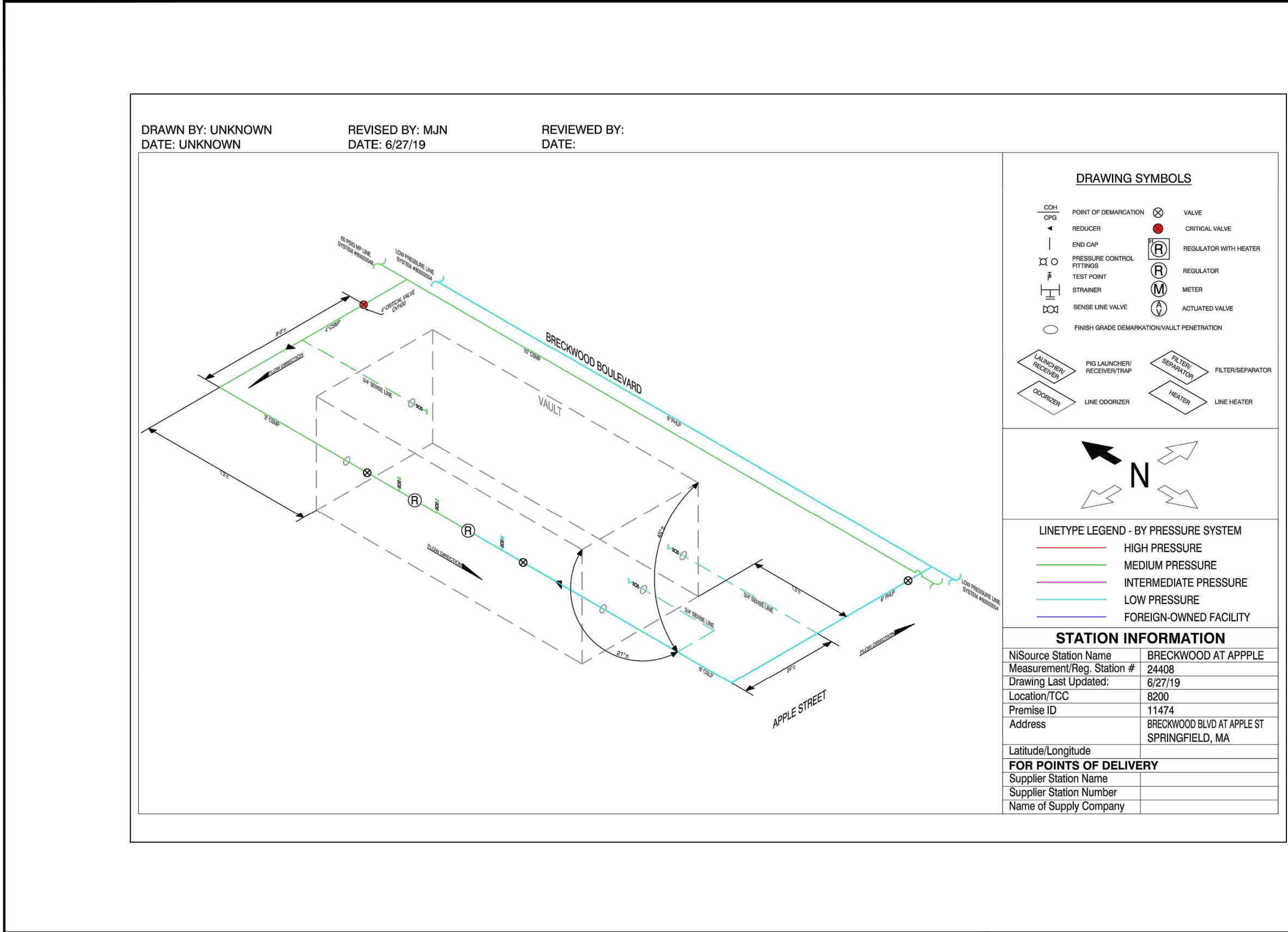
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SINGLE VAULT SETUP



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EXTERIOR

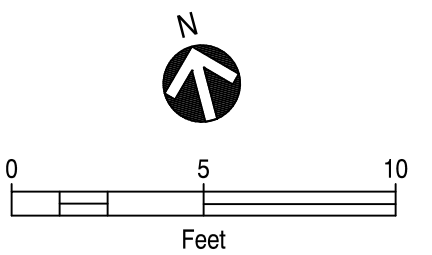


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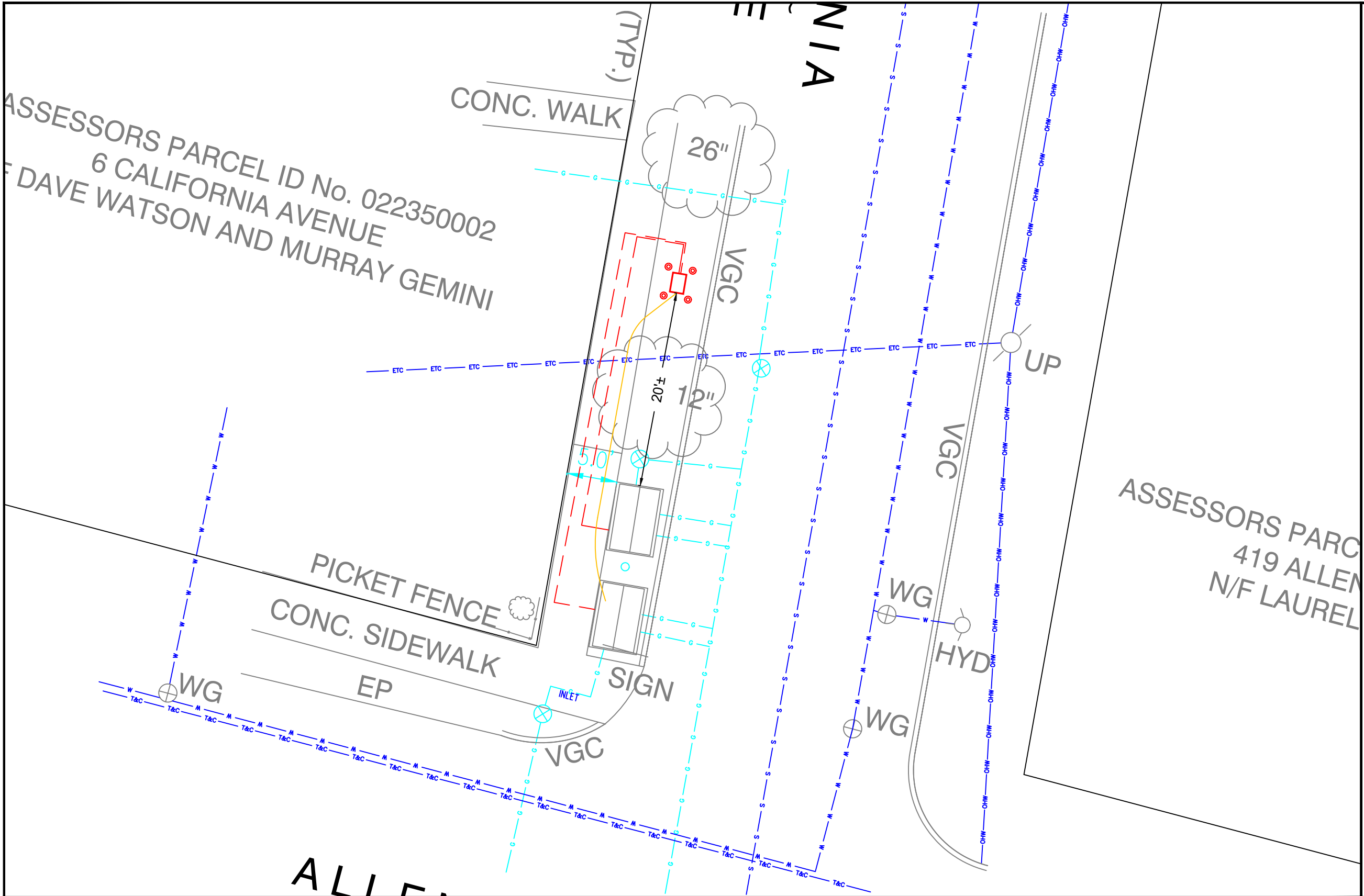
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REV. #	DATE	DESCRIPTION	
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AS-BUILT BY			
NAME		DATE	PHONE #

SITE NAME:
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ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

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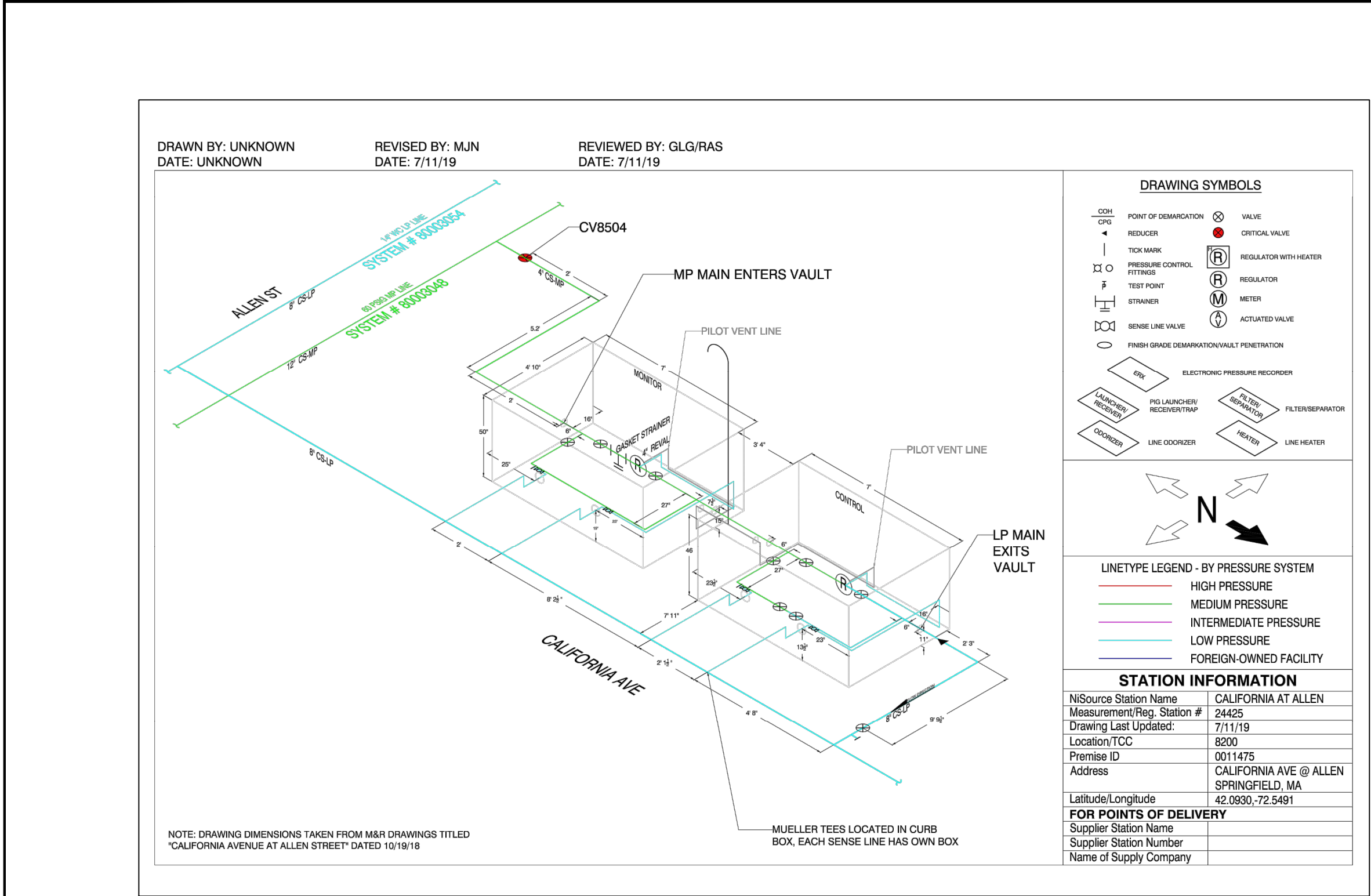
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MONITOR VAULT



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CONTROL VAULT

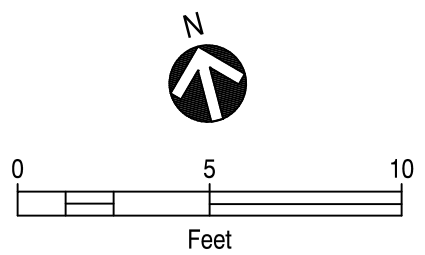


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CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
NAME		DATE	PHONE #

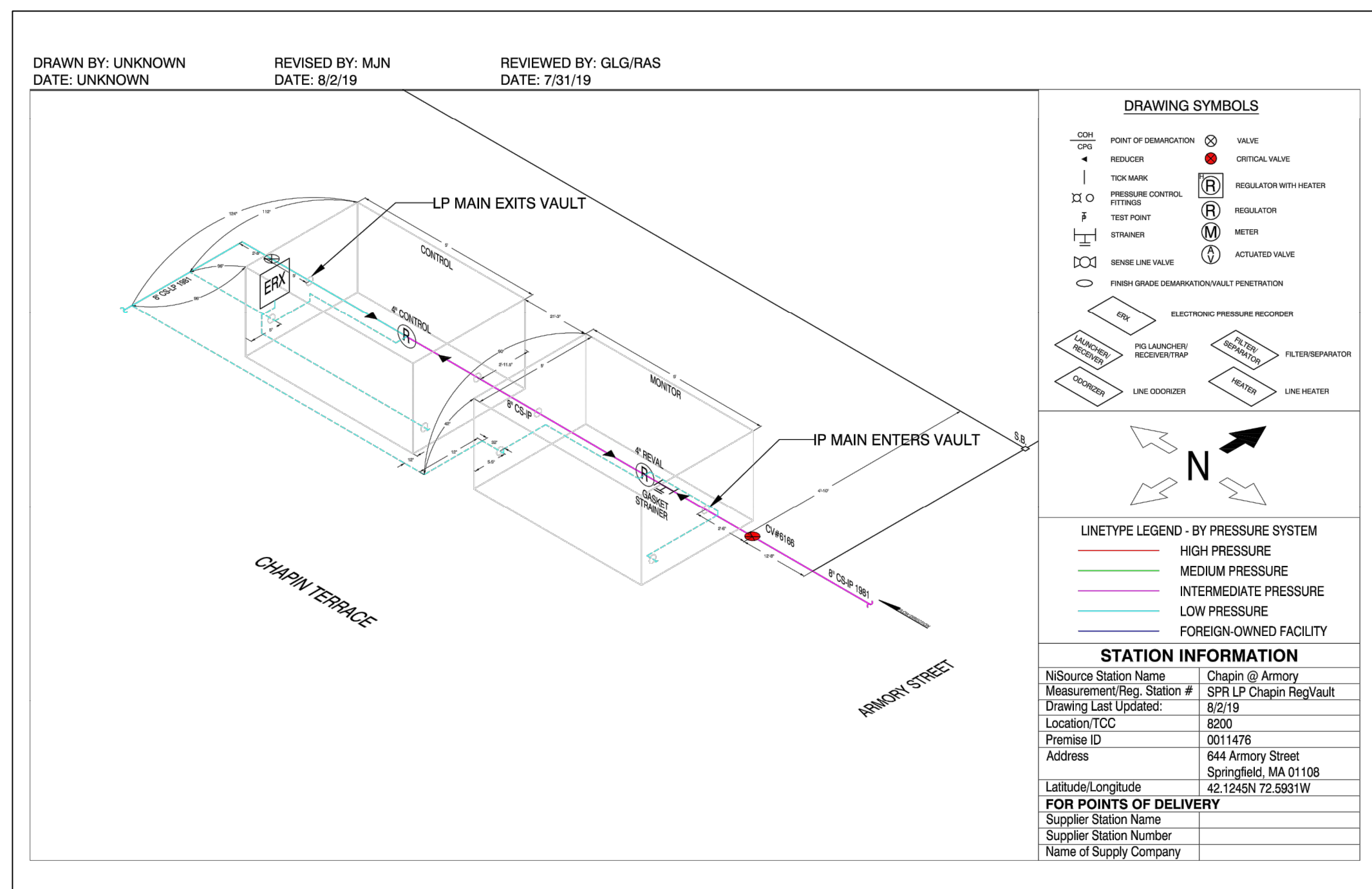
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SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

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DRAWING NO:
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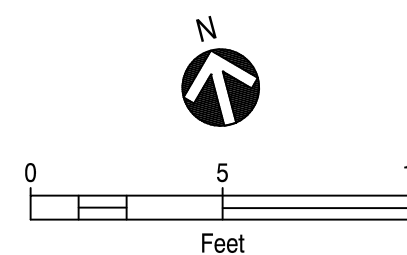
CONTROL VAULT



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DRAWN BY	RAS	05/08/2020413-302-5853
CHECKED BY	GLG	05/08/2020413-363-0636
AS-BUILT BY		
	NAME	DATE
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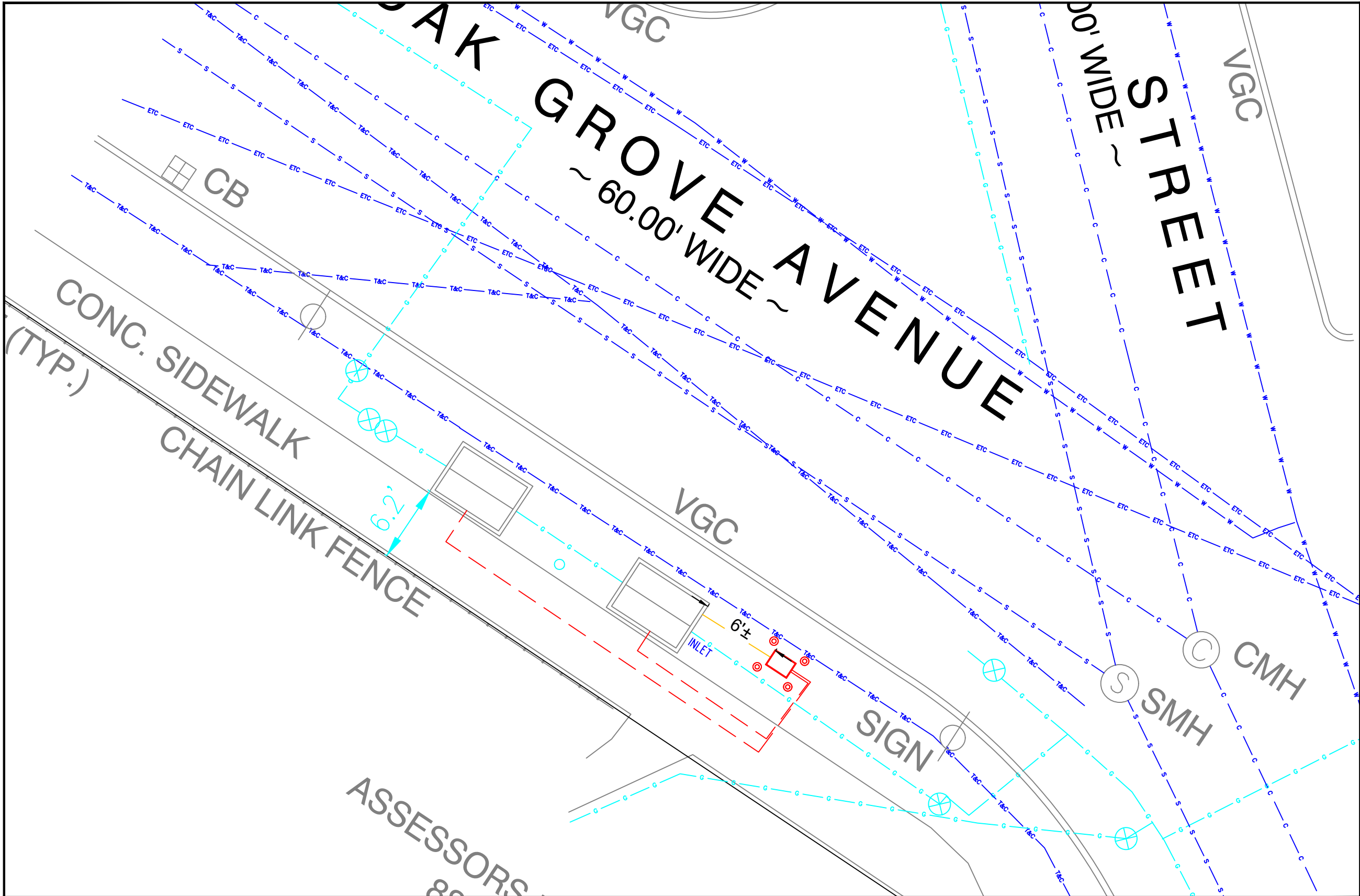
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PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

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DRAWING NO:

L-4



MONITOR VAULT

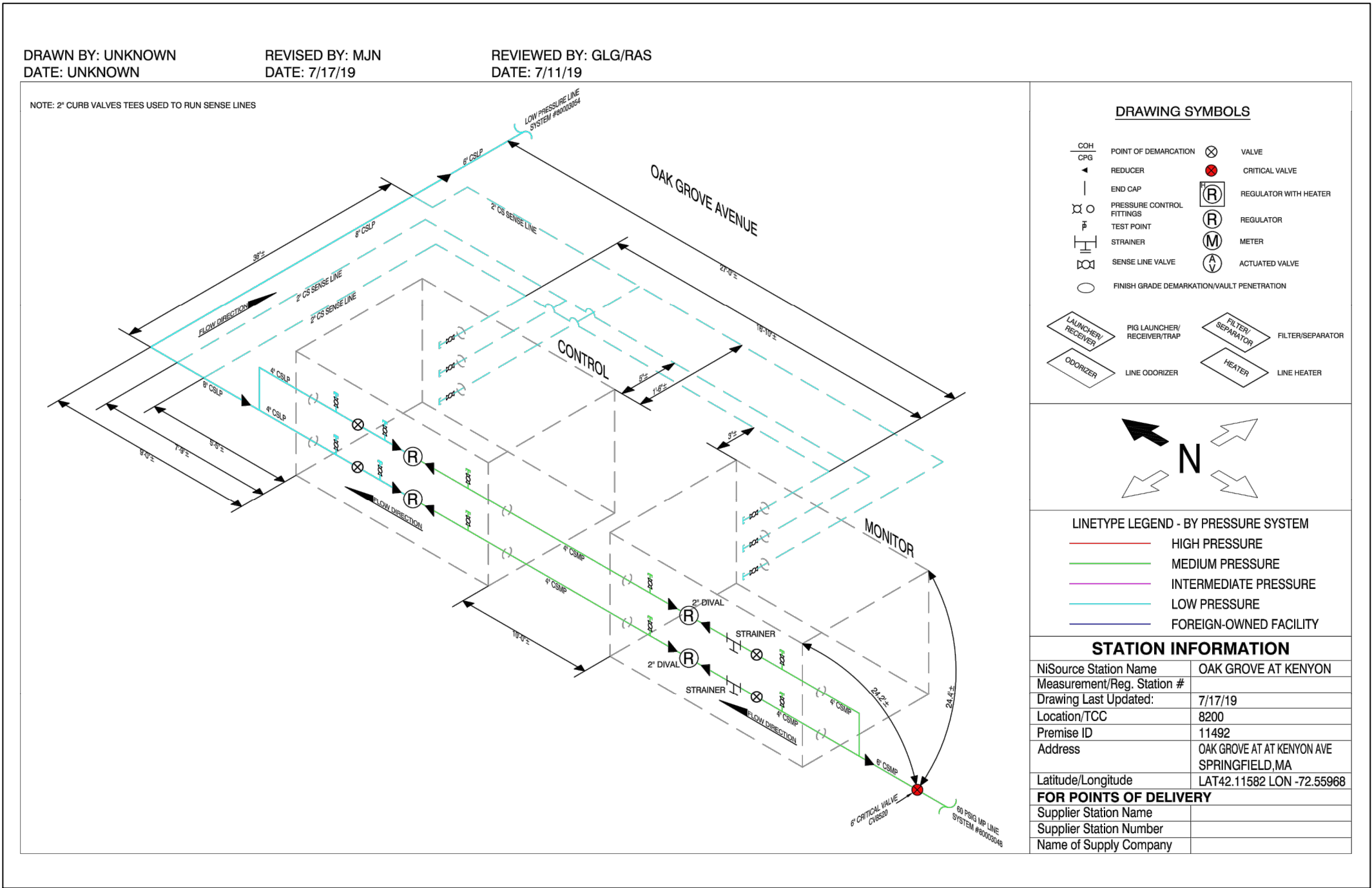


OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY

CONTROL VAULT



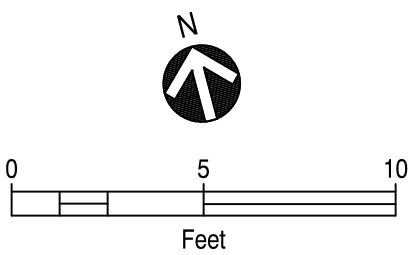
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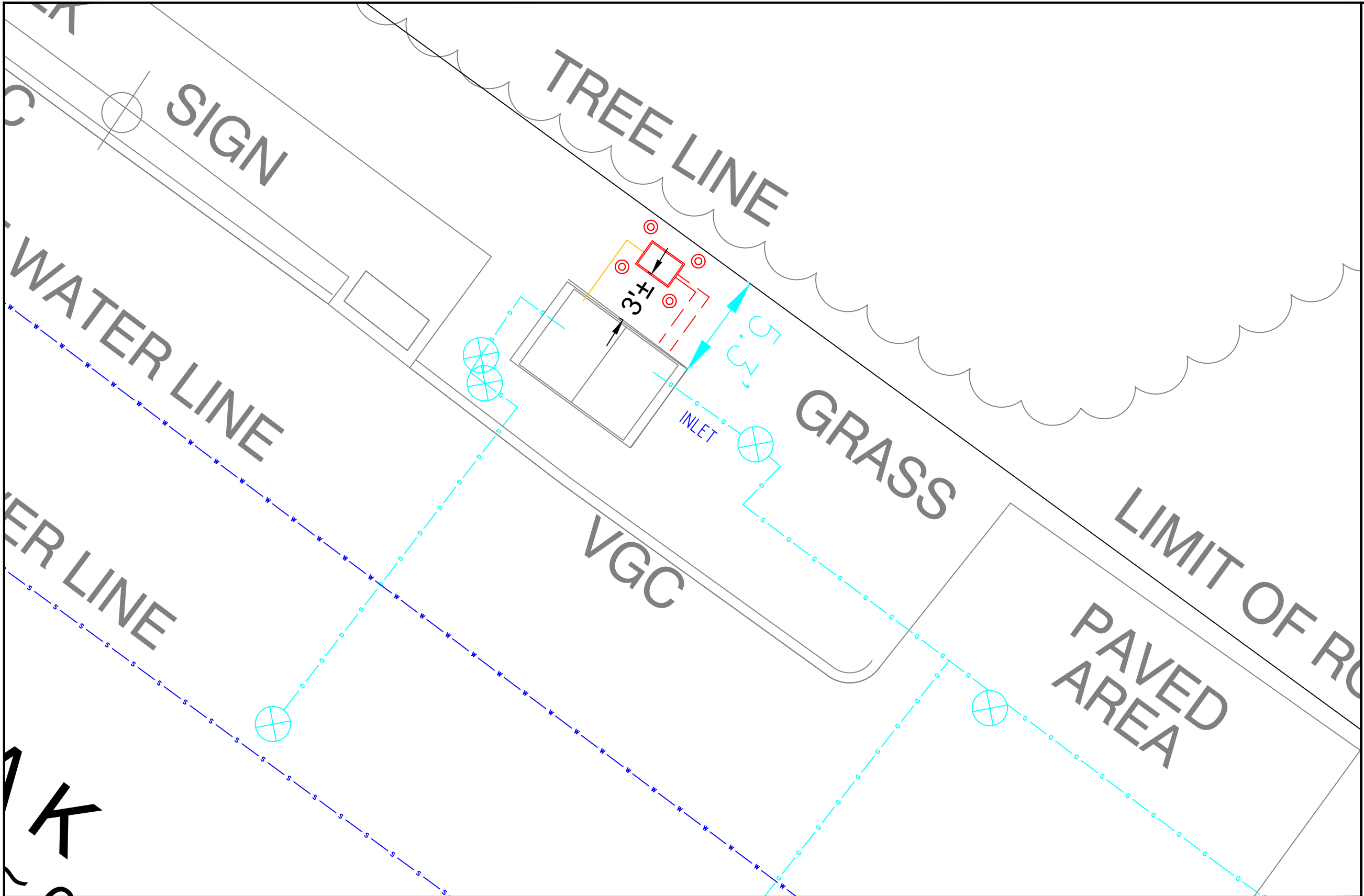
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REV. #	DATE	DESCRIPTION	
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NAME		DATE	PHONE #

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ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

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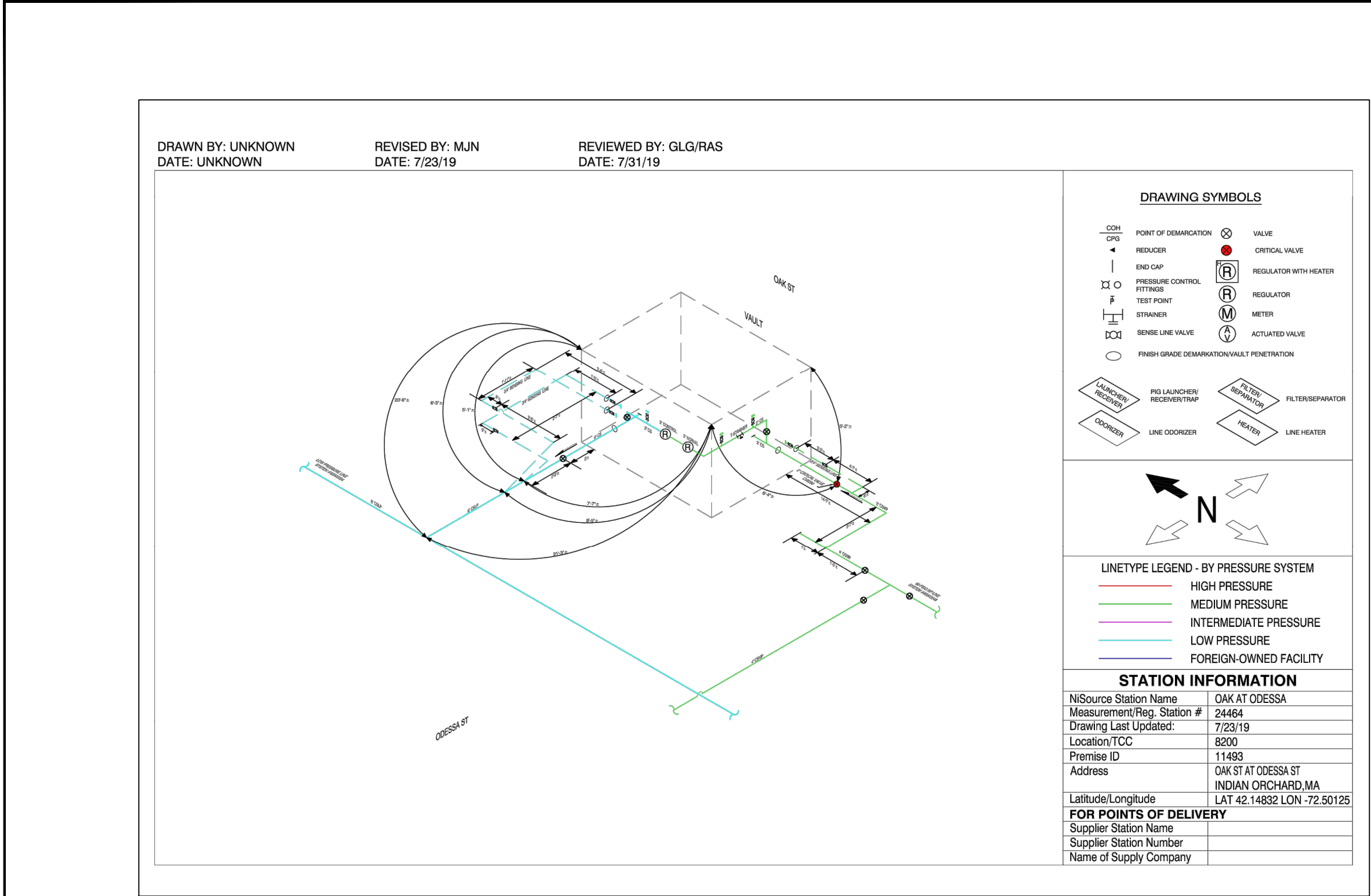
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SINGLE VAULT SETUP



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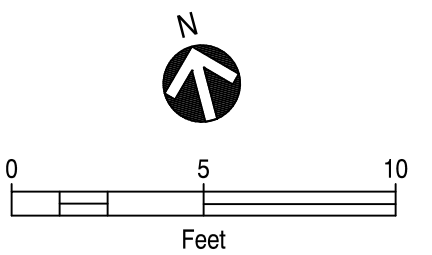


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REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
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DRAWING NO:
L-6



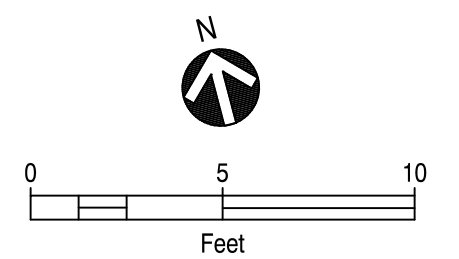
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SITE NAME:
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ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

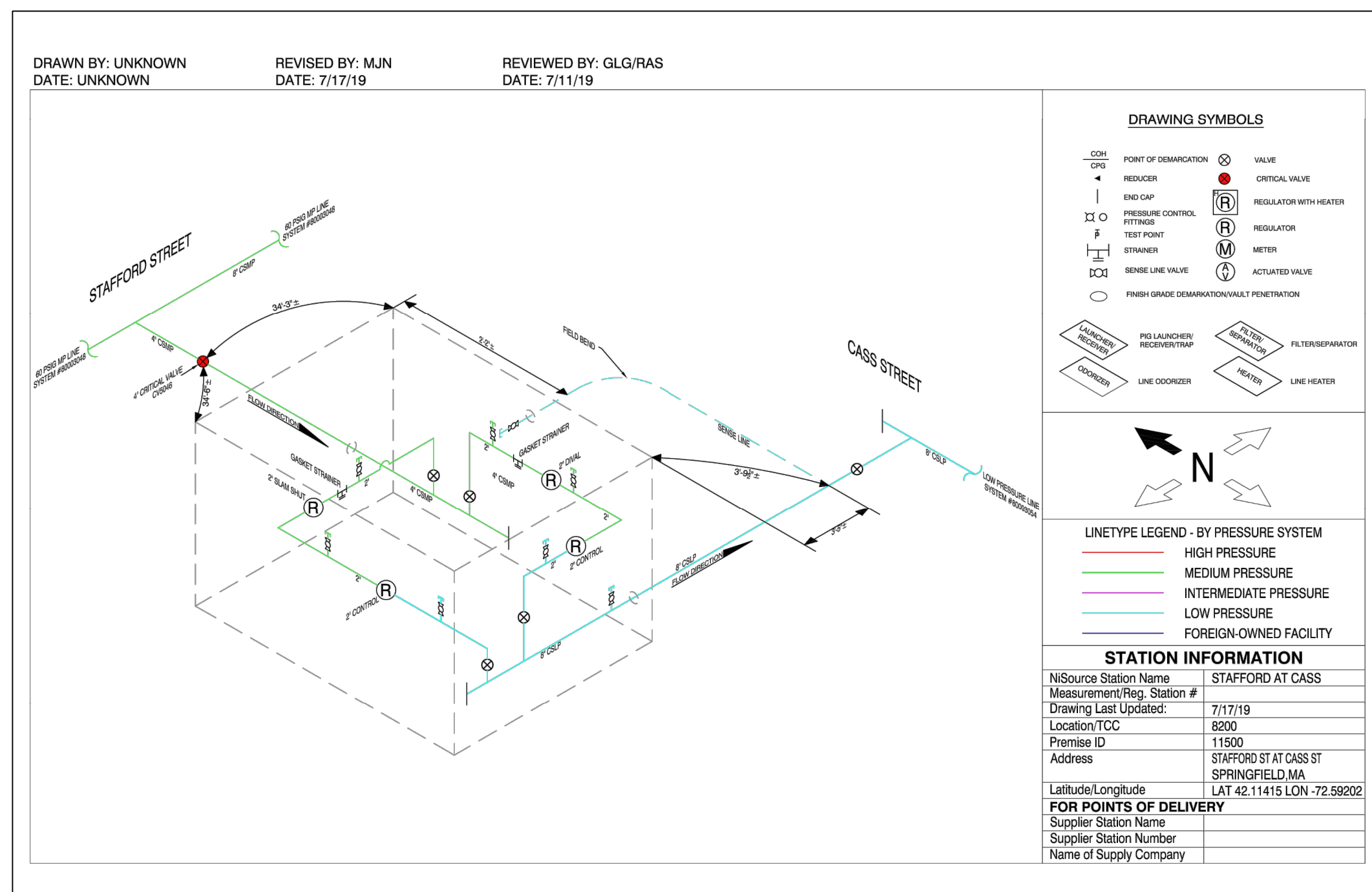
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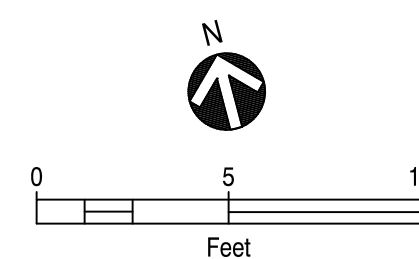
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CHECKED BY	GLG	05/08/2020413-363-0636
AS-BUILT BY		
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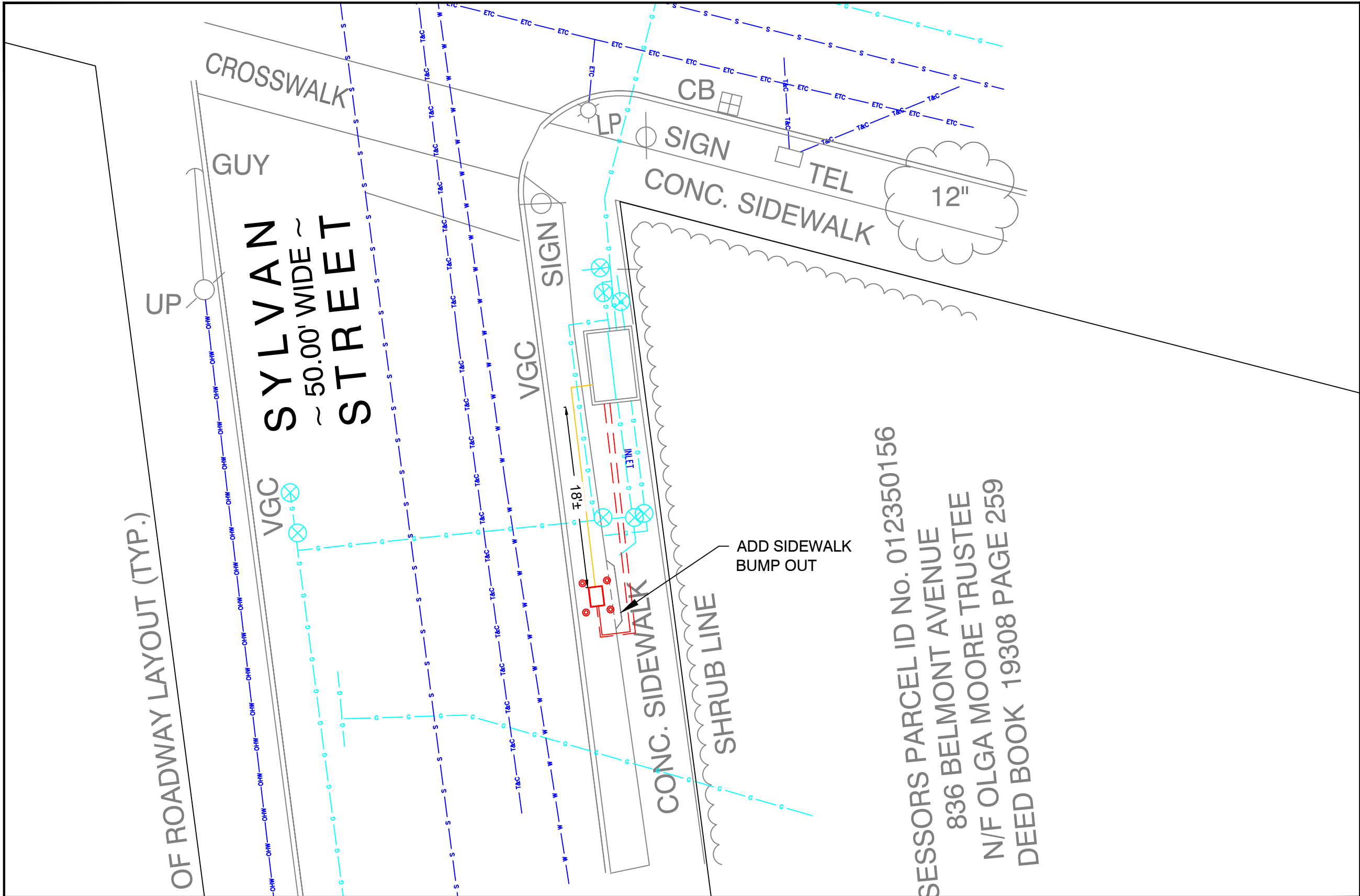
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SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

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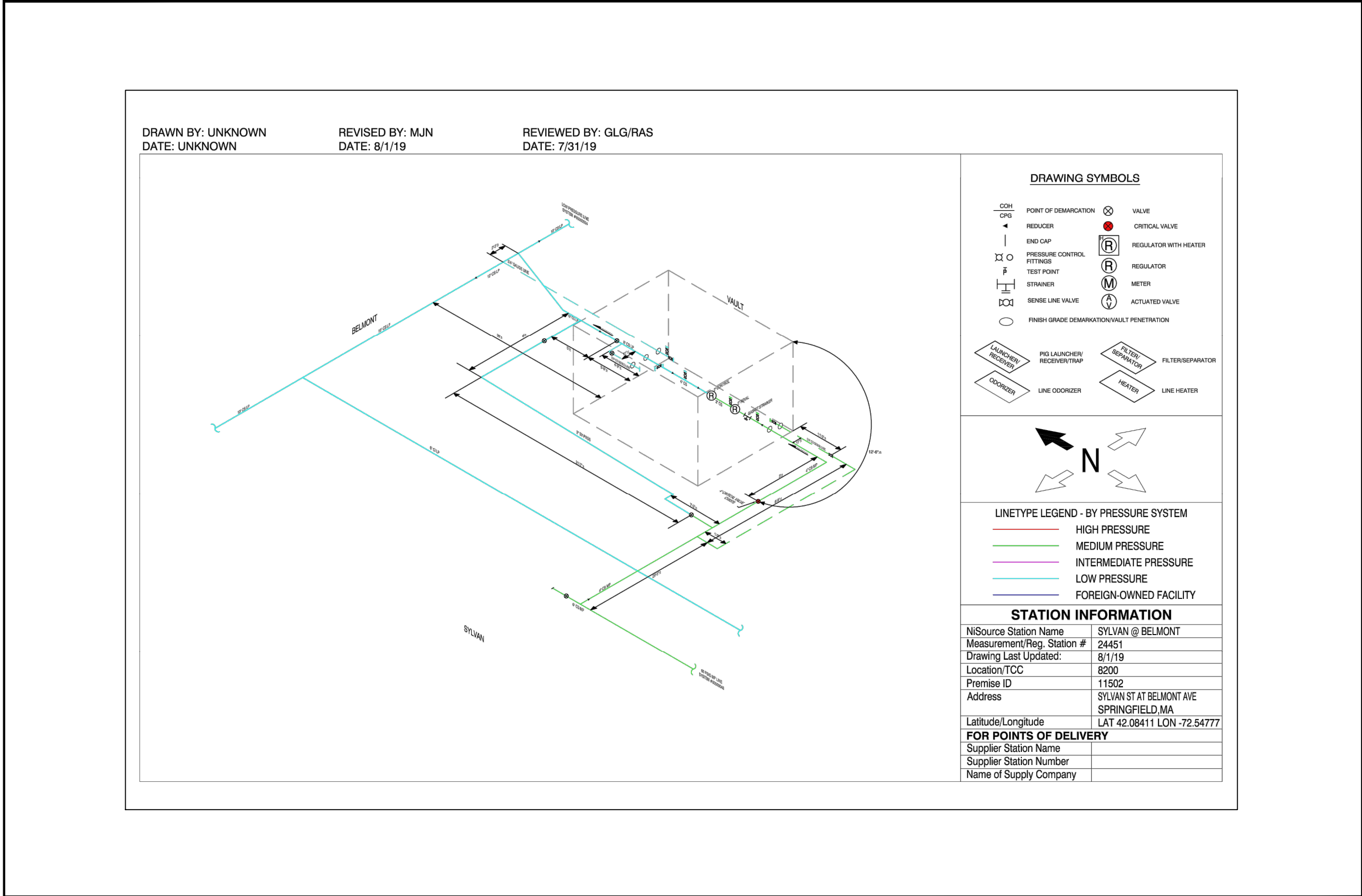
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SINGLE VAULT SETUP



OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY



EXTERIOR

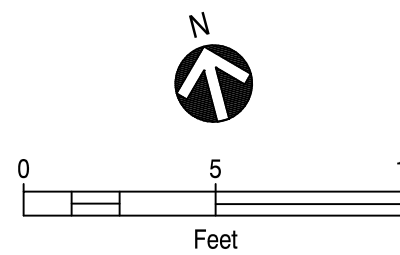


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PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-9



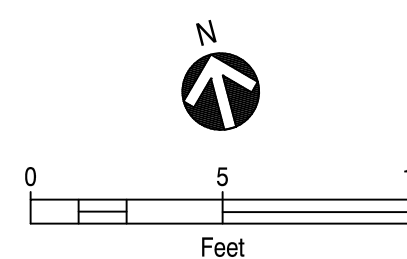
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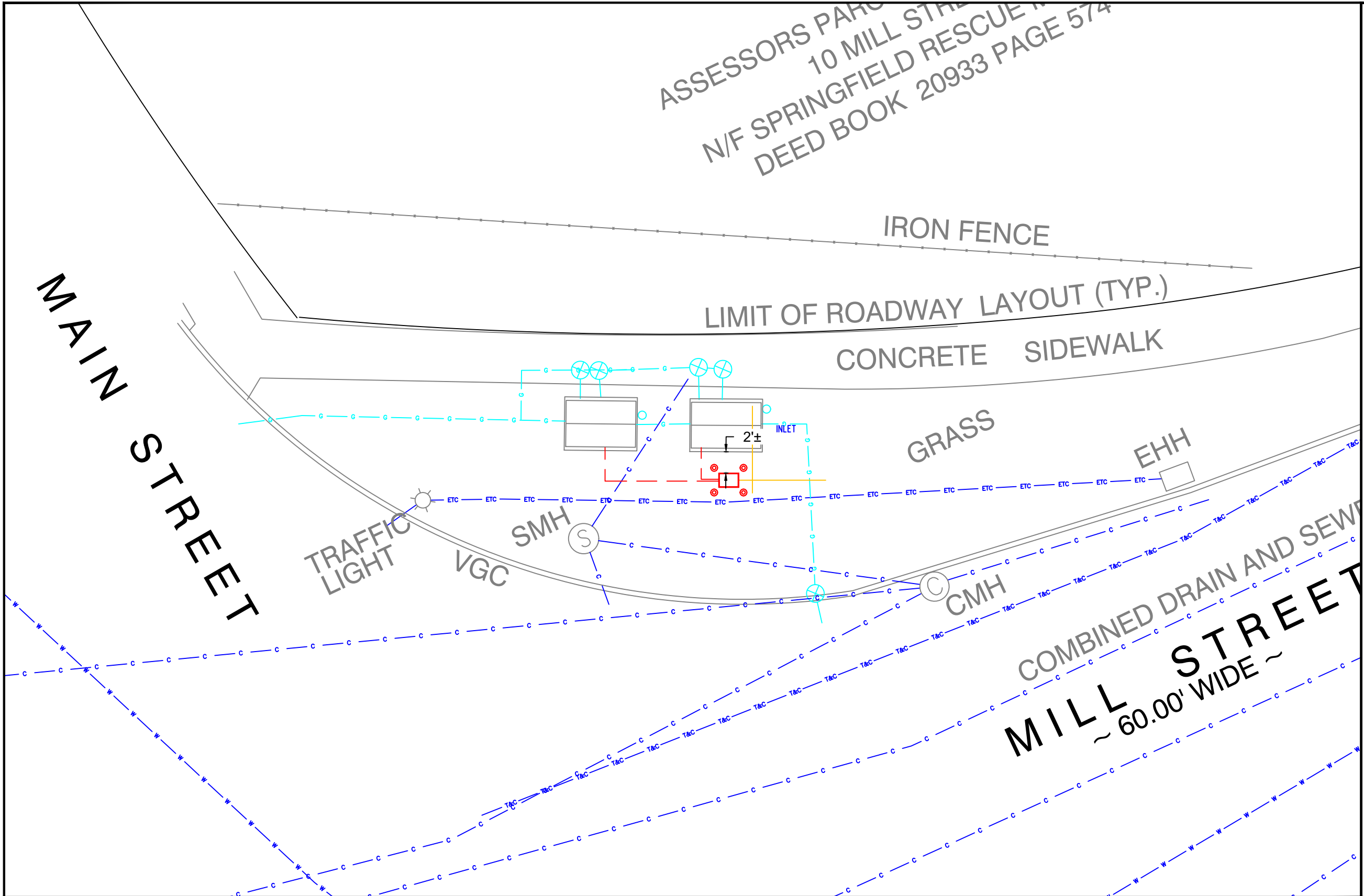
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SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

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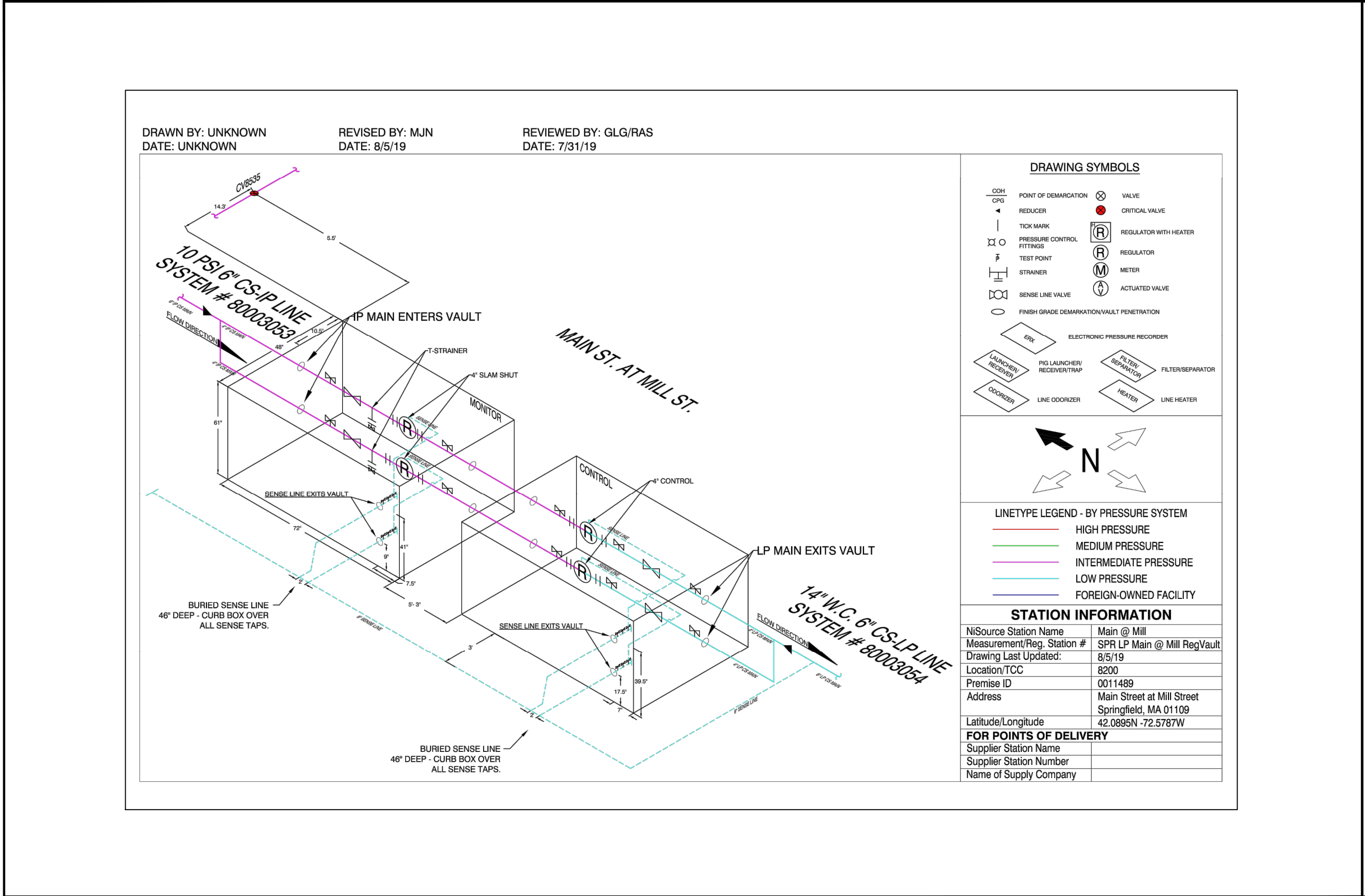
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MONITOR VAULT



OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY



CONTROL VAULT

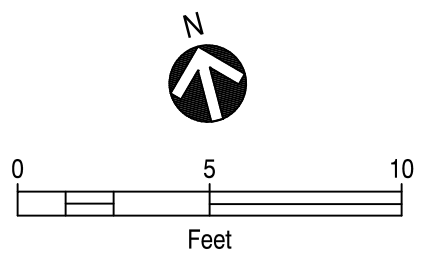


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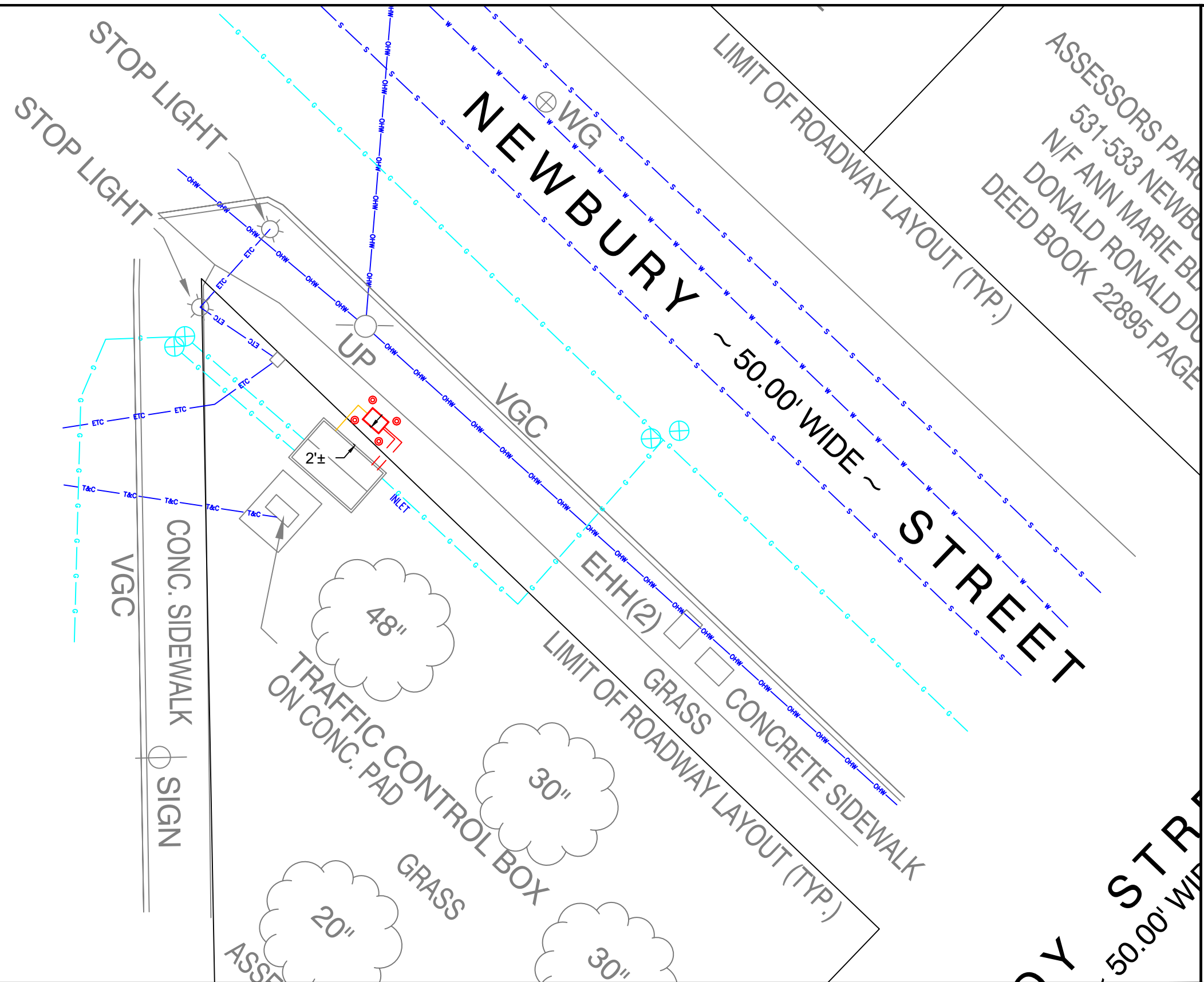
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DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-12

LIBERTY STREET
~49.50' WIDE~



SINGLE VAULT SETUP

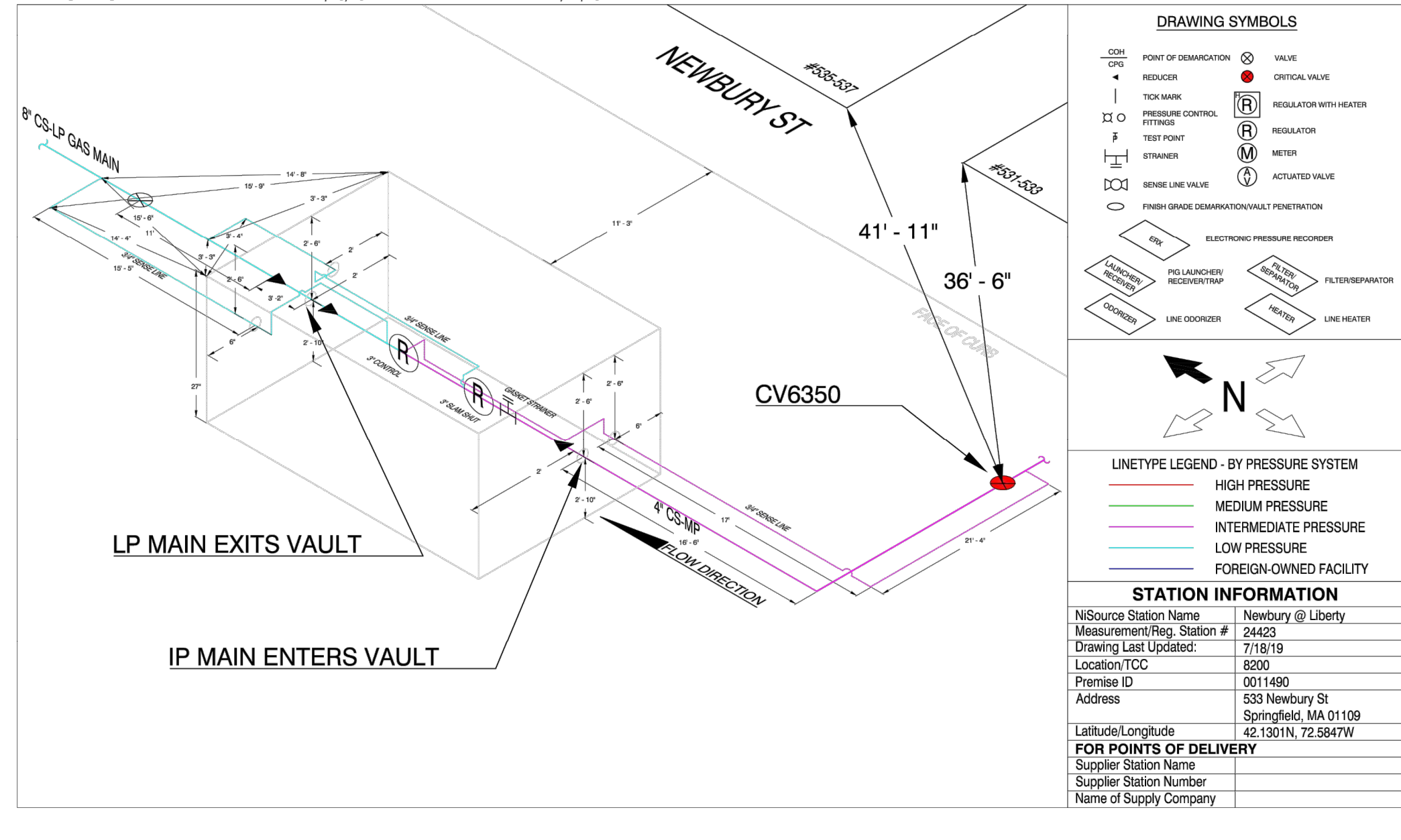


OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY

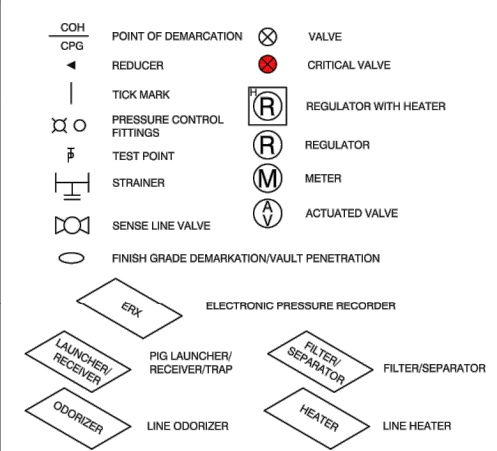
DRAWN BY: UNKNOWN
DATE: UNKNOWN

REVISED BY: MJN
DATE: 7/18/19

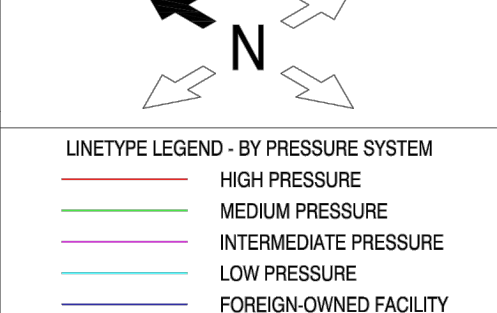
REVIEWED BY: GLG/RAS
DATE: 7/11/19



DRAWING SYMBOLS



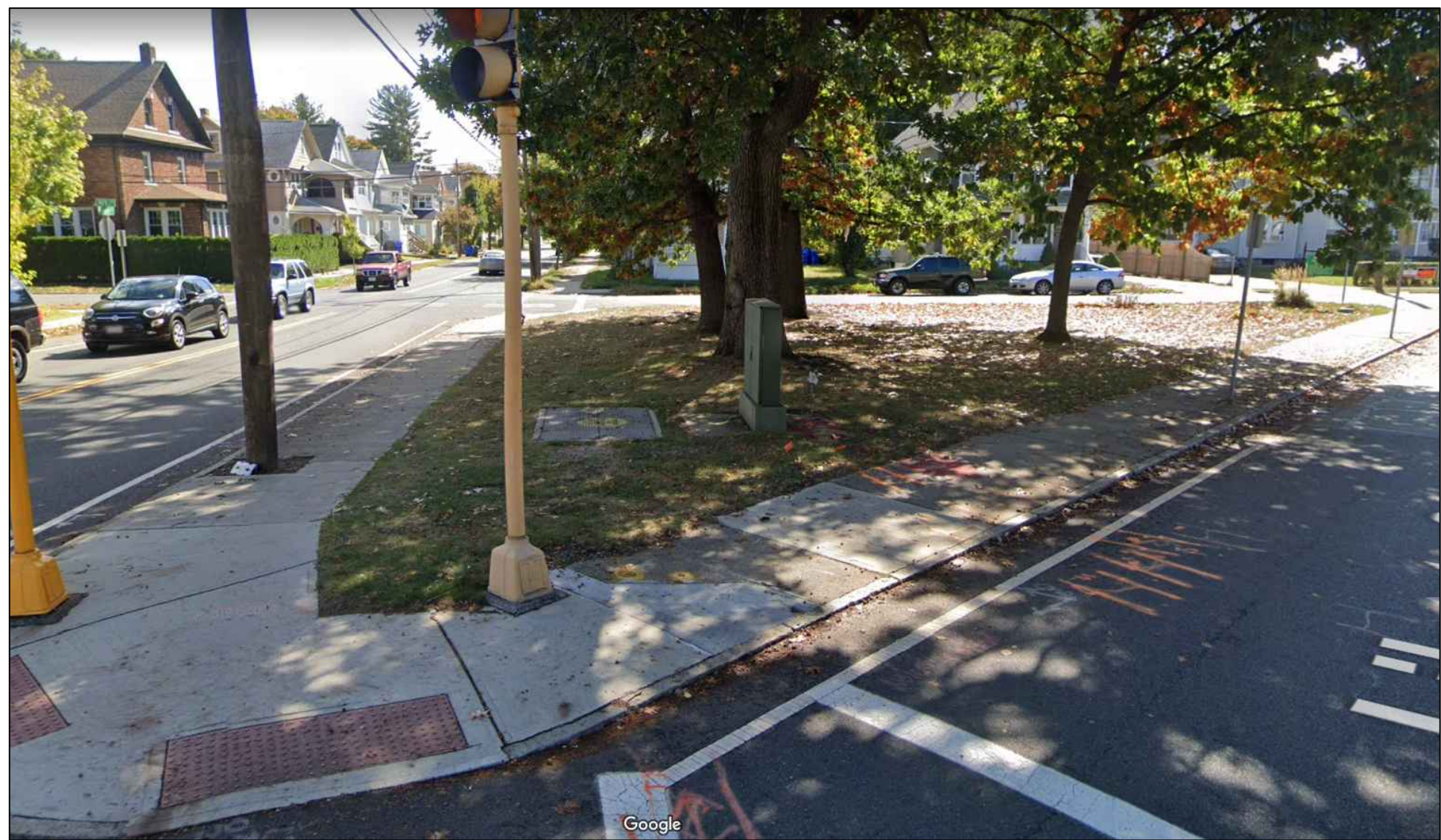
LINETYPE LEGEND - BY PRESSURE SYSTEM



STATION INFORMATION

NiSource Station Name	Newbury @ Liberty
Measurement/Reg. Station #	24423
Drawing Last Updated:	7/18/19
Location/ICC	6200
Premise ID	0011490
Address	533 Newbury St Springfield, MA 01109
Latitude/Longitude	42.1301N, 72.5847W
FOR POINTS OF DELIVERY	
Supplier Station Name	
Supplier Station Number	
Name of Supply Company	

EXTERIOR

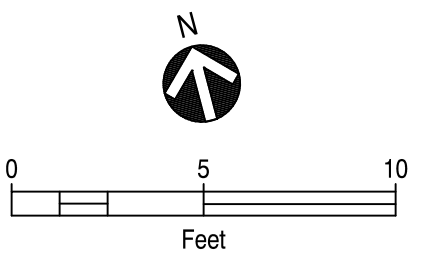


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REV. #	DATE	DESCRIPTION
0	05/08/2020	SUBMITTED FOR PEER REVIEW
DESIGNED BY	RAS	05/08/2020413-302-5853
DRAWN BY	RAS	05/08/2020413-302-5853
CHECKED BY	GLG	05/08/2020413-363-0636
AS-BUILT BY		
NAME	DATE	PHONE #

SITE NAME:

INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

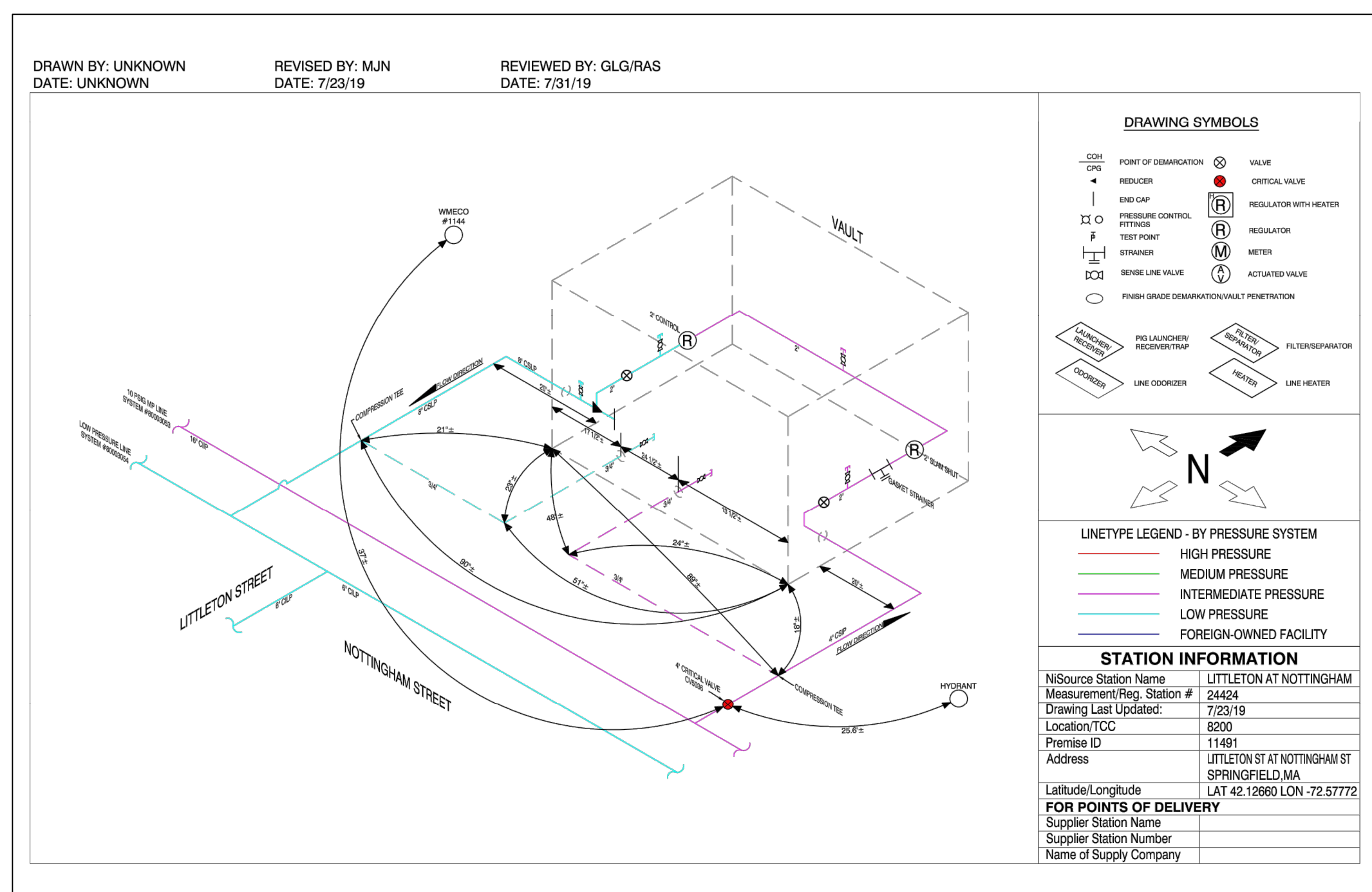
LAYOUT SHEET

DRAWING NO:

L-13



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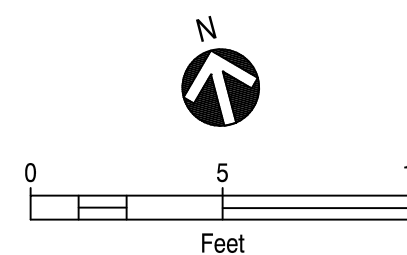
EXTERIOR



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REV. #	DATE	DESCRIPTION
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DRAWN BY	RAS	05/08/2020413-302-5853
CHECKED BY	GLG	05/08/2020413-363-0636
AS-BUILT BY		
	NAME	DATE PHONE #

SITE NAME:

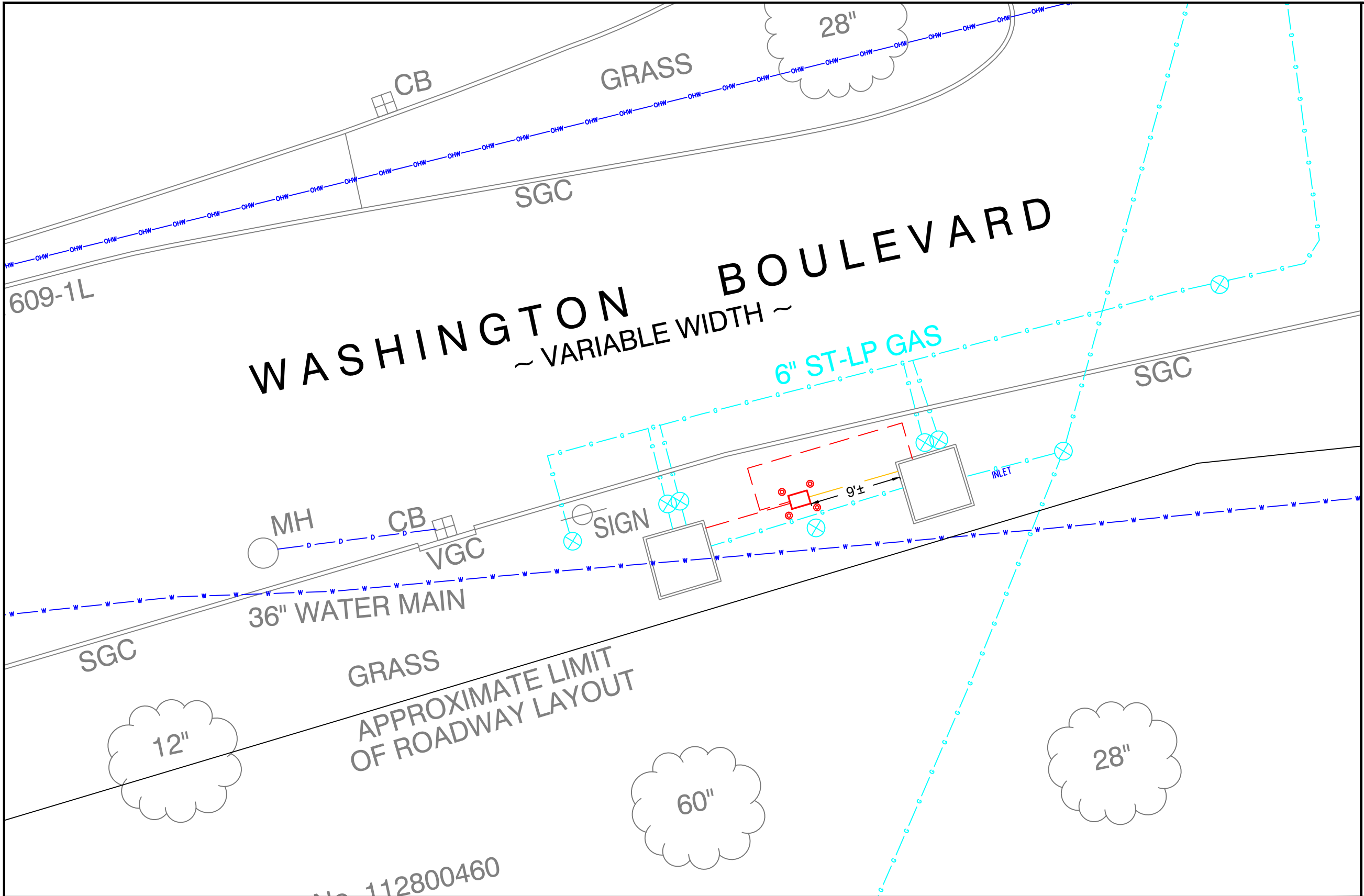
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

LAYOUT SHEET

DRAWING NO:

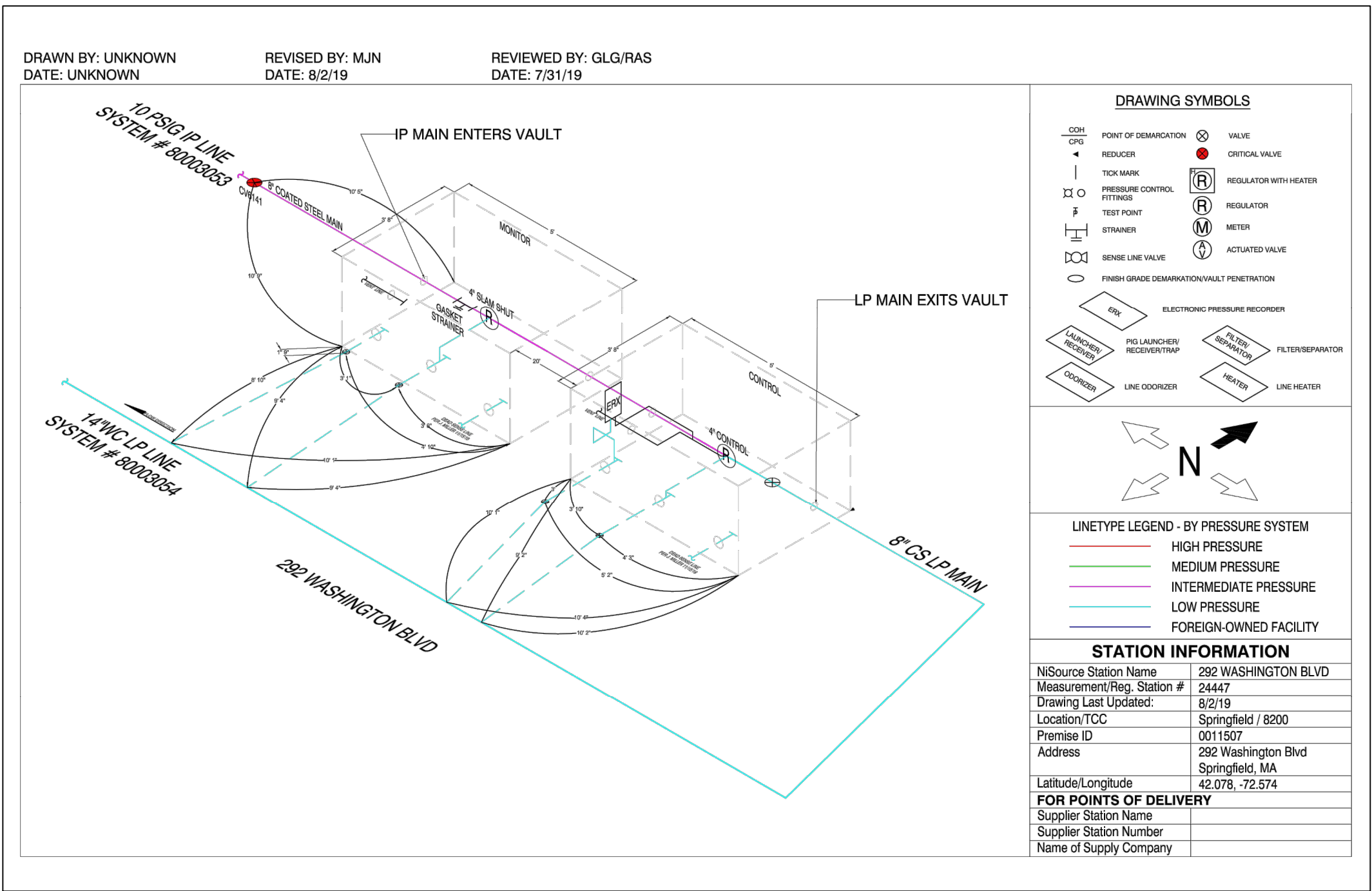
L-14



MONITOR VAULT



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CONTROL VAULT

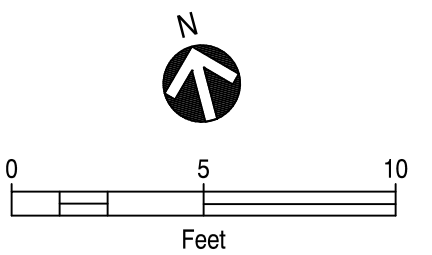


OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY

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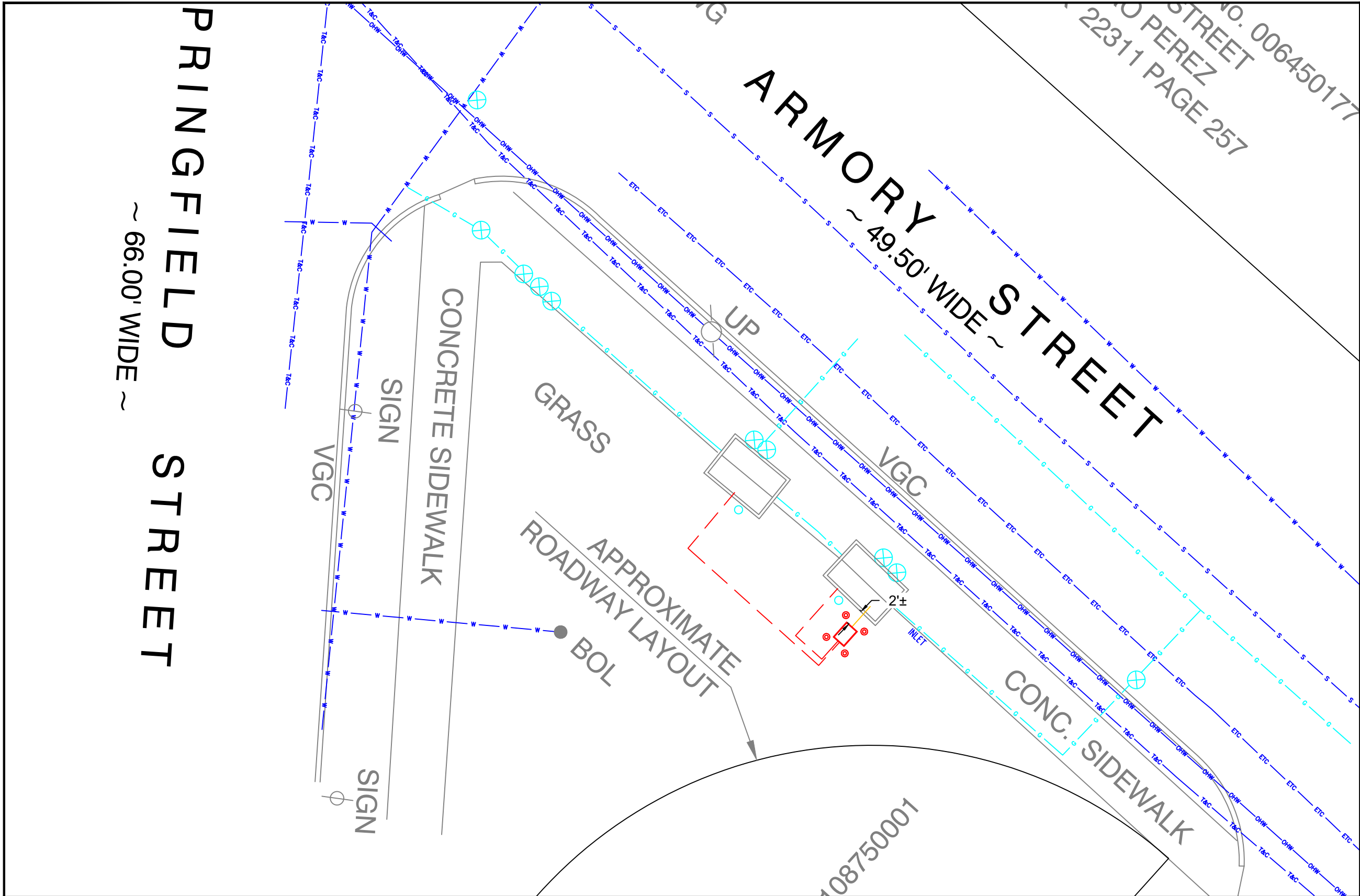
PROPOSED

REVISIONS		
0	05/08/2020	SUBMITTED FOR PEER REVIEW
REV. #	DATE	DESCRIPTION
DESIGNED BY	RAS	05/08/2020413-302-5853
DRAWN BY	RAS	05/08/2020413-302-5853
CHECKED BY	GLG	05/08/2020413-363-0636
AS-BUILT BY		
	NAME	DATE PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

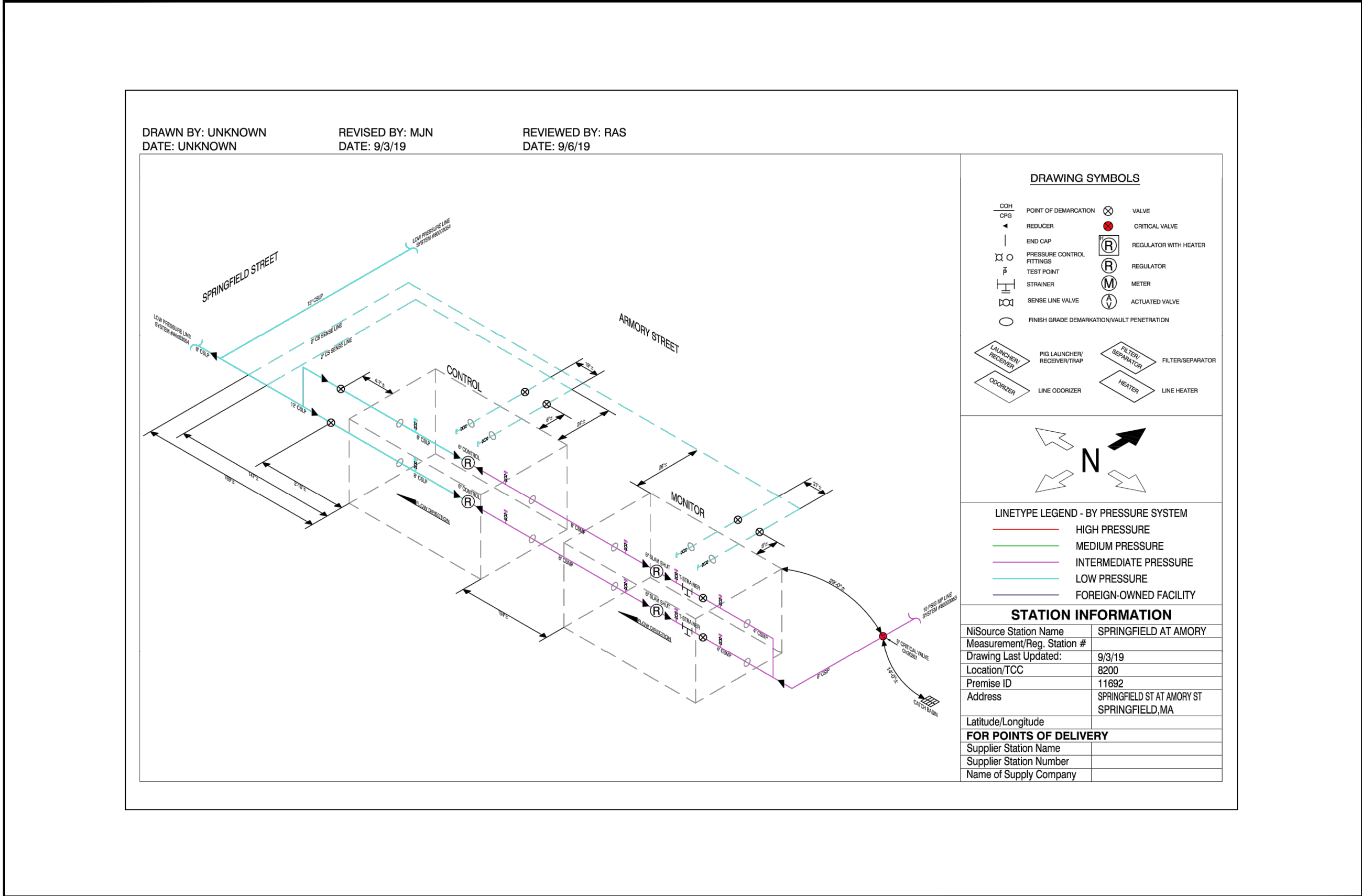
DRAWING NO:
L-15



MONITOR VAULT



OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY



CONTROL VAULT

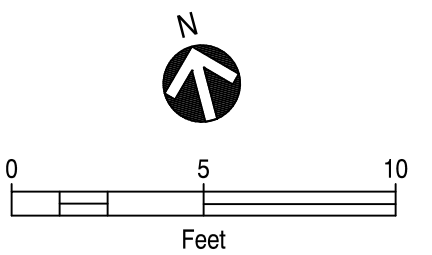


OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY

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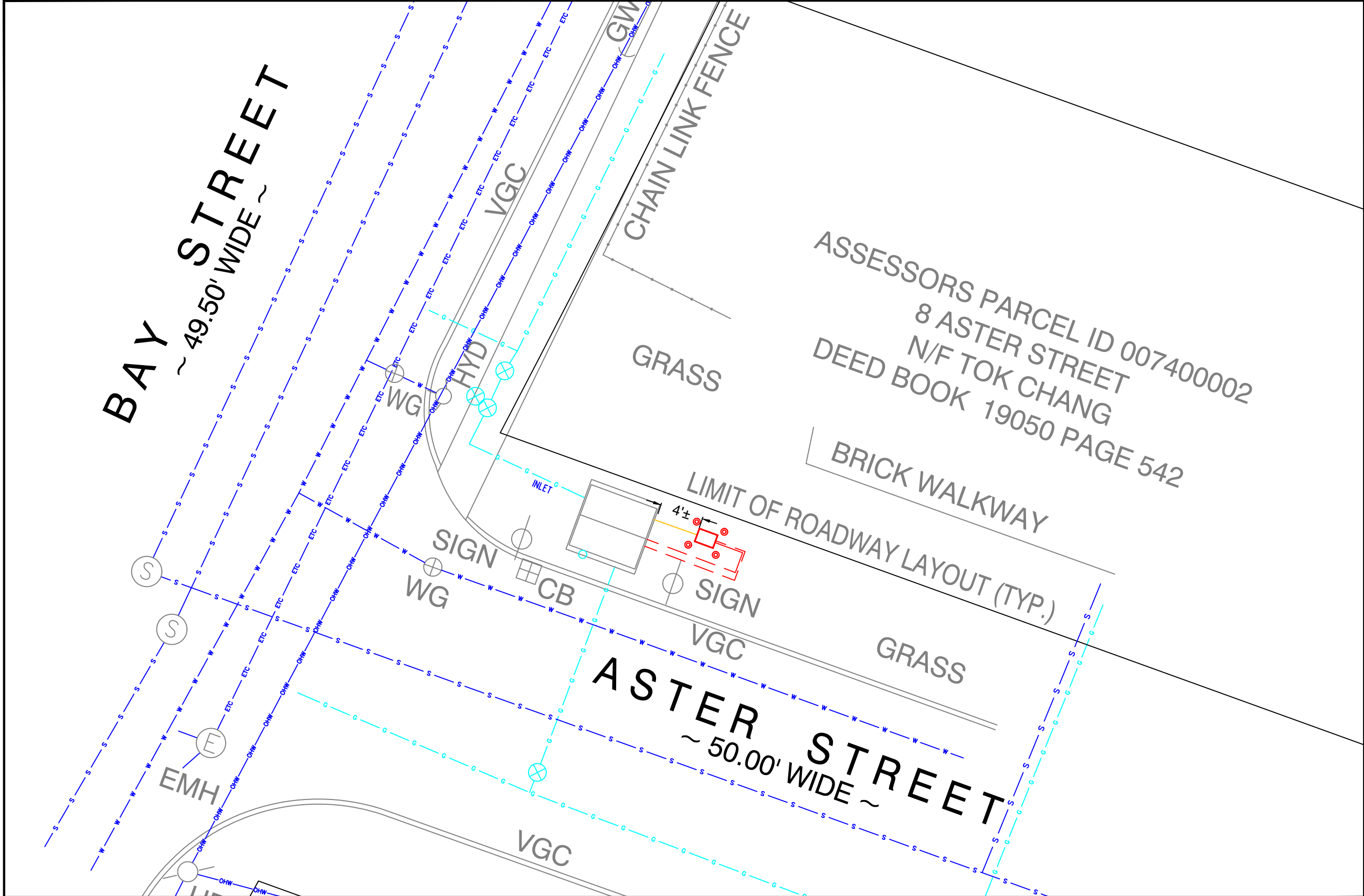
PROPOSED

REVISIONS			
REV. #	DATE	DESCRIPTION	
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

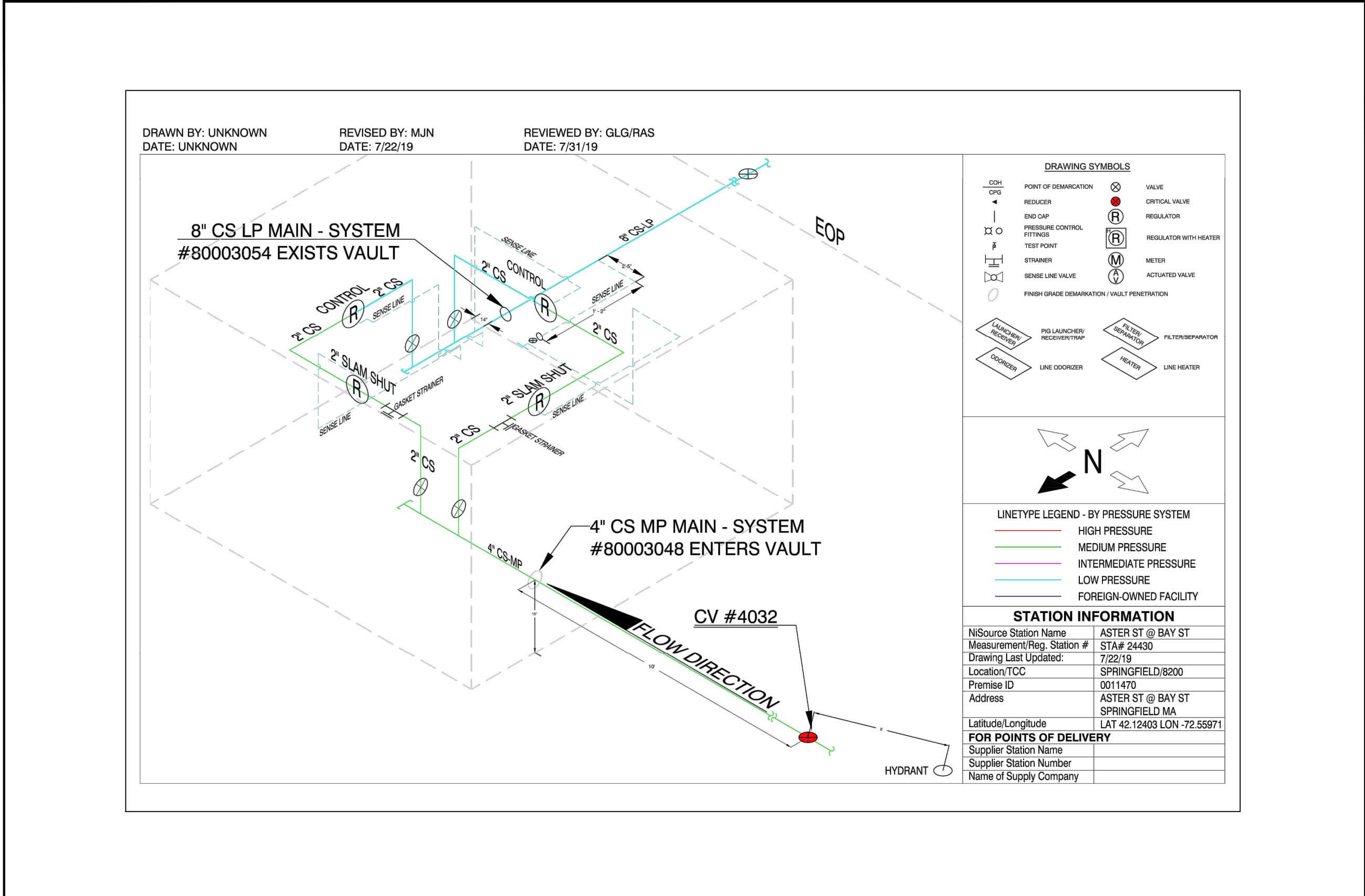
DRAWING NO:
L-16



SINGLE VAULT SETUP



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EXTERIOR

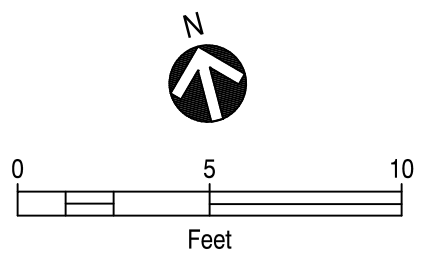


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REV. #	DATE	DESCRIPTION	
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
NAME	DATE	PHONE #	

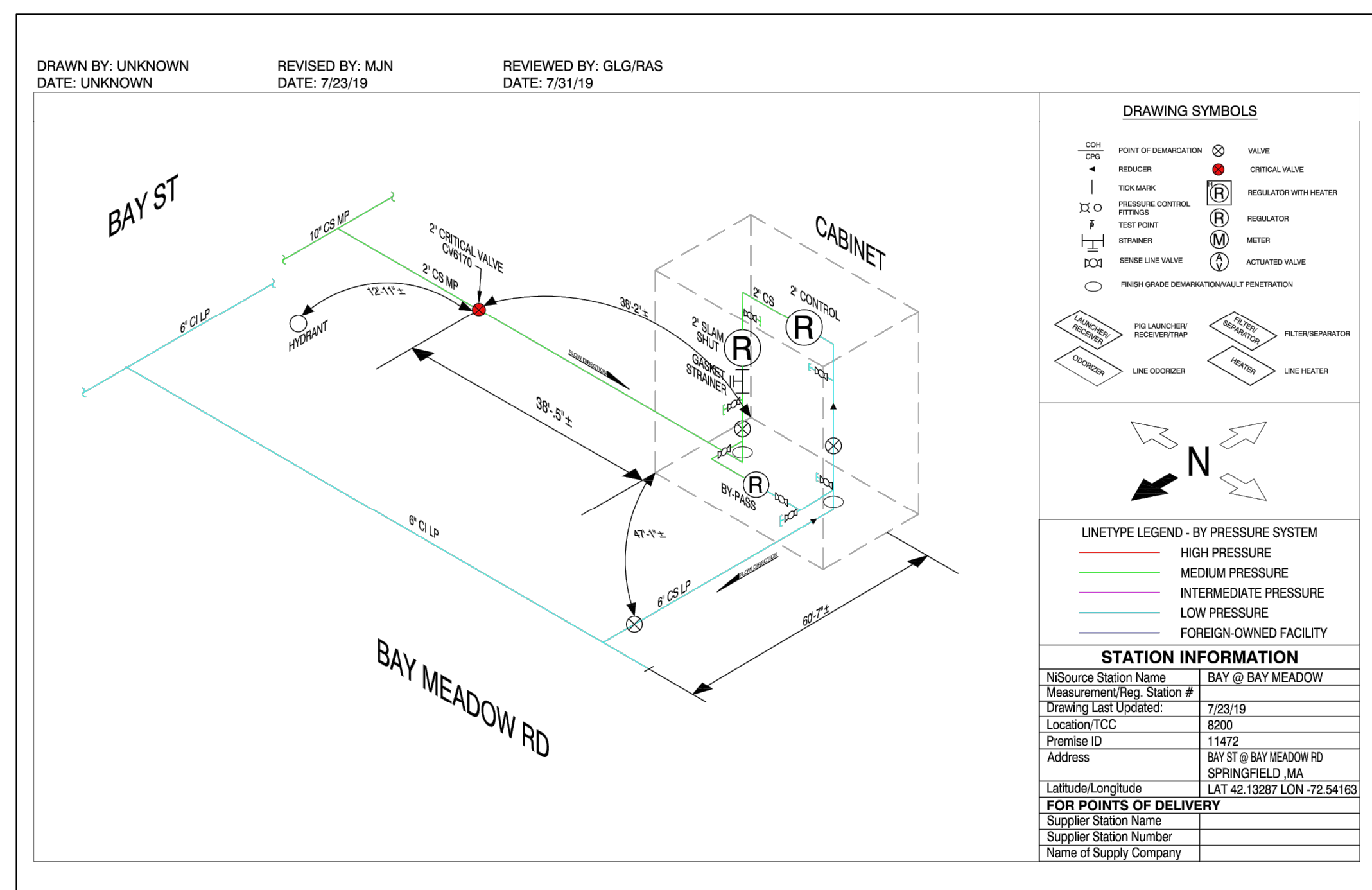
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

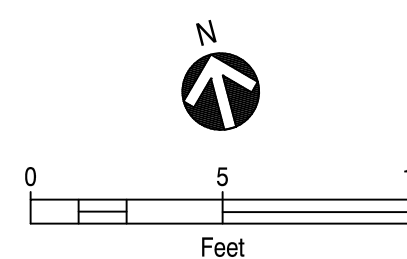
DRAWING NO:
L-17



CABINET



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020 413-302-5853	
DRAWN BY	RAS	05/08/2020 413-302-5853	
CHECKED BY	GLG	05/08/2020 413-363-0636	
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:

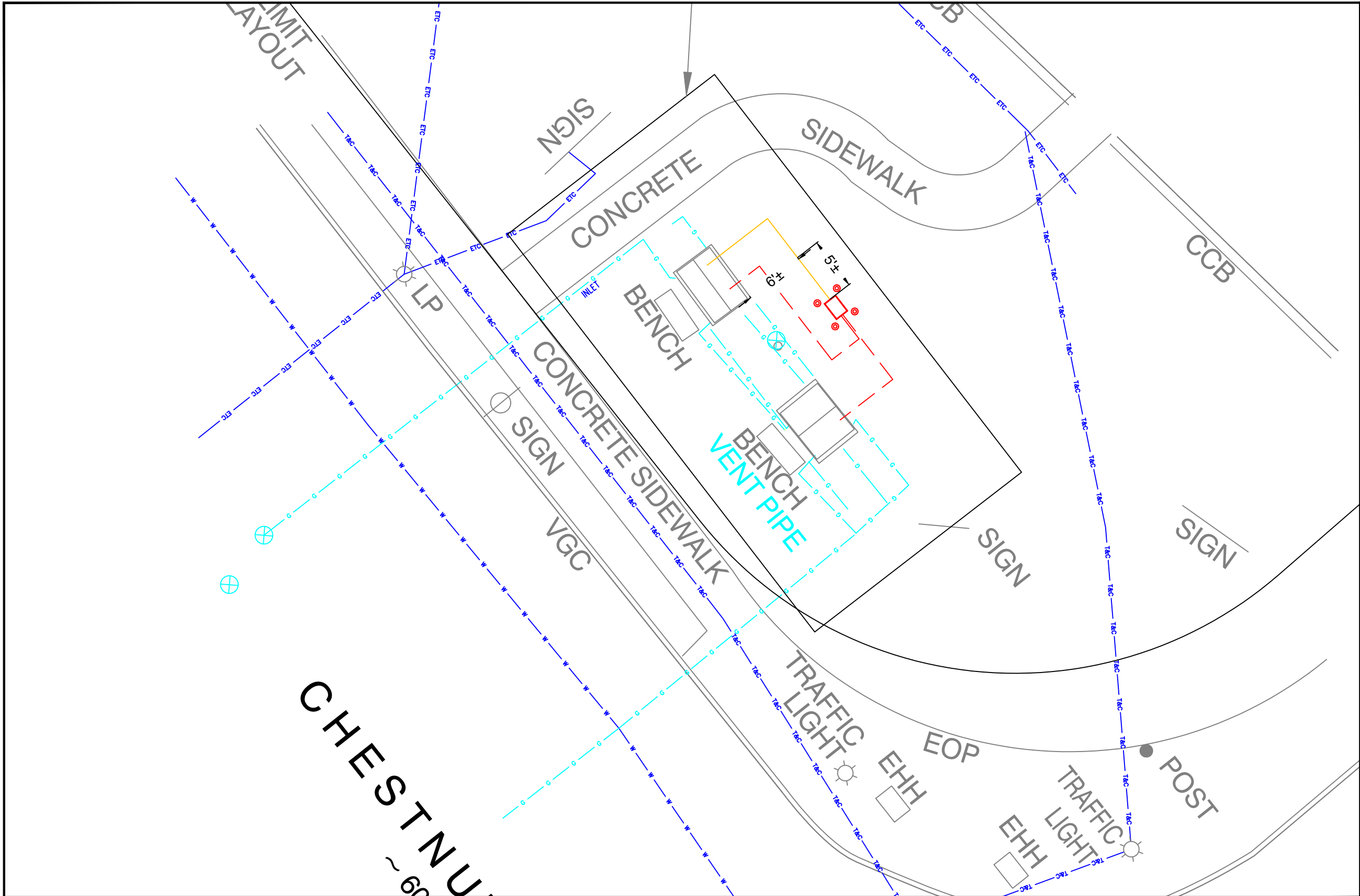
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

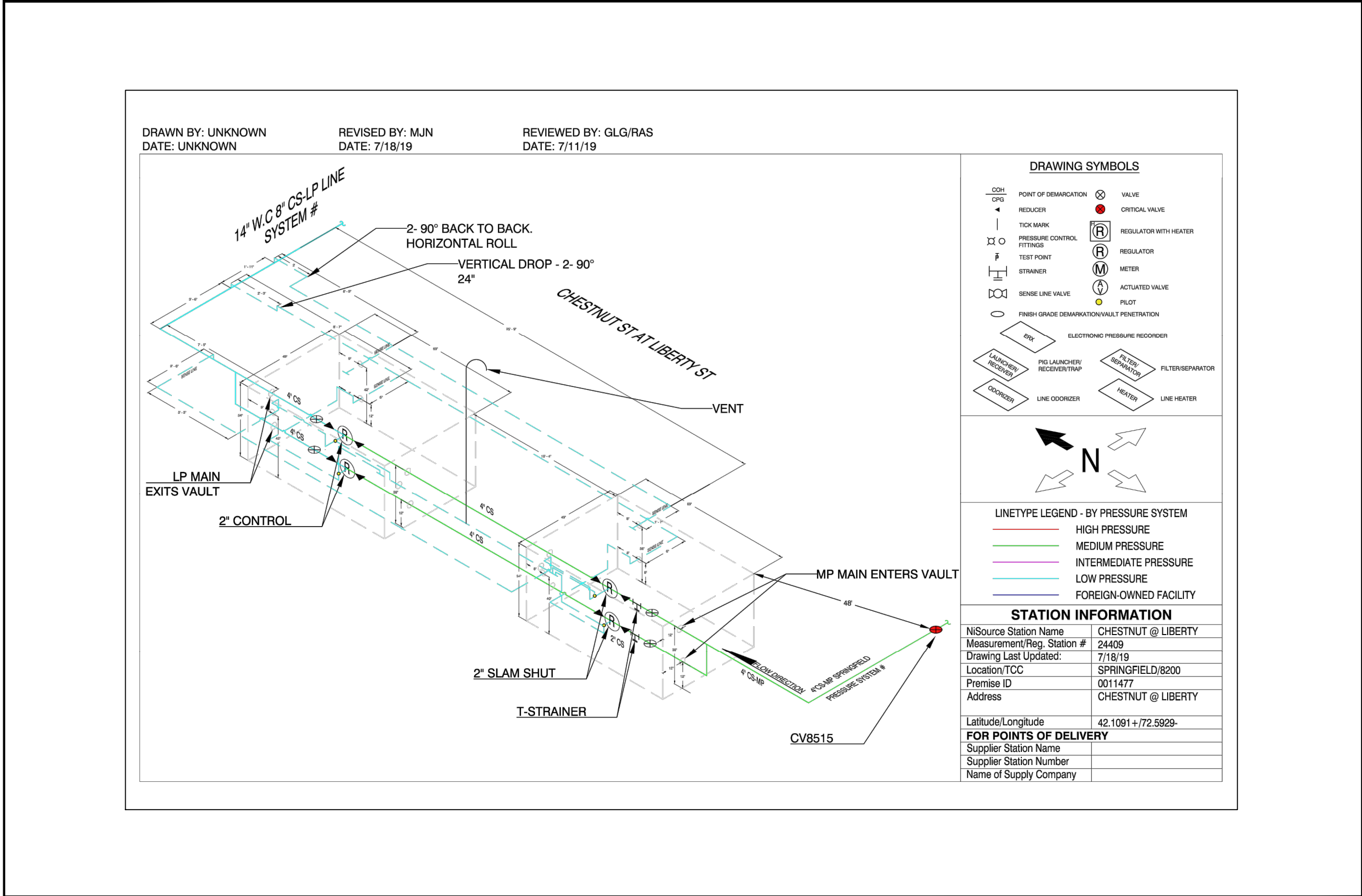
LAYOUT SHEET

DRAWING NO:

L-19



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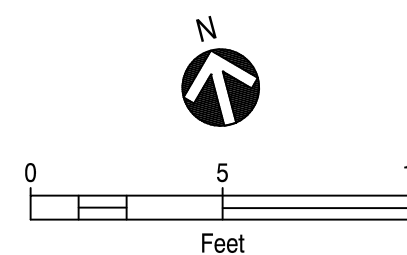


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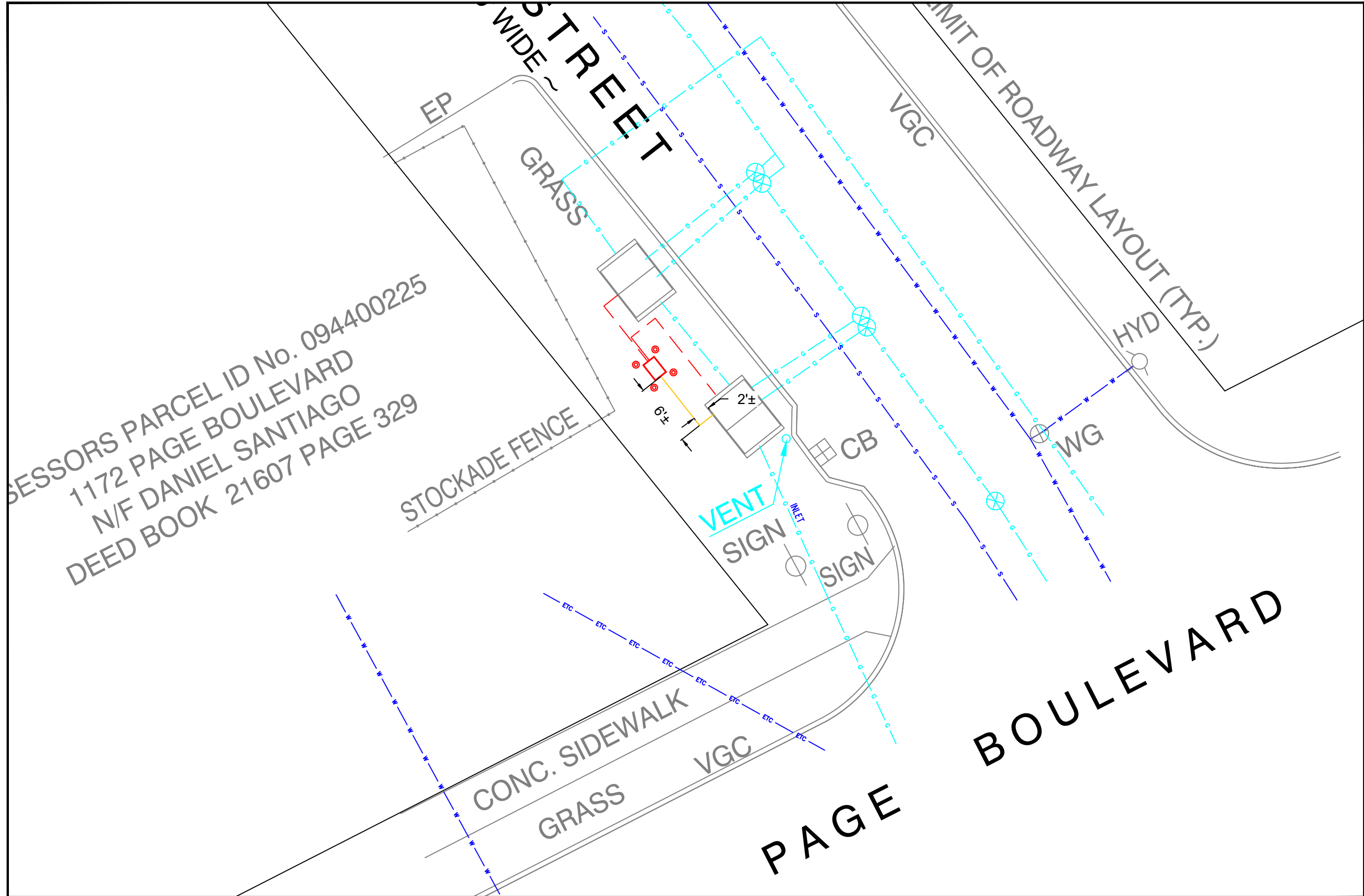
PROPOSED

REVISIONS			
REV. #	DATE	DESCRIPTION	
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
NAME		DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

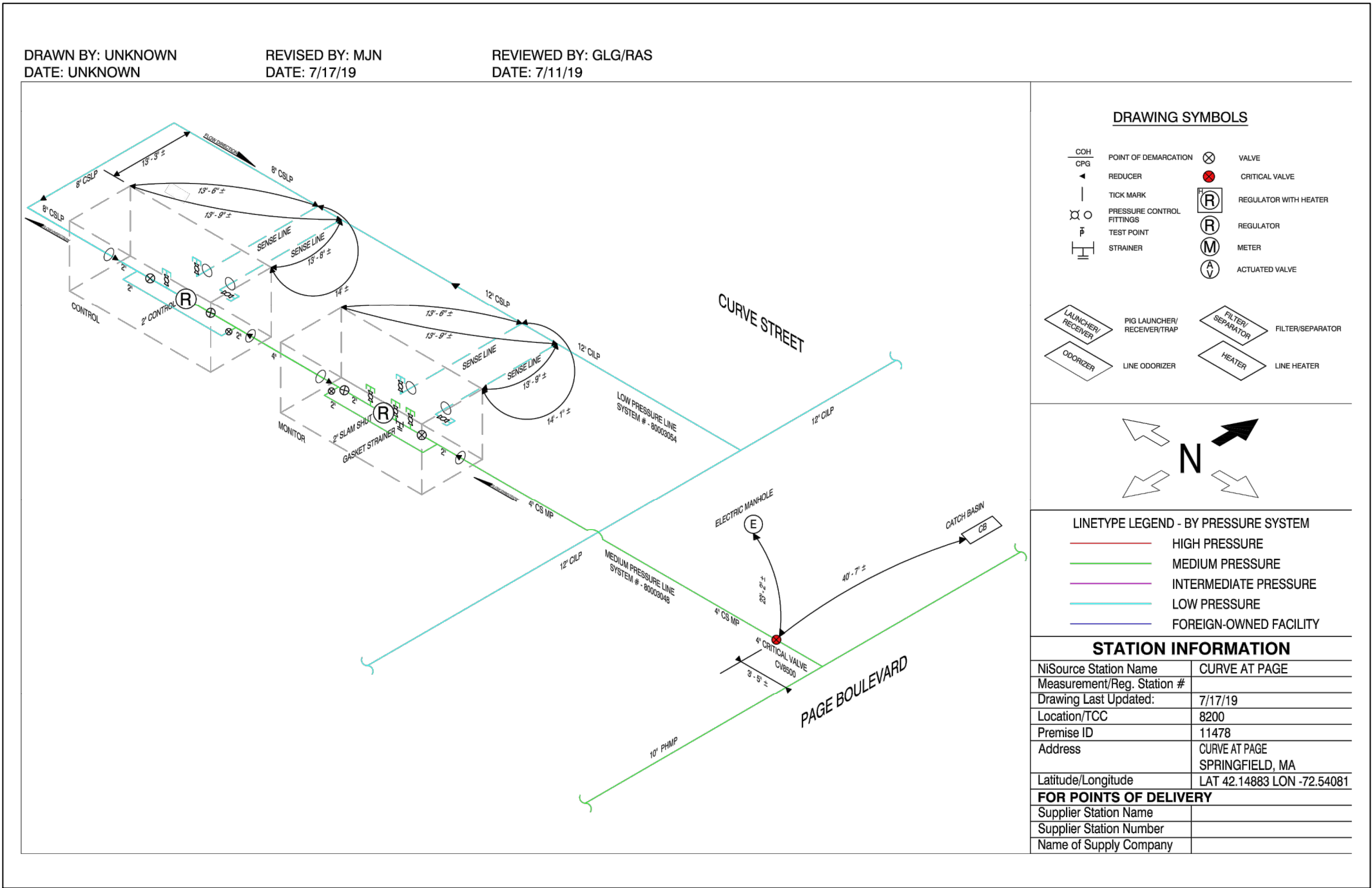
DRAWING NO:
L-20



MONITOR VAULT



OPP EQUIPMENT AND/OR TUBING CONFIGURATION MAY VARY FROM IMAGES, FOR REFERENCE ONLY



CONTROL VAULT

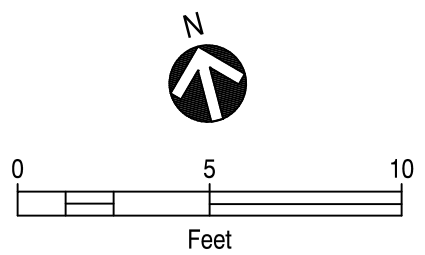


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REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
NAME		DATE	PHONE #

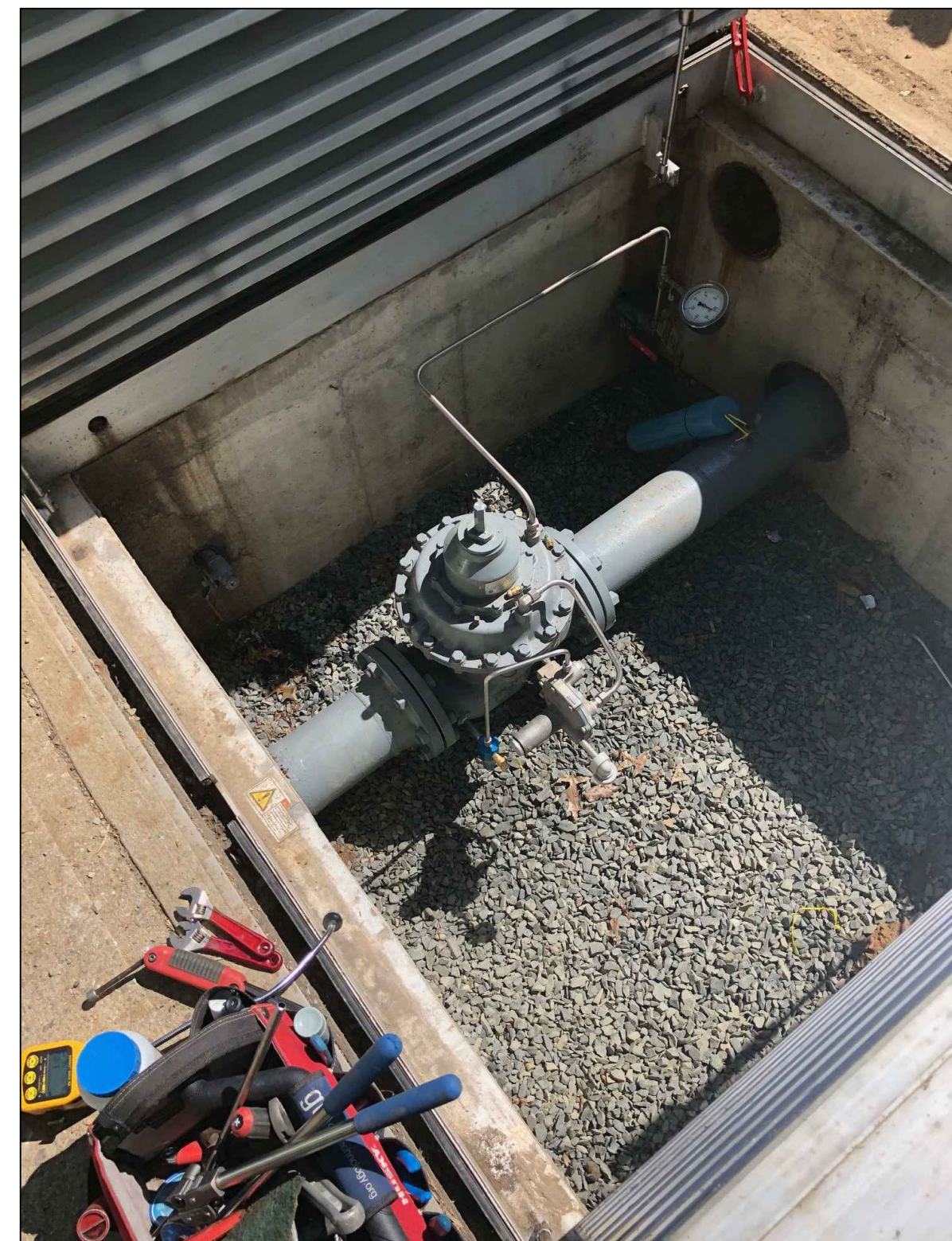
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-21



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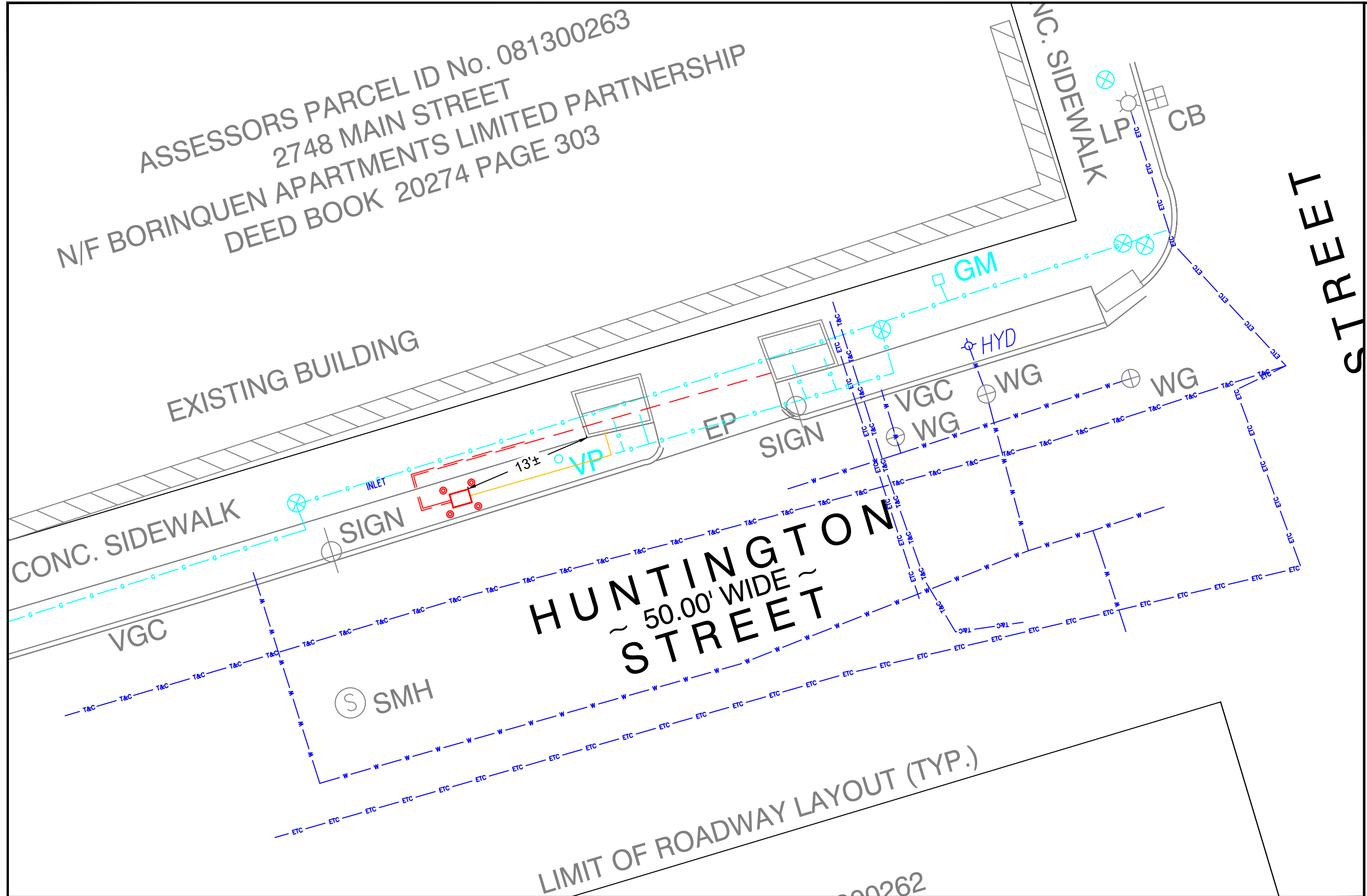
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0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020413-302-5853	
DRAWN BY	RAS	05/08/2020413-302-5853	
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AS-BUILT BY			
	NAME	DATE	PHONE #

DRAWING TITLE:

LAYOUT SHEET

DRAWING NO:

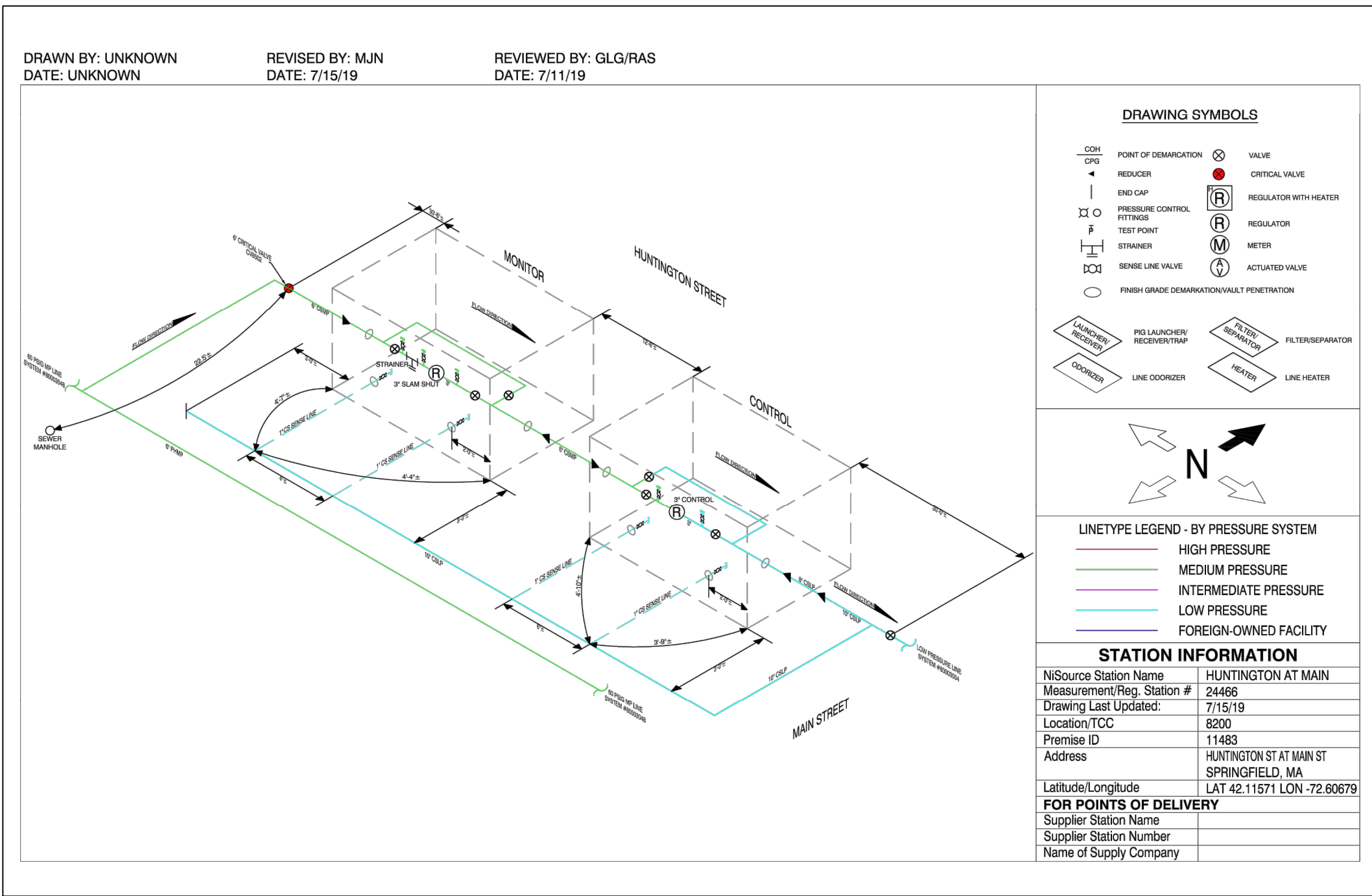
L-22



MONITOR VAULT



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CONTROL VAULT

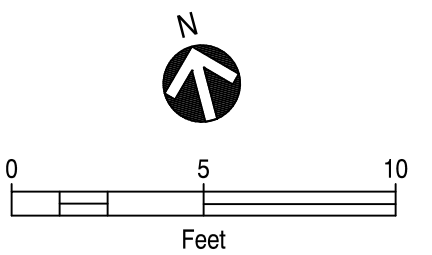


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DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
NAME		DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-23



REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020 413-302-5853	
DRAWN BY	RAS	05/08/2020 413-302-5853	
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AS-BUILT BY			
	NAME	DATE	PHONE #

DRAWING TITLE:

LAYOUT SHEET

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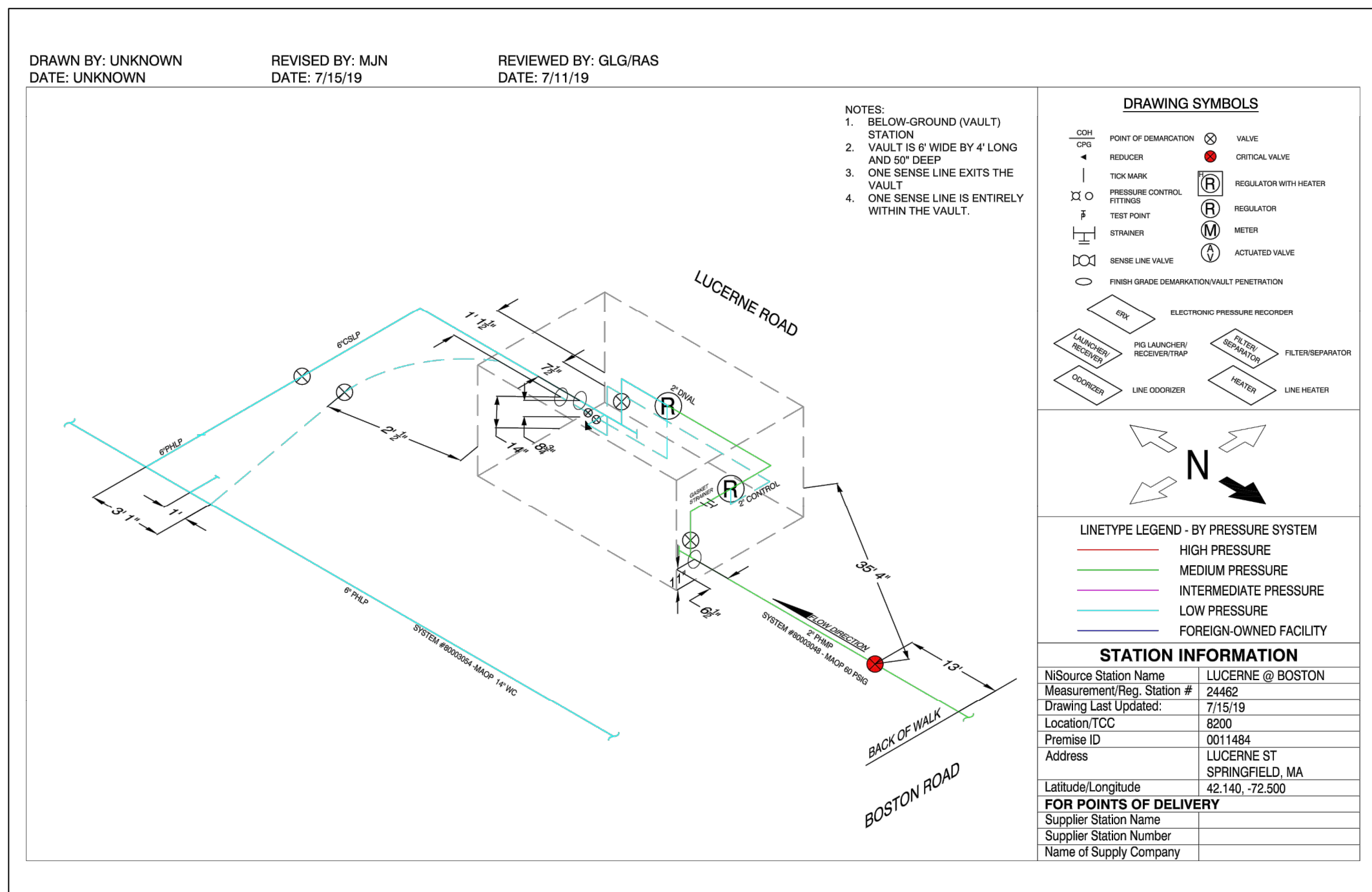
L-24

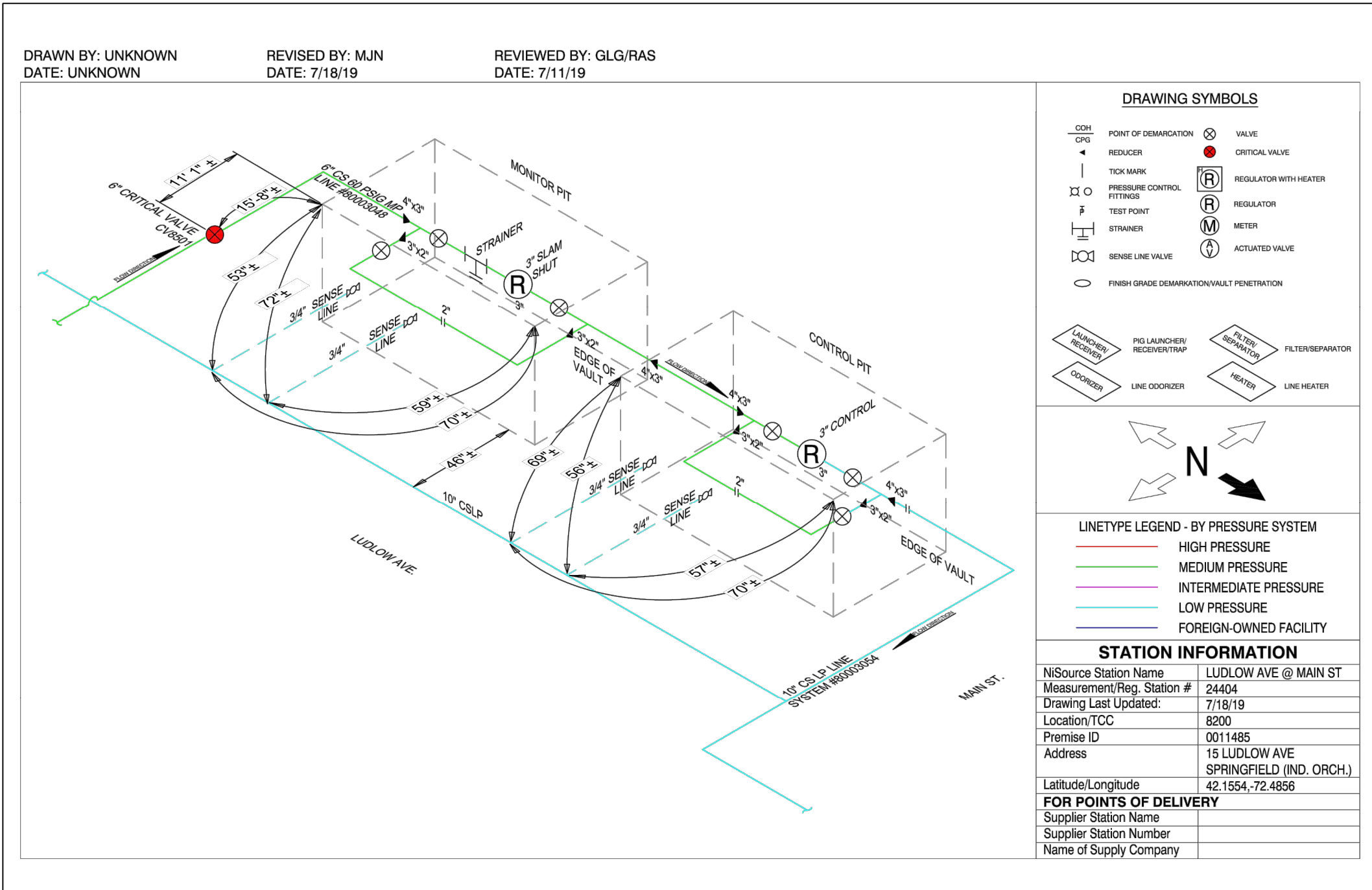
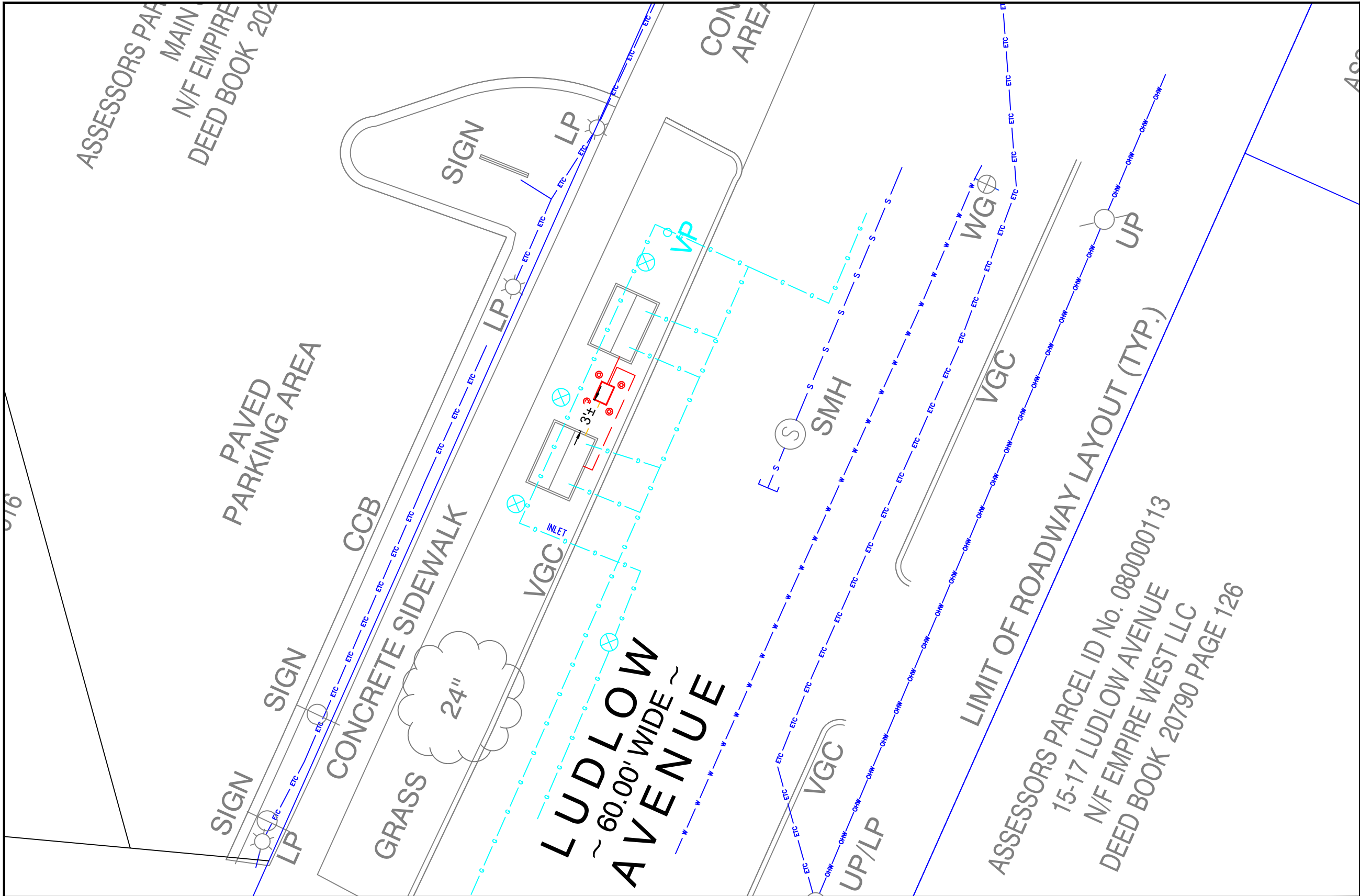


SINGLE VAULT SETUP



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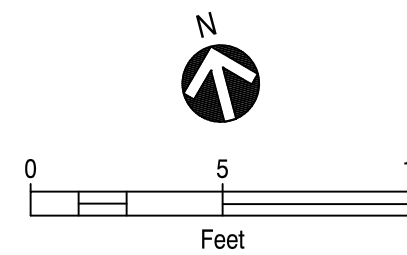




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AS-BUILT BY			
NAME		DATE	PHONE #

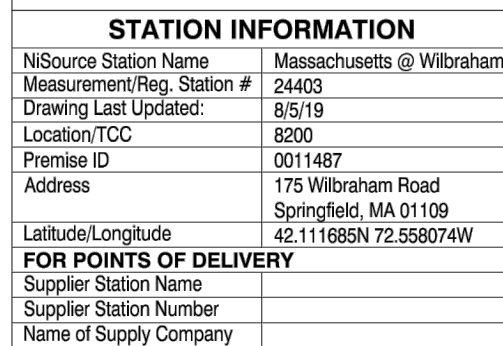
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-25



CONTROL VAULT

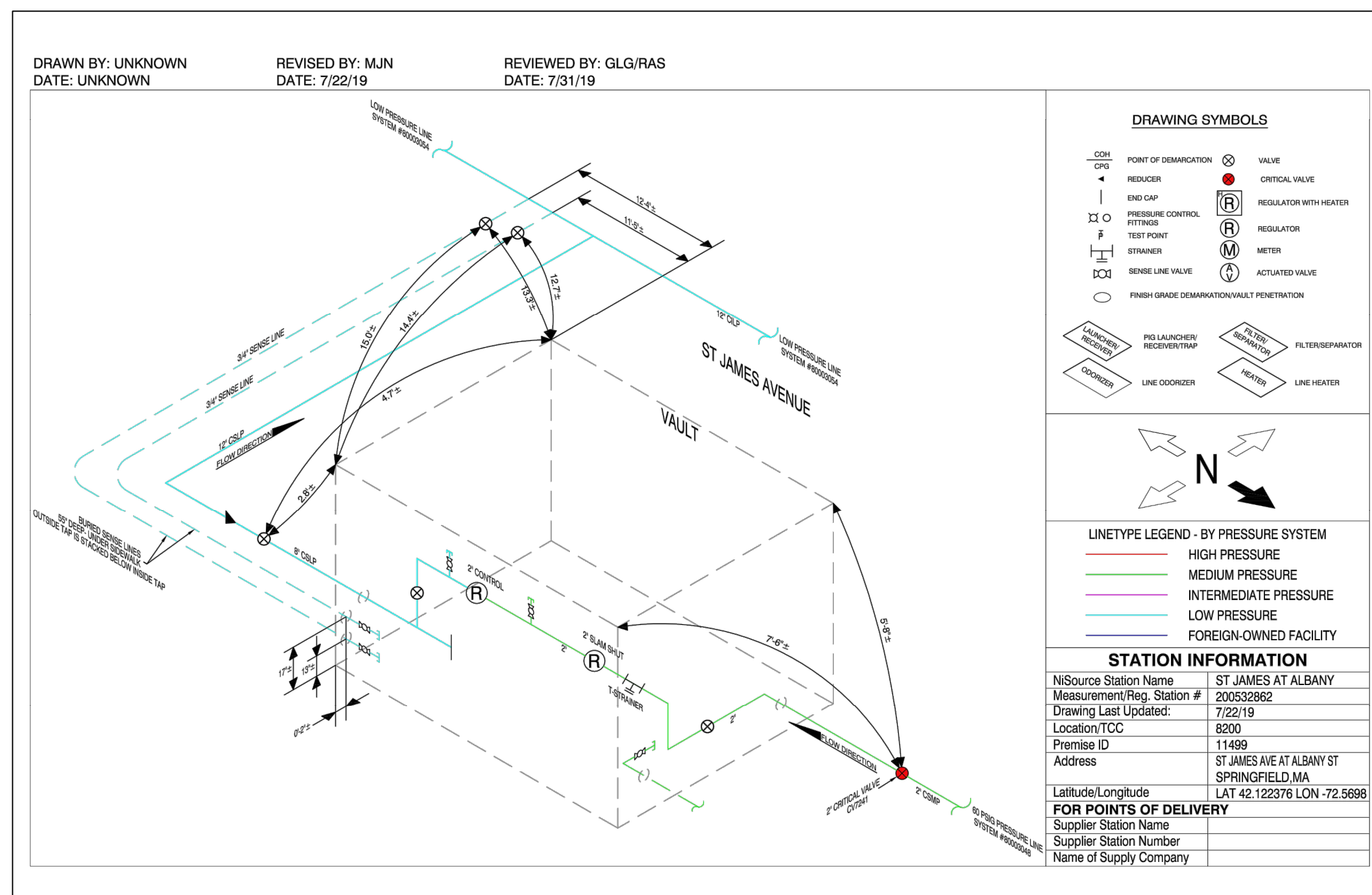


DRAWING NO:

L-26



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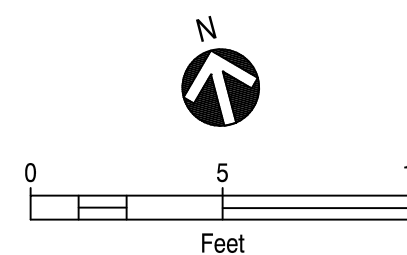
EXTERIOR



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REVISIONS

0	05/08/2020	SUBMITTED FOR PEER REVIEW
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DESIGNED BY	RAS	05/08/2020 413-302-5853
DRAWN BY	RAS	05/08/2020 413-302-5853
CHECKED BY	GLG	05/08/2020 413-363-0636
AS-BUILT BY		
	NAME	DATE PHONE #

SITE NAME:

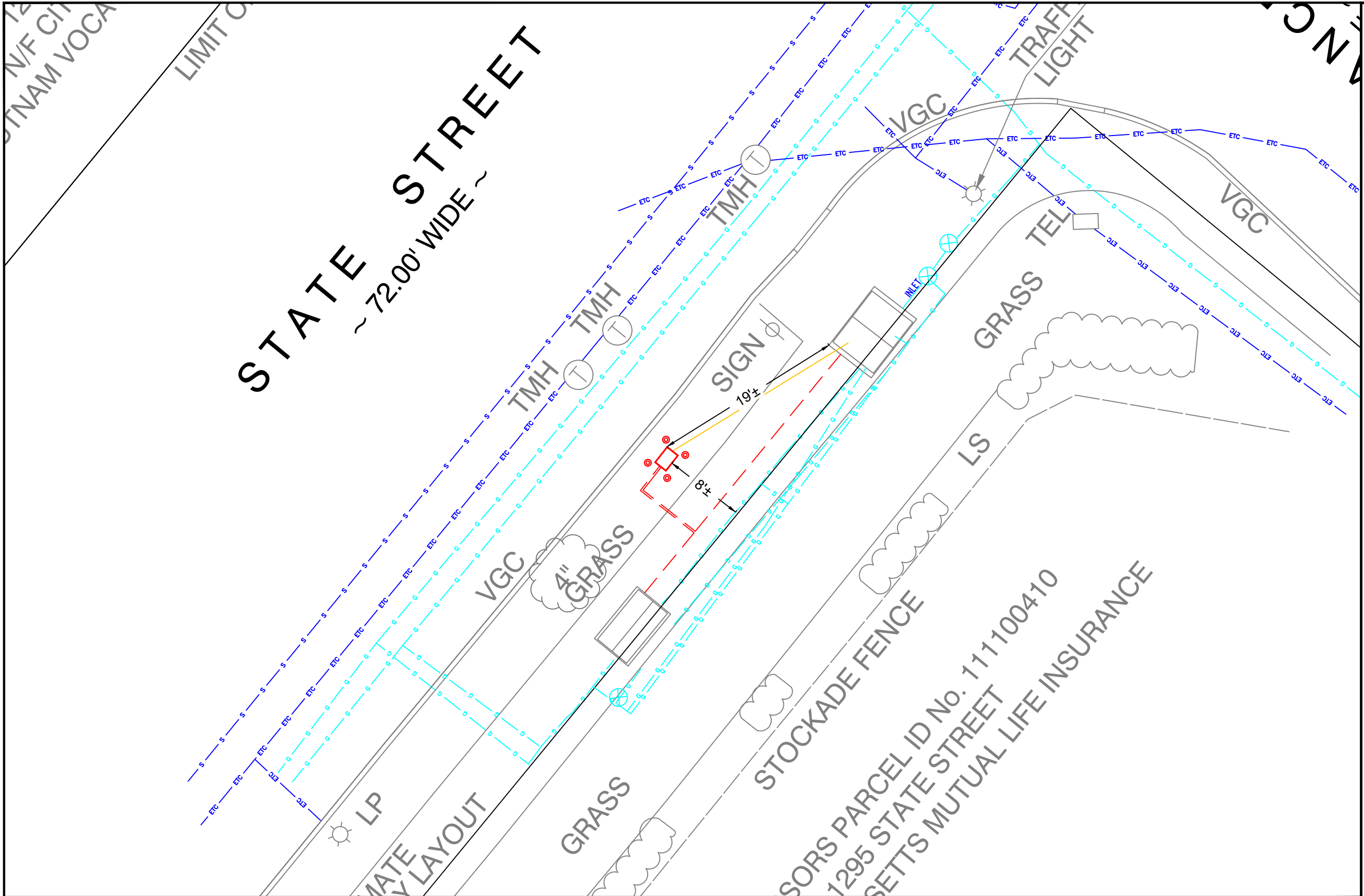
INST# VARIOUS
ABAN# NONE
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SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

LAYOUT SHEET

DRAWING NO:

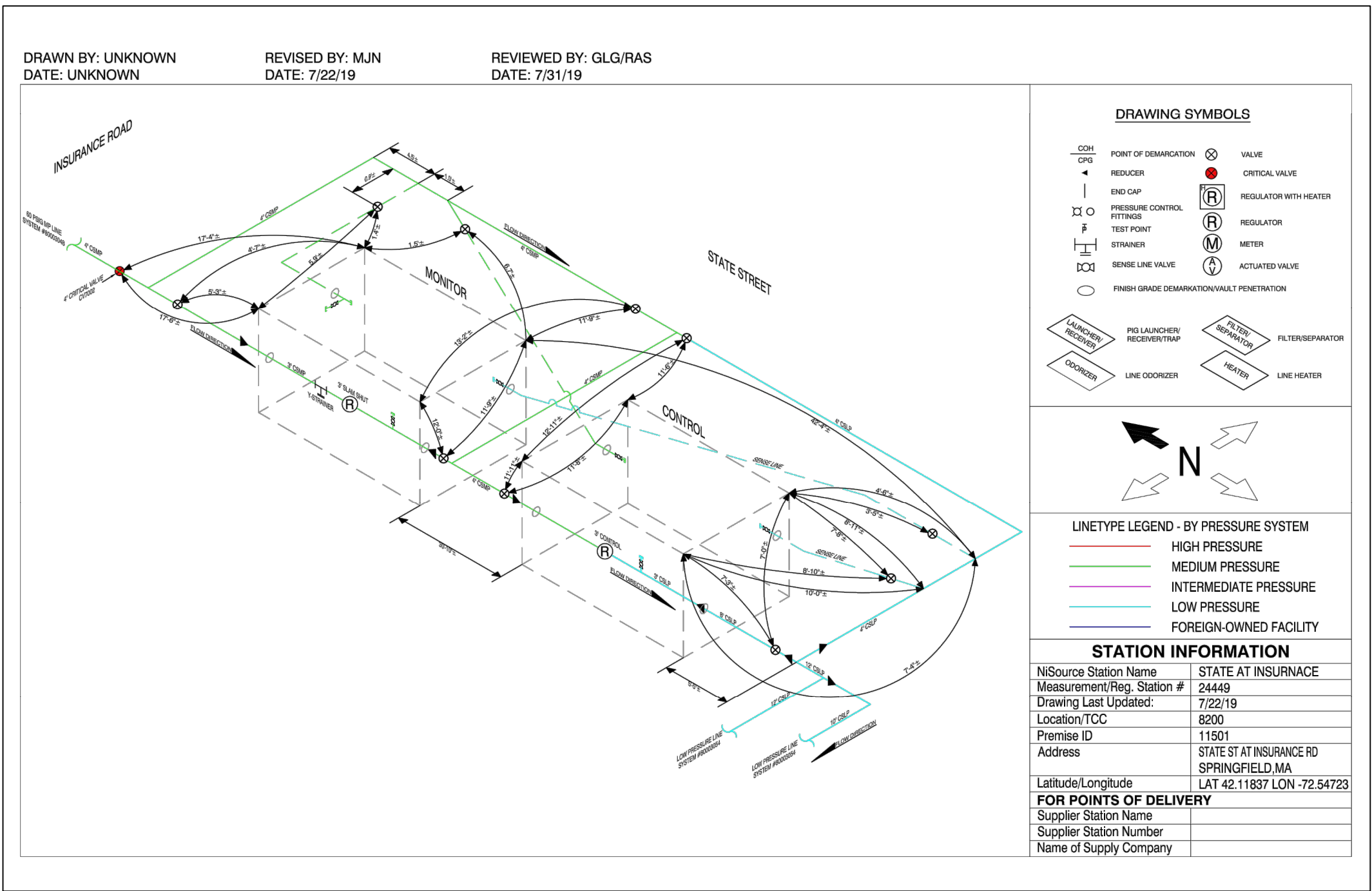
L-27



MONITOR VAULT



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CONTROL VAULT

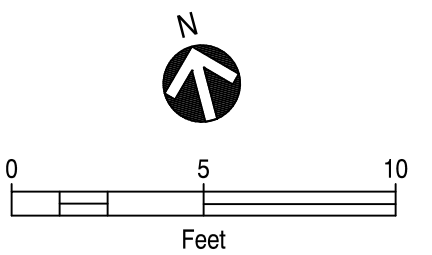


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AS-BUILT BY			
NAME		DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-28



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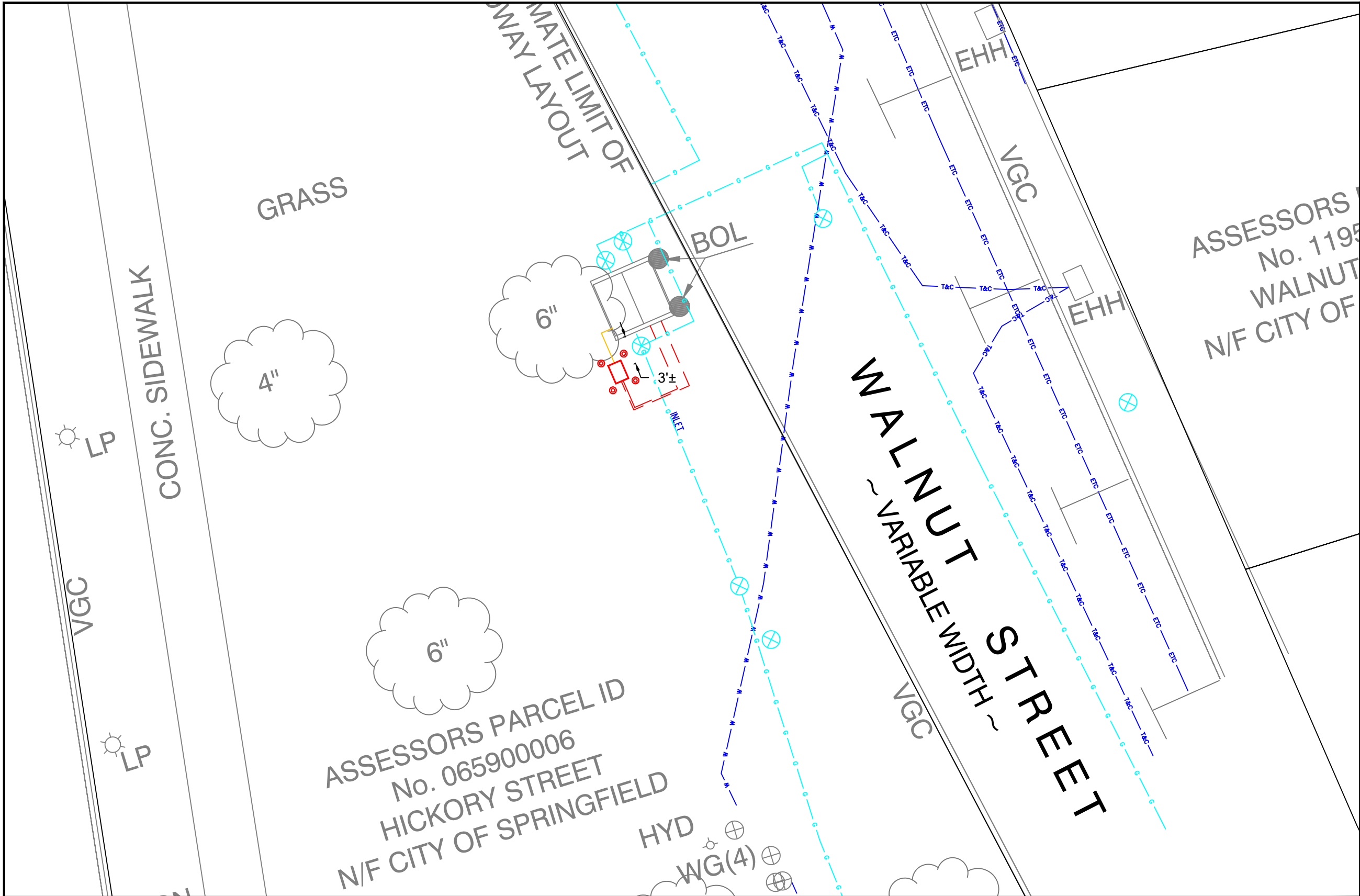
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0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
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DRAWN BY	RAS	05/08/2020413-302-585	
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AS-BUILT BY			
	NAME	DATE	PHONE #

DRAWING TITLE:

LAYOUT SHEET

DRAWING NO:

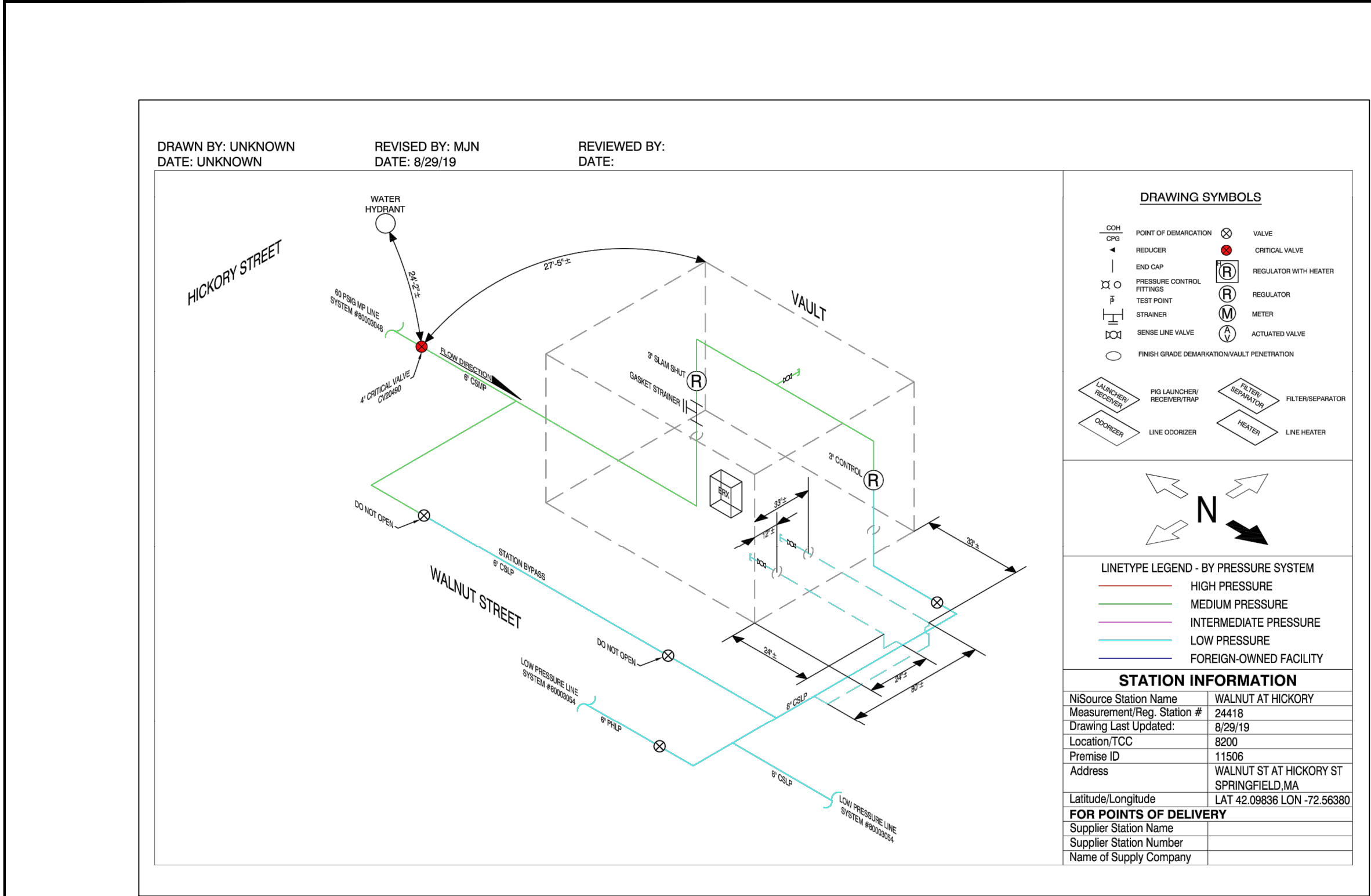
L-29



SINGLE VAULT SETUP



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SINGLE VAULT SETUP

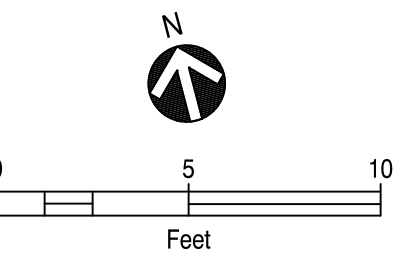


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AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
LAYOUT SHEET

DRAWING NO:
L-30



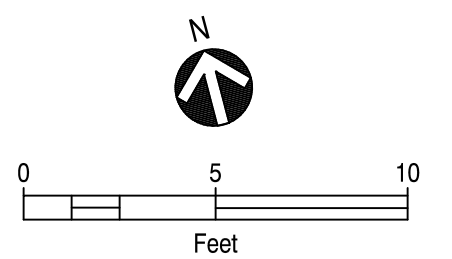
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SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:

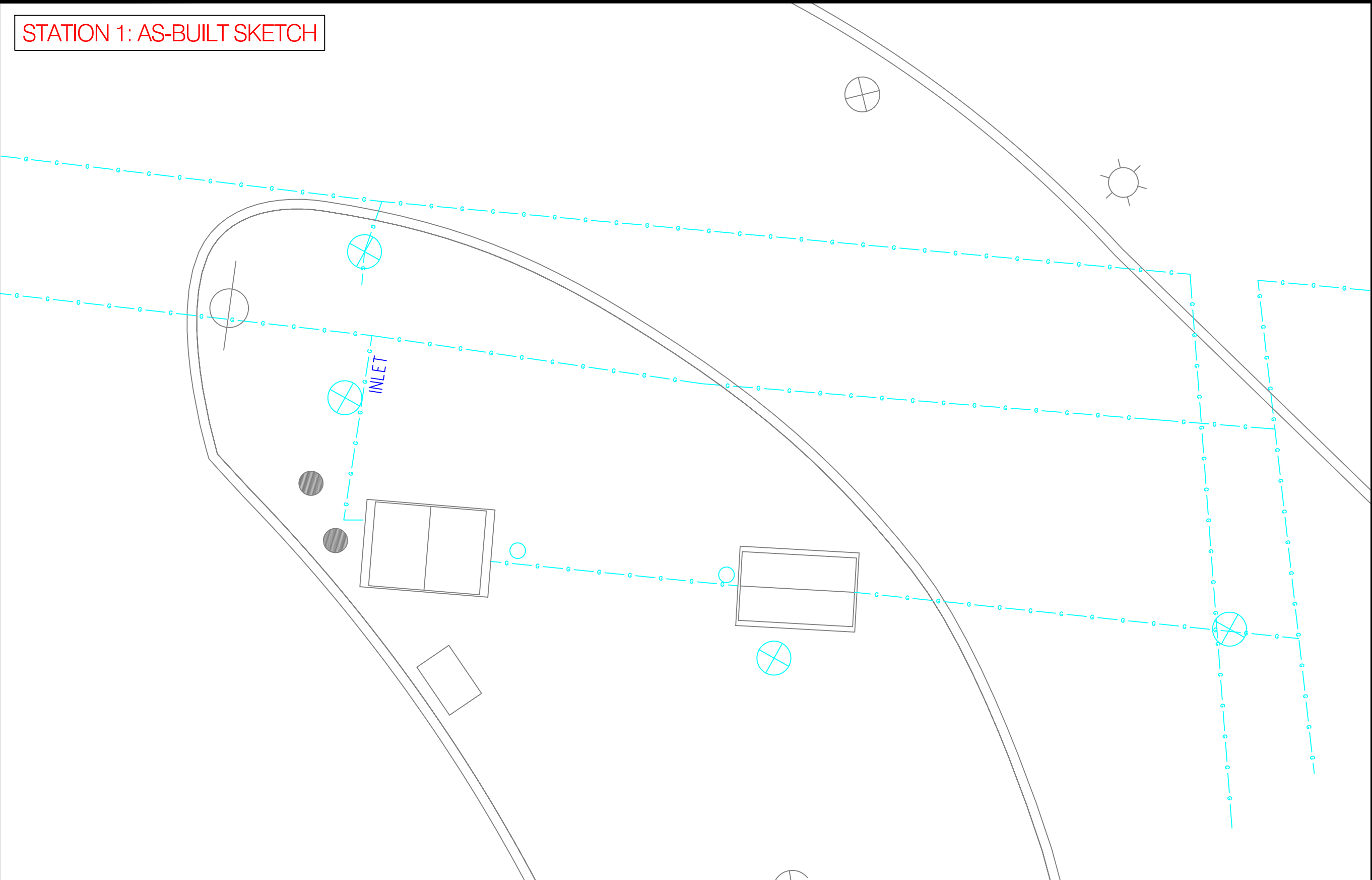
LAYOUT SHEET

DRAWING NO:

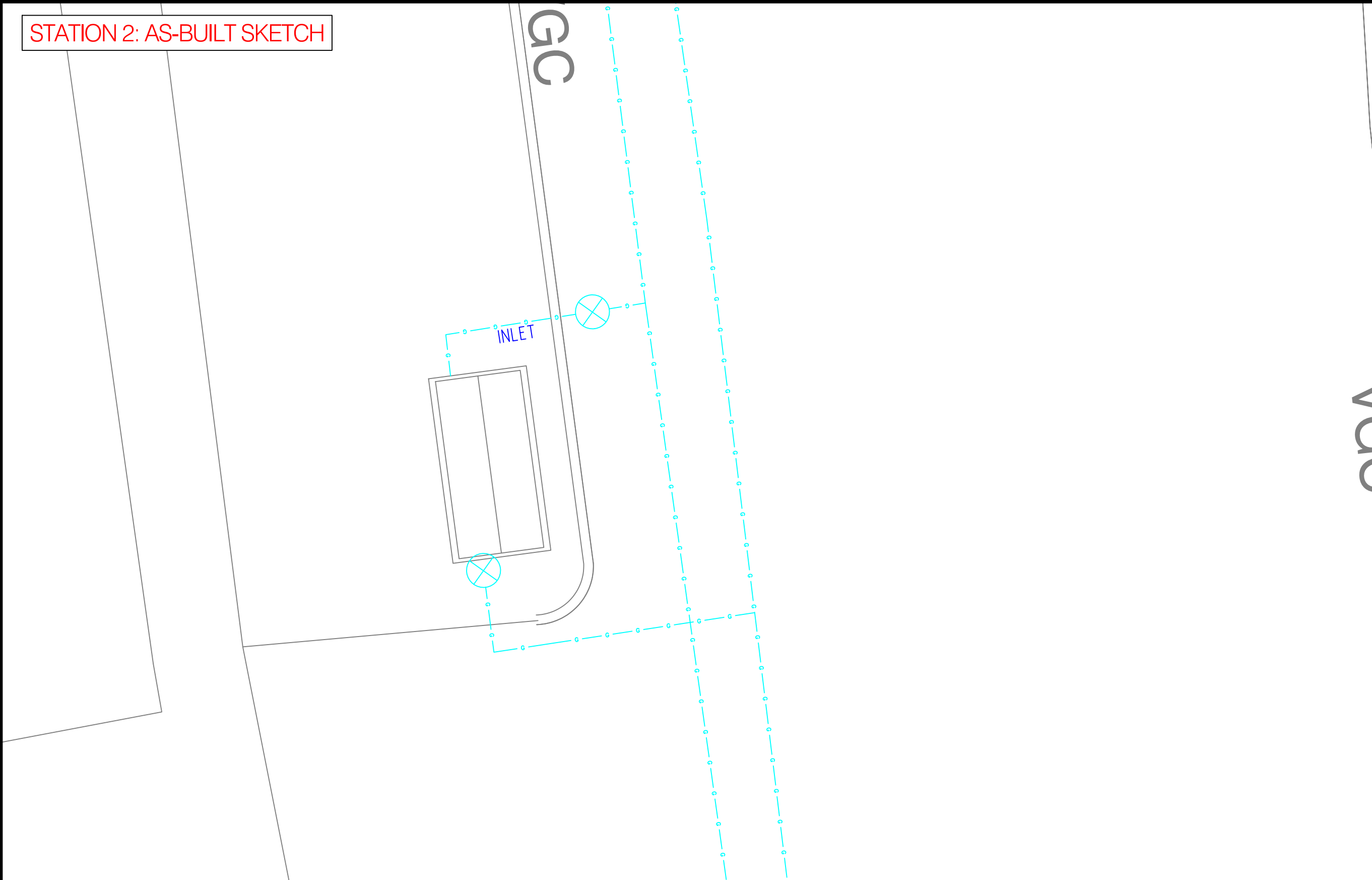
L-31

CONSTRUCTION DETAILS

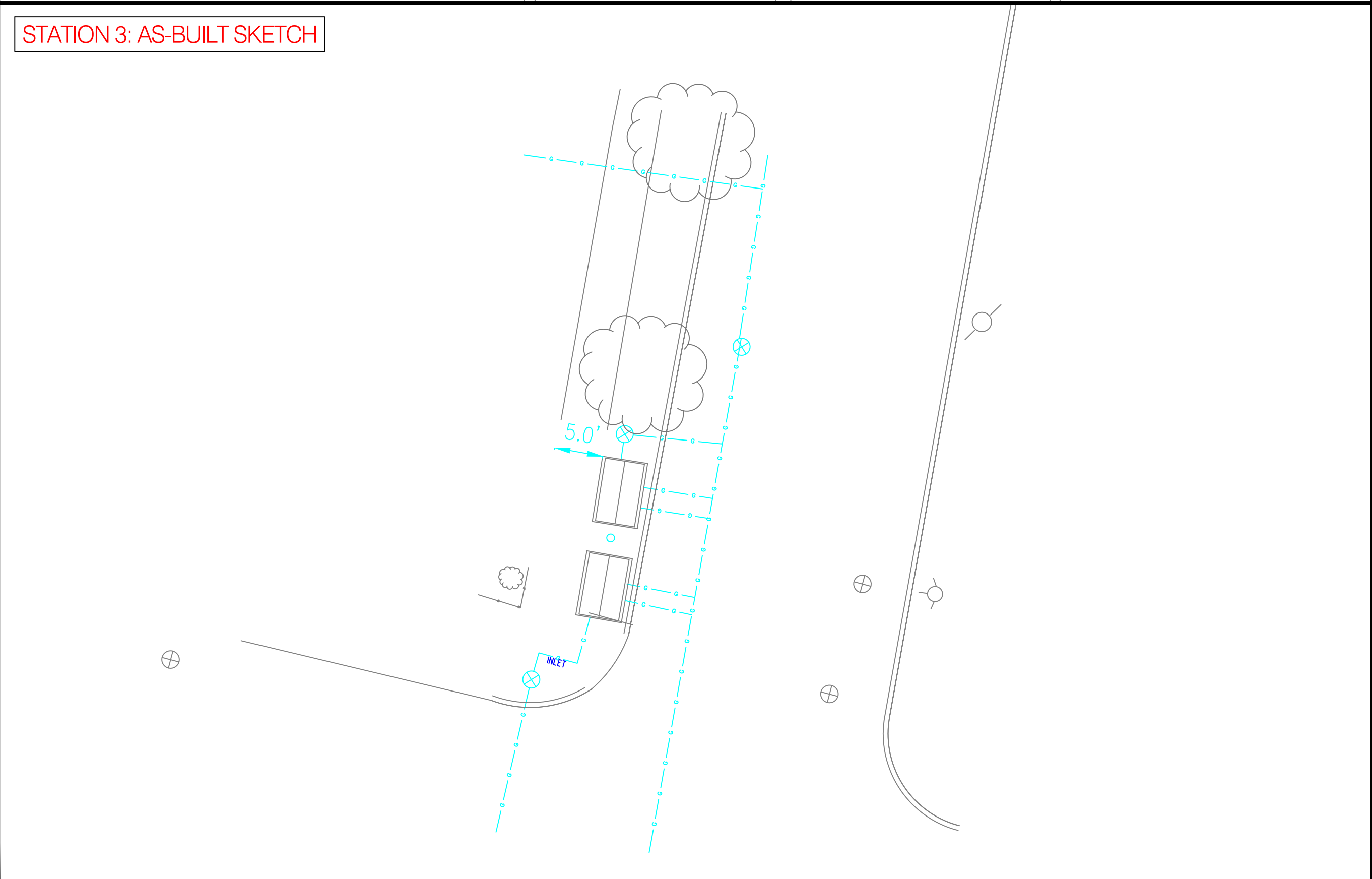
STATION 1: AS-BUILT SKETCH



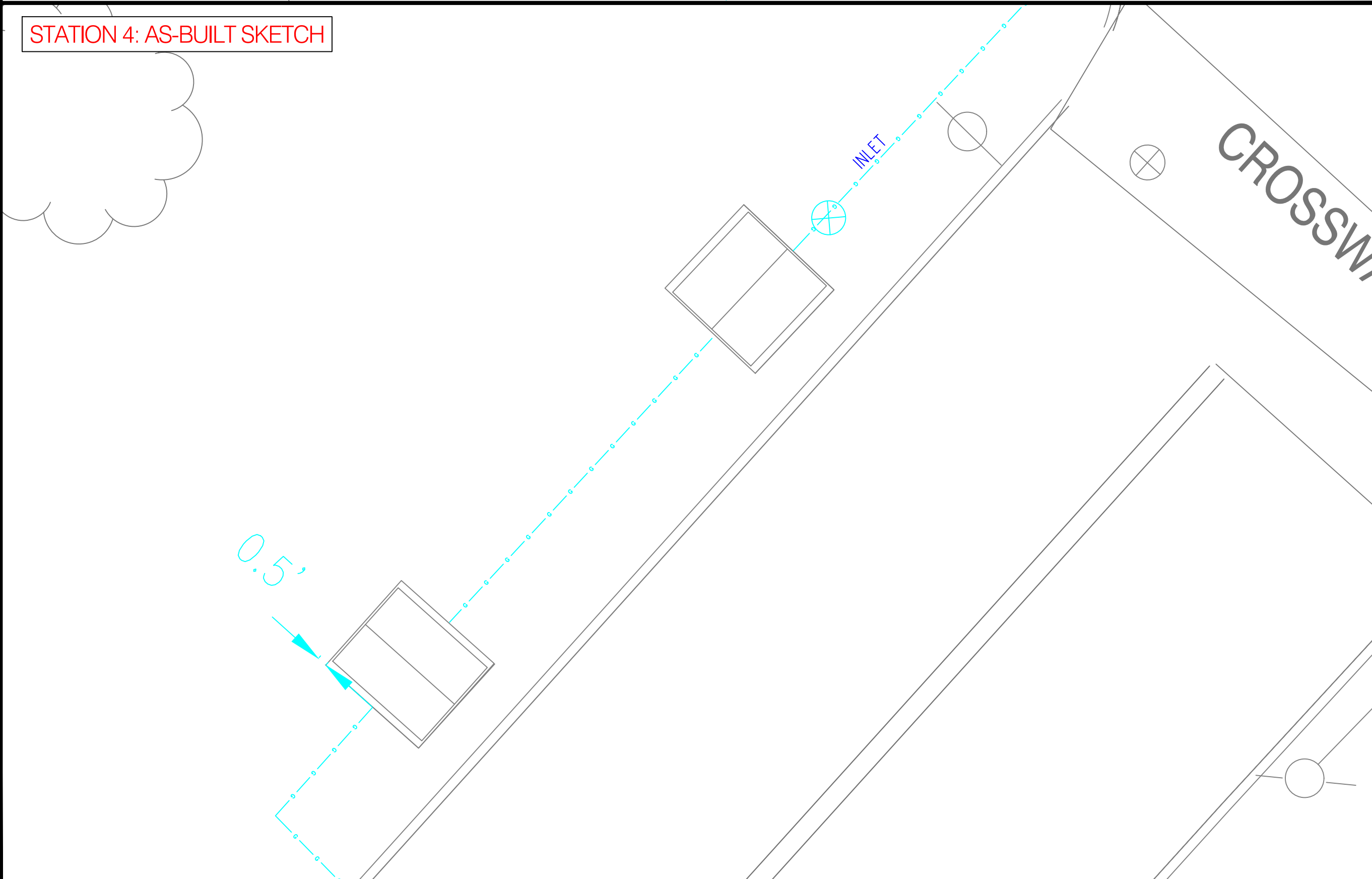
STATION 2: AS-BUILT SKETCH



STATION 3: AS-BUILT SKETCH



STATION 4: AS-BUILT SKETCH



Know what's below.
Call before you dig.

PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
		NAME	PHONE #

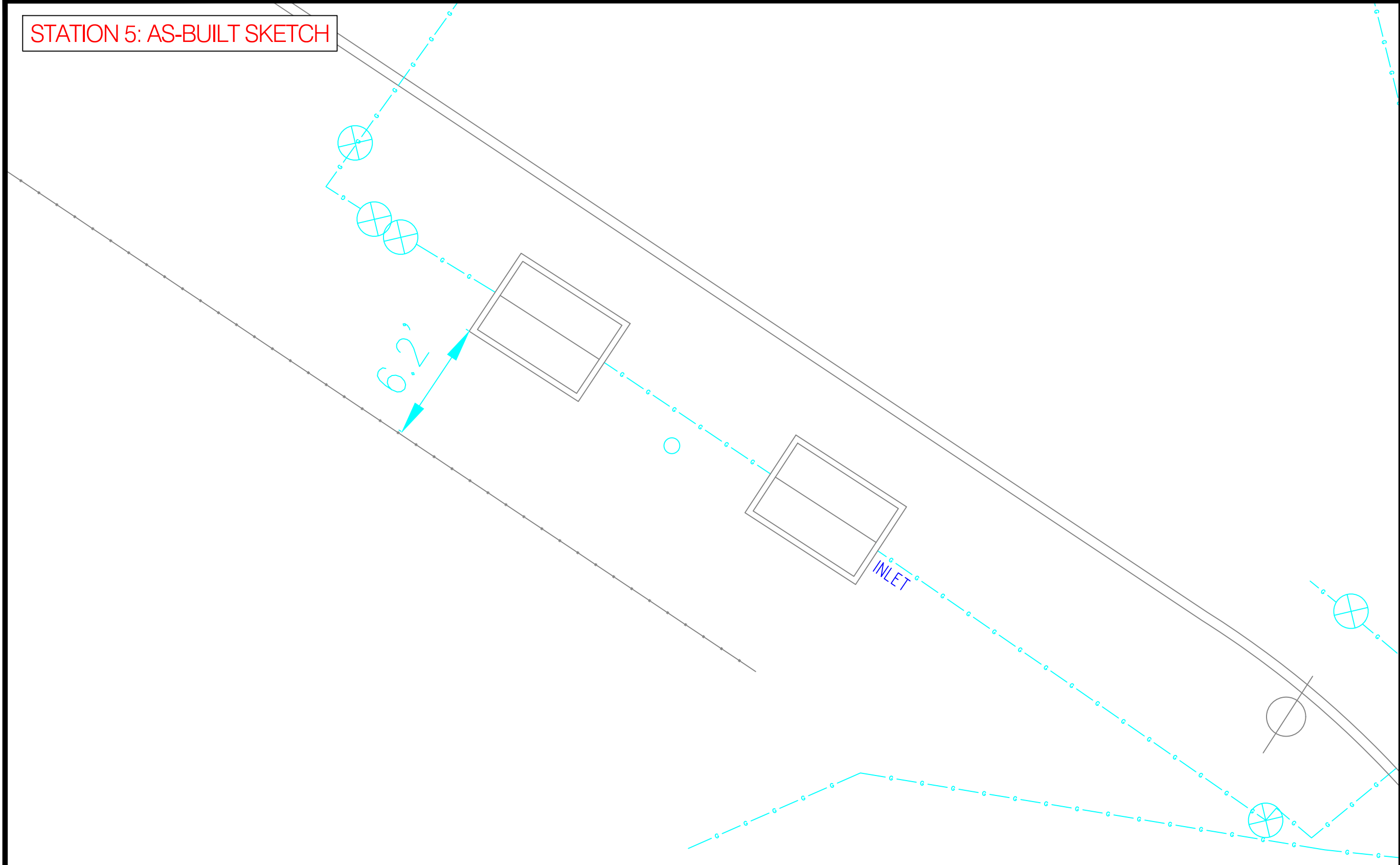
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

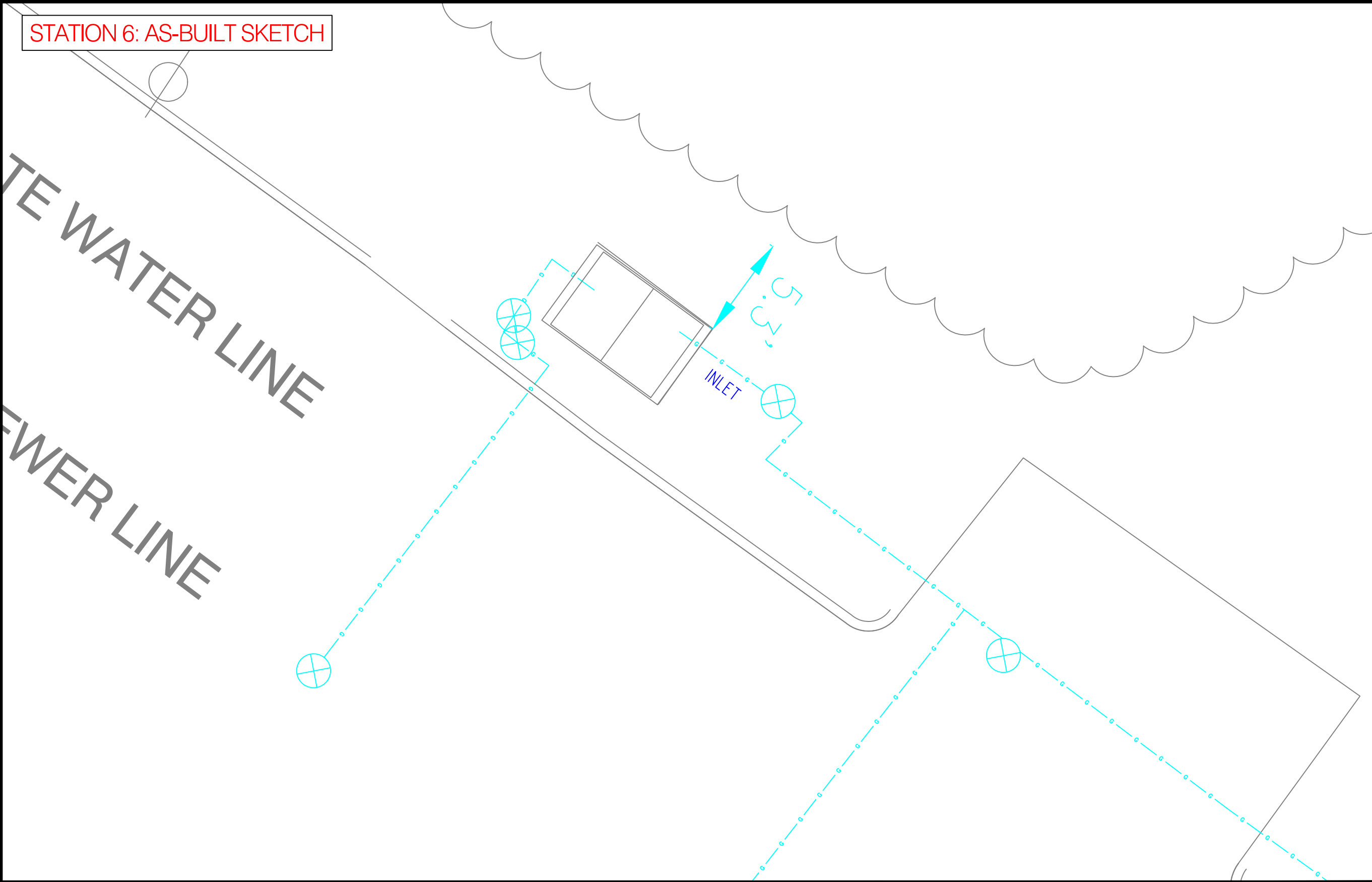
DRAWING NO:
D-1

CONSTRUCTION DETAILS

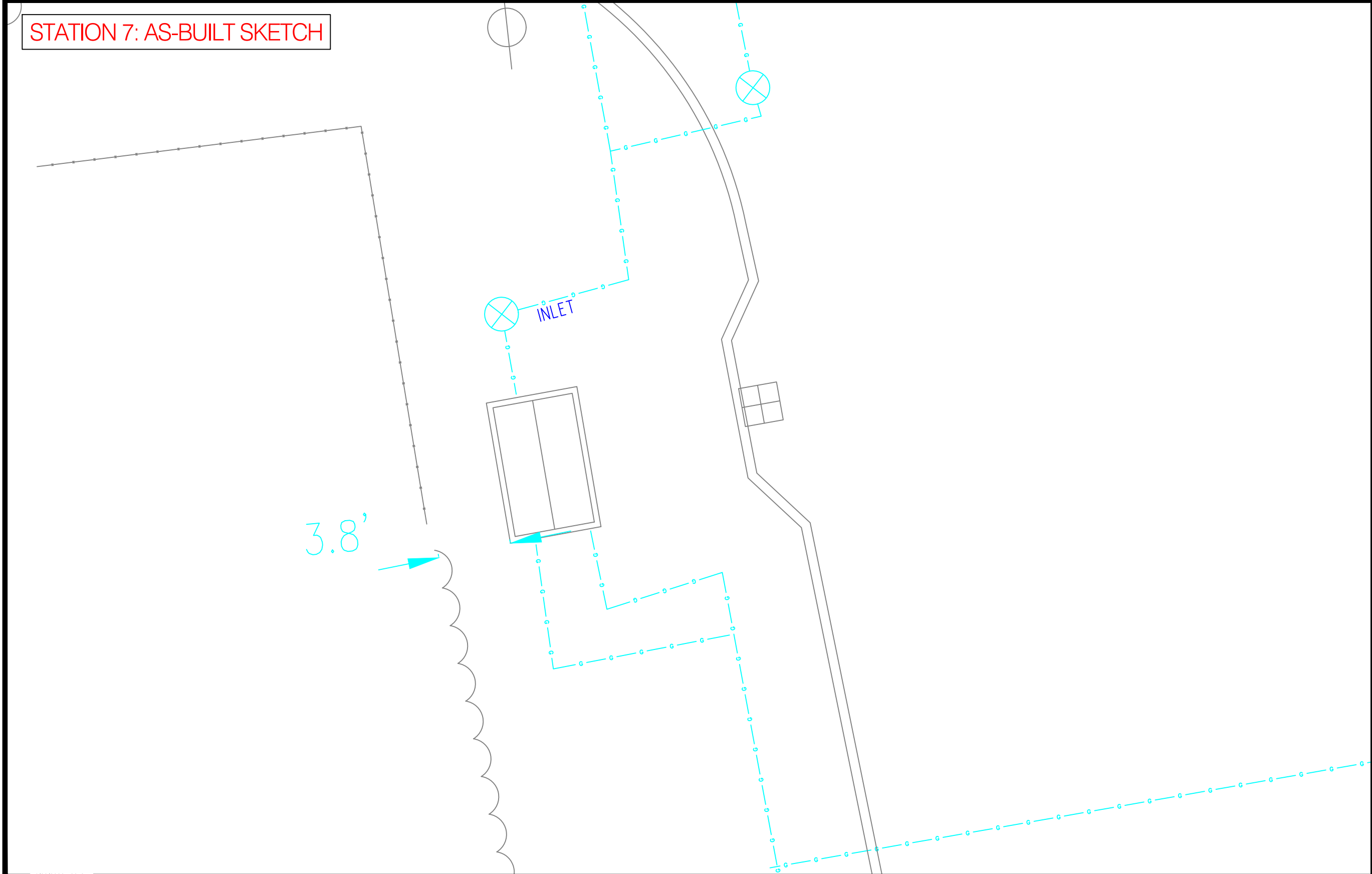
STATION 5: AS-BUILT SKETCH



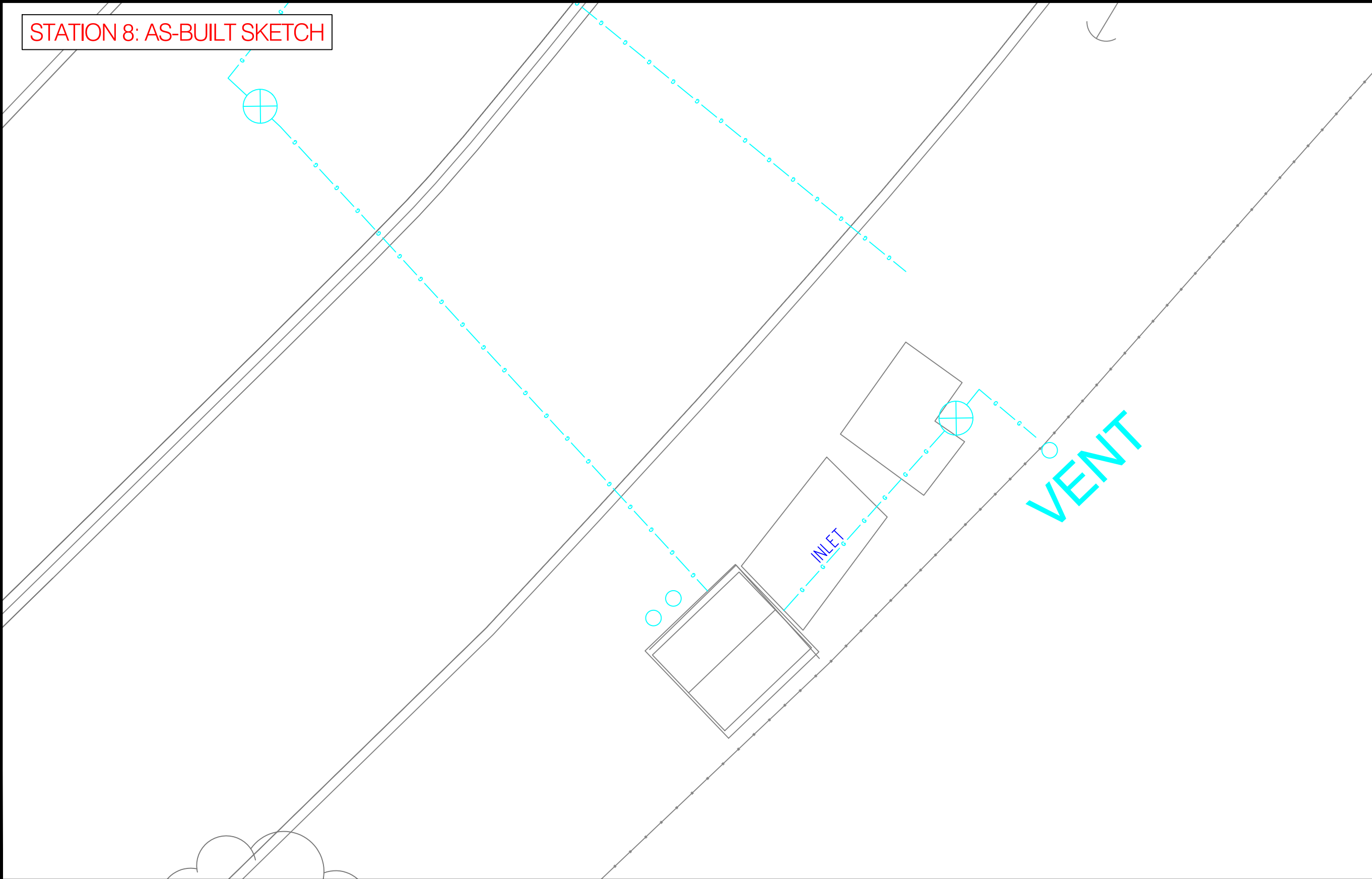
STATION 6: AS-BUILT SKETCH



STATION 7: AS-BUILT SKETCH



STATION 8: AS-BUILT SKETCH



NiSource



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
		NAME	PHONE #

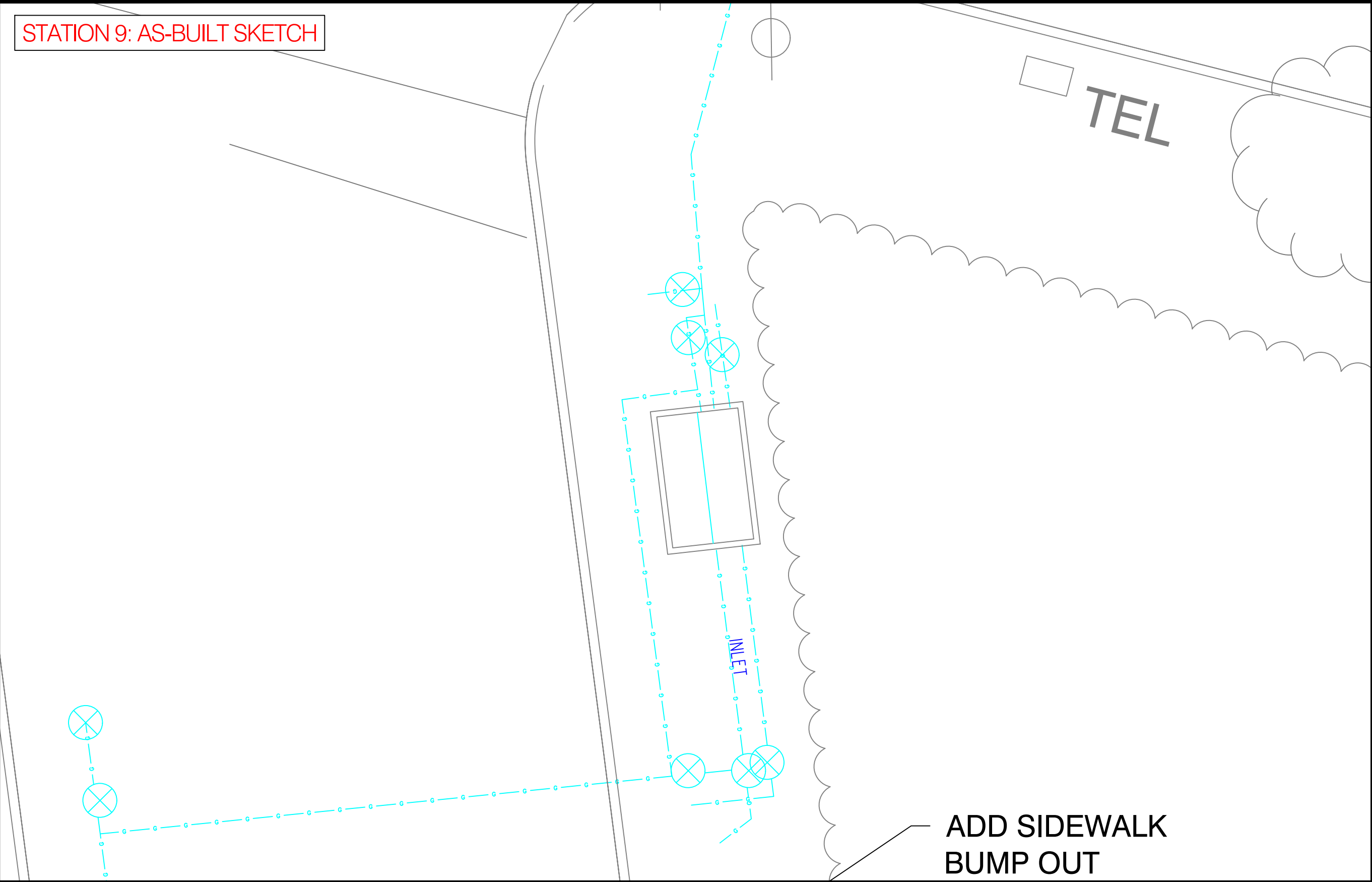
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

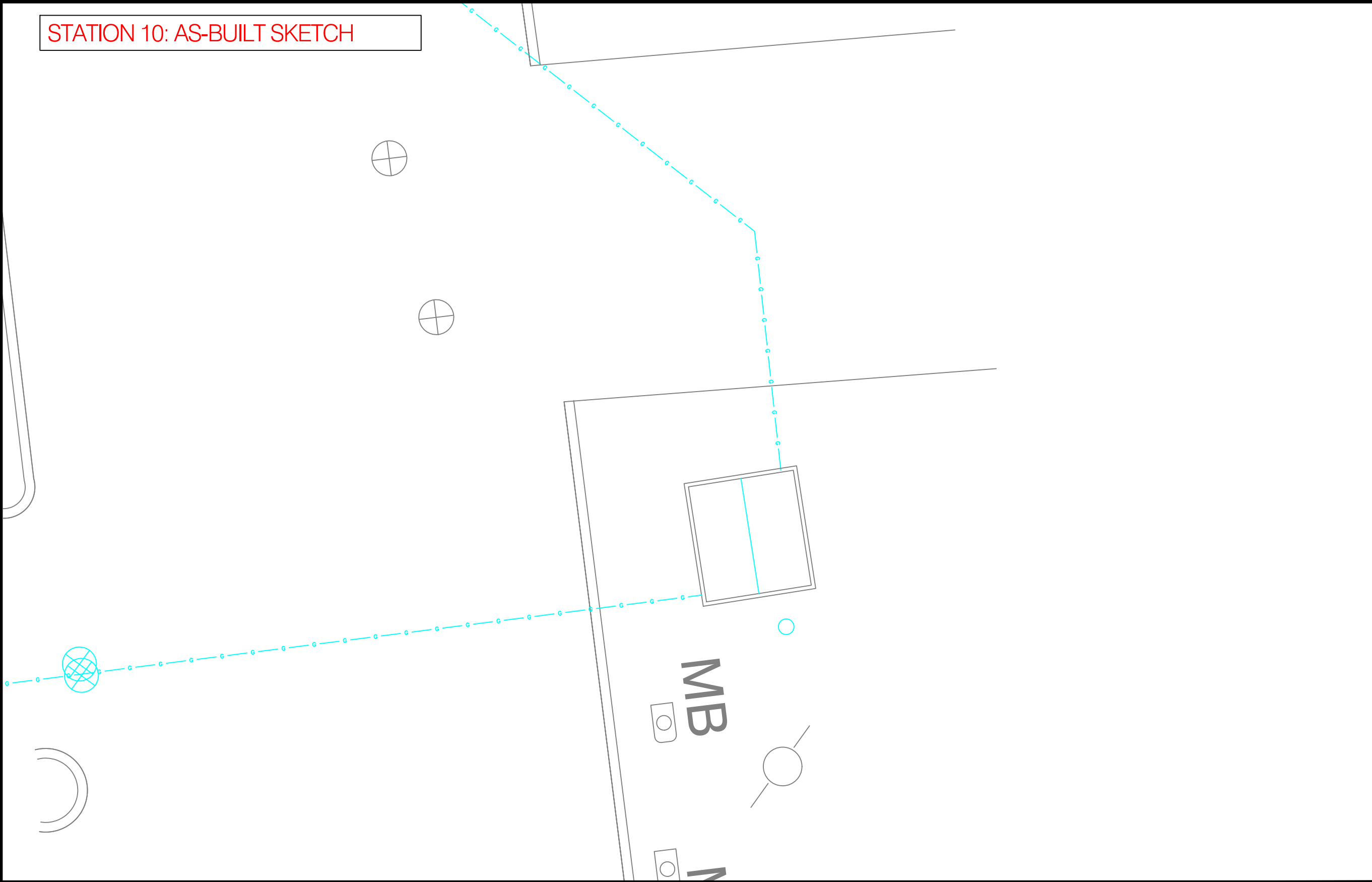
DRAWING NO:
D-2

CONSTRUCTION DETAILS

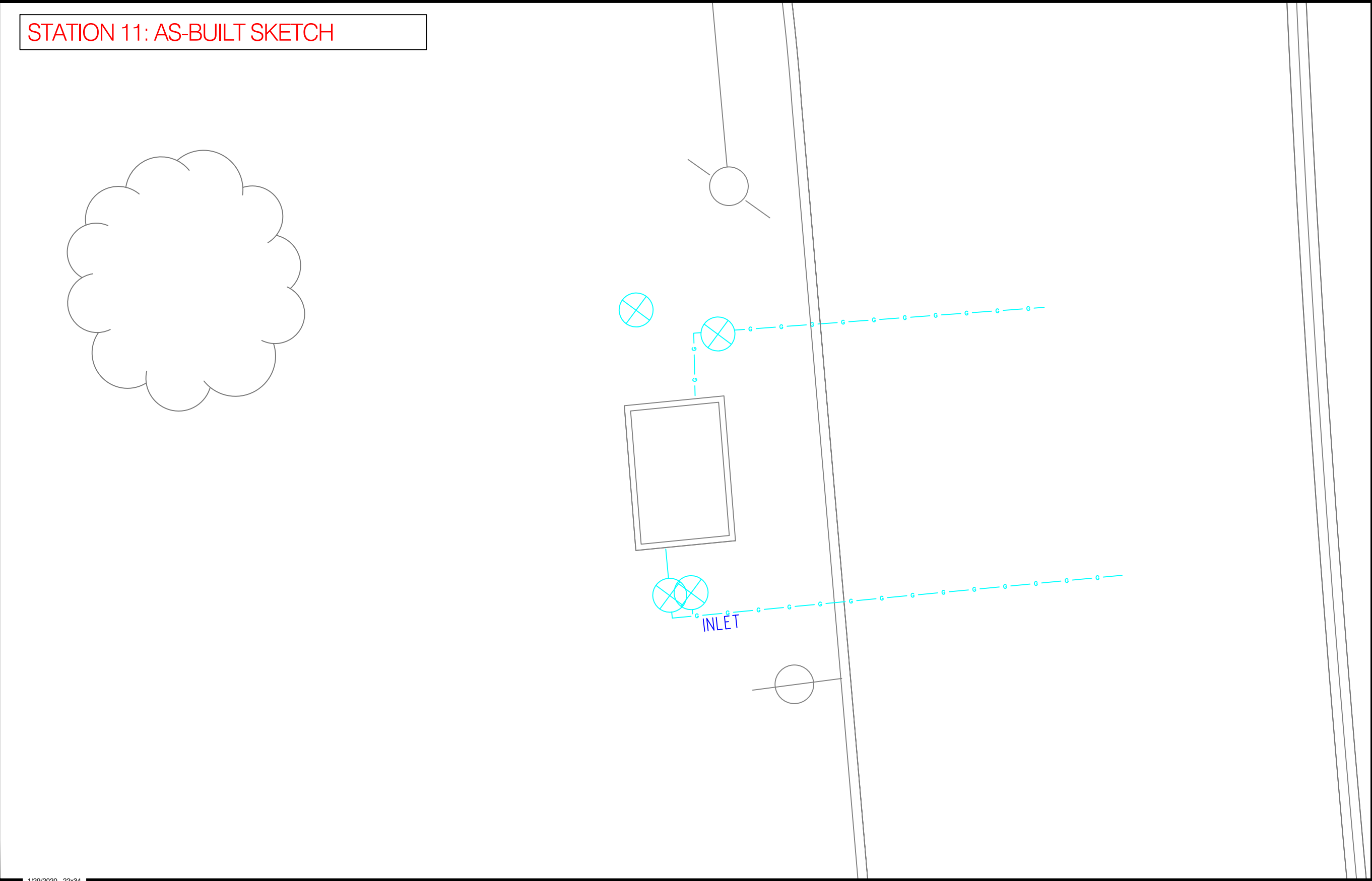
STATION 9: AS-BUILT SKETCH



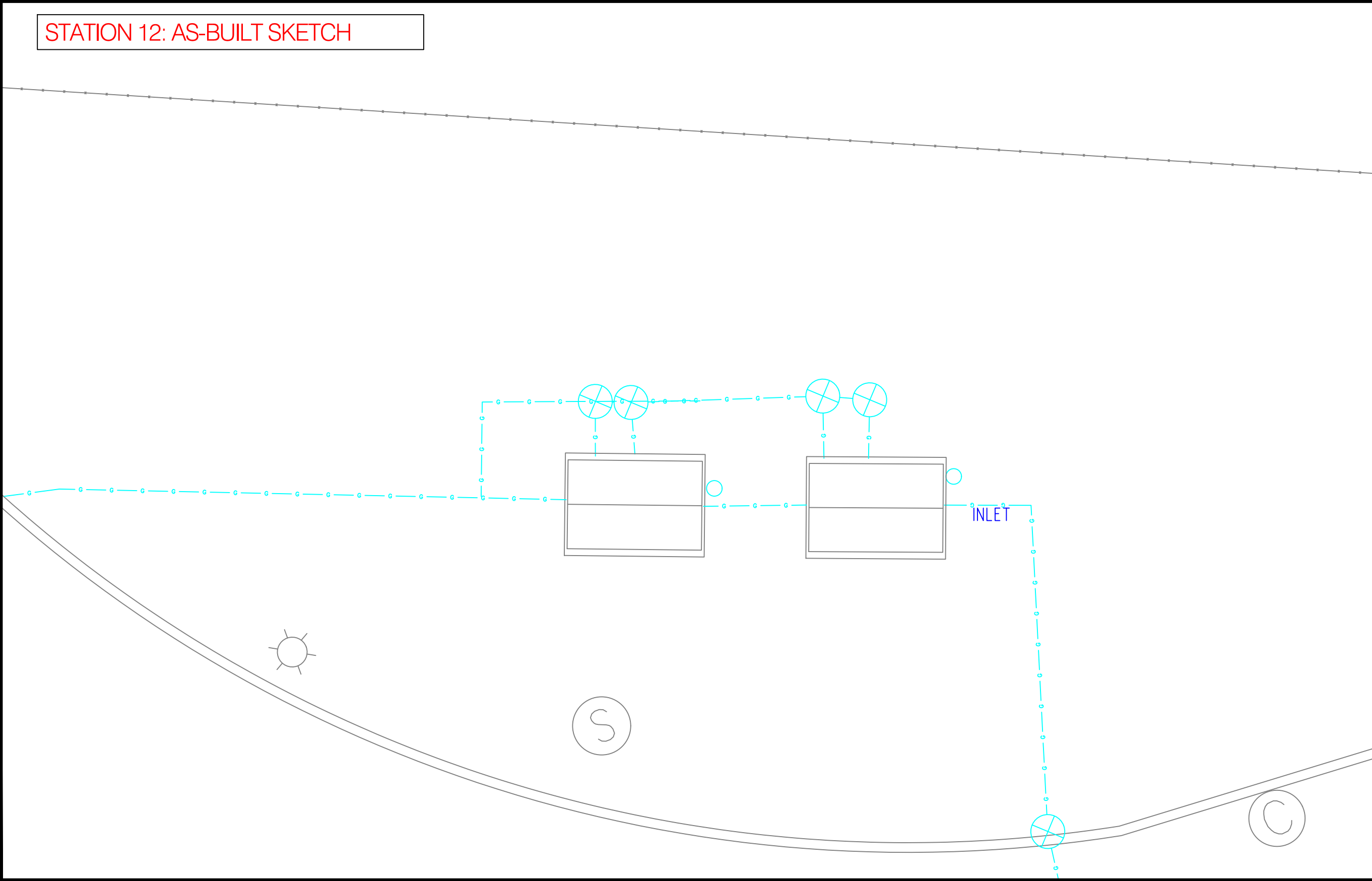
STATION 10: AS-BUILT SKETCH



STATION 11: AS-BUILT SKETCH



STATION 12: AS-BUILT SKETCH



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

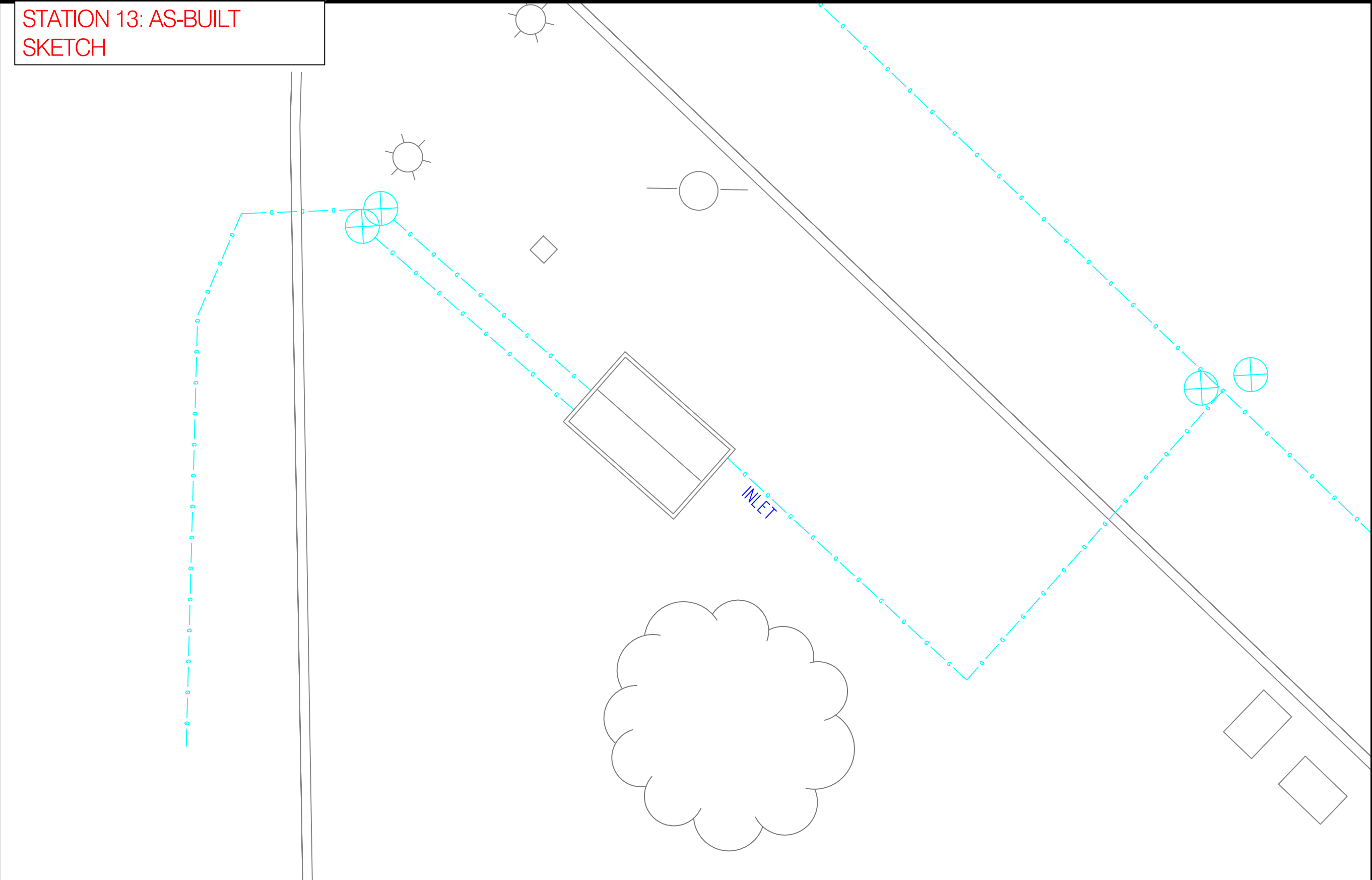
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

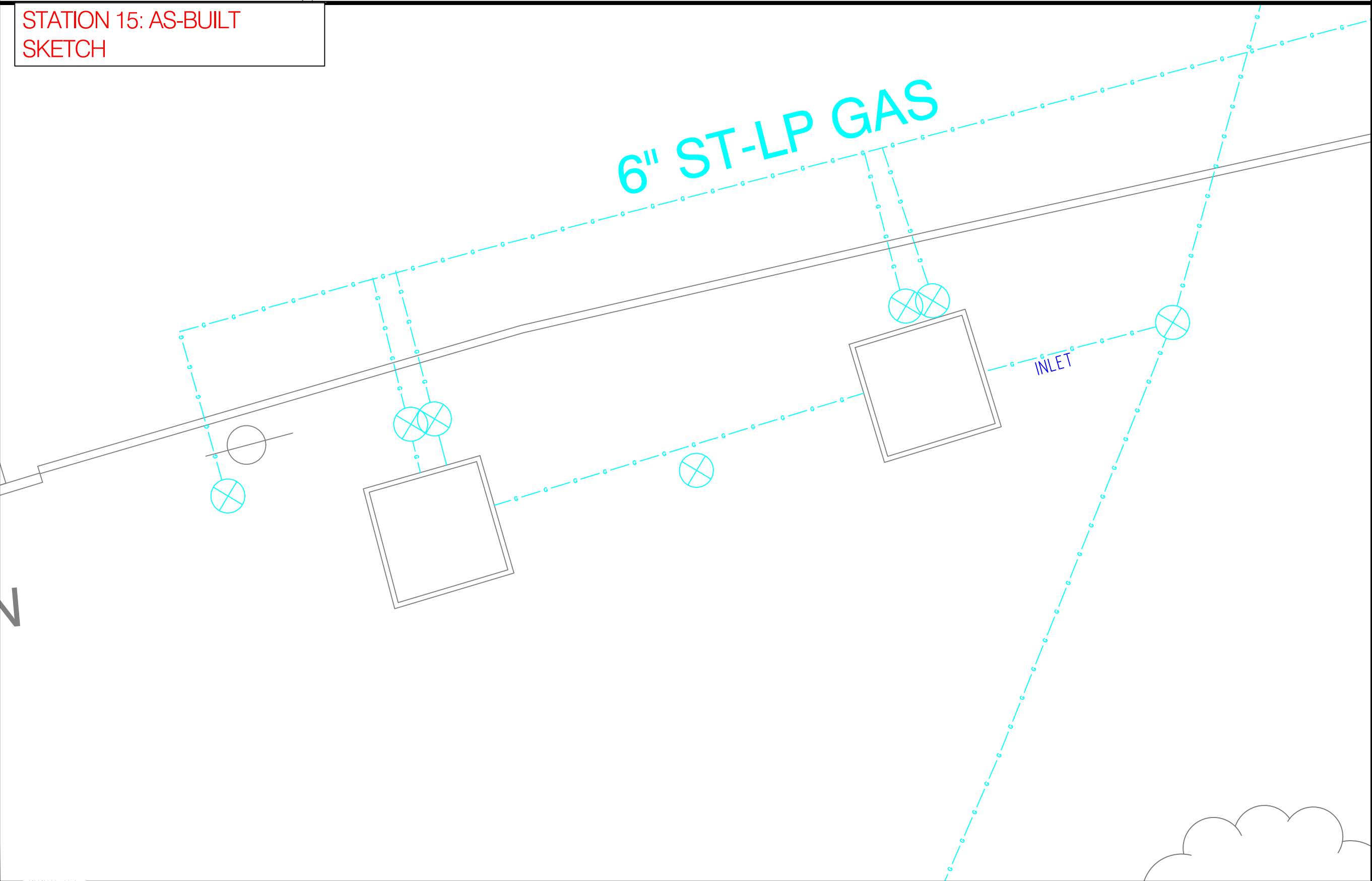
DRAWING NO:
D-3

CONSTRUCTION DETAILS

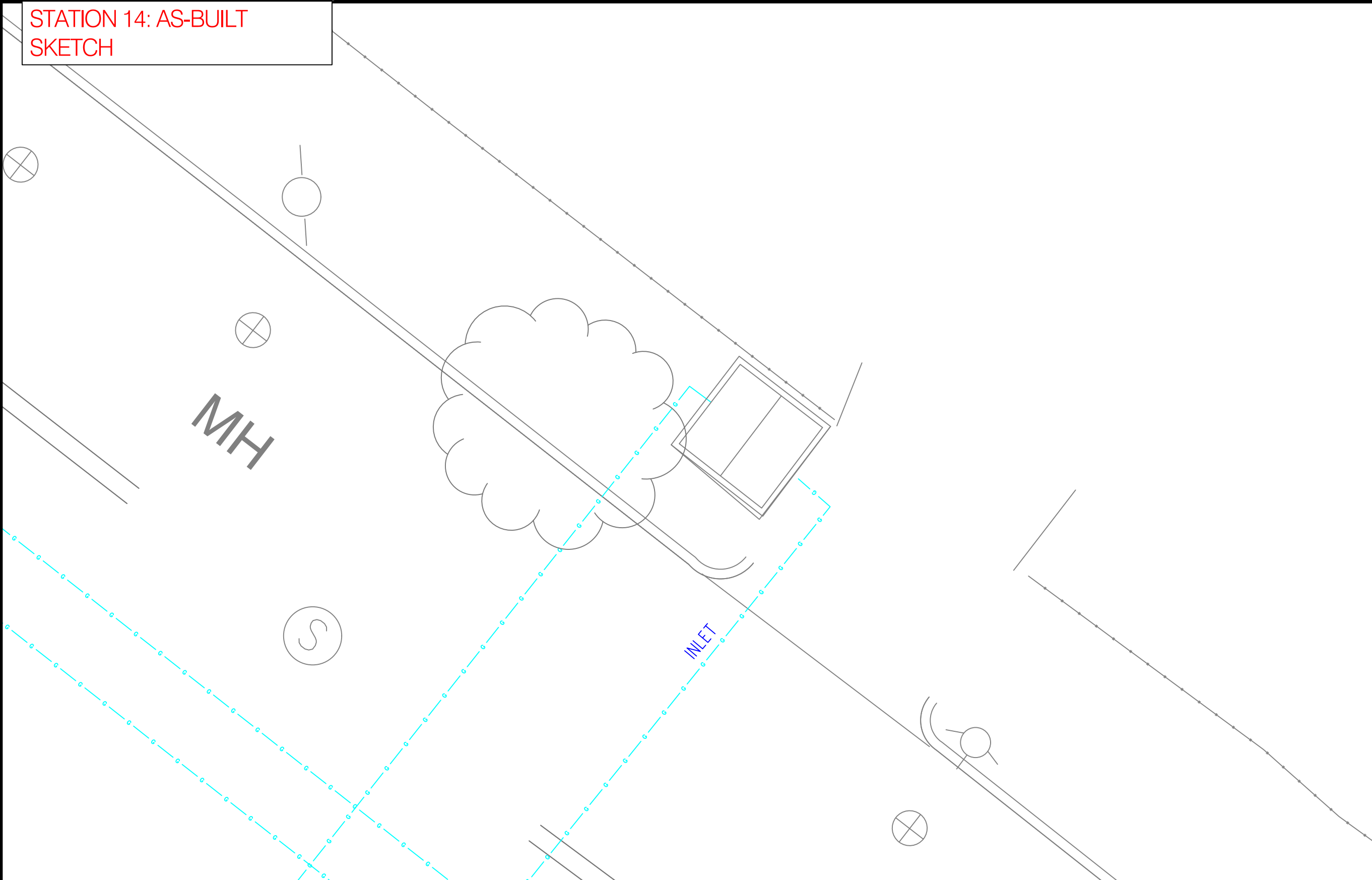
STATION 13: AS-BUILT SKETCH



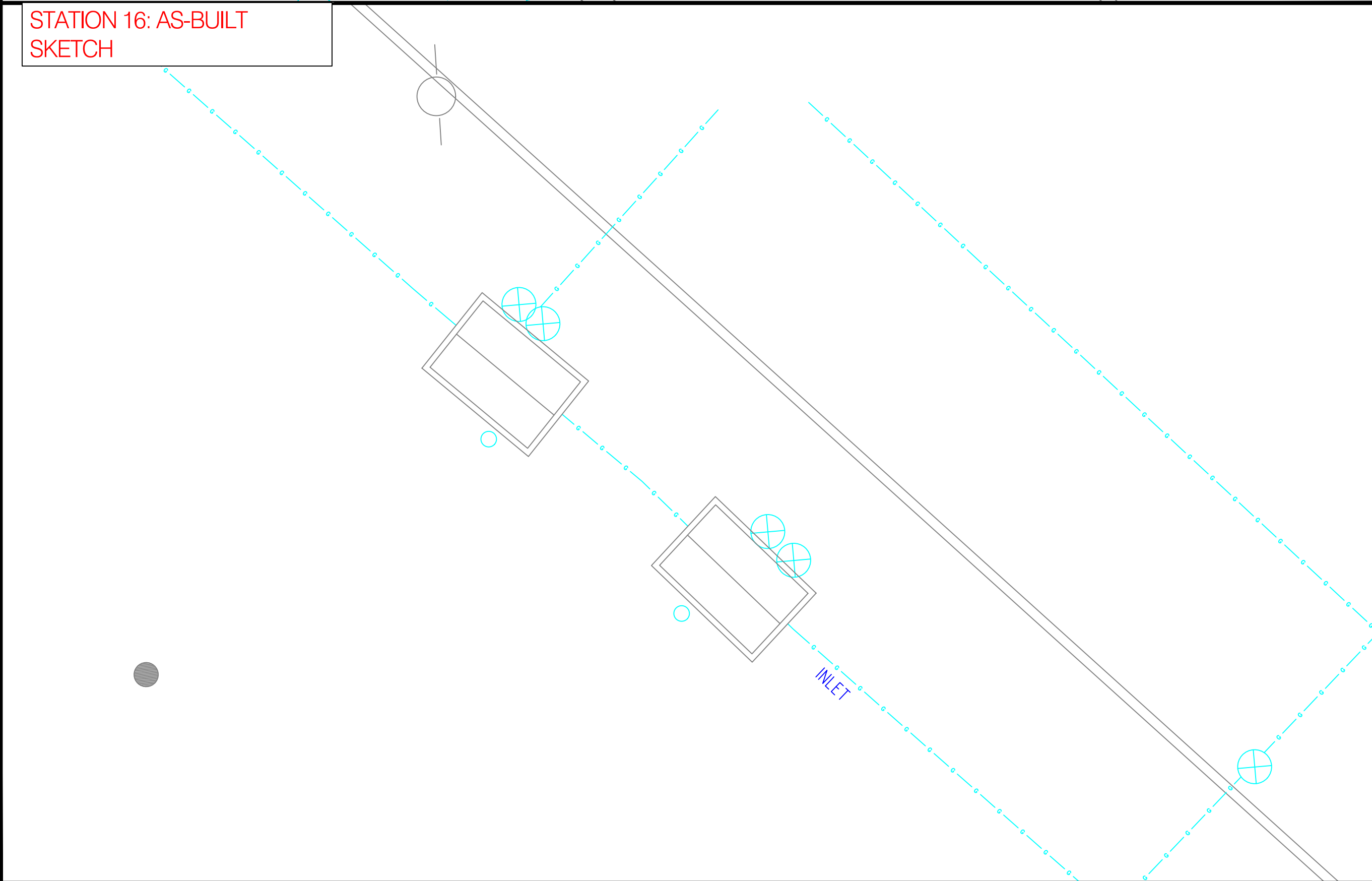
STATION 15: AS-BUILT SKETCH



STATION 14: AS-BUILT SKETCH



STATION 16: AS-BUILT SKETCH



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
		NAME	PHONE #

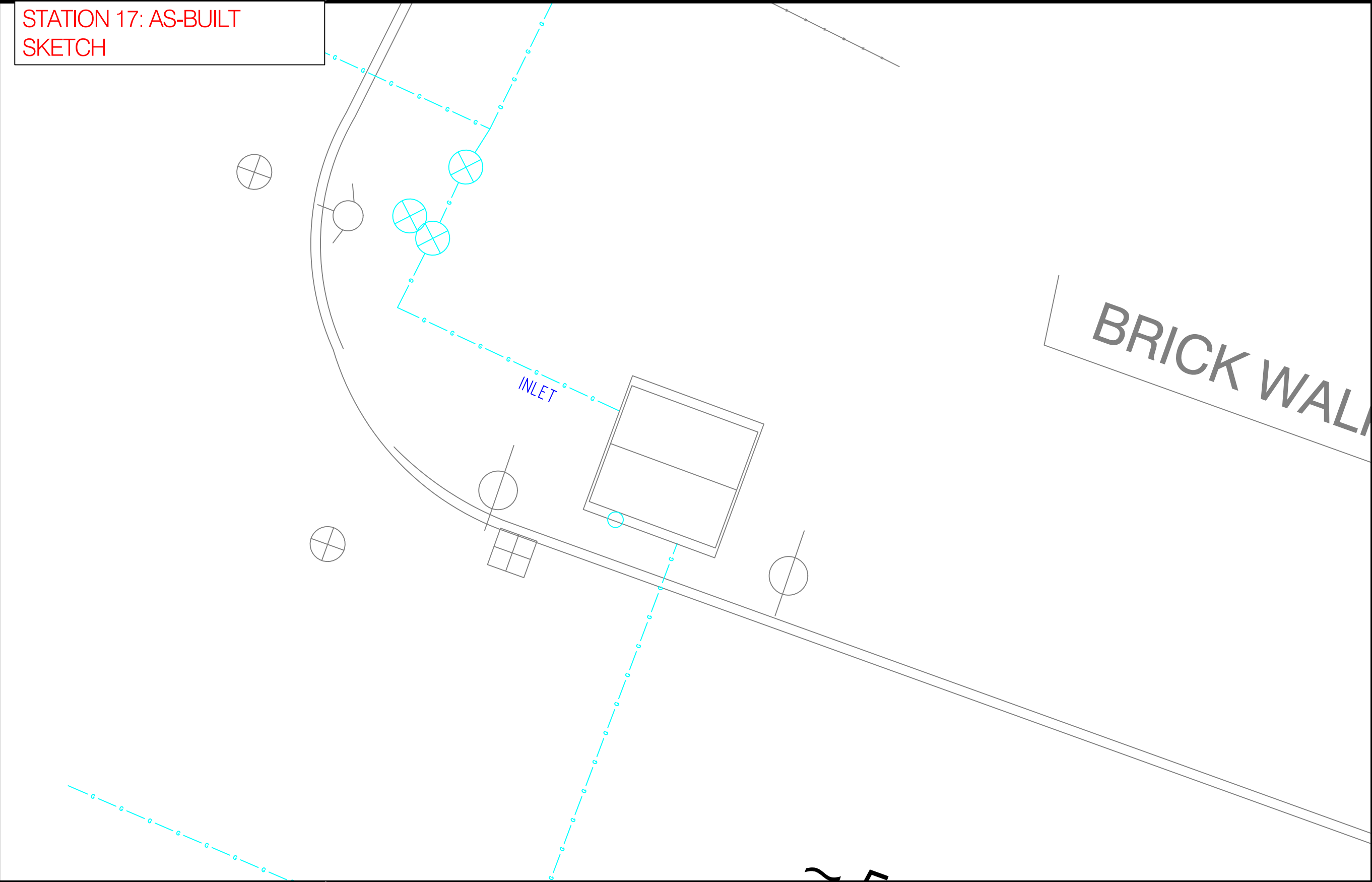
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

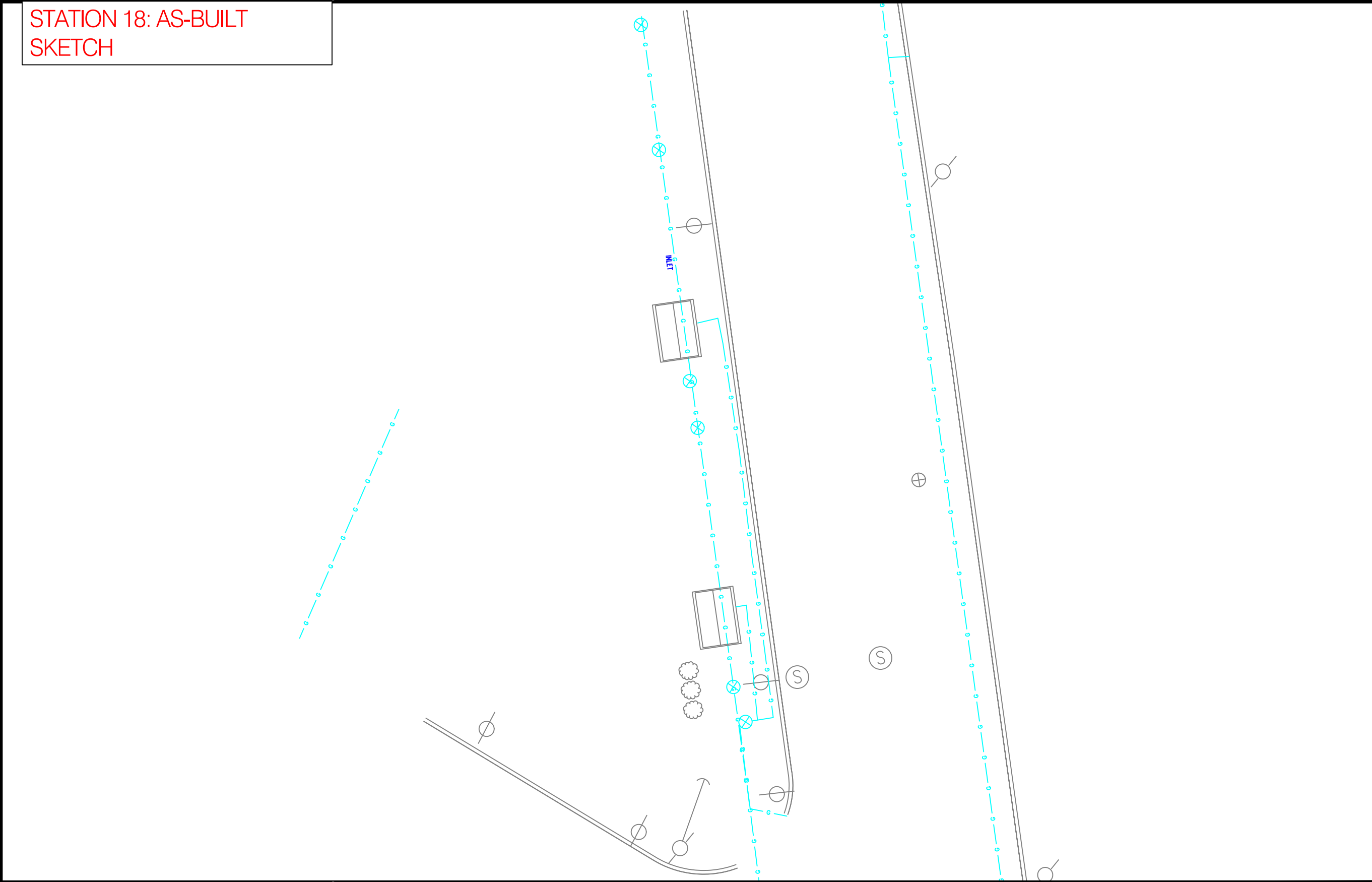
DRAWING NO:
D-4

CONSTRUCTION DETAILS

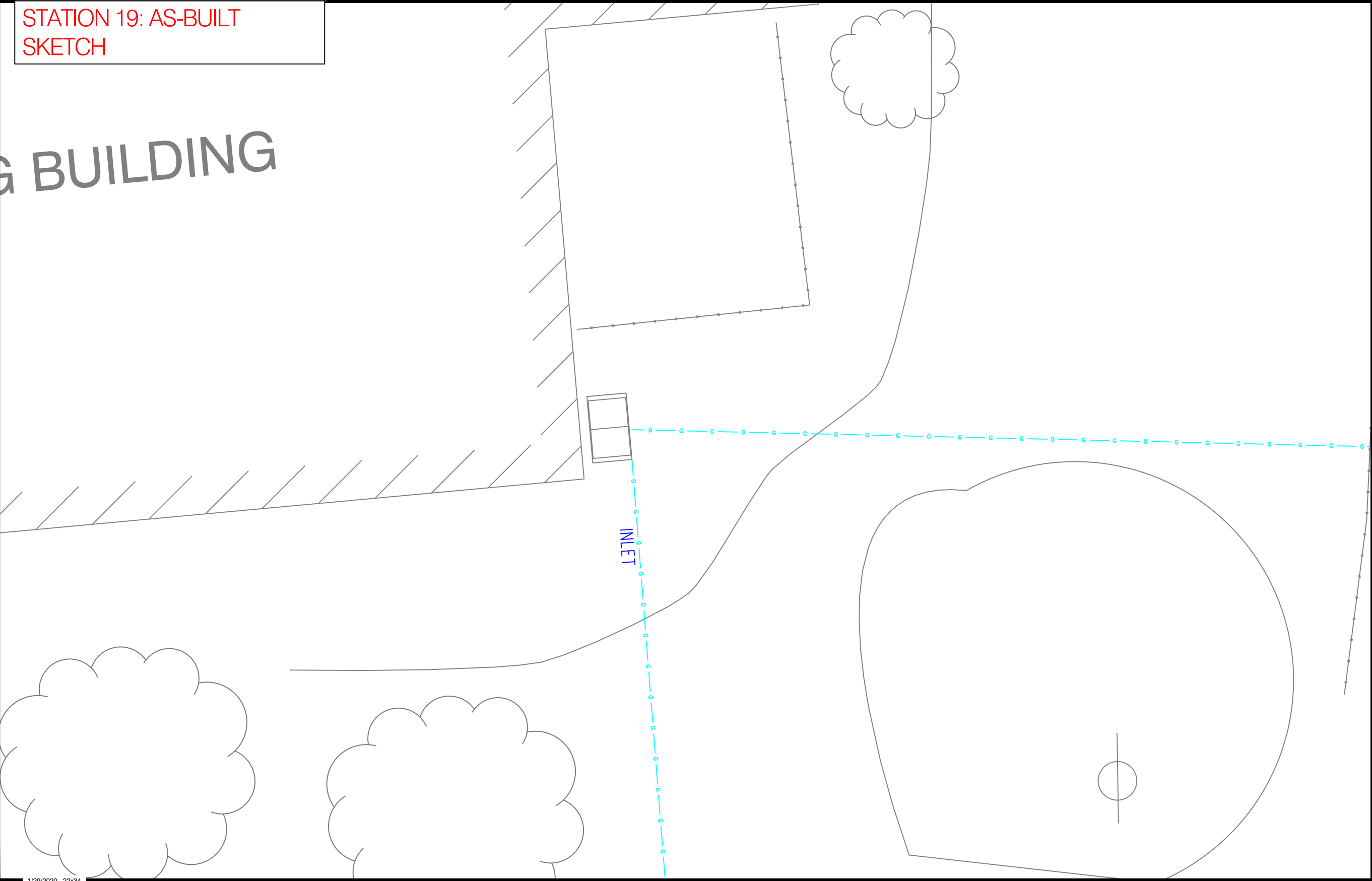
STATION 17: AS-BUILT SKETCH



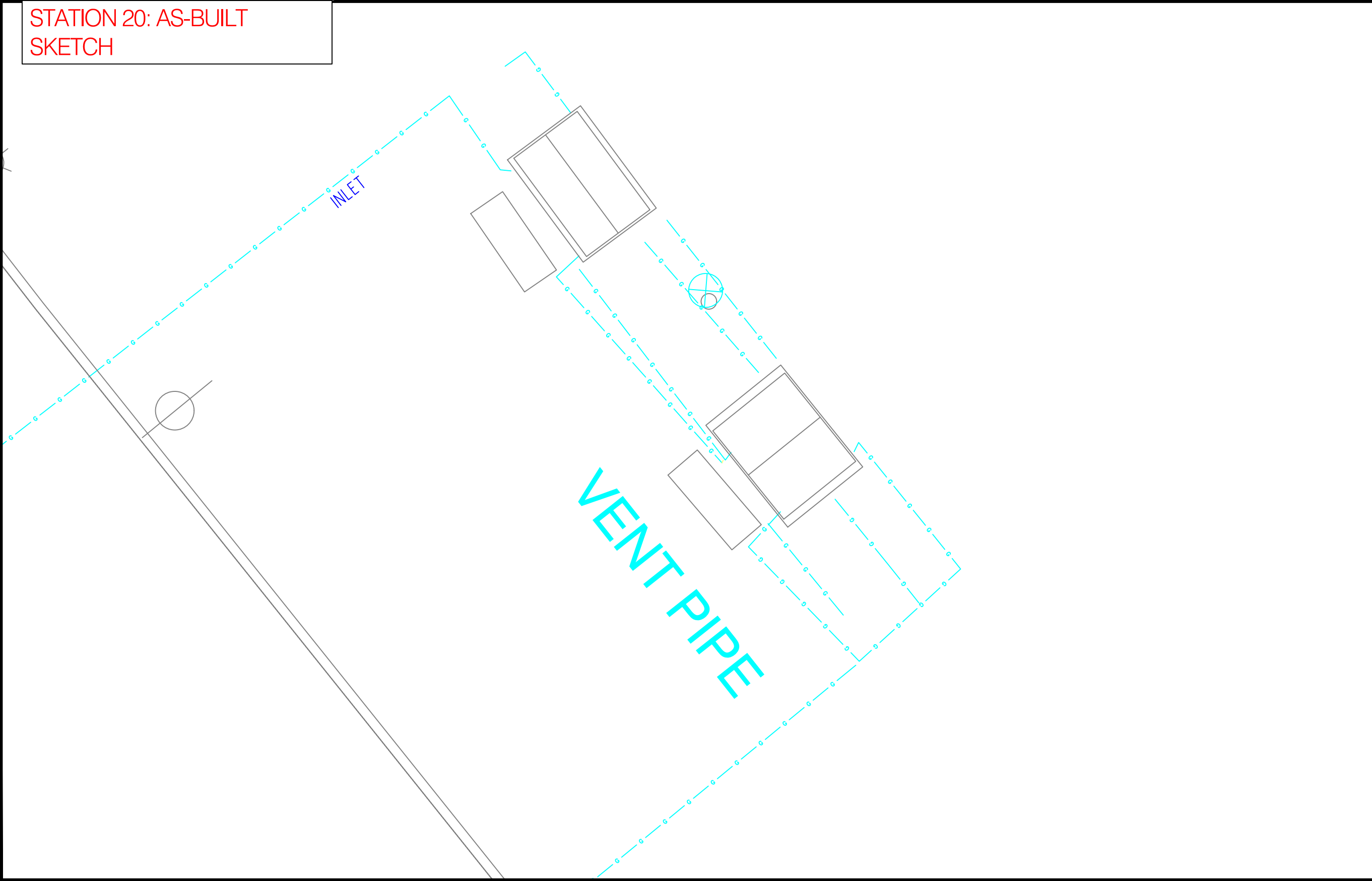
STATION 18: AS-BUILT SKETCH



STATION 19: AS-BUILT SKETCH



STATION 20: AS-BUILT SKETCH



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
		NAME	PHONE #

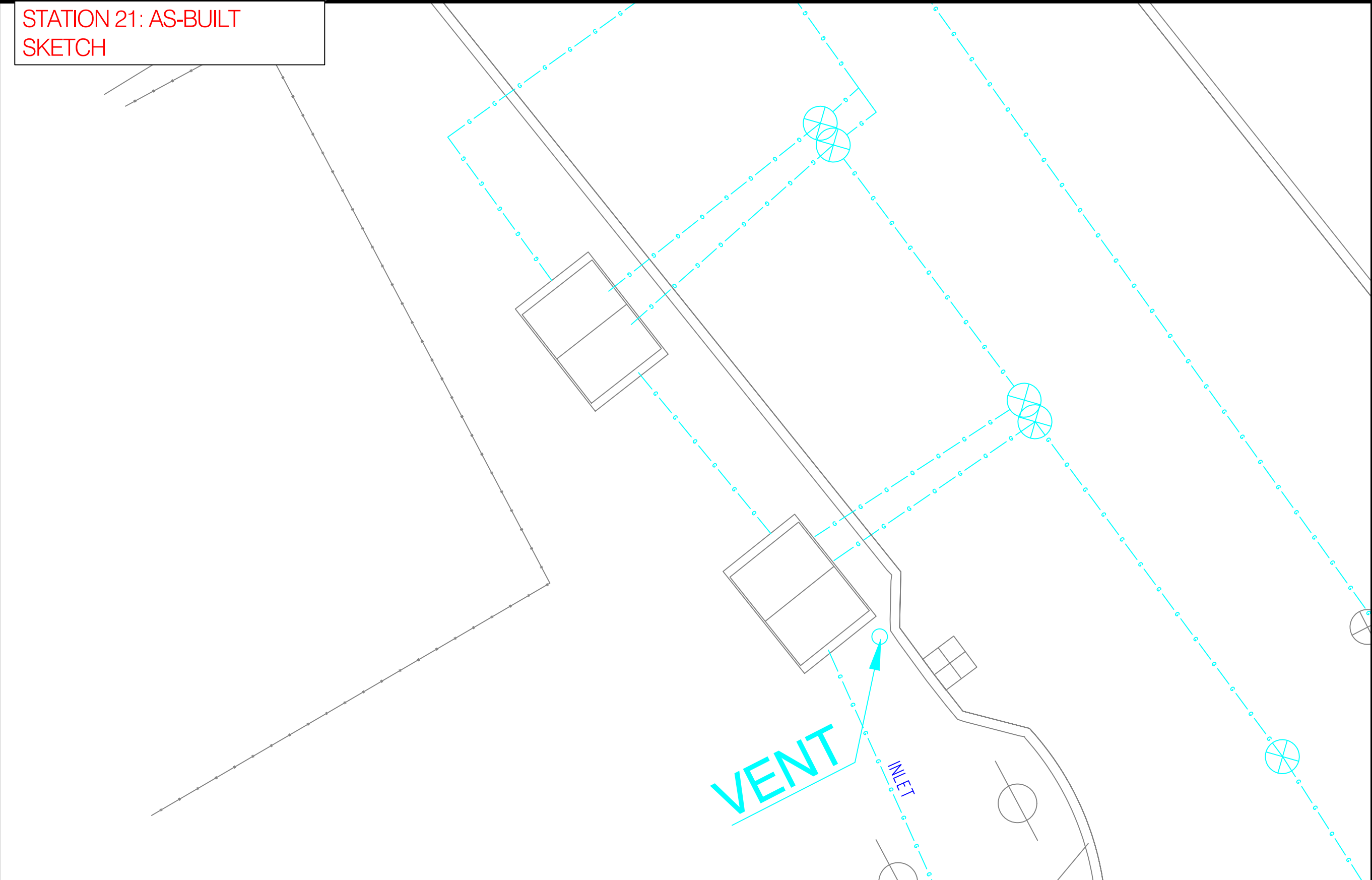
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

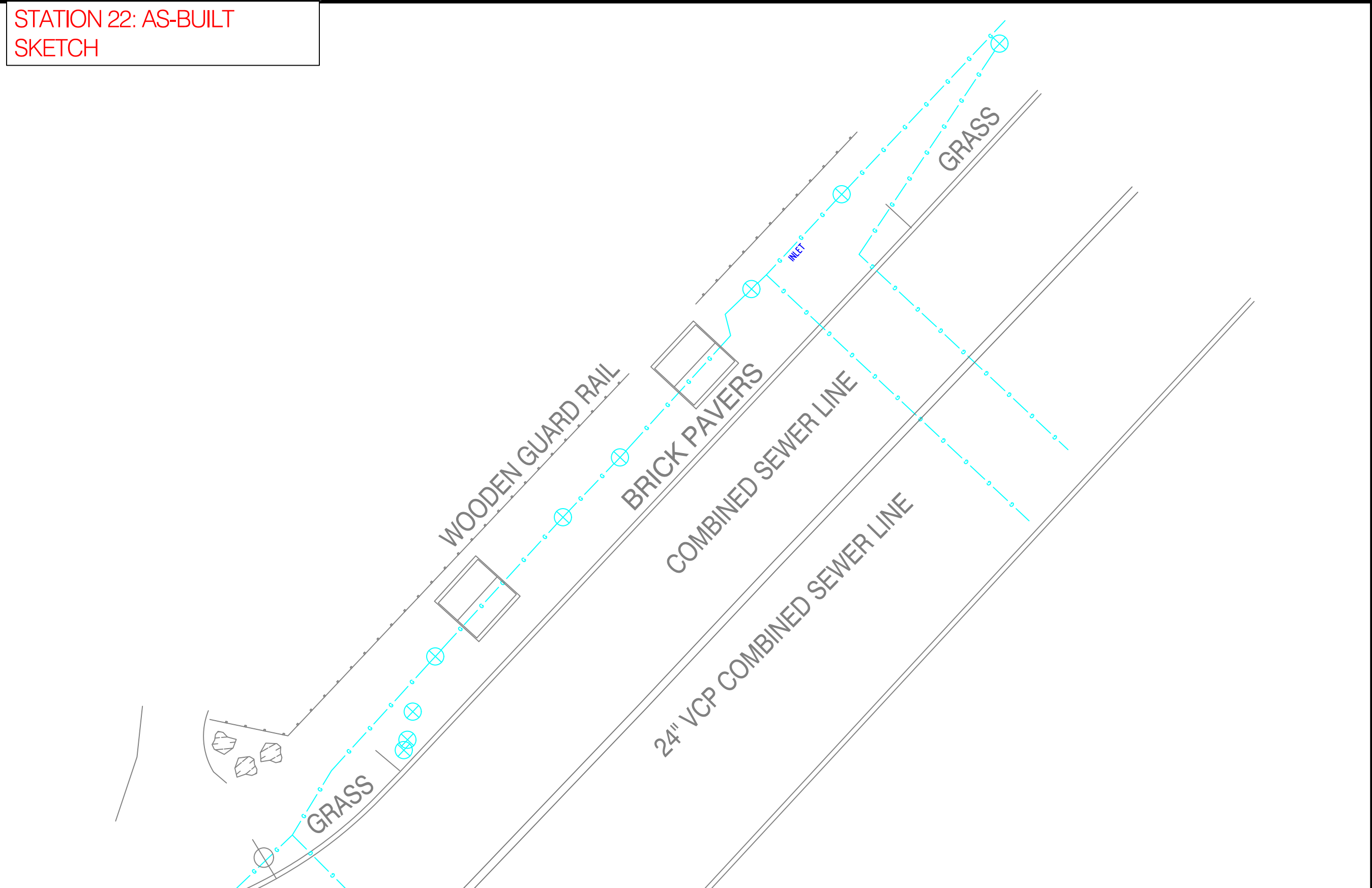
DRAWING NO:
D-5

CONSTRUCTION DETAILS

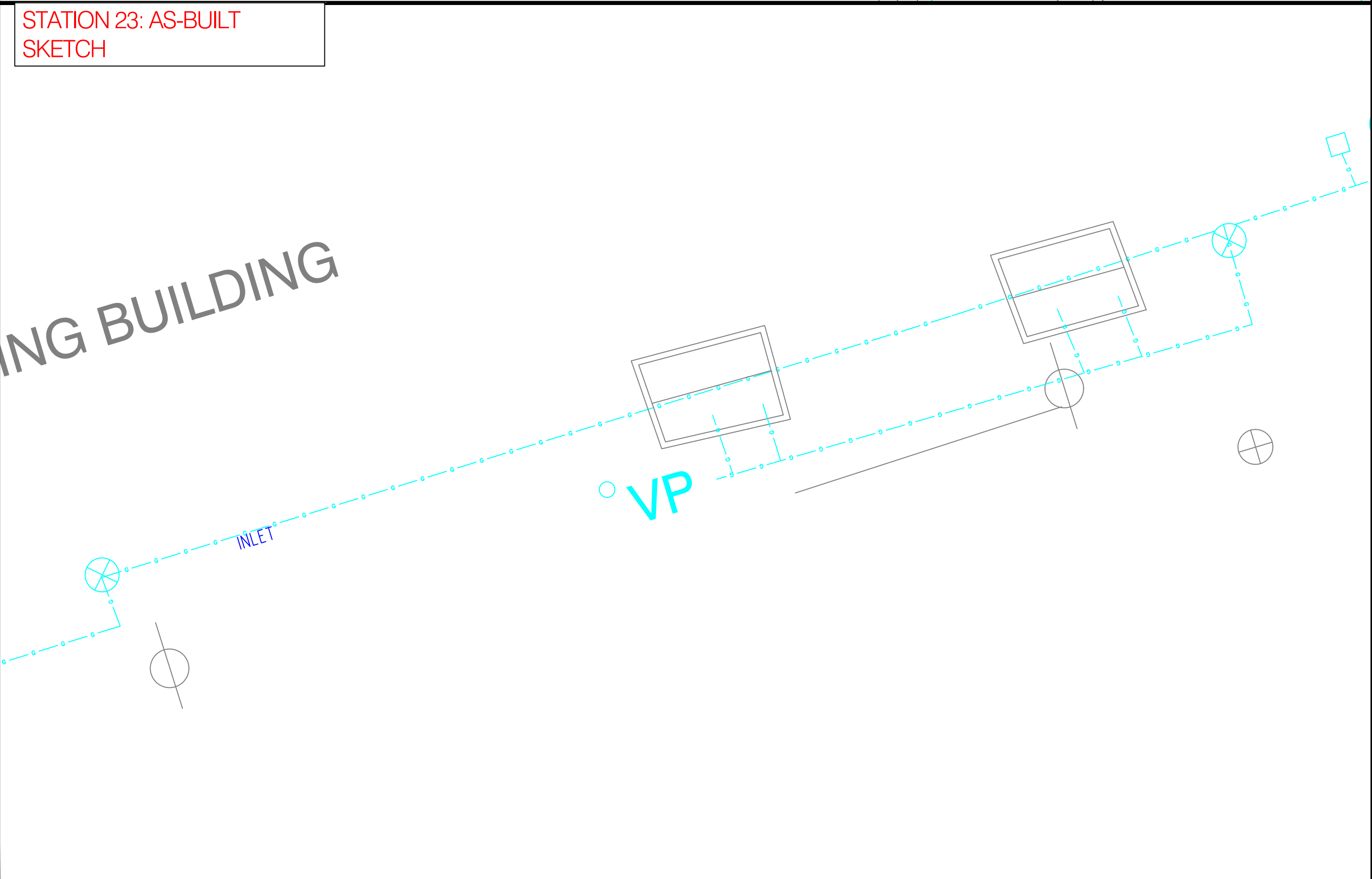
STATION 21: AS-BUILT SKETCH



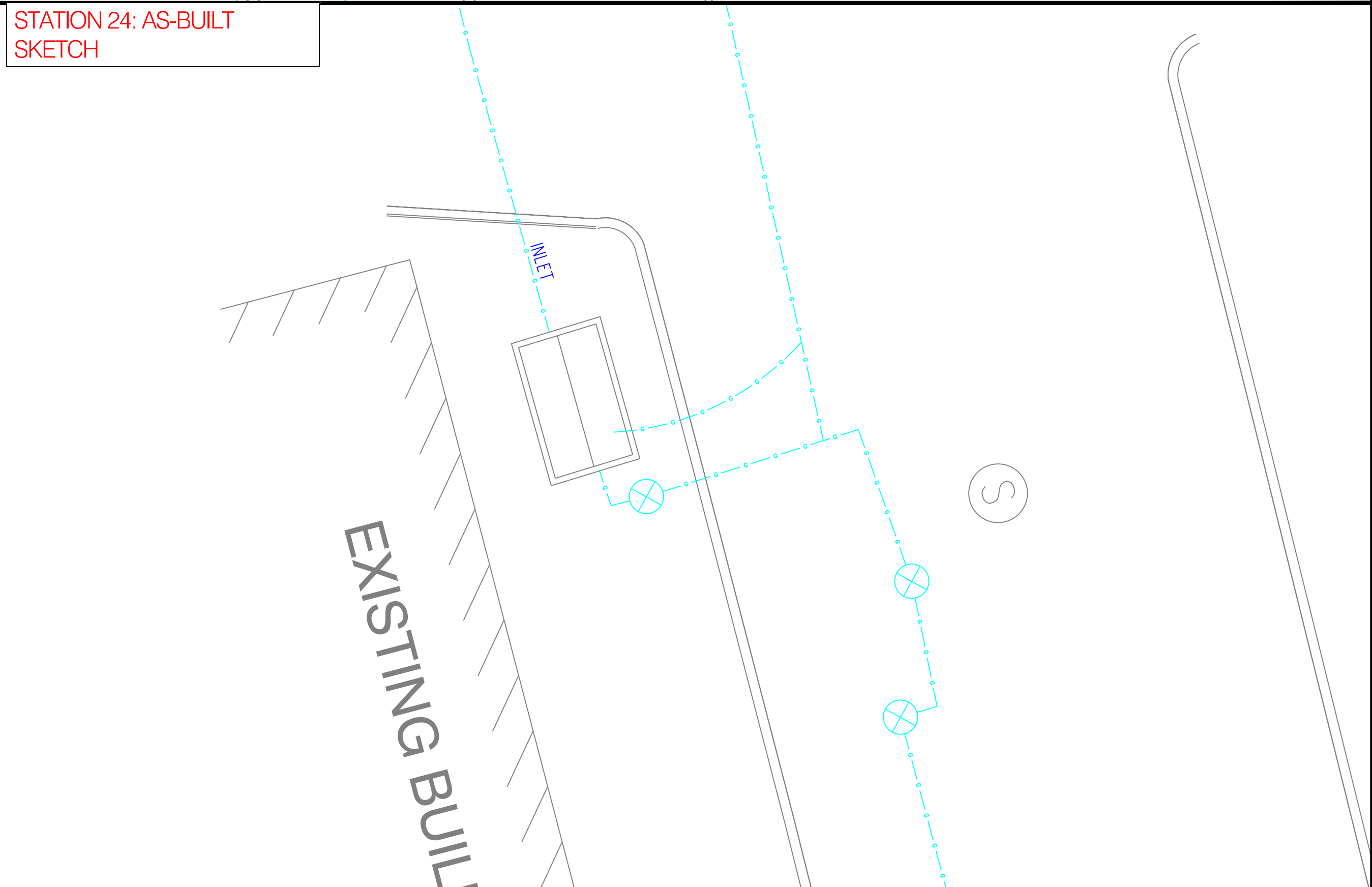
STATION 22: AS-BUILT SKETCH



STATION 23: AS-BUILT SKETCH



STATION 24: AS-BUILT SKETCH



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PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

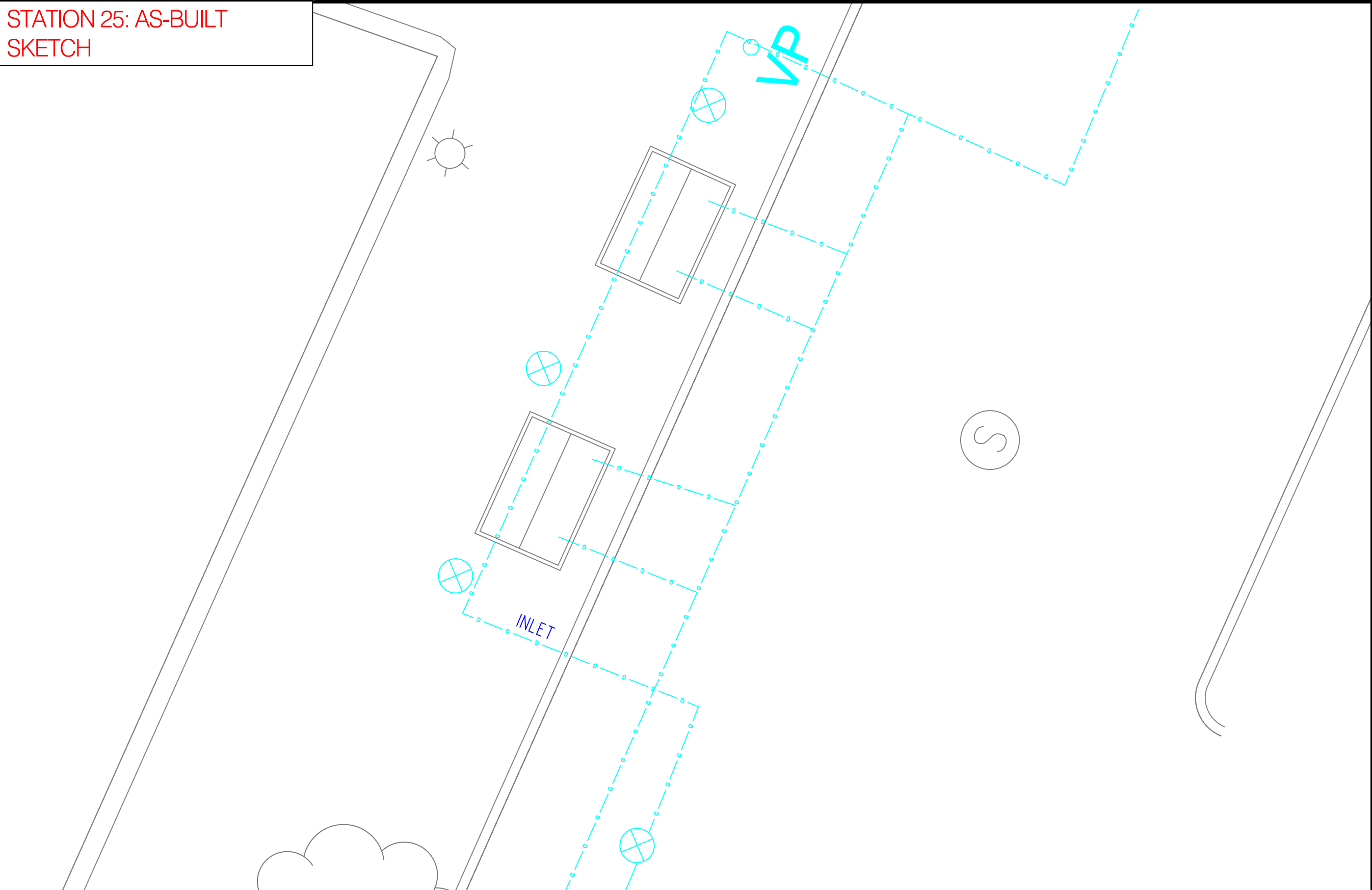
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

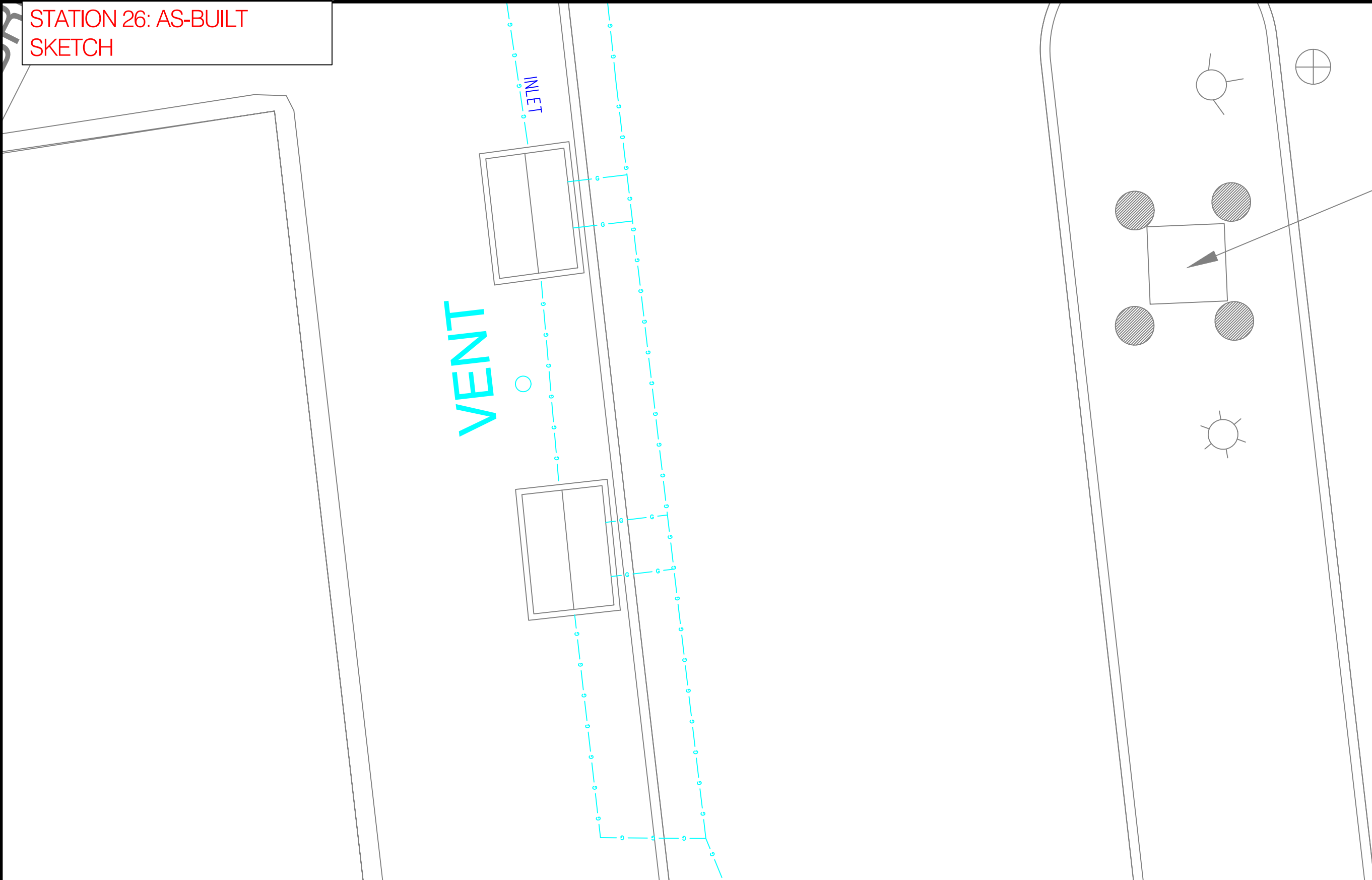
DRAWING NO:
D-6

CONSTRUCTION DETAILS

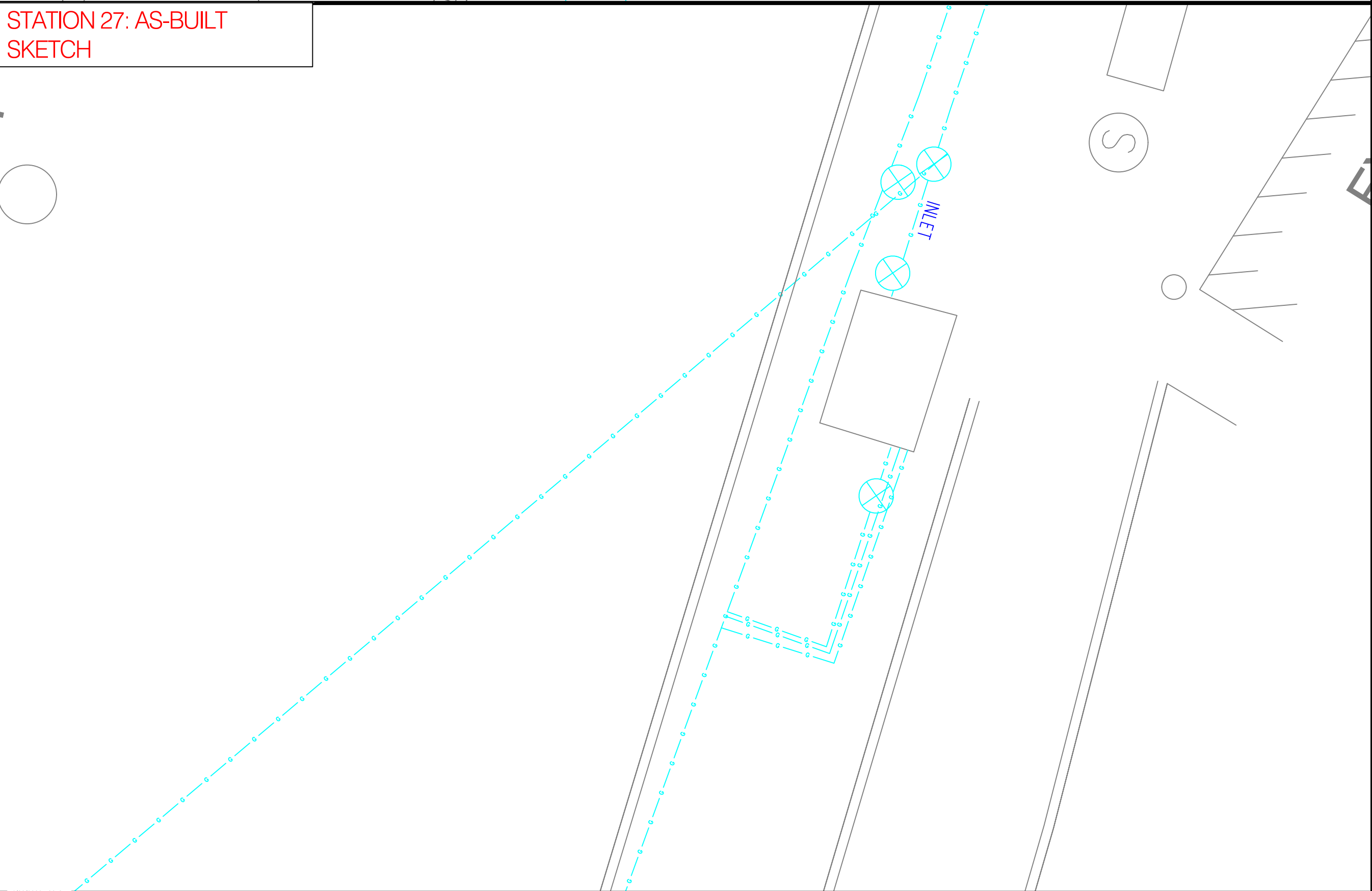
STATION 25: AS-BUILT SKETCH



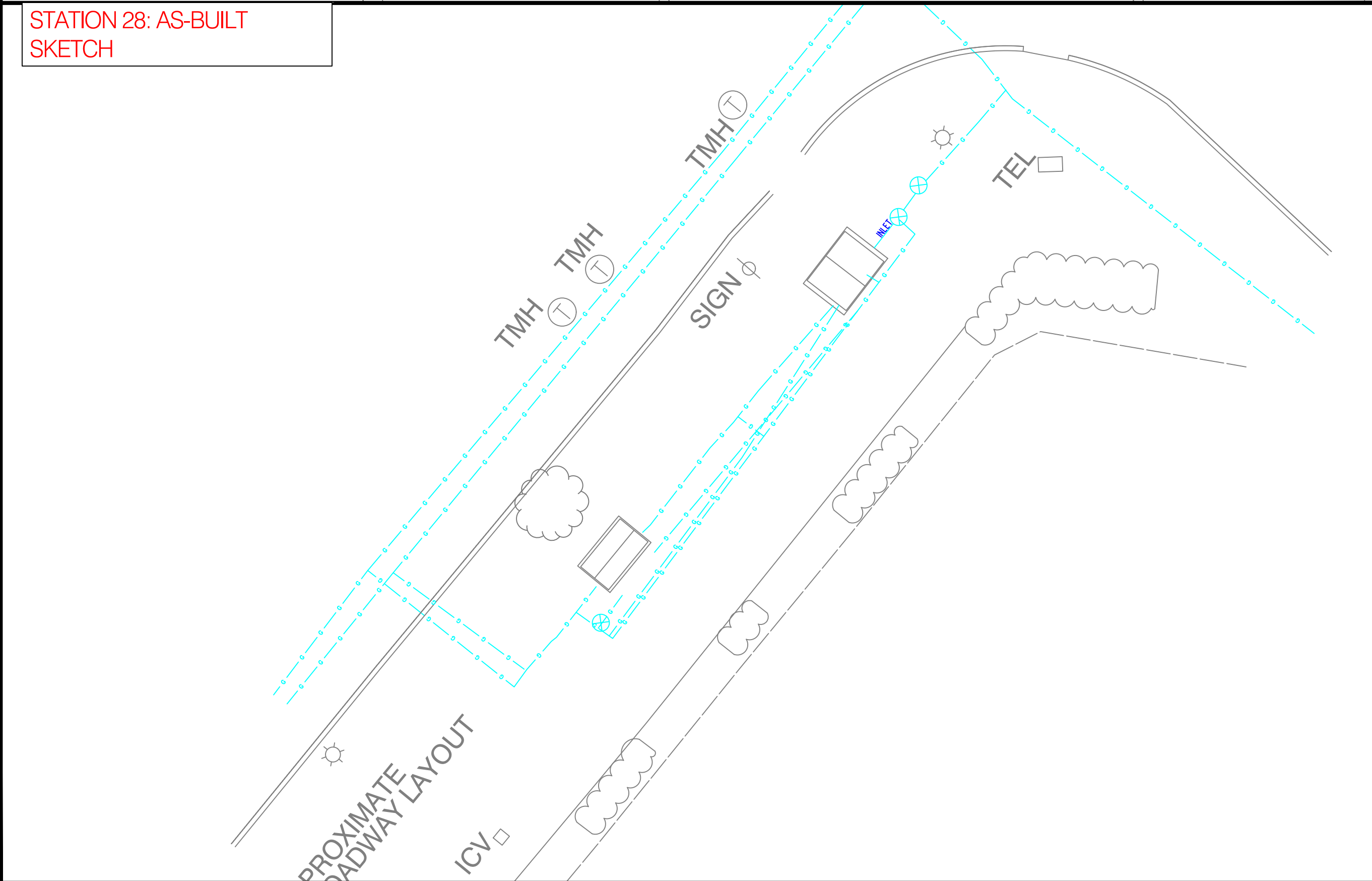
STATION 26: AS-BUILT SKETCH



STATION 27: AS-BUILT SKETCH



STATION 28: AS-BUILT SKETCH



Know what's below.
Call before you dig.

PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

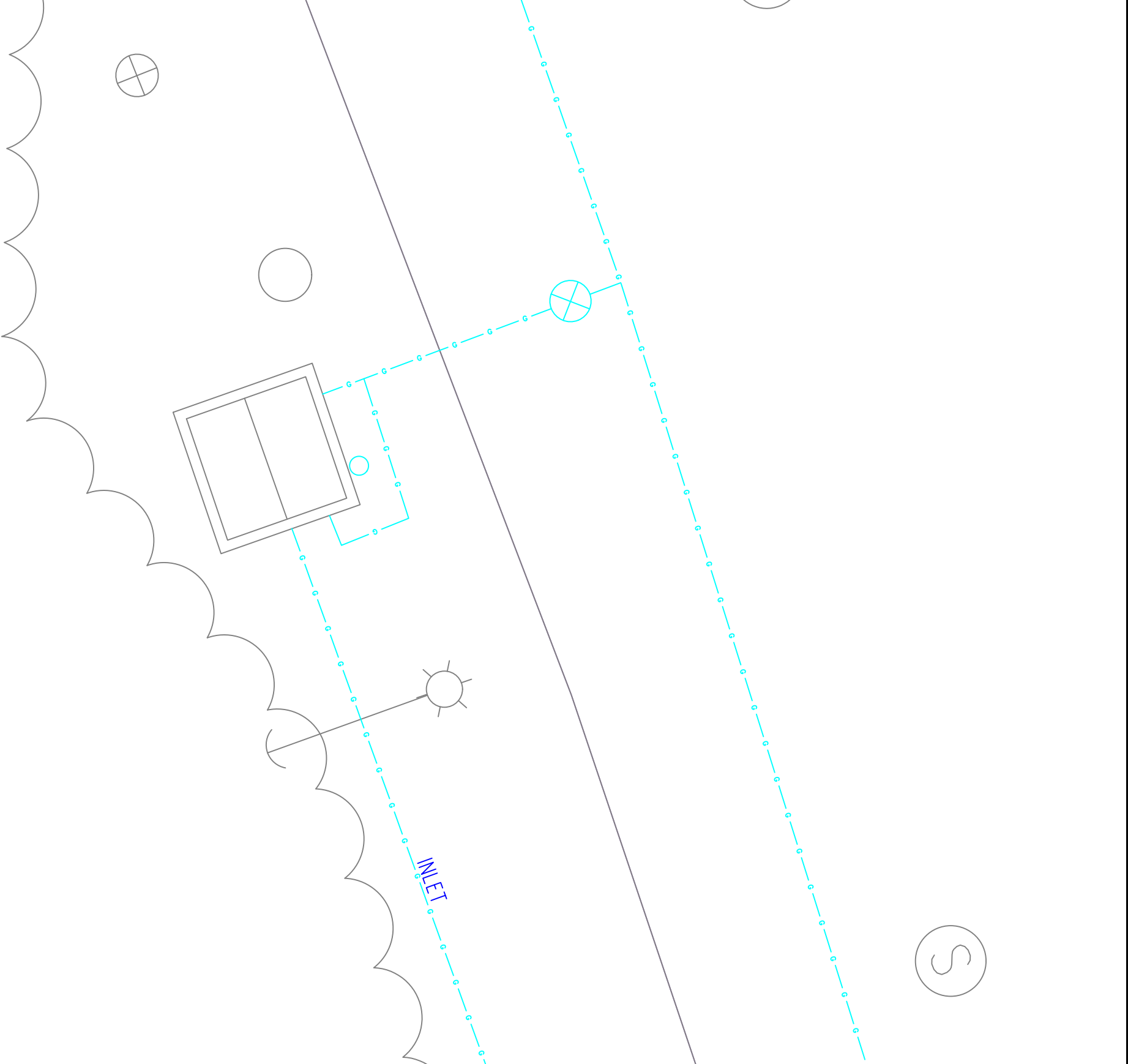
SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

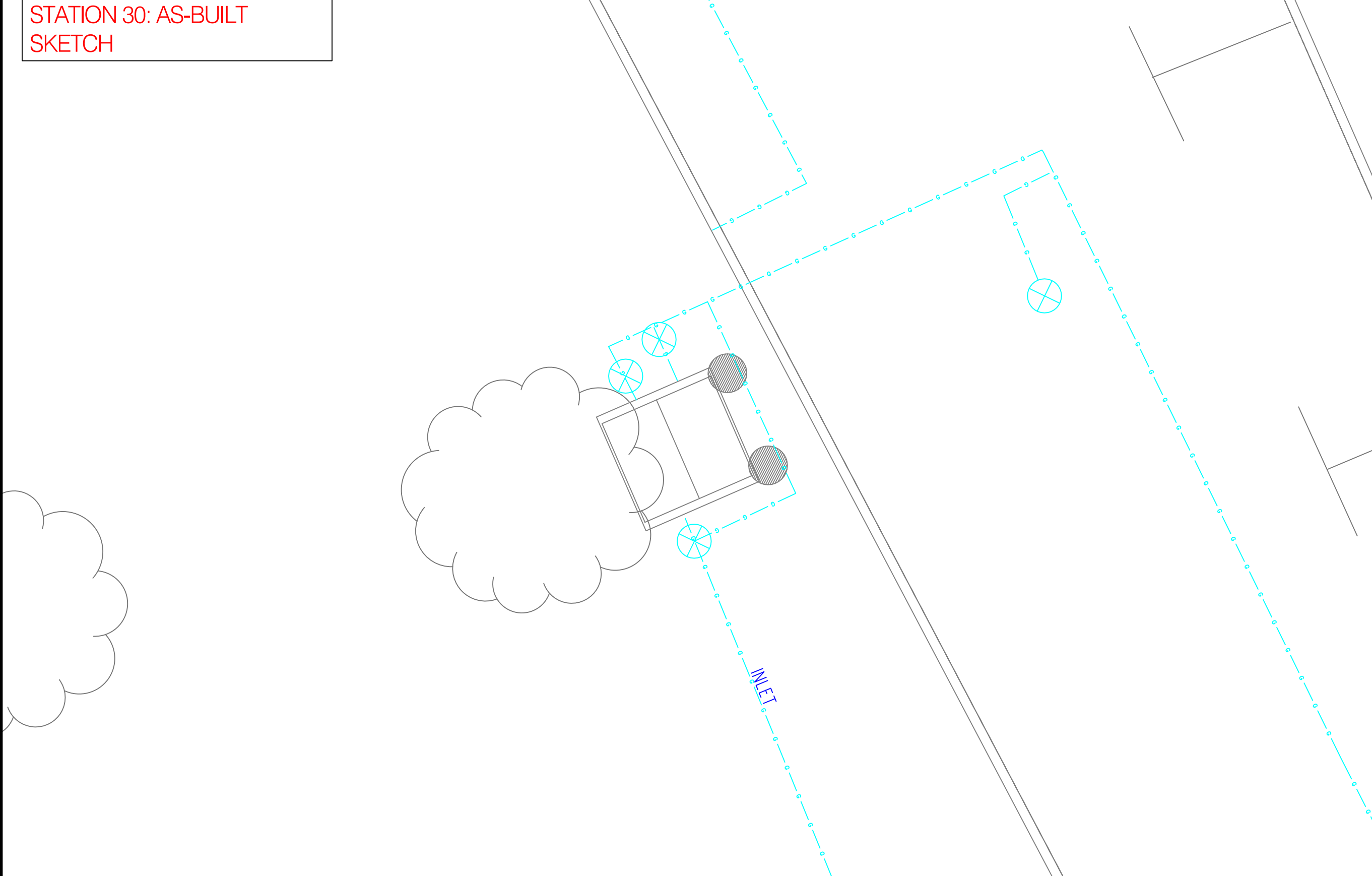
DRAWING NO:
D-7

CONSTRUCTION DETAILS

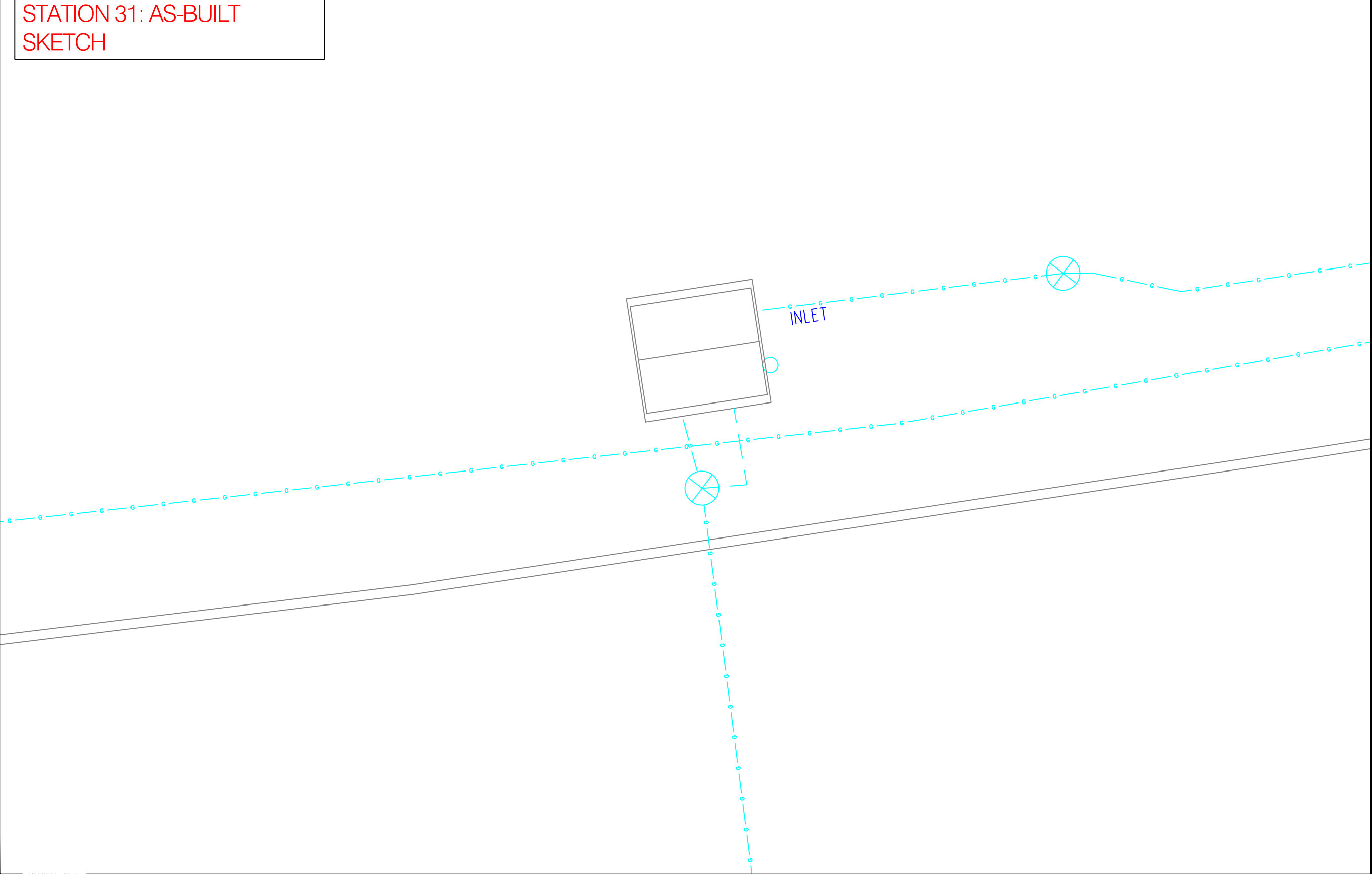
STATION 29: AS-BUILT
SKETCH



STATION 30: AS-BUILT
SKETCH



STATION 31: AS-BUILT
SKETCH



Know what's below.
Call before you dig.

PROPOSED

REVISIONS			
0	05/08/2020	SUBMITTED FOR PEER REVIEW	
REV. #	DATE	DESCRIPTION	
DESIGNED BY	RAS	05/08/2020	413-302-5853
DRAWN BY	RAS	05/08/2020	413-302-5853
CHECKED BY	GLG	05/08/2020	413-363-0636
AS-BUILT BY			
	NAME	DATE	PHONE #

SITE NAME:
INST# VARIOUS
ABAN# NONE
PROJECT ID# 20-71271
SPR - ER350 CABINETS
SPRINGFIELD, HAMPDEN (013)

DRAWING TITLE:
**CONSTRUCTION
DETAILS**

DRAWING NO:
D-8



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	June 30, 2021
Department Requesting Grant Setup	SEC (Dispatch)
Department Phone # (Please include extension)	(413)787-6409
Name and Title of Person to Contact in Case of Questions	David A. Wells
Was this Grant previously setup for a prior fiscal year?	89521
If yes, please indicate your previous project number:	3187
If this is a new Grant, have you filled out the "Approval to apply for a grant" Form?	
(Y/N) Y	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: FY22 State 911 Support and Incentive Grant

Total Grant Amount Awarded: \$992,816.00

Attachment: FY22 State 911 S&I Grant (6315 : State 911 Support & Incentive Grant - No Match - \$992,816)

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	State 911 Department
Contact Person	Cindy Reynolds
Street Address	151 Campanelli Dr, Suite A
City, State, Zip Code	Middleborough, MA 02346
Telephone	508-821-7299
Fax	508-828-2585
E-Mail	911deptgrants@state.ma.us

Actual Award Date

Board Approval Date

Start Date

Expiration Date 6/30/22

Renewal Action Date (optional) N/A

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

Costs supporting the function of the 911 service in the City

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) Monthly (**Recommended**)

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: 28952500

Object Codes: 501000 (\$779,281)
 506000 (\$195,000)
 508000 (\$3,535)
 505000 (\$15,000)

Budget Roll-Up Codes: **ALL**

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

30 June 2021

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.

C-20210766

FY 2022 SUPPORT AND INCENTIVE GRANT

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office of 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): Springfield Emergency Communications		COMMONWEALTH DEPARTMENT NAME: State 911 Department MMARS Department Code: EPS	
Legal Address: (W-9, W-4): 36 Court St, Springfield MA 01103		Business Mailing Address: 151 Campanelli Drive, Suite A, Middleborough, MA 02346	
Contract Manager: David A. Wells	Phone: 413 787 6409	Billing Address (if different):	
E-Mail: dwells@springfieldcityhall.com	Fax: 413 886 5467	Contract Manager: Cindy Reynolds	Phone: 508-821-7299
Contractor Vendor Code: VC 6000192140		E-Mail: 911DeptGrants@mass.gov	Fax: 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD_001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT EPS SUPG	
RFR/Procurement or Other ID Number: FY22 SUPG			
X NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☒ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 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): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services ☐ Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . ☐ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days — % PPD; Payment issued within 15 days — % PPD; Payment issued within 20 days — % PPD; Payment issued within 30 days — % PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle — statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); — only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Contract is for the reimbursement of funds under the State 911 Department FY 2022 Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☐ 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☐ 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> 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 <u>June 30, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, 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: _____ Date: <u>6/2/2022</u> (Signature and Date Must Be Handwritten at Time of Signature) Print Name: <u>Domenic J. Sarno</u> Print Title: <u>Mayor</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten at Time of Signature) Print Name: <u>Frank Pozniak</u> Print Title: <u>Executive Director</u>	

Attachment: FY22 State 911 S&I Grant (6315 : State 911 Support & Incentive Grant - No Match - \$992,816)



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request

07/19/2021

Department Requesting Grant Setup

Office of Management and Budget

Department Phone # (Please include extension)

413-784-4883

Name and Title of Person to Contact in Case of Questions

Sean Pham; Senior Budget Analyst

Was this Grant previously setup for a prior fiscal year?

If yes, please indicate your previous project number:

Yes, GEU21

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:

Gaming Enforcement Unit Members’ FY22 Cost Reimbursements Amendment #2

Total Grant Amount Awarded: **\$821,169**

Attachment: GEU 2022 (6324 : FY22 GEU Grant - No Match Required - \$821,169)

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	Massachusetts Gaming Commission
Contact Person	Derek Lennon
Street Address	101 Federal Street 12th Floor
City, State, Zip Code	Boston, MA 02110
Telephone	617-979-8400
Fax	617-725-0258
E-Mail	<u>derek.lennon@state.ma.us</u>

Actual Award Date

Board Approval Date

Start Date **07/01/2021**

Expiration Date **06/30/2022**

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

Reimbursement for costs associated with the Springfield Police Department's Gaming Enforcement Unit (GEU) in FY22

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) **Standard 45 Day Cycle**

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

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

Attachment: GEU 2022 (6324 : FY22 GEU Grant - No Match Required - \$821,169)

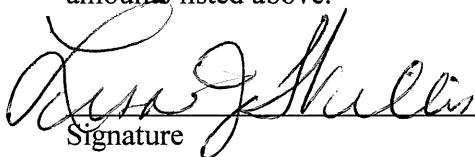
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:

Object Codes: 501000 - \$537,235
 501199 - \$61,309
 506000 - \$200,298
 558200 - \$7,000
 517010 - \$15,327

Budget Roll-Up Codes: Yes

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


 Signature


 Date

Please attach the following documents:

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

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

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 Police Dept. (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Massachusetts Gaming Commission MMARS Department Code: MGC	
Legal Address: (W-9, W-4): 130 Pearl St. Springfield, MA 01105		Business Mailing Address: 101 Federal St. 12 th Floor Boston, MA 02110	
Contract Manager: Vanessa Lima	Phone: 413-787-7977	Billing Address (if different):	
E-Mail: vlima@springfieldpolice.net	Fax: 413-787-6800	Contract Manager: Derek Lennon	Phone: 617-979-8400
Contractor Vendor Code: VC6000192140		E-Mail: derek.lennon@state.ma.us	Fax: 617-725-0258
Vendor Code Address ID (e.g. "AD001"): AD_002_		MMARS Doc ID(s): 2018SPRINGFIELDGEU01	
(Note: The Address ID must be set up for EFT payments.)		RFR/Procurement or Other ID Number: Springfield MOU	
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)		X CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>June 30, 2020</u> Enter Amendment Amount: \$ <u>821,169.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ☒ Amendment to Date, Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ☐ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <u>new</u> total if Contract is being amended). \$ <u>4,257,704.82</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Springfield GEU Reimbursements. See attached MOU.			
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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☐ 2. may be incurred as of <u> </u> , 20 <u> </u> , a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☐ 3. were incurred as of <u> </u> , 20 <u> </u> , a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Derek Lennon</u> Print Title: <u>Chief Financial Officer</u>	

Attachment: GEU 2022 (6324 : FY22 GEU Grant - No Match Required - \$821,169)

Scope of Services

See attached MOU

FY22 SPRINGFIELD POLICE GAMING ENFORCEMENT UNIT (GEU) ANNUAL COST				
	Position	LIEUTENANT	PER OFFICER	TOTAL
A	Number of Approved Positions	1	6	7
B	Annual Salary	\$105,235	\$432,000	\$537,235
C	Education Incentive Percentage	25%	10%	
D=B*C	Education Incentive Pay	\$26,309	\$35,000	\$61,309
E	Benefits Percentage	25%	25%	25%
F=B*E	Benefits Cost	\$6,577.19	\$8,750.00	\$15,327
G	Annual Uniform Cost	\$1,000	\$6,000	\$7,000
J	Overtime	\$75,000	\$125,298	\$200,298
K	Equipment			
L=B+D+F+G+J+K	Total Annual Cost	\$214,121	\$607,048	\$821,169

Attachment: GEU 2022 (6324 : FY22 GEU Grant - No Match Required - \$821,169)



REQUEST FOR GRANT SETUP (Increase to Grant)

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

05/19/2021

Department Requesting Grant Setup

Office of Management and Budget

Department Phone # (Please include extension)

413-784-4883

Name and Title of Person to Contact in Case of Questions

Sean Pham; Senior Budget Analyst

Was this Grant previously setup for a prior fiscal year?

Yes

If yes, please indicate your previous project number:

SYI21 (Please Create SYI22 as new project code)

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:

Attachment: SSYI22 (6330 : FY22 SSYI Grant Increase - No Match - \$662,346)

Safe and Successful Youth InitiativeTotal Grant Amount Awarded: **\$662,346.00**

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 **EOHHS**
 Contact Person **Glenn Daly**
 Street Address **600 Washington Street, 7th Floor**
 City, State, Zip Code **Boston, MA 02116**
 Telephone **617-573-1706**
 Fax **617-573-1890**
 E-Mail **Glenn.Daly@state.ma.us**

Actual Award Date

Board Approval Date

Start Date

Expiration Date

06/30/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

Reduce 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) **45 Day Standard Cycle**

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

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

Attachment: SSYI22 (6330 : FY22 SSYI Grant Increase - No Match - \$662,346)

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

Org Code:

Object Codes:

530105 - \$607,382

501000 - \$54,964

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

7/13/24
Date

Please attach the following documents:

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

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

Attachment: SSYI22 (6330 : FY22 SSYI Grant Increase - No Match - \$662,346)

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>.

Attachment: SSY122 (6330 : FY22 SSYI Grant Increase - No Match - \$662,346)



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 Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 36 Court Street, Springfield, MA 01113		Business Mailing Address: One Ashburton Place, Boston, MA 02108	
Contract Manager: Sean Pham, Senior Budget Analyst	Phone: (413) 784-4833	Billing Address (if different): 600 Washington St., 7th Fl., Boston, MA, 02116	
E-Mail: SPham@springfieldcityhall.com	Fax:	Contract Manager: Glenn Daly	Phone: 617-573-1706
Contractor Vendor Code: VC6000192140		E-Mail: glenn.daly@mass.gov	Fax: 617-573-1890
Vendor Code Address ID (e.g. "AD001"): AD001____ (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT EHS 16EHS570SSYISPRINGCB	
		RFR/Procurement or Other ID Number: BD-16-1039-EHS01-EHS01-00000004859	
___ 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)		<u>x</u> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>June 30, 2021</u> Enter Amendment Amount: \$ <u>662,346.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ☒ Amendment to Date, Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions 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): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services ☐ Commonwealth IT Terms and Conditions ☒			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . ☐ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <u>new</u> total if Contract is being amended). \$ <u>3,992,346.00</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days <u> </u> % PPD; Payment issued within 15 days <u> </u> % PPD; Payment issued within 20 days <u> </u> % PPD; Payment issued within 30 days <u> </u> % PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle <u> </u> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This amendment makes certain programmatic updates, increases the maximum obligation and extends the term of the agreement through June 30, 2022.			
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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☐ 2. may be incurred as of <u> </u> , 20 <u> </u> , a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☐ 3. were incurred as of <u> </u> , 20 <u> </u> , a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 2022</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, 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: <u>Cheryl C. Clapprood</u> Date: <u>6/21/21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Cheryl Clapprood</u> Print Title: <u>Springfield Police Department Commissioner</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Katherine Harvell Haney</u> Print Title: <u>Chief Financial Officer</u>	

**AMENDMENT 1 TO THE
SECOND AMENDED AND RESTATED GRANT AGREEMENT
BY AND BETWEEN
THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
AND
THE CITY OF SPRINGFIELD
FOR
THE SAFE AND SUCCESSFUL YOUTH INITIATIVE**

This Amendment 1 to the Second Amended and Restated Grant Agreement (Grant Agreement) is by and between the Massachusetts Executive Office of Health and Human Services (EOHHS) and The City of Springfield (Grantee), with principal offices located at: 36 Court Street, Springfield, MA 01103.

WHEREAS, EOHHS issued a Grant Application for the Safe and Successful Youth Initiative (Grant Application) and EOHHS selected the Grantee based on the Grantee's response to the Grant Application submitted on or before the required response date; and

WHEREAS, the Grantee appears qualified and is willing to perform its duties as set forth herein subject to the terms and conditions hereof; and

WHEREAS, EOHHS and the Grantee entered into the Grant Agreement effective December 28, 2019, and as subsequently amended and restated on June 30, 2017 and amended on February 1, 2019 (Amendment 1) and June 25, 2019 (Amendment 2), and amended and restated on November 26, 2019 (Second Amended and Restated Grant Agreement), for the Safe and Successful Youth Initiative (SSYI); and

WHEREAS, in accordance with **Section 5.14** of the Grant Agreement, EOHHS and the Grantee desire to amend the Grant Agreement to extend the Grant Agreement term and increase the maximum budget accordingly;

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, EOHHS and the Grantee agree as follows:

1. **Section 1 Definitions** is hereby amended by inserting the following definition in alphabetical order:

“Racial Equity Lens – Consideration of the impact of race on the design, development, implementation, payment, and evaluation of services.”

2. **Section 1 Definitions** is hereby amended by striking the definition of **“SSYI List”**.
3. **Section 2.2 Program Components** is hereby amended by striking **Sections 2.2.A.4** and **2.2.A.5** and replacing as follows:

- “4. Upon verification by the police department, the Eligible Individual shall be entered into the SSYI database as an Eligible Individual. The Program shall review and update the eligibility status of each Eligible Individual at least every six months to add new

Attachment: SSYI22 (6330 : FY22 SSYI Grant Increase - No Match - \$662,346)

individuals who meet eligibility criteria and remove individuals who no longer meet eligibility criteria.

5. The Program shall maintain records documenting and supporting the eligibility determination of each Eligible Individual. The eligibility status of Eligible Individuals shall be subject to review by EOHHS or an EOHHS-designated entity at any time. EOHHS may, at its sole discretion, disallow any individual from participation in the Program.”
4. **Section 2.2 Program Components** is hereby amended by striking **Sections 2.2.B.1** and replacing as follows:
 - “1. The Program shall implement a robust Outreach plan to locate and enroll each Eligible Individual into the Program as a Client. As appropriate, outreach workers shall also engage with Eligible Individuals’ family members or with groups or other individuals who may assist in locating the Eligible Individual.”
5. **Section 2.3 Program Structure** is hereby amended by striking **Section 2.3.A.3** and replacing as follows:
 - “3. As specified in **Section 2.2.A**, the Grantee’s gang unit (or equivalent unit) shall directly carry out Identification activities and manage referrals to the SSYI Program.”
6. **Section 2.3 Program Structure** is hereby amended by adding the following new **Section 2.3.C.9**:
 - “9. The Grantee is encouraged to consider minority owned businesses when subcontracting the provision of services under this Grant Agreement.”
7. **Section 2.3 Program Structure** is hereby amended by striking **Section 2.3.E.6.a** and replacing as follows:
 - “a. The Law Enforcement Lead shall be a police officer employed by the local police department. The Law Enforcement Lead shall oversee Program funding, Identification of Eligible Individuals, collaboration with other local law enforcement efforts and all SSYI Program activities coordinated by the Lead Agency.”
8. **Section 2.4 Other Requirements** is hereby amended by adding the following at the end of **Section 2.4.A.2**:

“Programs are encouraged to engage in partnerships with minority owned businesses and organizations representing people of color.”
9. **Section 2.4 Other Requirements** is hereby amended by striking **Section 2.4.C.1** and replacing it as follows:
 - “1. Program services shall be developed and implemented in a culturally competent manner, reflecting an understanding of individual beliefs, culture and values. Program services shall be conducted without unlawful discrimination based on race, color, age, gender, ethnicity, sexual orientation, gender identity or expression, religion, creed, ancestry, national origin, disability, veteran’s status, or background. Programs shall use

a Racial Equity Lens when designing, implementing, funding and evaluating services. Programs that successfully design activities through a Racial Equity Lens:

- a. Acknowledge racism as a root cause of inequities that lead to individual, family, and community traumatization;
- b. Use data related to social determinants of health to design programs and reach priority populations;
- c. Systematically engage individuals and communities of color in the planning, development, leadership, oversight, and quality improvements of services and service delivery;
- d. Have established partnerships with community-based organizations that enhance their ability to meet the needs of people of color and their families; and
- e. Address structural racism through policy, hiring, education, training, outreach, and community engagement and mobilization activities.”

10. Section 2.6 Match Requirement is hereby amended by striking **Section 2.6** in its entirety.

11. Section 5.1 Grant Agreement Term is hereby amended by striking **Section 5.1** in its entirety and replacing it as follows:

“Section 5.1 Grant Agreement Term

The Grant Agreement shall commence upon execution by the parties and end on June 30, 2022, subject to (1) the Grantee’s satisfactory performance, as determined by EOHHS, of all duties and obligations under this Grant Agreement, and (2) any termination provisions set forth in the Grant Agreement. The Grant Agreement may be extended through June 30, 2025, in increments determined by EOHHS and upon terms agreed to by the parties. EOHHS may also extend the Grant Agreement for any reasonable time period EOHHS determines necessary to complete a subsequent procurement.”

All provisions of the Second Amended and Restated Grant Agreement shall remain in full force and effect. The Second Amended and Restated Grant Agreement, as amended hereby, is hereby ratified and confirmed in its entirety by the Parties. By signing the attached Standard Contract Form, the Parties agree to this Amendment 1.

Attachment: SSYI22 (6330 : FY22 SSYI Grant Increase - No Match - \$662,346)



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 7/13/2020

Department Requesting Grant Setup Parks

Department Phone # (Please include extension) 787-7772

Name and Title of Person to Contact in Case of Questions Carol Langevin

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

If yes, please indicate your previous project number: 89121

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–

State Other – School

xxxx State – City

Private/Other

Grant Name: GREEN CITY TREES CONTINUATION GRANT

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

Org Code: 28916300

Object Codes:

501000

527040

530105 \$230,000

531020

546400

548400

551700

558400

Budget Roll-Up Codes: YES

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

Signature

Date

Please attach the following documents:

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

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



COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: (and d/b/a): City of Springfield		COMMONWEALTH DEPARTMENT NAME: Energy and Environmental Affairs (EEA) MMARS Department Code: ENV	
Legal Address: (W-9, W-4, T&C): 200 Trafion Road, Springfield, MA 01108		Business Mailing Address: 100 Cambridge St., Suite 900, Boston, MA 02114	
Contract Manager: Alexander Sherman		Billing Address (if different):	
E-Mail: asherman@springfieldcityhall.com		Contract Manager: Nathaniel Thomas	
Phone: (413)-787-7787	Fax:	E-Mail: nathaniel.thomas1@mass.gov	
Contractor Vendor Code: VC6000192140		Phone: 617-626-1187	Fax:
Vendor Code Address ID (e.g. "AD001"): AD 001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): ENV0124180000000002103	
RFR/Procurement or Other ID Number: ENV 14 GTA 01			
___ 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 State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☐ Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)		<u>X</u> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior to Amendment:</u> <u>June 30, 2021.</u> Enter Amendment Amount: <u>\$230,000.</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) ☒ Amendment to Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ☐ Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): <u>\$1,790,000.</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ☐ % PPD; Payment issued within 15 days ☐ % PPD; Payment issued within 20 days ☐ % PPD; Payment issued within 30 days ☐ % PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This amendment extends the city's contract through FY23 for unforeseen delays and adds funding for an additional 200 trees. In consultation with the Department of Conservation and Recreation (DCR), the City of Springfield will implement tree planting and community outreach to plant 2,600 trees in the city's Greening the Gateway Cities planting zone.			
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 <u>Effective Date</u> (latest signature date below) and no obligations have been incurred <u>prior to the Effective Date</u> . ☐ 2. may be incurred as of <u> </u> , 20 <u> </u> , a date LATER than the <u>Effective Date</u> below and no obligations have been incurred <u>prior to the Effective Date</u> . ☐ 3. were incurred as of <u> </u> , 20 <u> </u> , a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 2023</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , 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: <u>Domenic J. Sarno</u> Date: <u>5/12/21</u> (Signature and Date Must Be Handwritten At Time of Signature)		X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: <u>Domenic J. Sarno</u>		Print Name: _____	
Print Title: <u>Mayor</u>		Print Title: _____	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



ATTACHMENT A – SCOPE OF SERVICES AND ADDITIONAL TERMS AND CONDITIONS

INSTRUCTIONS: In order to ensure that the Department and the Contractor have a clear understanding of their respective responsibilities and performance expectations, the following Attachment shall contain a specific detailed description of all obligations, responsibilities, and additional terms and conditions between the Contractor and the Department which do not modify the Contract boilerplate language. **ATTACH AS MANY ADDITIONAL PAGES AS /NECESSARY.**

City of Springfield Responsibilities and Activities.

As per the program guidelines and proposal provided by the City of Springfield, the city will implement a program plan with the goal of planting 2,600 trees in the City of Springfield, as outlined in the scope of work and project proposal submitted by the City of Springfield.

1. The City of Springfield will undertake tree planting activities in the planting zone designated by the Greening the Gateway Cities program.
2. The city will develop a program plan and project budget in accordance with the scope of services.
3. The city will hire two full time staff members to assist with project, one project coordinator and one assistant project coordinator.
4. The city will execute a sub-contract with ReGreen Springfield for outreach for the program. ReGreen Springfield will develop an outreach plan designed to assist the city in obtaining necessary tree requests and two-year watering commitments to achieve the program goal of planting 2,600 trees from tree recipients in the planting zone.
5. The terms of the sub-contract with ReGreen Springfield for program outreach shall be consistent with the guidelines of similar contracts with EEA and other nonprofits providing similar functions in the Greening the Gateways Cities programs.
6. The city shall make improvements to the current municipal nursery to be used as a location to store trees delivered from nurseries for the Greening the Gateway Cities Program.
7. All required work plans, tree siting and planting protocols, Dig Safe and regulatory compliance and work logs must be submitted to DCR for review and approval before they are implemented.
8. The city will work with existing/new public, corporate and foundation partners to sustain the project.

The above activities shall be implemented in consultation with DCR, and where necessary DCR approval will be needed prior to the implementation of tasks. This program is subjected to annual review and approval by DCR and EEA.

Financials and Payments:

Eligible and Non-eligible Costs

The use of funds under this grant is restricted to personnel expenses, marketing materials and direct activities associated with conducting community outreach for the Green the Gateway Cities Program. This grant may not be used for the acquisition of capital items like vehicles, computers, printers, and other unrelated expenses.

This is a reimbursement grant and the grantee will be reimbursed for the costs and expenses incurred for rendering services under this contract up to \$1,790,000.

This contract will be administered by the EEA. All requests for payments should be submitted monthly or quarterly, with proof of payment (invoices and payroll reports, etc.). All requests for payment should be sent to: Nathaniel Thomas (nathaniel.thomas1@mass.gov), Executive Office of Energy and Environmental Affairs, Division of Conservation Service, 100 Cambridge Street, 9th floor, Boston, MA 02114.

COMMONWEALTH OF MASSACHUSETTS- STANDARD CONTRACT FOR:

**ATTACHMENT B - BUDGET AND APPROVED EXPENDITURES**

Items identified below which are not part of Contract should be left blank.

Attach as many additional copies of this format as necessary; Maximum obligation should appear as last entry.

Contract Expenditures	Unit Rate (per unit, hour, day)	Number of Units	Other Fees or Charges (specify)	TOTAL
FY 18 Program Cost				\$16900.00
FY 19 Program Cost				\$359251.27
FY 20 Program Cost				\$302468.65
FY 21 Program Cost				\$315241.18
FY 22 Program Cost				\$398070.00
FY 23 Program Cost				\$398069.00
SUBTOTAL (this page)				\$1,790000.00

MAXIMUM OBLIGATION

\$1,790,000.00Page 1 of 2 Budget pages

Attachment B is subject to any restrictions or additional provisions outlined in Attachment A

Attachment: Parks Green City Trees Continuation Grant (6334 : Parks - EEA Green City Trees Grant Increase - No Match Required - \$230,000)

ITEM	FY18 (Actual)	FY19 (Actual)	FY20 (Actual)	FY21	FY22	FY23	TOTAL
Salaries and Wages	\$7,551.30	\$86,384.03	\$76,400.18	\$65,000.00	\$115,000.00	\$115,000.00	\$438,543.51
Rental Vehicles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services	\$10,000.00	\$19,273.38	\$8,351.80	\$20,000.00	\$20,000.00	\$20,000.00	\$97,625.18
Seminars	\$0.00	\$2,015.00	\$465.00	\$600.00	\$1,000.00	\$1,000.00	\$5,480.00
Trees	\$101,455.98	\$144,335.99	\$219,325.99	\$224,652.00	\$261,570.00	\$261,570.00	\$1,229,420.96
Gas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Supplies	\$1,473.39	\$4,317.89	\$311.52	\$250.00	\$250.00	\$248.57	\$7,102.80
Safety Supplies	\$0.00	\$288.00	\$16.00	\$250.00	\$250.00	\$250.00	\$1,304.00
Computer Hardware	\$1,143.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,143.98
TOTAL	\$121,624.65	\$256,614.29	\$304,870.49	\$310,752.00	\$398,070.00	\$398,068.57	\$1,790,000.00

* Plus \$230K for salaries

No staffing reduction

Additional 150-200 Street Trees



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request June 30, 2021

Department Requesting Grant Setup SEC (Emergency Communications)

Department Phone # (Please include extension) 413-787-6409

Name and Title of Person to Contact in Case of Questions David Wells

Was this Grant previously setup for a prior fiscal year? 21895
If yes, please indicate your previous project number:

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

X State – City

Private/Other

Grant Name: FY22 State 911 Department Training Grant

Total Grant Amount Awarded: \$214,177.06

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	State 911 Department
Contact Person	Cindy Reynolds
Street Address	151 Campanelli Dr, Suite A
City, State, Zip Code	Middleborough, MA 02346
Telephone	508-821-7299
Fax	508-828-2585
E-Mail	911deptgrants@state.ma.us

Actual Award Date

Board Approval Date

Start Date

Expiration Date 6/30/22

Renewal Action Date (optional) N/A

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

Costs supporting function of the 911 service in the City

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) Monthly (**Recommended**)

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

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

Attachment: FY22 State 911 Training Grant (6316 : State 911 Training Grant - No Match - \$214,177.06)

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

Org Code: 28952500

Object Codes: 501000 (\$36,006)
 506000 (\$72,011.99)
 531020 (\$85,019)
 531040 (\$5,526)
 542300 (\$15,614.07)
 571100

Budget Roll-Up Codes: **ALL**

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

30 June 2021

 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

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C*20210765



COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: City of Springfield (and d/b/a): Springfield Emergency Communications		COMMONWEALTH DEPARTMENT NAME: State 911 Department MMARS Department Code: EPS	
Legal Address: (W-9, W-4): 36 Court St, Springfield MA 01103		Business Mailing Address: 151 Campanelli Drive, Suite A, Middleborough, MA 02346	
Contract Manager: Deputy Chief David A. Wells	Phone: 413 787 6409	Billing Address (if different):	
E-Mail: dwells@springfieldcityhall.com	Fax: 413 886 5467	Contract Manager: Cindy Reynolds	Phone: 508-821-7299
Contractor Vendor Code: VC 6000192140		E-Mail: 911DeptGrants@mass.gov	Fax: 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT EPS GRNT	
RFR/Procurement or Other ID Number: FY22 GRNT			
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) ☒ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		— CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 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, 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 <u>new</u> total if Contract is being amended). \$_____			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle ___statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ___only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Contract is for the reimbursement of funds under the State 911 Department FY 2022 Training Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ___ 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ___ 2. may be incurred as of _____, 20____, a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ___ 3. were incurred as of _____, 20____, a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: <u>6/25/22</u> (Signature and Date Must Be Handwritten at Time of Signature) Print Name: <u>DOMENIC J. SARNO</u> Print Title: <u>MAYOR</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten at Time of Signature) Print Name: <u>Frank Pozniak</u> Print Title: <u>Executive Director</u>	

Attachment: FY22 State 911 Training Grant (6316 : State 911 Training Grant - No Match - \$214,177.06)



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 7/13/2021

Department Requesting Grant Setup Public Works

Department Phone # (Please include extension) 750-2728

Name and Title of Person to Contact in Case of Questions Peg Merrill
Contract Administrator

Was this Grant previously setup for a prior fiscal year? FY21

If yes, please indicate your previous project number: 89830

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?
(Y/N) Y Refer to 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: MassDOT Complete Streets Tier 3 Construction Program FY22 Round 1

Total Grant Amount Awarded: \$ 192,500.00

Is this a Reimbursable Grant?

(Y/N) Y

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

Entity Name	MassDOT
Contact Person	Cassandra Gascon
Street Address	Ten Park Plaza, Suite 7410
City, State, Zip Code	Boston, MA. 02116
Telephone	(857) 368-9469
Fax	
E-Mail	Cassandra.gascon@dot.state.ma.us

Actual Award Date	07/12/2021
Board Approval Date	07/19/2021
Start Date	09/30/2021
Expiration Date	12/31/2023
Renewal Action Date (optional)	N/A
If there are any Matching Funds:	No

Type
Percent
Amount

Comments re: Description/Purpose of Grant

Tapley St. and Trafton Road Corridor Improvements. (see attached description)

Comments re: Conditions/Restrictions of Grant

N/A

If this is a Federal Grant, enter CFDA#: N/A

If applicable enter the State ID # :

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

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

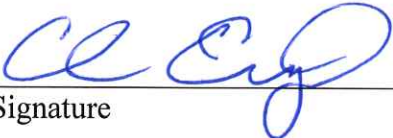
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:

Object Codes: 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

7-13-21
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.



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Jonathan L. Gulliver, Highway Administrator



July 12, 2021

Hector Velez
 Traffic Engineer
 70 Tapley Street
 Springfield, MA 01104

Via email: hvelez@springfieldcityhall.com

Dear Mr. Velez:

Thank you for your Tier 3 submission to the Compete Streets Funding Program during Round 1 of the Fiscal Year 2022 application solicitation. We received many applications and had a very competitive application pool from which to select. I am pleased to notify you that Springfield's application has been approved for \$192,500.00.

The Community Grants Program Administrator will reach out shortly to gather all necessary information to begin the contracting process. It is anticipated that the Notice to Proceed (NTP) will be issued by September 30, 2021 and the deadline for construction will be December 31, 2023. MassDOT-funded work may not proceed until the NTP is issued. Please note that as detailed in the Program Guidance, design is not an eligible project cost. Design work for this project must be completed by a MassDOT Prequalified Contractor. Funds awarded through this program are paid through the reimbursement of approved costs. Reimbursement requests are processed by your District State Aid Engineer in the same manner as Chapter 90 projects.

Please email CompleteStreetsProgram@dot.state.ma.us with questions related to this award. Thank you for your commitment to improving safety, access, and mobility for all roadway users in your community and for your participation in the Complete Streets Funding Program. MassDOT looks forward to working with you on this important project.

Sincerely,

Jonathan L. Gulliver
 Highway Administrator

cc: Cassandra Gascon, MassDOT Community Grants Program Administrator
 Peter Cavicchi, MassDOT District 2 Highway Director
 Mayor Dominic Sarno, City of Springfield

Ten Park Plaza, Suite 4160, Boston, MA 02116
 Tel: 857-368-4636, TTY: 857-368-0655
www.mass.gov/massdot

Merrill, Peggy

From: Krar, Andrew
Sent: Tuesday, July 13, 2021 7:05 AM
To: Merrill, Peggy
Subject: FW: [External] MassDOT Complete Streets Funding Decision
Attachments: Copy of CSFP Tier 3 Application FY22R1.xlsx

From: Krar, Andrew
Sent: Tuesday, July 13, 2021 6:58 AM
To: Cignoli, Chris <ccignoli@springfieldcityhall.com>
Subject: RE: [External] MassDOT Complete Streets Funding Decision

No. But here it is attached..

- Trafton Street (along the park) bike lanes, etc..
- Tapley (Vladimir 'upgraded' this one, and we slipped it into the old Prioritization plan)

I am surprised too, and thought they were getting aggravated by my 'complaining'.

Project Rank # 34 Name: Tapley Street Corridor Improvements (Bay Neighborhood) \$128,100.00

Install bicycle lanes, including pavement arrows and symbols, for both directions from Bay Street to St. James along Tapley Street and include MUTCD bike lane signage. This relatively short segment is a critical link in the bike network. It links the highly traveled St James Avenue with Bay Street. It provides access to the bike trails in Blunt Park and extends the bike lanes/wide shoulder on Bay Street to Central High School. Also, new sidewalk would be installed by Bay Street to better serve the students/pedestrian crossing the street.

Project Rank # 35 Name: Trafton Road Corridor Improvements (Forest Park Neighborhood) \$64,400.00

Install sharrows and MUTCD bike signage along both sides of Trafton Road from Dickinson Street to Dickinson Street. This crescent street abuts Forest Park, a 700-acre Park designed by Olmstead and a popular pedestrian/bike entrance to the Park and Ice Rink. The markings would guide riders on Dickinson to the Park, and eventually, to the "best route" for bike commuters downtown. This area (the "X" and Sumner Ave) is slated for improvements. Also, install new sidewalk and ADA ramps would be built in front of 511 Trafton Road and cross the street to connect existing sidewalk at Dickinson Street. This stretch of lanes and sharrows connects Springfield with Longmeadow.

From: Cignoli, Chris <ccignoli@springfieldcityhall.com>
Sent: Monday, July 12, 2021 4:28 PM

Springfield Library Foundation

July 1, 2021

Molly Fogarty, Director
Springfield City Library
220 State Street
Springfield, MA 01103

Dear Molly:

The Board of Directors of the Springfield Library Foundation is pleased to inform you they intend to provide \$180,000 in support of the City Library's materials budget in Fiscal Year 2022.

We estimate that during Fiscal Year 2022 the Foundation will render to the City of Springfield quarterly payments from the following sources. \$71,500 from various named funds held by the Foundation at its Charles Schwab account, plus \$108,500. from the Corcoran, Garvey, Moses, Cooper, Meekins & Rose Smith Trusts. Please see the attached spreadsheet for the complete breakdown of sources.

The Endowment Group of "10"	\$ 71,500.00
The Corcoran Trust	\$ 48,600.00
The Garvey Trust*	\$ 5,400.00
The Moses Trust	\$ 21,000.00
The Cooper Trust	\$ 3,000.00
The Meekins Trust	\$ 13,000.00
The Rose Smith Trust*	<u>\$ 17,500.00</u>
TOTAL:	<u>\$180,000.00</u>

*Garvey Trust Funds must be used for Forest Park Branch & Rose Smith Funds must be used for Music related materials.

We wish you and your staff great success in the coming year!

With warmest regards,



Matthew Blumenfeld
Executive Director

cc: Melanie Acobe, Patrick Markey, Stephen Cary, Mary Costello

Enc. SLF Schwab & Trust Detail Draw 2022

Attachment: Library Trust & Endowments Grant (6332 : Springfield Library Foundation Trust & Endowments - No Match Required \$180,000.00)

Springfield Library Foundation
FY End June 30, 2022

Schwab & Trust Detail Draw

2021 2022

Schwab Funds

Materials Budget To City Library (4 payments)

	Purpose	Draw
Biancardi	Books	\$ 5,000
Brown	Books	\$ 5,000
Chapin	Books	\$ 10,000
Hawes	Books	\$ 10,000
King	Books	\$ 10,000
Merriman	Books	\$ 5,000
Remington	Books - FP & Branches	\$ 5,000
Rice	Books - Religion, theology, bible	\$ 5,000
Skinner	Books - Children	\$ 15,000
Wells I	Books - Econ & Social Sciences	\$ 1,500
		\$ 71,500

For Library but direct payments from Foundation

Meekins	Lib Operations Branches	\$ 145,393
Stebbins	Staff Development/Conferences	\$ 10,000
Kirkham	Branch Beautification/Landscaping	\$ 16,500

For Foundation Operations

Stebbins	Foundation Operations	\$ 43,200
----------	-----------------------	-----------

Grand Total from Schwab Funds

\$ 286,593

BoFA Trusts

Original Foundation TRUSTS (for Materials)

	Purpose	Draw
Smith (Rose)	Music and Music Materials	\$ 17,500
Corcoran (James B.)	Materials	\$ 48,600
Garvey (James J.)	Materials (Forest Park)	\$ 5,400
Moses (Horace)	General Operations - no building or salary	\$ 21,000

\$ 92,500

New Foundation TRUSTS (for Materials)

Cooper	Materials	\$ 3,000
Meekins	Unrestricted	\$ 13,000

\$ 108,500

\$ 180,000

Smith (Rose)	Music Programs	\$ 7,500
Smith (Rose)	To Smith Fund or Music Programs	\$ 5,000
Walker (William B)	Unrestricted	\$ 55,000

Grand Total from BoA Trusts

\$ 176,000

Attachment: Library Trust & Endowments Grant (6332 : Springfield Library Foundation Trust & Endowments - No Match Required \$180,000.00)



REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 7/6/2021

Department Requesting Grant Setup Library

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

Name and Title of Person to Contact in Case of Questions Raemarie Walker, Bus Mgr

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

If yes, please indicate your previous project number: Fund # 8233; 8232; 8229; 8234; 8235; 8236

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

X Private/Other Springfield Library Foundation

Grant Name: Trusts & Endowments

Total Grant Amount Awarded: \$180,000.00

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

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

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

Actual Award Date 7/1/21

Board Approval Date

Start Date n/a

Expiration Date n/a

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly)

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

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

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

Org Code: 8233; 8232; 8229, 8234; 8235; 8236

Object Codes: 551300

Budget Roll-Up Codes: Yes

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

Molly Fogarty
Signature

7/6/21
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.



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 7/12/2021

Department Requesting Grant Setup Public Works

Department Phone # (Please include extension) 750-2728

Name and Title of Person to Contact in Case of Questions Peg Merrill
Contract Administrator

Was this Grant previously setup for a prior fiscal year? FY21

If yes, please indicate your previous project number: MSSSP

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?
(Y/N) Y Refer to 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: MassDOT Shared Streets and Spaces Program

Total Grant Amount Awarded: \$ 167,000.00

Is this a Reimbursable Grant?

(Y/N) N

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

Entity Name	MassDOT
Contact Person	Jamey Tesler
Street Address	Ten Park Plaza, Suite 4160
City, State, Zip Code	Boston, MA. 02116
Telephone	((857) 368-0655
Fax	
E-Mail	Jamey.tesler@state.ma.us

Actual Award Date	07/01/2021
Board Approval Date	07/19/2021
Start Date	07/01/2021
Expiration Date	12/31/2021
Renewal Action Date (optional)	N/A
If there are any Matching Funds: No	
Type	
Percent	
Amount	

Comments re: Description/Purpose of Grant

Springfield's Hybrid: Main Streets and Safe Streets and Paths, main St. I.O.

Comments re: Conditions/Restrictions of Grant

N/A

If this is a Federal Grant, enter CFDA#: N/A

If applicable enter the State ID # :

What is the required drawdown frequency? N/A

(Ex: Monthly, Quarterly)

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

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

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

Org Code:

Object Codes: 530600,580800

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

7-12-21
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.



Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Jamey Tesler, Acting MassDOT Secretary & CEO

massDOT
Massachusetts Department of Transportation

July 1, 2021

Andrew Krar
70 Tapley Street
Springfield, MA 01104

Dear Andrew Krar:

Thank you for submitting a project application to the MassDOT Shared Streets and Spaces Program. Your project application has been reviewed, and we are pleased to notify you that your Hybrid: Main Streets and Safe Streets and Paths project has been approved for funding. We received many applications and had a competitive applicant pool from which to select, and your application stood out. Springfield's Hybrid: Main Streets and Safe Streets and Paths project will be funded at \$167,000.00 under Chapter 90 Contract Number/ MMARS #50984. Ongoing maintenance, operational, and enforcement costs associated with a project are not eligible uses of this funding.

The Shared Streets and Spaces Program is intended to support projects that promote public health, safe mobility, and renewed commerce by providing new or repurposed space for socially-distanced walking, bicycling, dining, retail, civic activities, and bus travel. Because of the urgency of this effort, the Springfield project will need to be fully implemented by December 31, 2021. Please note that any pavement markings or signage included in your project that are not compliant with the Manual on Uniform Traffic Control Devices should be used with caution, and only on a temporary basis. Please feel free to contact the Shared Streets Team to discuss this issue in more detail, if needed.

Upon project completion, award recipients are required to submit a post-construction report, which will be provided to the municipality by MassDOT. We also ask that you document the project's progress by taking before, during and after photos of your Shared Streets and Spaces installation.

We are excited to work with you and the full Springfield team as this project advances.

Sincerely,

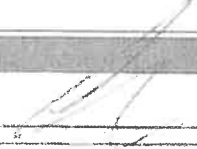
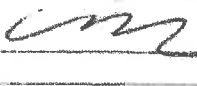
Jamey Tesler

Acting Secretary and CEO



City of Springfield, Massachusetts

Form: Approval to Apply for a Grant

General Information			
Title of Grant	MassDOT Shared Winter Streets & Spaces Grant Program		
Submission Due Date	May 21, 2021		
Granting Agency	MassDOT / Commonwealth of Massachusetts		
Purpose/Summary of Grant:	Shared Streets and Spaces Grant Program is available to all Massachusetts municipalities. Grant awards provide funding for projects that result in 'calmed roadways', and safer mobility for pedestrians, bicyclists, and bus riders. The DPW is applying for design/construction funding for improvements to Main Street in downtown Indian Orchard.		
Amount of Grant	\$190,000 (request)	Department	Public Works (Engineering)
Staff Contact Name	Andrew Krar, P.E.	Contact Information	akrar@springfieldcityhall.com
Matching Funds and/or support required			
Are matching funds required?	☐ Yes ☒ No	If yes, dollar amount, timing, and source:	
Are you hiring new staff under this grant? Note: the City's <u>Fiscal Policies and Procedures</u> require that the hiring department structure the hiring as grant funded and temporary.	☐ Yes ☒ No	If yes, describe how this will be done:	
If hiring, list # of positions:			
Full time or part time?			
Fringe Benefits? (Y/N)			
Does work needed by the grant require staff hours from other departments?	☐ Yes ☒ No	If yes, describe whether that department or those departments have been notified, and whether those staff hours are covered under the grant:	
Are you purchasing IT equipment under this grant? Note: the City's <u>Fiscal Policies & Procedures</u> require that MTS be notified of all IT purchases.	☐ Yes ☒ No	If yes, describe equipment and software (include information on how upgrades for both hardware and software will be funded):	
Is IT equipment and software support covered under the grant?	☐ Yes ☒ No	If yes, describe costs covered and who will be providing the support:	
Are you requesting capital projects under this grant? Note: the City's <u>Fiscal Policies & Procedures</u> require capital project be approved in the City's centralized capital planning process.	☐ Yes ☒ No	If yes, describe who will be providing on-going maintenance and whether / how those cost are covered:	
Sign off			
DEPARTMENT HEAD		Date	5/12/21
GRANTS DIRECTOR		Date	5/17/21

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



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request 7/6/2021

Department Requesting Grant Setup SHHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions L Leembruggen/Fiscal Mgr

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: Prevention in Early Childhood Services

Total Grant Amount Awarded: \$156,250.009 (\$125,000 for FY 22) (\$31,250 for FY23 (To Sept, 2022))

(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	Sofia Brasilleiro
Street Address	250 Washington Street
City, State, Zip Code	Boston, MA 02108
Telephone	617-624-6180
Fax	
E-Mail	Sofia.Brasilleiro@mass.gov

Actual Award Date 7/1/2021

Board Approval Date

Start Date 7/14/2021

Expiration Date 9/29/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant
Prevention in Early Childhood Services

Comments re: Conditions/Restrictions of Grant
See Budget

If this is a Federal Grant, enter CFDA#: CFDA# 93.788

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):

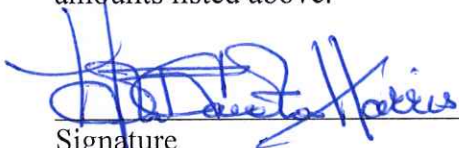
Org Code:

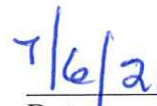
Object Codes:

501000/506000/517010/517020/530105/535200/542010/548400/551700/569300/571100
/578700

Budget Roll-Up Codes: YES

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


Signature


Date

Please attach the following documents:

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

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



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

MARGRET R. COOKE
 Acting Commissioner

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

Date: 07/01/2021

To: CITY OF SPRINGFIELD
 Re: Contract # INTF2354M78214022187

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, dated and a scanned copy emailed to my attention. 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

A Contractor Authorized Signatory Listing (CASL) form must be signed, scanned and emailed for each new contract or amendment contract package.

If you have any questions, please contact **Sofia Brasileiro** at **617-624-6180**

A scanned copy of the contract package must be completed by **07/12/2021** and emailed to my attention.

Attachment: FY22 HHS Prevention in Early Childhood Grant (6325 : FY22 Prevention in Early Childhood Services Grant- \$156,250.00)



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

MARGRET R. COOKE
Acting Commissioner

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

June 21, 2021

Helen Caulton-Harris
City of Springfield
36 Court Street
Springfield, MA 01103

Dear Ms. Caulton-Harris,

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Addiction Services, is awarding your agency a new maximum obligation contract based on your response to RFR#214022 to provide Prevention in Early Childhood Services. This contract #INTF2354M78214022187, will be in effect from July 14, 2021 through September 29, 2022.

The FY22 amount of \$125,000.00 will be in effect from July 14, 2021 through June 30, 2022.

The FY23 out year amount of \$31,250.00 will be in effect from July 1, 2022 through September 29, 2022.

The total contract maximum obligation for all fiscal years is \$156,250.00.

This award contains funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, (CFDA# 93.788). 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 contact Andrew Robinson at (617)624-5094.

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

Attachment: FY22 HHS Prevention in Early Childhood Grant (6325 : FY22 Prevention in Early Childhood Services Grant- \$156,250.00)

FY: 2022

Amendment # (If Applicable): _____ If Federal Funds, CFDA#93.788

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE**PROGRAM INFORMATION**

Contractor Name: CITY OF SPRINGFIELD	Department Name: Massachusetts Department of Public Health
Program Type: Prevention in Early Childhood (SOR-PEC) Grant Program	Document ID #: INTF2354M78214022187
Program Name: Early Childhood	UFR Program:
Program Address: 36 COURT ST	MMARS Program Code: 4690
City/State/Zip: SPRINGFIELD MA 01103-1602	Other Reference Information (Information Purposes Only):
Contact Person: Helen Caullon- Harris Telephone: 413-781-6456	Contact Person: Sofia Brasileiro Telephone: 617-624-6180
RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☐ Interim ☐ Amendment ☐ Collective Purchase SCOPE OF SERVICES: ☒ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257 TOTAL ANTICIPATED CONTRACT DURATION: 7/14/2021 to 9/29/2022 INITIAL DURATION: 7/14/2021 to 9/29/2022 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
			2022	\$125,000.00	2023	\$31,250.00
	Total:		\$0.00	Total: \$125,000.00	Total:	\$31,250.00
Multi Years Total:						\$156,250.00
Current Max Obligation: \$ _____ Unit Rate: \$ _____ per _____ # Billable Units: _____						
Additional Payment or Price Specifications:						

Attachment: FY22 HHS Prevention in Early Childhood Grant (6325 : FY22 Prevention in Early Childhood Services Grant- \$156,250.00)

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, 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		COMMONWEALTH DEPARTMENT NAME: Department of Public Health	
Legal Address: (W-9, W-4): 36 COURT ST SPRINGFIELD, MA 01103-1602		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Helen Caulton- Harris	Phone: 413-781-6456	Billing Address (if different):	
E-Mail: hcaulton@springfieldhall.com	Fax:	Contract Manager: Sofia Brasileiro	Phone: 617-624-6180
Contractor Vendor Code: VC6000192140		E-Mail: Sofia.Brasileiro@mass.gov	
Vendor Code Address ID (e.g. "AD001"): AD 001		Fax: 617-624-5017	
(Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): INTF2354M78214022187	
		RFR/Procurement or Other ID Number: 214022	
☒ NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☒ Department Procurement (includes all grants <u>815 CMR 2.00</u>) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach <u>Employment Status Form</u> , scope, budget) ☐ Other Procurement Exception: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		☐ CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to _____, 20____. Amendment: Enter Amendment Amount: \$ _____, (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 ☐ Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ☐ Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ _____ 156,250.00			
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.) Serv. Purchased in Supp. Of Human & Social Serv.:Subrecipient Prevention in Early Childhood			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ☒ 2. may be incurred as of <u>07/14, 20 21</u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of _____, 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 <u>09/29, 2022</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchase of Service Office</u>	

Springfield Library Foundation

July 1, 2021

T. J. Plante, CAFO
City of Springfield
36 Court Street
Springfield, MA 01103

Dear Mr. Plante,

The Board of Directors of the Springfield Library Foundation is pleased to inform you that they intend to provide a grant of \$145,393 from the Grace P. Meekins Fund in support of the FY2022 operating expenses for the Mason Square and other library branches.

It is the Foundations intention to render to the City of Springfield quarterly payments from the Meekins Fund on the 30th of July and October 2021, and the 30th of January and April 2022, each in the amount of \$36,348.25.

Sincerely,



Matthew Blumenfeld
Executive Director

cc: Molly Fogarty, Melanie Acobe, Patrick Markey, Stephen Cary, Mary Costello

Attachment: Mason Square Library Grant \$145,393.00 (6335 : FY22 Mason Square Library Grant - No Match Required - \$145,393.00)



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 7/6/2021

Department Requesting Grant Setup Library

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

Name and Title of Person to Contact in Case of Questions Raemarie Walker, Bus Mgr

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

If yes, please indicate your previous project number: MSL21

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

If yes, please attach a copy of the Approved Form.

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City -

State DOE– School

State Other – School

State – City

X Private/Other – Springfield Library Foundation

Grant Name: Library System offset of Salaries at all branch locations

Total Grant Amount Awarded: \$145,393.00

Is this a Reimbursable Grant?

(Y/N) N

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

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

Actual Award Date 7/1/2021

Board Approval Date

Start Date n/a

Expiration Date n/a

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

To offset Personnel Services, Salaries, at all branch locations.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly)

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

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

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

Org Code: 2917610

Object Codes: 501000; 506000; 530105; 580400; 531010; 534050; 542300; 551700;
580600; 542010

Budget Roll-Up Codes: YES

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

Molly Fogarty
Signature

7/6/2021
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.



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 6/15/2021

Department Requesting Grant Setup SHHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions L Leembruggen/Fiscal Mgr

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

If yes, please indicate your previous project number: 84121

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: Tobacco Control Program

Total Grant Amount Awarded: \$ 140,000.00 (\$70K per year for 2 years)

Attachment: Tobacco Program Grant \$140,000.00 (6302 : Tobacco Control Grant Program - No Match Required \$140,000.00)

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	Beth Harrington
Street Address	250 Washington Street
City, State, Zip Code	Boston, MA 02108
Telephone	617-624-5807
Fax	
E-Mail	Beth.Harrington@mass.gov

Actual Award Date 6/4/2021

Board Approval Date

Start Date 7/1/2021

Expiration Date 6/30/2023

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Is there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

Tobacco Control Program

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) Quarterly

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

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

Attachment: Tobacco Program Grant \$140,000.00 (6302 : Tobacco Control Grant Program - No Match Required \$140,000.00)

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

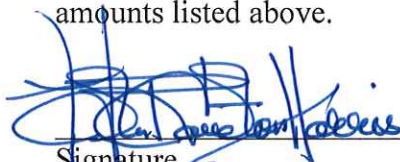
Org Code: 28415205

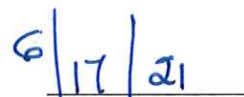
Object Codes:

501000/506000/517010/517020/530105/535200/542010/548400/551700/569300/571100
/578700

Budget Roll-Up Codes: YES

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


Signature


Date

Please attach the following documents:

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

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



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: 06/04/2021

To: CITY OF SPRINGFIELD

Re: Contract # INTF2903P01190128215

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 **Beth Harrington** at **617-624-5807**
 An original contract package must be completed by **06/11/2021** and mailed to:

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

Attachment: Tobacco Program Grant \$140,000.00 (6302 : Tobacco Control Grant Program - No Match Required \$140,000.00)



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: 617-624-8000
www.mass.gov/dph

June 01, 2021

Helen Caulton-Harris
 City of Springfield
 95 State Street
 Springfield, MA 01103

RE: MA Tobacco Cessation and Prevention Program
 Contract #: **INTF2903P01190128215**

Dear Ms. Caulton-Harris:

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is pleased to inform you that your current contract to provide Tobacco related work through your organization is being renewed. The renewal amounts are indicated below:

Current Amounts – All years (FY19-FY21):	\$ 240,000.00
Renewal Amount FY22:	\$ 70,000.00
Renewal Amount FY23:	\$ 70,000.00
 New Total Maximum Obligation - All Years:	 \$ 380,000.00

Please read the attached conditions and respond within the timeframes specified. Complete and return the enclosed contract to the MDPH Purchase of Service (POS) Office by the date specified in the cover letter. If you have any questions regarding this award, please contact the people indicated below:

Program Contact: Jackie Doane | 617-624-5473 Jacqueline.Doane@massmail.state.ma.us

On behalf of the Department, I want to thank you for your commitment to improve the health of the people of the Commonwealth.

Sincerely,

Elizabeth Barry
 Deputy Director
 Bureau of Community Health and Prevention (BCHAP)

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, 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		COMMONWEALTH DEPARTMENT NAME: Department of Public Health	
Legal Address: (W-9, W-4): 36 COURT ST SPRINGFIELD, MA 01103-1602		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Helen Caulton-Harris	Phone: 413-750-2078	Billing Address (if different):	
E-Mail: hcaulton@springfieldcityhall.com	Fax:	Contract Manager: Beth Harrington	Phone: 617-624-5807
Contractor Vendor Code: VC6000192140		E-Mail: Beth.Harrington@mass.gov	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): INTF2903P01190128215	
		RFR/Procurement or Other ID Number: 190128	
☐ NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☐ Department Procurement (includes all grants <u>815 CMR 2.00</u>) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach <u>Employment Status Form</u> , scope, budget) ☐ Other Procurement Exception: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		☒ CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to <u>06/30, 20 21</u> . Amendment: Enter Amendment Amount: \$ <u>140,000.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) ☒ Amendment to Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services ☐ Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ☐ Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ <u>380,000.00</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days <u> </u> % PPD; Payment issued within 15 days <u> </u> % PPD; Payment issued within 20 days <u> </u> % PPD; Payment issued within 30 days <u> </u> % 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 <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☒ 2. may be incurred as of <u>07/01, 20 21</u> , a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. ☐ 3. were incurred as of <u> </u> , 20 <u> </u> , a date <u>PRIOR</u> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>06/30, 2023</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchase of Service Office</u>	

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 #: City of Springfield - INTF2903P01190128215

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. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

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

X Increase/Renewal

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

FY22/FY23 Maximum Obligation Increase

The MA Tobacco Cessation and Prevention programs will be responsible for promoting health equity, addressing health inequities, and use a health equity lens while implementing this scope of service. Strategies carried out by BOH programs will also be consistent with best practices around tobacco prevention and control and should focus on policy, systems, and environmental change strategies to reduce the prevalence of tobacco use, prevent youth initiation of smoking, and reduce exposure to secondhand smoke.

Decrease

Include a clear explanation of what services are being reduced as a result of the funding decrease.

Other

Identify the changes to the scope of services supported by the amendment (No change in Max Obligation).

Issued May

2004



COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME:

CONTRACTOR VENDOR/CUSTOMER CODE:

CONTRACT #:

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 ontracts 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.

Signature

Date:

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.

MTCP Board of Health Tobacco Programs

FY22-23 Scope of Service

BACKGROUND:

For over two decades, local Boards of Health (BOH) have been funded by MTCP to work on tobacco control and prevention strategies. BOHs play a crucial role in surveillance and enforcement as well as local policy change. Strategies to be carried out will include surveillance of the retail environment, enforcement of local and state policies, retailer education to support compliance, providing assistance to municipalities seeking to adopt tobacco-related policies and promote smoke-free environments, as well as support for other public health initiatives as applicable.

BOH programs will be responsible for promoting health equity, addressing health inequities, and use a health equity lens while implementing this scope of service. Strategies carried out by BOH programs will also be consistent with best practices around tobacco prevention and control and should focus on policy, systems, and environmental change strategies to reduce the prevalence of tobacco use, prevent youth initiation of smoking, and reduce exposure to secondhand smoke.

COMPONENTS:

Scope of service components include but are not limited to:

I. Tobacco Retail Surveillance and Data Collection

- Maintain accurate lists and profiles of local establishments that sell tobacco products in the MTCP's retailer database system
- Establish a communication system with municipal government offices to receive regular updates of businesses that are closed and open as well as license renewals so an accurate retailer list can be maintained
- Monitor and collect data on industry products and promotions in a sample of retail stores each quarter; it is expected that 25% of retailers will be monitored each quarter, a sample will be provided by MTCP
- Use data to educate municipal stakeholders on tobacco industry tactics

II. Enforce Local and State Tobacco Policies

- **Retail Inspections:**
 - Conduct annual retail inspections at 100% of establishments that sell tobacco
 - Conduct additional inspections after the passage of local policies to ensure compliance
 - Conduct education and enforcement activities if there are any violations of federal, state and local laws
 - Adhere to MTCP protocols to conduct inspections
- **Compliance Checks:**
 - Conduct annual compliance checks with youth at 100% of establishments that sell tobacco for cigars or other tobacco products (OTP)
 - Conduct Synar compliance checks with youth at 40-50% of program's tobacco retail stores for cigarettes, MTCP will provide the sample
 - Programs may choose to conduct 1 additional, annual compliance check at all establishments that sell tobacco to enforce a local policy of their choosing; for example, an additional OTP check or a compliance check for a local minimum legal sales age of 21
 - A portion of assigned compliance checks must be completed in every quarter of the fiscal year so checks are continuously conducted throughout the year
 - Adhere to MTCP protocols to conduct compliance checks

- **Enforcement:**
 - Issue timely notification of violations if found
 - Appropriate program staff must be available to appear at hearings or for any follow up on violations needed
 - Conduct follow-up compliance checks when illegal sales to minors or complaints about illegal sales occur; follow up compliance checks should take place within 3-6 months of illegal sales to minors
 - Respond to complaints about violations of the Massachusetts Smoke-Free Workplace Law and local regulations; conduct follow-up inspections to ensure compliance

III. Policy Promotion

- Promote and support the development of comprehensive tobacco sales regulations
- Promote and support the development of regulations that reduce exposure to secondhand smoke and vapor
- Use surveillance data to support the promotion of evidence-based tobacco regulations
- Provide assistance to local boards of health, zoning boards, city councils, and other municipal boards to promote and enact evidence-based public health policies
- Provide retailers with routine education on local and state tobacco policies to aide them in compliance

IV. Administer Municipal Tobacco Program

- Collaborate with other MTCP and MDPH-funded programs to strengthen efforts
- As available, participate in statewide and local coalitions that have shared public health goals
- Coordinate at least 1 annual meeting with all of the program's health agent(s)/director(s) to discuss program progress and strategies
- Create communication channels that ensure that the tobacco program staff will receive routine notification from municipality(-ies) on new permits and enforcement progress
- Maintain regular program communications within the municipality and with all other municipalities involved in the application

Consistent with the original RFR, additional components or expanded components may be added when more funds are available. Interventions for related issues such as chronic disease, wellness, gambling, drug paraphernalia, or substance use may be integrated into programs if funds are available. Additional options under components may be proposed if funds are available and if approval is attained by MTCP.

STAFFING & ALLOWABLE COSTS

STAFFING

Each program will have a Program Coordinator/Director (preferably a minimum of 0.5 FTE) who is responsible for grant deliverables, being MTCP's point of contact for the grant, attending required meetings and trainings, coordinating policy initiatives, and must have a role and presence within the retail environment. The Coordinator/Director must be available to work irregular hours that may include evenings and weekends. Likewise, the applicant must be able to accommodate a varying work schedule for personnel. Depending on the size of the program, additional staff or consultants may be funded to work on grant enforcement activities. Supervisor and administrative time is limited to 0.1 FTE. Any new staff under this program, including youth inspectors, must be trained by MTCP or using MTCP protocols before conducting

ALLOWABLE COSTS

Grant funds can be used for staff salaries, benefits, payroll taxes, facilities, travel, program supplies, enforcement supplies, and related expenses. The lead applicant may charge up to 15% to the grant for administrative costs. Programs are required to utilize MTCP communication

materials and tools. Without prior written approval, MTCP funds cannot be used for equipment, paid media, development of materials or promotional items, or translation of materials.

ADMINISTRATIVE REQUIREMENTS:

- Submit an annual work plan and quarterly reporting and invoicing to MDPH using MTCP approved format
- Participate in all MTCP data collection and evaluation activities as requested using required protocols and reporting systems
- Site visits or requests for a field ride-along for inspections or compliance checks may be conducted as needed or as scheduled
- Staff must participate in all required training programs, meetings, and webinars; staff, youth inspectors, and contractors conducting enforcement activities such as retail inspections, retailer education, surveillance, or compliance checks must be trained by MTCP prior to conducting enforcement
- MTCP funds may not be used for lobbying purposes
- Have access to a telephone, mobile device (such as a tablet or smart phone) and a computer including e-mail, internet access, Microsoft Word, and Excel
- Receive approval from MDPH prior to the publication or dissemination of reports, white papers, manuals, and other technical documents produced with MDPH funds
- Programs may not accept funds from the tobacco industry
- Comply with the requirements of the Americans with Disabilities Act regarding access to program services
- Be a smoke-free work environment

COVID-19 Disclosure:

- MTCP recognizes that we are facing an unprecedented time with COVID-19 and that the original scope set forth in this procurement will need to be adjusted to reflect this reality. MTCP will work in partnership with municipalities under this scope to establish reasonable deliverables, timelines, and ensure appropriate expenditure of resources.

BCHAP CONDITIONS PAGE

Vendor/Program : City of Springfield
 Contract ID# : INTF2903P01190128215

A- STANDARD CONDITIONS

1) FISCAL

- Vendor agrees to submit invoices on a regular basis: Monthly____ Quarterly: X Other:_____
- Number of budgets to be negotiated/submitted : 2
- Account expenditures timelines (as negotiated with program, funder): List accounts, timelines, etc.

2) PROGRAMMATIC

WORK PLAN REQUIREMENTS

- Vendor agrees to submit a work plan to support the scope of service by 08/01/2021 and 08/01/2022
- Work plan will include Objectives, tasks, timelines, responsible party, resources, etc.
- Annual contract performance review will be conducted (review goals, scope, compliance etc.,)

MONITORING (Site visits; Audits)

- Vendor agrees to make relevant staff and document available for manager to perform required monitoring functions, including site visits and audits

3) ADMINISTRATIVE

REPORTING

Vendor agrees to submit reports on a regular basis:

- Monthly Quarterly X Other _____

REPORTING

Vendor agrees to submit the following attachments/materials as part of the reporting basis:

- Quarterly Expense Report
- POST retailer inspection data
- Pricing Survey data

B- PROGRAM SPECIFIC CONDITIONS (As developed by Program, grant requirement; example may include): See attached FY22-FY23 scope of service document

- Specific grant requirements
- Meetings, training, networking requirements

Provider Name/Title : _____ Date: _____

Attachment: Tobacco Program Grant \$140,000.00 (6302 : Tobacco Control Grant Program - No Match Required \$140,000.00)



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

June 28, 2021

Via E-MAIL ONLY

Milagros S. Johnson, Director
mjohnson@springfieldcityhall.com
City of Springfield Mayor's Office of Consumer Information
36 Court Street, Room 315
Springfield, MA 001103-1699

RE: Fiscal Year 2022 Local Consumer Aid Fund Grant Award

Dear Milagros S. Johnson:

Congratulations! I am pleased to award the **City of Springfield Mayor's Office of Consumer Information** with a Fiscal Year 2022 (July 1, 2021 - June 30, 2022) Local Consumer Aid Fund grant of **\$112,727** for the operation of a Local Consumer Program.

This award is made subject to the conditions detailed on the FY2022 LCAF Local Consumer Program Standards & Responsibilities and the forthcoming Scope of Services to ensure compliance with the terms of the grant.

The grant documents will be mailed subsequently; once you understand and accept the grant requirements, please sign and return all documents, each with original signatures, to Elhannah Burnett, LCP Program Manager, Consumer Advocacy & Response Division. She may be reached for questions at Elhannah.burnett@mass.gov. The original documents with wet ink signatures must follow within 30 days. Specific details for mailing will also be shared in a subsequent email.

Thank you for your continuing work to support consumers in our state. I look forward to a successful and productive joint effort in the coming year.

Very truly yours,

Maura Healey

Attachment: MOCI Grant Award Letter FY2022 (6317 : FY22 Local Consumer Aid Grant - No Match Required \$112,727.00)



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	6/30/21
Department Requesting Grant Setup	Mayor's Office of Consumer Information
Department Phone # (Please include extension)	750-2890
Name and Title of Person to Contact in Case of Questions	Milagros Johnson
Was this Grant previously setup for a prior fiscal year? If yes, please indicate your previous project number:	87521
If this is a new Grant, have you filled out the "Approval to apply for a grant" Form? (Y/N) N/A	If yes, please attach a copy of the Approved Form.

Grant Type:

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

Grant Name: Local Consume Program

Total Grant Amount Awarded: \$ 112,727.00

Is this a Reimbursable Grant? (Y/N) NO

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

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

Actual Award Date 6/28/2021

Board Approval Date

Start Date 7/1/2021

Expiration Date 6/30/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Is there any Leverage? HUD FUNDING ONLY

Source
Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

Attachment: MOCI Grant Setup Form (6317 : FY22 Local Consumer Aid Grant - No Match Required \$112,727.00)

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

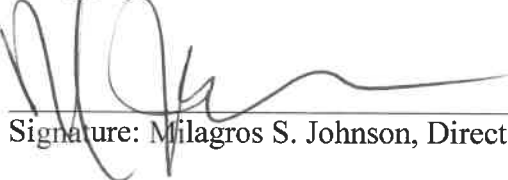
Org Code: 28751201-85721

Object Codes:

461000	GRANT REVENUE STATE	\$112,727.00
501000	SALARIES & WAGES	\$108,172.00
527020	RENTAL – OFFICE EQUIPMENT	1,411.00
534100	POSTAGE AND DELIVERY	1,000.00
524010	OFFICE SUPPLIES	1,800.00
57100	IN-STATE TRAVEL	343.00

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: Milagros S. Johnson, Director

June 30, 2021
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.

June 2021

Pamela Peebles
 Executive Director
 Thomas J. O'Connor Animal Control and Adoption Center
 627 Cottage Street
 Springfield, MA 01104

Dear Pam:

The Board of Directors for the Thomas J. O'Connor Animal Control and Adoption Center Foundation, Inc. d/b/a Foundation for TJO Animals (the "Foundation") are pleased to inform you that a grant has been approved in the amount not to exceed \$42,000.69 in support of the annual base salary of the Thomas J. O'Connor Animal Control and Adoption Center's Veterinarian. The grant shall be for a one-year period beginning on July 1, 2021 and ending on June 30, 2022. This letter outlines the terms and conditions of accepting this grant. Please read all the terms and conditions carefully, sign, and return no later than June 30, 2021, to: Foundation for TJO Animals, 66 Industry Avenue-Suite 3, Springfield, MA 01104.

The general grant terms and conditions are as follows:

- The City of Springfield shall be the Veterinarian's employer and will continue making this employment available on a full-time basis throughout the duration of the grant award period. The City of Springfield is responsible for any additional expenses of employment beyond the parameters of this grant, to include employee taxes and other associated benefits and the Veterinarian shall be subject to the direction, control, and supervision of the City and its employees and agents.
- This grant will cover the cost of this position's base pay, as determined by the City of Springfield, for not more than sixteen (16) hours per week.
- This grant will be paid in arrears on a quarterly basis. The amount of each quarterly reimbursement will be equal to the submitted quarterly invoices, which shall reflect the portion of the number of actual hours per week worked that are covered by the grant for the weeks worked in each quarter (including any period attributable to vacation or other time off consistent with the City's policies for similarly situated full-time employees). Payments will be processed no later than thirty (30) upon receipt of invoice. The invoicing schedule is detailed as follows:
 - Quarter 1 – First invoice received no later than October 31, 2021.
 - Quarter 2 – Invoice received no later than January 31, 2022.
 - Quarter 3 – Invoice received no later than April 30, 2022.
 - Quarter 4 – Final invoice received no later than July 31, 2022.
- The City of Springfield shall provide the Foundation with any documents it may reasonably request to demonstrate the purpose and use of the Grant funds.
- Neither party hereto shall be deemed to have waived any right hereunder unless such waiver is in writing, signed by an authorized official of such party and no delay or omission in exercising any right hereunder shall operate as a waiver of such right or other right. All the rights and remedies of the City or the Foundation hereunder shall be cumulative and not exclusive, and may be exercised singly or concurrently. The waiver or exercise of any remedy shall not be construed as a waiver of any other remedy available or under general principles of law or equity.
- This grant letter constitutes the entire agreement between the parties pertaining to the subject matter hereof, and there are no other agreements or understandings, implied or expressed, written or oral relating to the grant funds.
- This Agreement shall be governed by the laws of the Commonwealth of Massachusetts.

We thank you for your continued efforts in providing outstanding medical care to our local, homeless animals.

Sincerely,
Thomas J. O'Connor Animal Control and
Adoption Center Foundation, Inc.

By: Heather Heeb
Heather Heeb, President

Accepted and Agreed to by:

CITY OF SPRINGFIELD

By: Pam Peebles
Name: Pam Peebles
Title: Executive Director

Date: 6/29/21



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 *6/29/21*

Department Requesting Grant Setup *292*

Department Phone # (Please include extension) *1022*
cell 887-9350

Name and Title of Person to Contact in Case of Questions

Pam Peebles - Director

Was this Grant previously setup for a prior fiscal year? *yes*

If yes, please indicate your previous project number: *Vet 21*

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

Grant Type:

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

Grant Name: *Veterinarian*

Total Grant Amount Awarded: \$ *42,000.59*

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

Actual Award Date *7/1/21*
Board Approval Date
Start Date *7/1/21*
Expiration Date *6/30/22*
Renewal Action Date (optional)
If there are any Matching Funds:
Type
Percent
Amount

Comments re: Description/Purpose of Grant

Portion of Vet's salary

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) *quarterly*

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

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

Attachment: TJO Vet Grant FY22 \$42,000.69 (6320 : Thomas J O'Connor Veterinarian Grant - No Match Required \$42,000.69)

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

Org Code: 0129225-

Object Codes: 501000

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.

Pam Peables
Signature

6/29/21
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.

Fraser, Christopher

Subject: FW: [External] 2020 Municipal Disbursements - TNC Per-Ride Assessment

From: Krar, Andrew

Sent: Monday, June 14, 2021 1:05 PM

To: Superneau, Greg <gsuperneau@springfieldcityhall.com>; Cignoli, Chris <ccignoli@springfieldcityhall.com>; Derosé, Vinnie <VDerosé@springfieldcityhall.com>

Subject: FW: [External] 2020 Municipal Disbursements - TNC Per-Ride Assessment

Importance: High

FYI

\$41,435.40

From: DPUTNCREports (DPU) [<mailto:DPUTNCREports@Mass.Gov>]

Sent: Monday, June 14, 2021 1:00 PM

To: DPUTNCREports (DPU) <dputncreports.dpu@state.ma.us>

Subject: [External] 2020 Municipal Disbursements - TNC Per-Ride Assessment

Importance: High

Dear Municipal Official:

I write in regard to trips conducted by Transportation Network Companies ("TNCs") in Massachusetts for the 2020 calendar year and the statutory requirement of a \$0.20 per-ride assessment. St. 2016, c. 187, § 8. The Transportation Network Company Division ("Division") of the Department of Public Utilities ("Department"), as the oversight authority for TNCs, has recently collected assessments from all TNCs and will be proportionately distributing the funds based on the number of rides that originated in each municipality. A spreadsheet of municipal disbursements is attached to this email. In addition, the Division has recently collected and analyzed 2020 TNC ride data across Massachusetts and has made this information publicly available, here: www.mass.gov/info-details/2020-rideshare-data-report. The purpose of this communication is to provide information regarding acceptable municipal uses of funds received from the assessment. The Division's website is located here: <https://www.mass.gov/orgs/tnc-division>.

Transportation Infrastructure Enhancement Trust Fund

Chapter 187 of the Acts of 2016 established the Transportation Infrastructure Enhancement Trust Fund ("Fund"). St. 2016, c. 187, § 8(a). As required, each TNC has submitted to the Division the number of rides from the previous calendar year that originated within each city or town and a per-ride assessment of \$0.20, which has been credited to the Fund. St. 2016, c. 187, § 8(a). One-half (½) of the amount received from the Fund will be distributed proportionately to each city and town based on the number of rides that originated in that city or town. St. 2016, c. 187, § 8(c)(i). In addition, one fourth (¼) will be distributed to the Massachusetts Development Finance Agency, established in G.L. c. 23G, § 2, in order to provide financial assistance to small businesses operating in the taxicab, livery, or hackney industries and to encourage the adoption of new technologies and advanced service, safety, and operational capabilities and to support workforce development; and one fourth (¼) will go to the Commonwealth Transportation Fund, established in G.L. c. 29, § 2ZZZ; St. 2016, c. 187, §§ 8(c)(ii) and (iii).

Disbursement

Attachment: DPW Rideshare Funding (6327 : DPW Rideshare Funding - No Match - \$41,435.40)

We have begun to distribute these funds and expect that the funds will be fully distributed before the end of this month. The funds have been or will be electronically transferred to the account that each municipality has set up for the purpose of accepting state funding. We will send an additional notification when the funds have been fully distributed.

Special Revenue & Appropriation

The distributed funds are special revenue and must be appropriated. The funds must be used “to address the impact of transportation network services on municipal roads, bridges and other transportation infrastructure or any other public purpose substantially related to the operation of transportation network services in the city or town including, but not limited to, the complete streets program established in [G.L. c. 90I, § 1] and other programs that support alternative modes of transportation.” St. 2016, c. 187, § 8(c)(i). (For more information on the treatment of these funds, please see [Division of Local Services Local Finance Opinion 2018- 1](#).) Each city or town receiving distribution from the Fund must submit a report to the Division not later than December 31, 2021, detailing the projects and the amount used or planned to be used for transportation-related projects, as described above. St. 2016, c. 187, § 8(d).

Reporting

Please see <https://www.mass.gov/forms/2020-municipal-assessment-reporting-form> for further information related to the disbursement of these funds and detailed instructions with respect to filing a report with the Division. Reports can be filed online. The Division is required to compile the municipal reports and post the projects and amounts of money used, or proposed to be used, on its website. St. 2016, c. 187, § 8(d). The reported municipal amounts and projects related to the 2019 funds can be found in the final section of our 2020 Rideshare Data Report: <https://www.mass.gov/info-details/2020-rideshare-data-report>.

Banking Funds

If a municipality has banked funds from previous years for future use, that municipality is not exempt from the reporting requirement related to those funds. If funds from prior years have now been spent by a municipality, or a plan has been developed related to how those funds will be spent, that municipality is required to report that spending or proposed spending to the Division. The municipality should include that information in the current year's report.

I hope that you find this information beneficial. Again, we will send a follow up notice once the funds have been fully distributed. Please feel free to contact the Division by email at DPUTNCReports@mass.gov if you have any questions.

Sincerely,

Ryan Hawkins
Director
Transportation Network Company Division
Massachusetts Department of Public Utilities
One South Station
Boston, Massachusetts 02110

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

Attachment: DPW Rideshare Funding (6327 : DPW Rideshare Funding - No Match - \$41,435.40)

Municipality	2010 Population	Rides Started	Per-Ride Funds to Municipality
Shrewsbury	35,608	59,300	\$ 5,930.00
Shutesbury	1,771	38	\$ 3.80
Somerset	18,165	9,166	\$ 916.60
Somerville	75,754	1,159,701	\$ 115,970.10
South Hadley	17,514	7,808	\$ 780.80
Southampton	5,792	712	\$ 71.20
Southborough	9,767	11,389	\$ 1,138.90
Southbridge	16,719	3,038	\$ 303.80
Southwick	9,502	542	\$ 54.20
Spencer	11,688	3,219	\$ 321.90
Springfield	153,060	414,354	\$ 41,435.40
Sterling	7,808	2,058	\$ 205.80
Stockbridge	1,947	112	\$ 11.20
Stoneham	21,437	63,200	\$ 6,320.00
Stoughton	26,962	93,083	\$ 9,308.30
Stow	6,590	2,201	\$ 220.10
Sturbridge	9,268	2,184	\$ 218.40
Sudbury	17,659	12,641	\$ 1,264.10
Sunderland	3,684	2,088	\$ 208.80
Sutton	8,963	4,226	\$ 422.60
Swampscott	13,787	39,462	\$ 3,946.20
Swansea	15,865	7,971	\$ 797.10
Taunton	55,874	82,111	\$ 8,211.10
Templeton	8,013	313	\$ 31.30
Tewksbury	28,961	63,475	\$ 6,347.50
Tisbury	3,949	18,577	\$ 1,857.70
Tolland	485	0	\$ -
Topsfield	6,085	3,007	\$ 300.70
Townsend	8,926	556	\$ 55.60
Truro	2,003	908	\$ 90.80
Tyngsborough	11,292	9,406	\$ 940.60
Tyringham	327	1	\$ 0.10
Upton	7,542	1,663	\$ 166.30
Uxbridge	13,457	2,600	\$ 260.00
Wakefield	24,932	54,541	\$ 5,454.10
Wales	1,838	2	\$ -0.20
Walpole	24,070	34,570	\$ 3,457.00
Waltham	60,632	409,040	\$ 40,904.00
Ware	9,872	167	\$ 16.70
Wareham	21,822	16,459	\$ 1,645.90
Warren	5,135	72	\$ 7.20
Warwick	780	0	\$ -
Washington	538	5	\$ 0.50
Watertown	31,915	247,368	\$ 24,736.80
Wayland	12,994	12,329	\$ 1,232.90

Attachment: DPW Rideshare Funding (6327 : DPW Rideshare Funding - No Match - \$41,435.40)

June 2021

Pamela Peebles
Executive Director
Thomas J. O'Connor Animal Control and Adoption Center
627 Cottage Street
Springfield, MA 01104

Dear Pam:

The Board of Directors for the Thomas J. O'Connor Animal Control and Adoption Center Foundation, Inc. d/b/a Foundation for TJO Animals (the "Foundation") are pleased to inform you that a grant has been approved in the amount not to exceed \$27,619.73 in support of the annual base salary of the Thomas J. O'Connor Animal Control and Adoption Center's Veterinarian Technician 2 (VetTech2). The grant shall be for a one-year period beginning on July 1, 2021 and ending on June 30, 2022. This letter outlines the terms and conditions of accepting this grant. Please read all the terms and conditions carefully, sign, and return no later than June 30, 2021 to: Foundation for TJO Animals, 66 Industry Avenue-Suite 3, Springfield, MA 01104.

The general grant terms and conditions are as follows:

- The City of Springfield shall be the VetTech2's employer and will continue making this employment available on a full-time basis throughout the duration of the grant award period. The City of Springfield is responsible for any additional expenses of employment beyond the parameters of this grant, to include employee taxes and other associated benefits and the VetTech2 shall be subject to the direction, control, and supervision of the City and its employees and agents.
- This grant will cover the cost of this position's base pay, as determined by the City of Springfield, for not more than thirty-two (32) hours per week.
- This grant will be paid in arrears on a quarterly basis. The amount of each quarterly reimbursement will be equal to the submitted quarterly invoices, which shall reflect the portion of the number of actual hours per week worked that are covered by the grant for the weeks worked in each quarter (including any period attributable to vacation or other time off consistent with the City's policies for similarly situated full-time employees). Payments will be processed no later than thirty (30) upon receipt of invoice. The invoicing schedule is detailed as follows:
 - o Quarter 1 – First Invoice received no later than October 31, 2021.
 - o Quarter 2 – Invoice received no later than January 31, 2022.
 - o Quarter 3 – Invoice received no later than April 30, 2022.
 - o Quarter 4 – Final invoice received no later than July 31, 2022.
- The City of Springfield shall provide the Foundation with any documents it may reasonably request to demonstrate the purpose and use of the Grant funds.
- Neither party hereto shall be deemed to have waived any right hereunder unless such waiver is in writing, signed by an authorized official of such party and no delay or omission in exercising any right hereunder shall operate as a waiver of such right or other right. All the rights and remedies of the City or the Foundation hereunder shall be cumulative and not exclusive, and may be exercised singly or concurrently. The waiver or exercise of any remedy shall not be construed as a waiver of any other remedy available or under general principles of law or equity.
- This grant letter constitutes the entire agreement between the parties pertaining to the subject matter hereof, and there are no other agreements or understandings, implied or expressed, written or oral relating to the grant funds.
- This Agreement shall be governed by the laws of the Commonwealth of Massachusetts.

We thank you for your continued efforts in providing outstanding medical care to our local, homeless animals.

Sincerely,
Thomas J. O'Connor Animal Control and
Adoption Center Foundation, Inc.

By: Heather Heeb
Heather Heeb, President

Accepted and Agreed to by:

CITY OF SPRINGFIELD

By: [Signature]
Name:
Title:

Date: 6/29/21



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 *6/29/21*

Department Requesting Grant Setup *292*

Department Phone # (Please include extension)

1022
Name and Title of Person to Contact in Case of Questions

Pam Peebles Director

Was this Grant previously setup for a prior fiscal year? *yes*

If yes, please indicate your previous project number: *VT521*

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

Grant Type:

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

Grant Name: *Vet tech Second*

Total Grant Amount Awarded: *\$27,619.73*

Is this a Reimbursable Grant?

(Y/N)

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

Entity Name

Contact Person

Street Address

City, State, Zip Code

Telephone

Fax

E-Mail

Actual Award Date 7/1/21

Board Approval Date

Start Date 7/1/21

Expiration Date 6/30/22

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

Second Vet TECH Salary

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) *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: 0129235

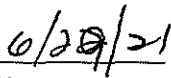
Object Codes: 501000

Budget Roll-Up Codes:

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



Signature



Date

Please attach the following documents:

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

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



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 7/14/2021

Department Requesting Grant Setup DEA

Department Phone # (Please include extension) 886-5223-5223

Name and Title of Person to Contact in Case of Questions Carol Gasque

Was this Grant previously setup for a prior fiscal year? YES
If yes, please indicate your previous project number: 82321

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
State – City
Private/Other

Grant Name: **SHINE...FY22 1st Quarter**
Total Grant Amount Awarded: **\$24,999.00**

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: Executive Office of Elder Affairs.

Street Address : 1 Ashburton PL- Rm 517

City, State, Zip Code: Boston, MA 02108

Telephone: 1-617-222-7427

Fax

E-Mail neil.petrocelli@state.ma.us

Actual Award Date **6/30/2021**

Board Approval Date

Start Date **7/1/2021**

Expiration Date **9/30/2021**

Renewal Action Date (optional)

If there are any Matching Funds: NO

Type

Percent

Amount

Is there any Leverage?

Source

Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant
Per attachment to contract-Scope of Services

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly)

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

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

Please list all object codes needed for the grant.

(Attach additional sheets if additional orgs and roll-ups are needed):

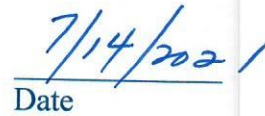
Org Code: 28235404

Salaries-501000	19,115.00
Benefits-517010	4,550.00
Other Supplies – 551700	375.00
Staff Mileage-571100	300.00
Indirect-578700	<u>659.00</u>
	\$ 24,999.00

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



Signature



Date

Please attach the following documents:

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

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

Gasque, Carol

Subject: FW: [External] springfield shine contract fy 22
Attachments: contractor authorization signature form.docx; springfield page 2.doc; springfield.docx
Importance: High

From: Petrocelli, Neil (EHS) [<mailto:neil.petrocelli@state.ma.us>]
Sent: Monday, June 28, 2021 1:56 PM
To: Germain, Alicia M.
Subject: [External] springfield shine contract fy 22
Importance: High

Enclosed is your SHINE contract. Please read it carefully and fill in the enclosed budget. Please scan and email to me by COB tomorrow. Please note it is only for first quarter funding as we are still awaiting further grants. Please return Contractor Authorization form as well

Thank you,
Neil

*Neil J. Petrocelli
Program Coordinator III
Executive Office of Elder Affairs
1 Ashburton Place, Room 517
Boston, MA. 02108
Tel – 617-222-7427
Fax – 617-727-9368*

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

Attachment: SHINE GRANT - 1ST QUARTER FY22- \$24,999.00 (6342 : FY22 SHINE Grant 1st Quarter- No Match Required \$24,999.00)

ATTACHMENT # 1
Requirements for SHINE Program: Scope of Services

The SHINE Program will provide funds to the Attleboro Council on Aging.

The Attleboro Council on Aging is required to provide the following services:

MIPPA Funding

- Provide information, screening, and application assistance regarding Low Income Subsidy (LIS), Medicare Savings Plans (MSP), Mass Health, State Pharmaceutical Assistance Program (Prescription Advantage), and preventive benefits to all Medicare beneficiaries who may qualify.
- Provide information about LIS, MSP, MassHealth, PA and preventive benefits in all outreach events.
- Outreach to low-income and underserved populations as identified by LIS zip code and other data sources as being in high need.
- Coordinate training and outreach events with area partners such as local Councils on Aging, area health care facilities, the regional ADRC and partners who have expertise across aging and disability and underserved populations.
- Educate on preventive care features of the Affordable Care Act, specifically the annual wellness benefit, free preventive cancer screenings, diabetes screening and education, substance use and depression screening and wellness education.
- Document each client beneficiary contact and group and media outreach activity on the SHIP Tracking and Reporting System (STARS) Beneficiary Contact Form and the Public and Media Outreach forms
- Enter forms into STARS data base or submit required forms to the SHINE Regional Program Manager for data entry by the end of each month.

SHINE Funding

- Maintain Regional Office Staffing: Regional Director, Outreach Coordinator, Administrative Assistant, and health benefits counselors to ensure that the office is staffed during normal business hours and during high volume times.
- Maintain a sufficient number of hours per week for the SHINE Regional Director position to manage program activities. Between 20 to 37.5 hours per week is recommended.
- Meet with the state SHINE Director to review Performance Measures set by ACL and develop work plan. ACL Performance Measures include the following:
 1. Penetration rate of beneficiary contacts compared to number of Medicare beneficiaries.
 2. Percentage of group outreach contacts reached through public and media outreach events.
 3. Percentage of Medicare beneficiaries under 65 with disabilities compared to total number under 65 with disabilities.
 4. Total percentage of hard-to-reach contacts: Low Income, Rural, English as a Second Language compared to total number of hard-to-reach beneficiaries.
 5. Percentage of enrollment contacts compared to contacts
- Establish, coordinate, and initiate one-to-one personalized health insurance counseling, prescription drug plan cost analysis and comparison, public benefits screening and application assistance if needed. Counseling may be conducted in-person, by telephone or virtually with proper training to protect privacy and confidentiality of counselor and consumer.

- Conduct outreach education to underserved populations such as people with behavioral health diagnoses, dual eligible 65 beneficiaries, rural Medicare beneficiaries, caregivers, LGBTQ+ and populations of color, ethnic and groups with other than English as their primary language.
- When funds are available, allow the Regional Director or designee to attend the ACL SMP/SHIP (Senior Medicare Patrol and State Health Insurance Program) Conference.
- Up to \$25 per SHINE counselor will be reserved for volunteer recognition whether it is holiday party, gift card or other event as determined by the Regional Director every year.
- Document each beneficiary contact and group and media outreach activity on the STARS Beneficiary Contact Form and the Public and Media Outreach forms.
- Enter forms into STARS data base or submit required forms to the SHINE Program Manager for data entry by the end of each month.
- The Agency may retain overhead costs at their respective agency audited rate **but not to exceed 15% of the amount awarded for said costs listed under this category.** A copy of the audited financial statements which indicates the agency overhead rate is to be furnished to the SHINE director no later than 30 days after the audited financials have been filed with the Office of the State Comptroller.
- Elder Affairs reserves the right to re-allocate the agency's balance in their award based upon the total billings at the end of the 6 month point of the contract. Elder Affairs will give a 30 day notice of such re-allocation. If the agency is under-spending their award in relation to their total contractual amount, the contract may be reduced accordingly to reflect the spend rate at the current operations. Elder Affairs will re-distribute these funds to those agencies who are in need of those funds. The Agency may appeal (in writing) to the SHINE Director and Chief Financial Officer the decision within 10 business days of the decision.

Billing

SHINE programs are required to submit invoices via e-Invoicing. Invoices are due by no later than the 25th day of the month following service and all invoices must be submitted by no later than August 15th of the respective calendar year following the end period of services rendered for the state fiscal year (July 1 – June 30)

Invoices submitted after this date may not be paid

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



22.a

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.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.macomptroller.org/forms>.

CONTRACTOR LEGAL NAME : City of Springfield (Dept. of Elder Affairs (and d/b/a):		CONTRACTOR LEGAL NAME : City of Springfield (Dept. of Elder Affairs (and d/b/a):	
Legal Address: (W-9, W-4): 36 Court St., Springfield, MA 01103-1699		Legal Address: (W-9, W-4): 36 Court St., Springfield, MA 01103-1699	
Contract Manager: Alicia Germain	Phone: 1-413 750-2654	Billing Address (if different):	
E-Mail : agermain@springfieldcityhall.com	Fax: 1-413-750-2694	Contract Manager: NEIL PETROCELLI	Phone: 617-222-7427
Contractor Vendor Code: VC6000192140		E-Mail: neil.petrocelli@MASS.GOV	Fax: 1-617-727-9368
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT ELD 0364SHINEPROGRAM2014SPNG	
NEW CONTRACT		X CONTRACT AMENDMENT	
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)		Enter Current Contract End Date Prior to Amendment: <u>JUNE 30, 2021</u> Enter Amendment Amount: \$ <u>24,999.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ☐ Amendment to Date, Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions 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): ☐ Commonwealth Terms and Conditions ☒ Commonwealth Terms and Conditions For Human and Social Services ☐ Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . ☐ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☒ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ <u>807,467.53</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days <u> </u> % PPD; Payment issued within 15 days <u> </u> % PPD; Payment issued within 20 days <u> </u> % PPD; Payment issued within 30 days <u> </u> % PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle <u> </u> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <u> </u> 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.) Amendment is for the extension of contract until June 30, 2022 and funding of the SHINE program for SFY22 funded at 25% to cover the first quarter of SFY 22 with additional funding forthcoming after contract execution. Funding of this contract is subject to appropriation and can change. Any unspent balance of SFY21 dollars will result in an offset of funding of the SFY22 allocation. OBLIGATIONS WERE INCURRED BY THE ABOVE MENTIONED CONTRACTOR IN THE AMOUNT OF \$ <u> </u> FOR THE TIME PERIOD OF <u>JULY 1, 2021 TO JULY</u> <u> </u> , PRIOR TO THE EFFECTIVE DATE OF THIS CONTRACT (FOR WHICH A PAYMENT OBLIGATION HAS BEEN TRIGGERED) AND ARE INTENDED TO BE PART OF THIS CONTRACT AND SHALL BE CONSIDERED A FINAL SETTLEMENT AND RELEASE OF THESE OBLIGATIONS WHICH ARE INCORPORATED HEREIN, AND UPON PAYMENT OF THESE OBLIGATIONS, THE COUNTY OF City of Springfield FOREVER RELEASES ELD FROM ANY FURTHER CLAIMS RELATED TO THESE OBLIGATIONS.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ☒ 2. may be incurred as of <u>JULY 1, 2021</u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of <u> </u> , 20 <u> </u> , a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>JUNE 30, 2022</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, 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: <u><i>Domenic Sarno</i></u> Date: <u>7/6/21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Domenic Sarno</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>PEGGY CONNEELY</u>	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



22.a

Print Title: _____

MAYOR

Print Title: _____

DIRECTOR OF ACCOUNTING AND CONTRACTS

Attachment: SHINE GRANT - 1ST QUARTER FY22- \$24,999.00 (6342 : FY22 SHINE Grant 1st Quarter- No Match Required \$24,999.00)

PURCHASE OF SERVICE - ATTACHMENT 1: PROGRAM COVER PAGE**PROGRAM INFORMATION**

Contractor Name: City of Springfield (Dept. of Elder Affairs)	Department Name: Executive Office of Elder Affairs
Program Type: SHINE Counseling, Outreach and Training Consortia	Document ID #: CT ELD 0364 shineprogram2007spng
Program Name: SHINE Program	UFR Program #:
Program Address: 36 Court St	MMARS Program Code: 8036
City/State/Zip: Springfield, MA. 01103-1699	Other Reference Information (Information Purposes Only):
Contact Person: Alicia Germain Telephone: 413-750-2893 fax - 413-750-2694 Email - agermain@springfieldcityhall.com	Contact Person: Cynthia Phillips, SHINE Director Neil Petrocelli, Contracts Manager Telephone: (617) 727-7750
RFR INFORMATION: ☐ Attached ☒ RFR Reference # RFR-2013-03 ☐ legislative exemption ☐ emergency ☐ collective purchase ☐ interim ☐ amendment	
SCOPE OF SERVICES: ☐ Bidders Response Attached ☒ Description of Services Attached	
TOTAL ANTICIPATED CONTRACT DURATION: <u>7/1/13</u> to <u>6/30/22</u>	
INITIAL DURATION: <u>7/1/13</u> to <u>6/30/16</u>	
OPTIONS TO RENEW: No options to renew	

FISCAL TERMS

	FUNDING SUMMARY					
	Prior Years		Current Year		Future Years	
	FY	Amount	FY	Amount	FY	Amount
PRICE IS ESTABLISHED THROUGH: (CHECK 1, 2, OR 3)	2014	\$61,653.52	2022	\$24,999.00		
OPTION 1: PRICE AGREEMENT (list price)	2015	\$138,338.48				
\$ _____	2016	\$99,996.00				
rate regulation (if any) <u>651 CMR</u>	2017	\$80,000.00				
☐ OPTION 2: SUMMARY BUDGET (T lines only)	2018	\$107,306.86				
☐ unit rate	2019	\$ 96,515.88				
☐ cost reimbursement	2020	\$ 70,108.41				
☐ other	2021	\$128,549.38				
☒ OPTION 3: COMPLETE BUDGET	Total:	\$782,468.53	Total:	\$24,999.00		
☒ cost reimbursement	Multi-Year Total: \$807,467.53					
☐ unit rate						
☐ other						
CURRENT						
MAX OBLIGATION: <u>\$24,999.00</u> UNIT RATE: \$ _____ # BILLABLE UNITS: _____						
ADDITIONAL PAYMENT OR PRICE SPECIFICATIONS: Reimbursement will be made via Payment Voucher with the Executive Office of Elder Affairs Standard Invoice. Payment Vouchers are due at Elder Affairs on a monthly basis on the 10 th day of the month following the monthly service delivery period. It is incumbent upon the contractor to maintain all records, time sheets, documentation, ect. that supports the cost for which reimbursement is requested (including sub-contractors.)						
BRIEF DESCRIPTION OF PERFORMANCE:						

Attachment: SHINE GRANT - 1ST QUARTER FY22- \$24,999.00 (6342 : FY22 SHINE Grant 1st Quarter- No Match Required \$24,999.00)



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

06/14/2021

Department Requesting Grant Setup

Office of Management and Budget

Department Phone # (Please include extension)

413-784-4883

Name and Title of Person to Contact in Case of Questions

Sean Pham; Senior Budget Analyst

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) **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:

Project Safe Neighborhood Grant

Total Grant Amount Awarded: **\$24,839.02**

Attachment: PROJECT SAFE (6278 : Project Safe Neighborhood Grant- No Match Required - \$24,839.02)

Is this a Reimbursable Grant? (Y/N)

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

Yes

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

Entity Name	Executive Office of Public Safety and Security
Contact Person	Corine Pryme
Street Address	10 Park Plaza Suite 3720A
City, State, Zip Code	Boston, MA 02116
Telephone	617-725-3322
Fax	617-725-0260
E-Mail	<u>Corine.a.pryme@mass.gov</u>

Actual Award Date **TBD**

Board Approval Date

Start Date **TBD**

Expiration Date **08/31/2021**

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

Law enforcement analyzer grant to fund the purchase of handheld narcotics analyzers.

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) **Standard 45 Day Cycle**

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

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

Attachment: PROJECT SAFE (6278 : Project Safe Neighborhood Grant- No Match Required - \$24,839.02)

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

Org Code:

Object Codes:

Budget Roll-Up Codes:

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

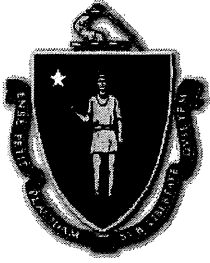
Com. Cheryl C. Dappew
Signature

6/9/21
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.



The Commonwealth of Massachusetts
 Executive Office of Public Safety & Security
 Office of Grants and Research
 Ten Park Plaza, Suite 3720-A
 Boston, Massachusetts 02116

Tel: (617) 725-3301
 Fax: (617) 725-0260
www.mass.gov/ogr

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lt. Governor

THOMAS A. TURCO, III
 Secretary

KEVIN J. STANTON
 Executive Director

June 8, 2021

Cheryl C. Clapprood, Commissioner
 Springfield Police Department
 130 Pearl Street
 Springfield, MA. 01105

Dear Commissioner Clapprood:

Congratulations! I am pleased to inform you that the Springfield Police Department has been awarded \$24,839.02 in funding from the *Project Safe Neighborhoods* grant opportunity offered by the Executive Office of Public Safety and Security, Office of Grants and Research (OGR).

Additional correspondence from OGR, including all the necessary documents required to make this award official will be forthcoming.

In the meantime, if you have any questions, please feel free to contact Samantha Frongillo, Program Coordinator, at samantha.frongillo@mass.gov or at 617-725-3326.

Once again, congratulations on your award and I look forward to working with you and your agency on this important public safety initiative.

Sincerely,

Kevin Stanton
 Executive Director

Attachment: PROJECT SAFE (6278 : Project Safe Neighborhood Grant- No Match Required - \$24,839.02)

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



23.a

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 / Springfield Police Dept. (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Public Safety and Security MMARS Department Code: EPS	
Legal Address: (W-9, W-4): 36 Court Street, Springfield, MA, 01103-1602		Business Mailing Address: 10 Park Plaza, Suite 3720A, Boston, MA, 02116	
Contract Manager: Commissioner Cheryl C. Clapprood	Phone: (413) 787-6313	Billing Address (if different):	
E-Mail: cclapprood@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): SCEPSFY21PSN18SPRING RFR/Procurement or Other ID Number: BD-21-1044-EPS11-JAG1-58164	
<u> X </u> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <u> </u> Statewide Contract (OSD or an OSD-designated Department) <u> </u> Collective Purchase (Attach OSD approval, scope, budget) <u> X </u> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <u> </u> Emergency Contract (Attach justification for emergency, scope, budget) <u> </u> Contract Employee (Attach Employment Status Form, scope, budget) <u> </u> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<u> </u> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <u> </u> Amendment to Date, Scope or Budget (Attach updated scope and budget) <u> </u> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <u> </u> Contract Employee (Attach any updates to scope or budget) <u> </u> 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): <u> X </u> Commonwealth Terms and Conditions <u> </u> Commonwealth Terms and Conditions For Human and Social Services <u> </u> 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 . <u> </u> 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.) <u> X </u> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$24,839.02			
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 <u> </u> % PPD; Payment issued within 15 days <u> </u> % PPD; Payment issued within 20 days <u> </u> % PPD; Payment issued within 30 days <u> </u> % PPD. If PPD percentages are left blank, identify reason: <u> X </u> agree to standard 45 day cycle <u> </u> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <u> </u> 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.) Project Safe Neighborhood Grant ; Law Enforcement Narcotics Analyzers Grant Opportunity ; Fund the purchase of handheld narcotics analyzers ; FPSN18GRT ; 2018-GP-BX-0004 ; CFDA# 16.609 ; \$24,839.02			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <u> X </u> 1. may be incurred as of the Effective Date (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <u> </u> 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and <u>no</u> obligations have been incurred <u>prior</u> to the Effective Date. <u> </u> 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 <u>08/31/2021</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, 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:		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: <u>Kevin J. Stanton</u>	
Print Title: _____		Print Title: <u>Executive Director</u>	

June 2021

Pamela Peebles
Executive Director
Thomas J. O'Connor Animal Control and Adoption Center
627 Cottage Street
Springfield, MA 01104

Dear Pam:

The Board of Directors for the Thomas J. O'Connor Animal Control and Adoption Center Foundation, Inc. d/b/a Foundation for TJO Animals (the "Foundation") are pleased to inform you that a grant has been approved in the amount not to exceed \$18,988.56 in support of the annual base salary of the Thomas J. O'Connor Animal Control and Adoption Center's Veterinarian Technician 1 (VetTech1). The grant shall be for a one-year period beginning on July 1, 2021 and ending on June 30, 2022. This letter outlines the terms and conditions of accepting this grant. Please read all the terms and conditions carefully, sign, and return no later than June 30, 2021 to: Foundation for TJO Animals, 66 Industry Avenue-Suite 3, Springfield, MA 01104.

The general grant terms and conditions are as follows:

- The City of Springfield shall be the VetTech1's employer and will continue making this employment available on a full-time basis throughout the duration of the grant award period. The City of Springfield is responsible for any additional expenses of employment beyond the parameters of this grant, to include employee taxes and other associated benefits and the VetTech1 shall be the subject to the direction, control, and supervision of the City and its employees and agents.
- This grant will cover the cost of this position's base pay, as determined by the City of Springfield, for not more than twenty-two (22) hours per week.
- This grant will be paid in arrears on a quarterly basis. The amount of each quarterly reimbursement will be equal to the submitted quarterly invoices, which shall reflect the portion of the number of actual hours per week worked that are covered by the grant for the weeks worked in each quarter (including any period attributable to vacation or other time off consistent with the City's policies for similarly situated full-time employees). Payments will be processed no later than thirty (30) upon receipt of invoice. The invoicing schedule is detailed as follows:
 - Quarter 1 – First invoice received no later than October 31, 2021.
 - Quarter 2 – Invoice received no later than January 31, 2022.
 - Quarter 3 – Invoice received no later than April 30, 2022.
 - Quarter 4 – Final invoice received no later than July 31, 2022.
- The City of Springfield shall provide the Foundation with any documents it may reasonably request to demonstrate the purpose and use of the Grant funds.
- Neither party hereto shall be deemed to have waived any right hereunder unless such waiver is in writing, signed by an authorized official of such party and no delay or omission in exercising any right hereunder shall operate as a waiver of such right or other right. All the rights and remedies of the City or the Foundation hereunder shall be cumulative and not exclusive, and may be exercised singly or concurrently. The waiver or exercise of any remedy shall not be construed as a waiver of any other remedy available or under general principles of law or equity.
- This grant letter constitutes the entire agreement between the parties pertaining to the subject matter hereof, and there are no other agreements or understandings, implied or expressed, written or oral relating to the grant funds.
- This Agreement shall be governed by the laws of the Commonwealth of Massachusetts.

We thank you for your continued efforts in providing outstanding medical care to our local, homeless animals.

Sincerely,
Thomas J. O'Connor Animal Control and
Adoption Center Foundation, Inc.

By: Heather Heeb
Heather Heeb, President

Accepted and Agreed to by:

CITY OF SPRINGFIELD

By: Pat Peebles
Name:
Title:

Date: 6/29/24



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 **6-29-21**

Department Requesting Grant Setup **292**

Department Phone # (Please include extension) **1022**

Name and Title of Person to Contact in Case of Questions **cell 887-7350**

Pam Peebles - Director

Was this Grant previously setup for a prior fiscal year? **yes**

If yes, please indicate your previous project number: **VTF 21**

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

Private/Other

Grant Name: **Vet Tech 1**

Total Grant Amount Awarded: **\$ 19,988.56**

Is this a Reimbursable Grant?

(Y~~N~~)

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

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

Actual Award Date 7/1/21

Board Approval Date

Start Date 7/1/21

Expiration Date 6/30/22

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) 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: 0129235

Object Codes: 501000

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.

Ran Peebles
Signature

6/29/21
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.

Springfield Library Foundation

July 1, 2021

Molly Fogarty, Director
Springfield City Library
220 State Street
Springfield, MA 01103

Dear Molly:

The Springfield Library Foundation board of directors has approved a grant of \$12,500 from the Rose Smith Trust to the City of Springfield/Springfield City Library to be used for Music Programs in Fiscal year 2022.

We intend to forward payment in full on this grant on July 30, 2021.

Sincerely,



Matthew Blumenfeld
Executive Director

cc: Melanie Acobe, Patrick Markey, Stephen Cary, Mary Costello

Attachment: FY22 Libraries Rose Smith Music Fund Grant \$12,500.00 (6328 : Libraries Rose Smith Music Fund Grant - No Match Required



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request 07/01/2021

Department Requesting Grant Setup Library

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

Name and Title of Person to Contact in Case of Questions Raemarie Walker, Bus Mgr

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

If yes, please indicate your previous project number: RSM21

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

X Private/Other Springfield Library Foundation

Grant Name: Rose Smith Music Fund

Total Grant Amount Awarded: \$12,500.00

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

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

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

Actual Award Date 07/01/2021

Board Approval Date

Start Date n/a

Expiration Date n/a

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code: 29966100

Object Codes: 530105, 551700

Budget Roll-Up Codes: Yes

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

Molly Fogarty
Signature

7/01/2021
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.

Springfield Library Foundation

July 1, 2021

Molly Fogarty, Director
Springfield City Library
220 State Street
Springfield, MA 01103

Dear Molly:

The Springfield Library Foundation board of directors has approved a grant of \$10,000 to the City of Springfield/Springfield City Library to be used for Staff Development in Fiscal Year 2022. These funds are provided by the Lois E. Stebbins Fund.

We intend to forward payment in full on this grant on July 30, 2021.

Sincerely,



Matthew Blumenfeld
Executive Director

Cc: Melanie Acobe, Patrick Markey, Stephen Cary, Mary Costello

Attachment: Springfield Library Foundation Staff Development (6329 : Springfield Library Foundation Staff Development Grant - No Match



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request 07/06/2021

Department Requesting Grant Setup Library

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

Name and Title of Person to Contact in Case of Questions Raemarie Walker, Bus Mgr

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

If yes, please indicate your previous project number: 19631

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

X Private/Other Springfield Library Foundation

Grant Name: Staff Development

Total Grant Amount Awarded: \$10,000

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

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

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

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

Actual Award Date 07/01/2021

Board Approval Date

Start Date n/a

Expiration Date n/a

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code: 29966100

Object Codes: 572100, 530105

Budget Roll-Up Codes: Yes

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

Molly Fogarty
Signature

07/01/2021
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.

Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

mass.gov/mbic

July 8, 2021

Molly Fogarty, Director
Springfield City Library
220 State Street
Springfield, MA 01103

Dear Molly,

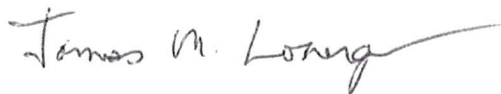
At its July 8th meeting, the Massachusetts Board of Library Commissioners approved a provisional *At the Table* grant in the amount of \$10,000 for your Library Services and Technology Act (LSTA) special project. The Board's approval is contingent on your return of the required contract and agreement to its conditions.

Your program is scheduled to begin no earlier than October 1, 2021. In early August you will receive the contract and further information about the management of your grant. Any public announcement of the grant prior to the return of a signed contract to us should include language that this grant is provisional. A press release form is attached that you are welcome to use for the announcement.

Your consultant, Lyndsay Forbes, will keep you informed of any updates, workshops or other news related to your project. Please feel free to discuss any questions you have about your project or the process with Lyndsay. You may also consult the [LSTA Grants Management Guide](#), which offers additional guidance for carrying out your grant.

We congratulate you on your successful grant proposal and are pleased that we can make LSTA funding available to assist you in providing improved library services to your community.

Sincerely yours,



James M. Lonergan
Director

Attachment: LSTA At the table award (6337 : FY22 LSTA at the Table Grant- No Match Required \$10,000.00)



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request 07/09/2021

Department Requesting Grant Setup Library

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

Name and Title of Person to Contact in Case of Questions Raemarie Walker, Bus Mgr

Was this Grant previously setup for a prior fiscal year?

If yes, please indicate your previous project number:

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

X Federal – City - LSTA Mass Board of Library Commissioners

State DOE– School

State Other – School

State – City

Private/Other

Grant Name: At the Table

Total Grant Amount Awarded: \$10,000

Attachment: LSTA At the table award (6337 : FY22 LSTA at the Table Grant- No Match Required \$10,000.00)

Is this a Reimbursable Grant? (Y/N)

A Reimbursable Grant is defined as one that requires that you pay for expenses first and then you apply to the grantor for a reimbursement of the exact amount actually expended.

If it is a Reimbursable Grant, please enter Grantor contact information or the CID # if

Grantor is already in the customer file:

Entity Name

Contact Person

Street Address

City, State, Zip Code

Telephone

Fax

E-Mail

Actual Award Date 07/08/2021

Board Approval Date

Start Date 10/1/2021

Expiration Date 9/30/2022

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#: 45.310

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)

Attachment: LSTA At the table award (6337 : FY22 LSTA at the Table Grant- No Match Required \$10,000.00)

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

Org Code: 26256105

Object Codes: 501000 506000 530105 551700 571100 551300 524020 531040 531200
580600

Budget Roll-Up Codes: YES

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

Molly Fogarty

Signature

07/09/2021

Date

Please attach the following documents:

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

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

Attachment: LSTA At the table award (6337 : FY22 LSTA at the Table Grant- No Match Required \$10,000.00)

TSM DESIGN INC.

Westfield Bank
SPRINGFIELD, MA 01104
53-7160/2118

13130

June 11, 2002

PAY TO THE ORDER OF

Springfield City Library

\$ 200.00

DOLLARS

MEMO

Book donation #

Maurice Lubschat

TSM DESIGN INC.

13130

Human Resources
&
Labor Relations
36 Court Street, Room 005
Springfield, MA 01103
413-787-6068 (phone)
413-787-6572 (fax)



THE CITY OF
SPRINGFIELD, MASSACHUSETTS

June 14, 2021

To the Springfield City Council

Please be advised that this department has received confirmation from the representative of **American Federation of State, County and Municipal Employees (AFSCME) Local 1596A, Library Professionals**, that this bargaining unit has ratified new collective bargaining agreements for the time periods of July 1, 2020 to June 30, 2021 and July 1, 2021 to June 30, 2024 with the City of Springfield.

We hereby submit to you this report for approval by the City Council which reflects the following wage increases in **AFSCME Local 1596A's wage scale**.

Wage Increases:	Effective and retroactive July 1, 2020	Two percent (2%)
	Effective July 1, 2021	Two percent (2%)
	Effective July 1, 2022	Two percent (2%)
	Effective July 1, 2023	Two percent (2%)

Effective July 1, 2021 upgrade the positions of Supervisor of Borrowers Services and Children's Services Supervisor to Grade 9.5

A financial order reflecting the cost of the wage increase is attached.

In accordance with the Acts of 656 of 1989, the Chief Financial Officer must give in writing his opinion relative to the financial impact of the agreement on the existing level of municipal services.

If any other questions exist please feel free to contact this office.

Sincerely,

William E. Mahoney
Director of Human Resources & Labor Relations
cc: Mayor Domenic J. Sarno
cc: T.J. Plante, CAFO
cc: Molly Fogarty, Library Director
cc: File

CITY OF SPRINGFIELD, MA

And

AFSCME 1596 A

TENTATIVE AGREEMENT

May 14, 2021

The above named parties agree that the below represents a tentative agreement and concludes all negotiations for successor agreements to the 2017-2020 contract. The Union agrees that it will submit this tentative agreement for a ratification vote by the Union body. Upon a successful vote, the Employer agrees to submit this agreement to the Springfield City Council.

1. All previous tentative agreements.
2. Art. 2.12 delete "and their obligations under the Article on Union Security."
3. Art. 3.1 delete section and replace with "Employees may opt to join AFSCME Local 1596A by authorizing the deduction of weekly dues in writing. The written authorization for such Union dues deduction may be revoked only upon sixty (60) days' written notice from the Employee to the Employer and to the Union. If an employee opts to join same the Employer agrees to withhold weekly Union dues and transmit same to the Union monthly."
4. Art. 3.2 delete
5. Art. 15.2 delete "sixty (60)" in both instances and replace with "thirty (30)"
6. Art. 15.5 amend to read "A grievance shall be presented at Step 1 of the procedure set forth herein within twelve (12) calendar days following either the occurrence of the grievance or the date of first knowledge of its occurrence by any employee affected by it, whichever is later. If the grievance has not been presented under such procedure within the twelve (12) day period referenced above, the grievance shall be deemed to have been waived. It shall also be deemed to have been waived if the grievance is not presented at any successive step in this Article within the time periods specified herein."
7. Art. 17.1 delete ""a relative other than immediate family." And replace with "an aunt or uncle of the employee"
8. Art. 21 change title to Parental Leave and delete and replace with "Parental leave. Employees are entitled to a parental leave of absence. This includes, upon completion of three (3) months of service,

eight (8) weeks of unpaid leave for the purpose of birth, adoption or foster placement of a child under 18 years of age, or under 23 years of age if the child is mentally or physically disabled. The Family and Medical Leave Act leave shall run concurrently with all other leaves."

9. Art. 22 delete "five (5)" and replace with "two (2)"

10. Appendix A replace "Library Information Technology Specialist" with "Information Technology Specialist", replace "Library Youth and Outreach Supervisor" with "Children's Services Supervisor", replace "Internet and Regional Reference Service Librarian" with "Digital Services Librarian", replace "Young Adult Librarian" with "Teen Services Librarian" Remove "**Will become Grade 9 effective 7-1-15 ** Will become Grade 10 upon separation of incumbent" In the pay plan move the Library Information Services Supervisor to Grade 10.

11. Incorporate the Substitute Library Staffing MOU (attached) into the Collective Bargaining Agreement as Appendix F.

APPENDIX F

MEMORANDUM OF UNDERSTANDING

Between

CITY OF SPRINGFIELD

and

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL

EMPLOYEES, AFSCME COUNCIL #93, LOCAL #1596 "A"

The above parties have agreed that the Library Department will follow the below specified provisions in the use of Substitute Library Staffing for 1596 A unit members for the purpose covering Vacations, Sick leave absences, Vacancies, Personal leave, Bereavement leave, Jury Duty, Military leave, and all other contractual leaves; including staff development or sanctioned Library conferences/meetings. The pool may also be utilized to staff special projects related to cataloging by adding a staff person, not replacing an absent cataloger.

I **Substitute Classifications:**

- A. Librarian
- B. Library Associate
- C. Adult Literacy Teacher

II Experience Requirements:

- A. Librarian - MLS degree required; Experience in a C/WMARS or Integrated Library System environment desired
- B. Library Associate – BA/BS degree required; Recent experience with an Integrated Library System environment desired
- C. Adult Literacy Teacher – Master’s Degree in Education or related Field.

III Recruitment and Hiring:

- A. Advertise on the City of Springfield Jobs website.
- B. Advertise on a library listserv intended to reach area libraries.
- C. Advertise Adult Literacy Teacher on System for Adult Basic Education Support Website.
- D. All applicants must submit online employment applications to the Human Resources & Labor Relations Dept. Conduct brief telephone interviews with potential, qualified applicants to determine availability and screen applicants. Unit members who have been laid off and have indicated a desire to be included into the Substitute Staffing Pool will not be subject to this review process.
- E. Conduct brief interviews with screened applicants.
- F. Human Resources & Labor Relations Dept. conducts CORI reviews of selected applicants.
- G. After passing CORI, substitutes are added to the list.
- H. Advertisements will be repeated as substitutes rotate out of the pool.
- I. Preference for substitute positions will be given to City residents, but because of the unique requirements of the positions, substitutes are not subject to the Residency Ordinance.
- J. While substitutes may fill in for short term vacancies (no greater than four months) they will not serve as long term replacements for staff vacancies. Such vacancies will be filled as quickly as possible. If the vacancy is not filled within the four month limit, the parties will meet and confer.
- K. For the duration of this agreement, unit members who have been laid off will have preference in substitute assignments and will not be subject to a CORI review if they have recently passed the CORI within appropriate time frames.

IV Orientation/Training:

- A. All substitutes will participate in a City orientation session for new employees at which City policies will be reviewed and forms will be filled out. They will also be given information

about completing the State's online Conflict of Interest training program, which is required for all municipal employees in Massachusetts.

- B. All substitutes will receive either an individual or group orientation at the Central Library or Branch Library by the Department Manager, Department Supervisor or Branch Manager. Substitutes will be assigned to shadow an experienced staff member during the orientation session.
- C. All substitutes work two 4-hour "orientation shifts" at either the Central Library or a branch before receiving an assignment.
- D. Each department will prepare a "substitute notebook," which provides basic information about the specific location (how to answer phones, opening & closing procedures, staff directory for emergencies, etc.).
- E. Each substitute will be given a Library Department e-mail account and will be expected to check it regularly for "all staff" emails.
- F. Substitutes are welcome and encouraged to attend any in-house workshops that pertain to their position. Substitutes will not be compensated for their attendance at these workshops unless attendance is required by Library management.

V Assignments:

- A. All requests for substitutes are subject to review and approval by the Director's Office.
- B. Administrative Assistant will keep a file with contact information for each substitute, as well as each substitute's availability.
- C. **Department managers and/or Supervisors will first contact current full time and part time library staff members and City residents about their availability.**
- D. If no full or part time library staff members are available, the Manager or Supervisor will notify the Administrative Assistant who will contact substitutes and make assignments based on expressed availability and length of time since last assignment.
- E. No substitute will be scheduled to work more than 37 ½ hours per week
- F. Substitutes will not be placed in a supervisory role.

Vi Benefits

- A. Substitutes, other than current library staff, will be placed on payroll as temporary employees and are not eligible for health insurance or other benefits.
- B. Substitutes will complete a Library Department timesheet for each week that they work

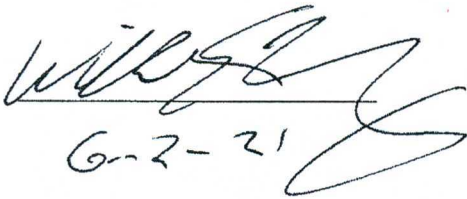
VII Evaluation & Retention:

- A. It is each department manager's responsibility to notify the Director's Office if an individual substitute is not performing as expected. Substitutes may be taken out of the pool at the Department's discretion.

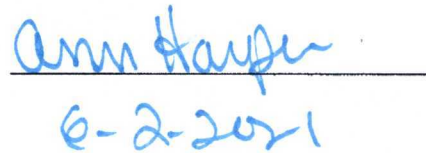
A. Substitutes will be asked to notify the Director's Office if they wish to be taken out of the substitute pool.

1. Contract 1 Duration July 1, 2020-June 30, 2021 All Tentative Agreements to date and the above are Contract 1 changes
2. Wages-effective and retroactive to July 1, 2020 2% wage increase for all employees on payroll on the effective date and the date of ratification by the Springfield City Council.
3. Contract 2 Duration July 1, 2021-June 30, 2024
4. Effective July 1, 2021 2% annual wage increase
Effective July 1, 2022 2% annual wage increase
Effective July 1, 2023 2% annual wage increase
5. Effective July 1, 2021 upgrade Supervisor of Borrowers Services and Children's Services Supervisor to Grade 9.5

FOR THE CITY


6-2-21

FOR THE UNION


6-2-2021

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: July 19, 2021
Re: Order for Council Meeting – July 19, 2021
Cc: Mayor Sarno

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the July 19, 2021 City Council meeting, which requests the ratification of the current agreement between the City of Springfield and the American Federation of State, County and Municipal Employees – Local # 1596A Union (“AFSCME 1596A”).

Background: The new agreement includes an extension of the bargaining agreement that expired on June 30, 2020, and contains the following wage increases:

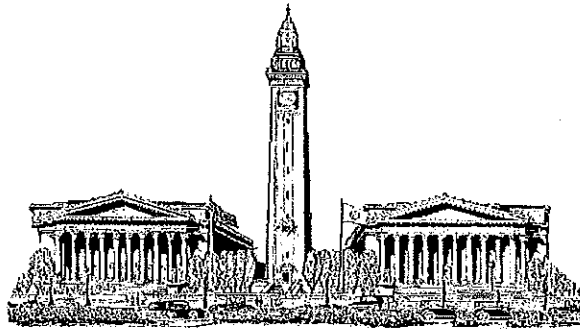
FY21 (7-1-20 to 6-30-21)	2%
FY22 (7-1-21 to 6-30-22)	2%
FY23 (7-1-22 to 6-30-23)	2%
FY24 (7-1-23 to 6-30-24)	2%

The Office of Administration & Finance is conducting an ongoing analysis of the libraries department budget who have employees that are members of AFSCME 1596A, in order to determine if a supplemental appropriation is necessary to cover the increase in wages (both retroactive and future).

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.

William E. Mahoney
 Director
 Human Resources &
 Labor Relations
 36 Court Street, Room 005
 Springfield, MA 01103
 413-886-8003 (phone)
 413-787-6572 (fax)



THE CITY OF
 SPRINGFIELD, MASSACHUSETTS



June 4, 2021

To the Springfield City Council

Please be advised that this department has received confirmation from the representative of **American Federation of State, County and Municipal Employees – Local 3065 (AFSCME 3065)**, that this bargaining unit has ratified new collective bargaining agreements for the time period of July 1, 2020 to June 30, 2021 and July 1, 2021 to June 30, 2024 with the City of Springfield.

We hereby submit to you this report for approval by the City Council which reflects the following wage increases **AFSCME 3065's wage scale**.

Wage Increases:	Effective and retroactive July 1, 2020	Two percent (2%)
	Effective July 1, 2021	Two percent (2%)
	Effective July 1, 2022	Two percent (2%)
	Effective July 1, 2023	Two percent (2%)

Effective July 1, 2021, any Employee, designated by the Employer, who is performing temporary service in a high grade shall be compensated, commencing with the 6th consecutive day of service in the higher grade, at the rate they would be entitled to if provisionally promoted to the position. In no event will such employee be compensated at a rate higher than the person for whom they are temporarily filling in.

Effective July 1, 2021, there will be one new classification created:

- Working Maintenance Foreman-Cement Finishing Crew, Range 15.0

Employee performing this function on June 30, 2021 will be placed in said position.

Effective July 1, 2021, "Maternity Leave" will be replaced with "Parental Leave" where employees will be entitled to a parental leave of absence upon completion of three (3) months of service. Eight (8) weeks of unpaid leave is granted for the purpose of birth, adoption or foster placement of a child under 18 years of age, or under 23 years of age if the child is mentally or physically disabled.

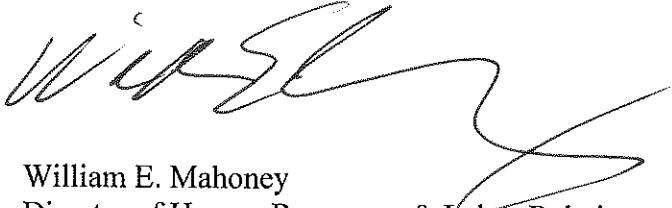
Effective July 1, 2021, written authorization for Union dues deductions may be revoked only upon sixty (60) days written notice from the Employee to the Employer and to the Union. If an employee opts to join, the Employer agrees to withhold weekly Union dues and transmit same to the Union monthly.

A financial order reflecting the cost of the wage increase is attached.

In accordance with the Acts of 656 and 1989, the Chief Financial Officer must give in writing his opinion relative the financial impact of the agreement on the existing level of municipal services.

If any other questions exist please feel free to contact this office.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Mahoney', with a long horizontal flourish extending to the right.

William E. Mahoney
Director of Human Resources & Labor Relations
cc. Mayor Dominic J. Sarno
cc. T.J. Plante, CAFO
cc. File

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: July 19, 2021
Re: Order for Council Meeting – July 19, 2021
Cc: Mayor Sarno

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the July 19, 2021 City Council meeting, which requests the ratification of the current agreement between the City of Springfield and the American Federation of State, County and Municipal Employees – Local # 3065 Union (“AFSCME 3065”).

Background: The new agreement includes an extension of the bargaining agreement that expired on June 30, 2020, and contains the following wage increases:

FY21 (7-1-20 to 6-30-21)	2%
FY22 (7-1-21 to 6-30-22)	2%
FY23 (7-1-22 to 6-30-23)	2%
FY24 (7-1-23 to 6-30-24)	2%

The Office of Administration & Finance is conducting an ongoing analysis of departmental budgets who have employees that are members of AFSCME 3065, in order to determine if a supplemental appropriation is necessary to cover the increase in wages (both retroactive and future).

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 of Springfield, MA
And
AFSCME Local 3065

Tentative Agreement

May 14, 2021

The above named parties agree that the below represents a tentative agreement and concludes all negotiations for successor agreements to the 2017-2020 contract. The Union agrees that it will submit this tentative agreement for a ratification vote by the Union body. Upon a successful vote, the Employer agrees to submit this agreement to the Springfield City Council.

1. All previous tentative agreements.
2. Art. 2 second paragraph, first sentence, delete "will" and replace with "may"
3. Art. 5.01 delete and replace with ""Employees may opt to join AFSCME Local 3065 by authorizing the deduction of weekly dues in writing. The written authorization for such Union dues deduction may be revoked only upon sixty (60) days' written notice from the Employee to the Employer and to the Union. If an employee opts to join same the Employer agrees to withhold weekly Union dues and transmit same to the Union monthly"
4. Art. 5.02 delete
5. Art. 16.02 add "A unit member who is performing, pursuant to designation by his Department Head, temporary service in a position classified in a higher grade than the grade of the position in which the unit member performs his regular service, shall, commencing with the sixth (6th) consecutive day of actual service in the higher grade, be compensated for such service at the rate to which he would have been entitled had he been provisionally promoted to such position. In no event will such unit member be compensated at a rate higher than the person for whom he is temporarily filling in.

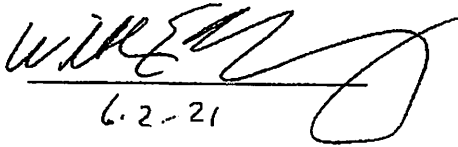
This clause will be operative only after a determination is made by the Department Head that a fill-in is required and an actual designation by the Department Head or his authorized designee as to the unit member claiming the benefit of this clause has been made."

6. Art. 19.09 add to end of sentence "except if employed as a sworn officer in the police department."
7. Art. 28.01 delete and replace with "Parental leave. Employees are entitled to a parental leave of absence. This includes, upon completion of three (3) months of service, eight (8) weeks of unpaid leave for the purpose of birth, adoption or foster placement of a child under 18 years of age, or under 23 years of age if the child is mentally or physically disabled. "
8. Art. 37.09 add "not" before "subject"
9. Art. 41.01 Replace with the following: "The compensation assigned to a class or position covered in this Agreement may be changed during the term of this Agreement only if:

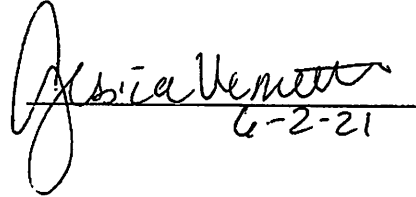
The parties negotiate an agreement providing for a wage increase for a specific class or position. The agreement is submitted to the Personnel Review Committee and said Committee approves the wage increase. In the event that it is determined that City Council approval is required for said wage increase, said request will be submitted to the Council for their approval."

10. Contract 1 Duration July 1, 2020-June 30, 2021 All Tentative Agreements to date and the above are Contract 1 changes
11. Wages-effective and retroactive to July 1, 2020 2% wage increase for all employees on payroll on the effective date and the date of ratification by the Springfield City Council.
12. Contract 2 Duration July 1, 2021-June 30, 2024
13. Effective July 1, 2021 2% annual wage increase
Effective July 1, 2022 2% annual wage increase
Effective July 1, 2023 2% annual wage increase
14. Effective July 1, 2021 create new classification-Working Maintenance Foreman-Cement Finishing Crew Range 15.0. Employee performing this function on June 30, 2021 will be placed in said position.

FOR THE CITY


6.2.21

FOR THE UNION


6-2-21

City of Springfield, MA
And
AFSCME 3065

TENTATIVE AGREEMENTS

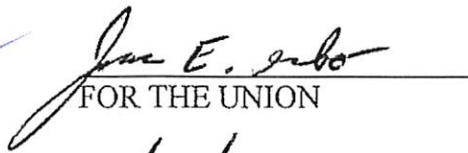
The parties agree that these tentative agreements have been reached by the parties, subject to completed negotiations.

1. Art. 4.02 add "in writing" after "notice"
2. Art. 4.04 change "Alliance" to "Union"
3. Art. 18.04 delete
4. Art. 21.03 change "earn" to "earned" in the second sentence.
5. Art.37.09 delete "beeper" and replace with "cell phone or other communication device"
6. Art.38.03 change "authorized" to "authorize" in first sentence.
7. Signature page-update



FOR THE CITY

11-30-20
DATE



FOR THE UNION

11/20/2020
DATE

**Order Approving Increases in Community Preservation Fund Specific Reserve Accounts
Totaling \$140,484 from FY 2021 Community Preservation Fund Actual Revenues (President
Williams)**

Whereas, residents of the City of Springfield voted to accept the Community Preservation Act in November of 2016, in accordance with Chapter 267 of the Acts of 2000; and

Whereas, a Community Preservation Committee was created by Ordinance of the City Council found in Chapter 16, Article XX; (“Ordinance”); and

Whereas, each fiscal year the Community Preservation Committee shall make recommendations to the City Council in accordance with the provisions of the Ordinance and General Laws of Massachusetts in the form of a budget for appropriations and/or reserves from the Community Preservation Fund; and

Whereas, based on the Community Preservation Committee’s recommendation, the City Council shall make such appropriations or reserves from the Community Preservation Fund that spend or set aside not less than 10% of the annual revenues in the Community Preservation Fund for open space, not less than 10% of the annual revenues for historic resources, not less than 10% of the annual revenues for community housing, and any remaining amount into budgeted reserves; and

Whereas, the actual FY21 Community Preservation Fund revenues total \$2,226,996; and

Whereas, the Community Preservation Committee recommends an increase of \$46,828 from the Community Preservation Fund be placed into reserves for open space, to total \$221,500; and

Whereas, the Community Preservation Committee recommends an increase of \$46,828 from the Community Preservation Fund be placed into reserves for historic resources, to total \$221,500; and

Whereas, the Community Preservation Committee recommends an increase of \$46,829 from the Community Preservation Fund be placed into reserves for community housing, to total \$339,521; and

NOW THEREFORE BE IT ORDERED, the Springfield City Council hereby approves and authorizes the following new totals for the specific Reserve accounts, from the Community Preservation Fund for Fiscal Year 2021.

Reserve Accounts:	New Total:
From FY 2021 actual revenues, for Historic Resources Reserve	\$221,500
From FY 2021 actual revenues, for Community Housing Reserve	\$339,521
From FY 2021 actual revenues, for Open Space Reserve	\$221,500

EASEMENT

For valuable consideration of One (\$1.00) Dollar , receipt and sufficiency of which is hereby acknowledged, CITY OF SPRINGFIELD, a (hereinafter referred to as the ("Grantor") hereby grants unto NSTAR ELECTRIC COMPANY D/B/A EVERSOURCE ENERGY, a Massachusetts corporation with offices at 300 Cadwell Drive, in the City of SPRINGFIELD, County of Hampden, Commonwealth of Massachusetts, its successors and assigns, and VERIZON NEW ENGLAND, INC., a New York corporation with a principal office in Massachusetts 185 Franklin Street, Boston, County of Suffolk, Commonwealth of Massachusetts, its successors or assigns, (collectively hereinafter referred to as the "Grantee"), the perpetual right to lay, construct, reconstruct, maintain, operate, replace and rebuild on, across, over and under the easement area hereinafter described, electric and transmission of intelligence distribution systems consisting of poles, guys, braces, wires, pipes, cables, conduits, transformers, manholes, anchors, silos, handholes, transformer pads, pedestals, meters, fixtures and other appurtenances useful in providing electric and transmission of intelligence service such as the said company may from time to time see fit to install in said easement area; including wires, cables and conduits running from the poles, transformers and pedestals to any structures erected on the premises; the right to provide electric service by means of the same; and the right to enter said land for the purpose of inspecting; maintaining or removing same; and the right to trim and keep trimmed, cut and remove such trees located within the easement area as in the judgment of the Grantee are necessary to maintain its services.

Said easement area is located on the Grantor's land on the South side of State Street on property known as 415 State Street, in the City of Springfield, County of Hampden, Commonwealth of Massachusetts, and more particularly shown the plan attached hereto as and made a part hereof, entitled **"Easement Plan Easement in Favor of Eversource Across the Property of N/F City of Springfield Commerce High School 415 State Street, Springfield, MA"** Date: 03/19/2021, Scale: 1" = 20', R.E. Dwg 76667, Prepared by Sherman & Frydryk, File # W21005, which plan has been recorded in the Hampden County Registry of Deeds in Plan Book _____, Page _____

The Grantor agrees, except with the written permission of the Grantee, that: (1) no building, structure, other improvement or obstruction shall be located upon; there shall be no excavation, filling, flooding or grading of; and there shall be no planting of trees or shrubbery upon the easement area; and (2) nothing shall be attached, temporarily or permanently, to any property of the Grantee erected or installed by virtue of this easement. In the event of the damage to or destruction of any of said facilities of the Grantee by the Grantor or agents or employees thereof, all costs of repair or replacement shall be borne by the Grantor.

Any additional poles, guys, wires, cables, braces, conduits and other appurtenances which may be necessary or advisable in the opinion of the Grantee to provide electric service by means of said system are to be located by the Grantee in such places on, upon, under, over and across the easement area as may be reasonable and consistent with the use of said land at the time.

415 State Street, Springfield, Hampden County, Massachusetts

Attachment: Easement (Exhibit 1) (6338 : Order Granting Permanent Utility Easement)

ACKNOWLEDGMENT

COMMONWEALTH OF MASSACHUSETTS

S.S. _____

COUNTY OF _____

On this ____ day of _____, 2021, before me, the undersigned notary public,
 _____ for CITY OF SPRINGFIELD personally appeared and proved to me
 through satisfactory evidence of identification, which was to be the person whose name is
 signed on the preceding document and acknowledged to me that such person is [the duly
 authorized _____ of CITY OF SPRINGFIELD and that such person
 signed such document voluntarily as such person's free act and deed for its stated purpose [on
 behalf of such (GRANTOR).

IN WITNESS WHEREOF, I hereunto set my hand.

 Notary Public
 My Commission Expires _____

STATE OF _____

S.S. _____

COUNTY OF _____

On this ____ day of _____, 2021 before me, the undersigned officer,
 _____ for CITY OF SPRINGFIELD personally appeared _____
 who acknowledged him/herself to be the person whose name is subscribed to the within
 instrument and acknowledged that they, being duly authorized to do so, executed the same for
 the purposes therein contained as their and said Grantor's free act and deed.

IN WITNESS WHEREOF, I hereunto set my hand and the official seal.

 Notary Public - Seal Required
 My Commission Expires _____

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

For the period ended
05/31/21

Revenues and Other Sources:	Revised Budget	Actual	Variance Over/(Under)	%
Real Estate & Personal Property Taxes	225,022,820	221,462,825	(3,559,996)	98
Real Estate & Personal Property Taxes - Tax Liens	-	1,088,667	1,088,667	0
Motor Vehicle Excise	10,656,424	11,371,142	714,718	107
Penalties, interest and other taxes	18,362,475	12,490,447	(5,872,028)	68
Charges for Services	11,539,651	9,568,633	(1,971,018)	83
Intergovernmental	429,749,916	395,110,920	(34,638,996)	92
Licenses and Permits	4,681,204	3,779,168	(902,036)	81
Fines and Forfeits	492,233	359,857	(132,376)	73
Interest earned on Investments	1,895,491	2,515,228	619,736	133
Miscellaneous	5,377,000	4,811,853	(565,147)	89
FY 2020 Net School Spending Shortfall (a.)	14,792,138	14,792,138	-	100
Stabilization Reserves	6,809,000	6,809,000	-	100
Other Financing Sources - Free Cash	4,287,161	4,519,786	232,625	105
Total Revenues and Other Sources	733,665,513	688,679,664	(44,985,849)	94
Expenditures and Other Uses:				
General government	30,228,315	27,306,181	2,922,134	90
Public safety				
Police	50,327,774	44,682,941	5,644,833	89
Fire	24,263,616	21,437,619	2,825,998	88
Centralized Dispatch	1,917,404	1,561,789	355,614	81
Other	4,299,926	3,735,957	563,969	87
Health and Welfare	4,045,716	2,962,581	1,083,135	73
Public works	11,213,846	10,064,101	1,149,745	90
Education	476,863,847	387,547,828	89,316,018	81
Culture and recreation	14,048,913	12,268,098	1,780,814	87
Pension and fringe	77,400,208	73,917,472	3,482,736	96
State and district assessments	3,801,277	3,492,809	308,467	92
Debt Service	26,354,228	24,422,760	1,931,468	93
Pay as you go Capital	3,210,267	1,897,238	1,313,029	59
Other Financing Use - Trash Enterprise Supplement	5,690,177	5,690,177	-	100
Total Expenditures and Other Uses	733,665,513	620,987,553	112,677,961	85
Excess (deficiency) of revenues and other sources over expenditures and other uses	-	67,692,112	67,692,112	

(a.) The FY 2020 Net School Spending Requirement shortfall must be appropriated in the School Budget pursuant to Chapter 70. Section 11 of the Education Reform Act of 1993.

Attachment: May Revenue Vs. Expenditure Report (6336 : May Revenue Vs. Expenditure Report)

CITY OF SPRINGFIELD, MASSACHUSETTS

Budget and Actual - General Fund
Expenditures and EncumbrancesFor the period ended
05/31/21

Expenditures and Other Uses:	Original Budget	Transfers In/(Out)	Revised Budget	Expenditure	Encumbrance	Variance Over/(Under)	%
General government	23,245,162	6,983,153	30,228,315	25,981,786	1,324,395	2,922,134	90%
Public safety							
Police	50,327,774	-	50,327,774	44,325,480	357,461	5,644,833	89%
Fire	24,263,616	-	24,263,616	21,359,867	77,752	2,825,998	88%
Centralized Dispatch	1,917,404	-	1,917,404	1,547,412	14,378	355,614	81%
Other	4,424,926	(125,000)	4,299,926	3,553,955	182,002	563,969	87%
Health and Welfare	4,036,399	9,317	4,045,716	2,927,409	35,172	1,083,135	73%
Public works	11,213,846	-	11,213,846	9,846,191	217,910	1,149,745	90%
Education	477,858,733	(994,886)	476,863,847	367,263,834	20,283,994	89,316,018	81%
Culture and recreation	13,857,383	191,530	14,048,913	11,557,504	710,595	1,780,814	87%
Pension and fringe	77,400,208	-	77,400,208	73,796,990	120,482	3,482,736	96%
State and district assessments	3,801,277	-	3,801,277	3,443,306	49,503	308,467	92%
Debt Service	26,354,228	-	26,354,228	24,422,760	-	1,931,468	93%
Pay as you go Capital	3,210,267	-	3,210,267	1,267,179	630,060	1,313,029	59%
Other Financing Use - Trash Enterprise Supplement	5,690,177	-	5,690,177	5,690,177	-	-	100%
Total Expenditures and Other Uses	727,601,399	6,064,114	733,665,513	596,983,849	24,003,704	112,677,961	85%

CITY OF SPRINGFIELD, MASSACHUSETTS

Yearly Comparision Revenue Vs. Expenditures
For the period ended
05/31/21 vs 05/31/20

<u>Revenues and Other Sources:</u>	<u>FY 2021 Actual</u>	<u>FY 2020 Actual</u>	<u>Increase/ (Decrease)</u>	<u>Comments</u>
Real Estate & Personal Property Taxes	\$ 221,462,825	\$ 204,894,581	\$ 16,568,244	<i>Increase in Tax Levy, PY Collections, Due Date extended in FY 20</i>
Tax Liens	1,088,667	1,743,737	(655,070)	<i>Delay of Tax Taking</i>
Motor Vehicle Excise	11,371,142	11,348,359	22,783	<i>FY 21 Commitment Two mailed on 5/20/2021</i>
Penalties, interest and other taxes	12,490,447	10,178,446	2,312,001	<i>MGM Section 10 Payment \$7.1M rec'd 3/31/21</i>
Charges for Services	9,568,633	9,937,359	(368,726)	
Intergovernmental	395,110,920	390,108,702	5,002,218	
Licenses and Permits	3,779,168	4,616,467	(837,300)	
Fines and Forfeits	359,857	403,612	(43,754)	
Interest earned on Investments	2,515,228	2,076,987	438,241	
Miscellaneous	4,811,853	5,227,298	(415,445)	
Net School Spending Shortfall	14,792,138	6,081,535	8,710,603	<i>Increase in School Carryforward</i>
Stabilization Reserves	6,809,000	24,961	6,784,039	<i>Large Legal Settlements</i>
Other Financing Sources	4,519,786	232,125	4,287,661	<i>Use of Free Cash in FY 21 Budget</i>
Total Revenues and Other Sources	688,679,664	646,874,170	41,805,494	
Expenditures and Other Uses:				
General government	27,306,181	19,869,813	7,436,368	<i>Large Legal Settlements</i>
Public safety				
Police	44,682,941	44,850,612	(167,670)	
Fire	21,437,619	21,284,107	153,512	
Centralized Dispatch	1,561,789	1,807,616	(245,827)	
Other	3,735,957	3,802,621	(66,664)	
Health and Welfare	2,962,581	3,004,977	(42,396)	
Public works	10,064,101	10,073,916	(9,815)	
Education	387,547,828	398,332,992	(10,785,164)	<i>FY 2021 School Transportation Surplus - Est \$15.0M</i>
Culture and recreation	12,268,098	11,984,497	283,602	
Pension and fringe	73,917,472	68,875,425	5,042,047	
State and district assessments	3,492,809	3,428,683	64,127	
Debt Service	24,422,760	26,296,429	(1,873,669)	
Pay as you go Capital	1,897,238	1,546,784	350,454	
Trash Enterprise Supplement	5,690,177	4,837,619	852,558	
Total Expenditures and Other Uses	620,987,553	619,996,091	991,462	
Totals	\$ 67,692,112	\$ 26,878,079	\$ 40,814,032	

Attachment: May Revenue Vs. Expenditure Report (6336 : May Revenue Vs. Expenditure Report)

To The City Council of the City of Springfield:
The undersigned respectfully petition your honorable body

to change the zoning of the property known as 1259 East Columbus Avenue (04303-0510) from Business C to Business B.

Mailing Address:

1259 East Columbus Avenue, Suite 201
Springfield, MA 01105

Owner/Petitioner:

Colvest/Columbus Springfield, LLC

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

By: _____

Peter J. LaPointe



Attachment: E_Columbus_Ave_1259_Formal_Zone_Change_#3220 (6178 : 1259 East Columbus Avenue)



CITY OF SPRINGFIELD

IN THE YEAR TWO THOUSAND AND TWENTY ONE

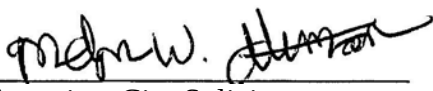
AN ORDINANCE

AMENDING SECTION 47 OF THE BUILDING ZONE MAP

Be it ordained by the City Council of the City of Springfield as follows:

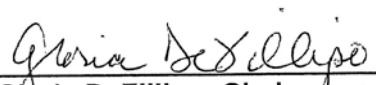
SECTION 1. The Zoning Ordinance of the City of Springfield, Massachusetts entitled “An Ordinance for Consolidating and Arranging, Enlarging, Modifying and Amending the Ordinances of the City Restricting Buildings, Structures, and Premises According to Their Use or Construction to Specified Parts of the City”, text enacted, May 28, 2013, as amended, is hereby further amended by changing from **Business C to Business B** the zoning on **Plot #3220, Section 47** of the Building Zone Map as indicated in red ink on the plan thereof hereto attached and marked “**Section 47 Building Zone Map of the City of Springfield.**”

Approved as to Form;


Associate City Solicitor

In accordance with Mass. Gen. Laws c. 40A, section 5, the Planning Board held a hearing on May 19, 2021 and June 2, 2021 regarding the above Ordinance amendment.

2 Person(s) appeared in favor, and 0 Person(s) appeared in opposition.


Gloria DeFillipo, Chairperson



CITY OF SPRINGFIELD

IN THE YEAR TWO THOUSAND AND TWENTY ONE

AN ORDINANCE

AMENDING SECTION 47 BUILDING ZONE MAP

SECTION 1. The Zoning Ordinance of the City of Springfield, Massachusetts entitled “An Ordinance for Consolidating and Arranging, Enlarging, Modifying and Amending the Ordinances of the City Restricting Buildings, Structures, and Premises According to Their Use or Construction to Specified Parts of the City”, text enacted, May 28, 2013, as amended, is hereby further amended by changing from **Business C to Business B** the zoning on **Plot #3220, Section 47** of the Building Zone Map as indicated in red ink on the plan thereof hereto attached and marked “**Section 47 Building Zone Map of the City of Springfield.**”

**REPORT TO CITY COUNCIL
ZONE CHANGE HEARING**

PETITION: #3220
SECTION: 47

DATE: June 3, 2021

To the Honorable Mayor and City Council of the City of Springfield, Massachusetts, the Planning Board submits the following report on the Zone Change Petition, which was referred to the Board for its recommendation:

PETITIONER: Colvest/Columbus Springfield, LLC

ADDRESS: 1259 East Columbus Avenue (04303-0510)

CHANGE REQUESTED: Proposed zone change from Business C to Business B

PETITIONER'S PURPOSE STATEMENT: To allow a drive-up service window.

DATE OF PUBLIC HEARING: May 19, 2021 and June 2, 2021

DATE OF FINAL DECISION: June 2, 2021

BOARD MEMBERS PRESENT and COUNT: seven (7): Ms. Morin. Ms. Defillipo, Ms. McQuade, Mr. Mineo, Mr. Cunningham, Mr. Daniele and Mr. Florian

FINAL MOTION: APPROVE

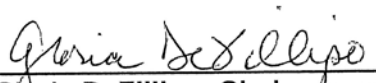
IN FAVOR: seven (7): Ms. Morin. Ms. Defillipo, Ms. McQuade, Mr. Mineo, Mr. Cunningham, Mr. Daniele and Mr. Florian

OPPOSED: zero (0)

ABSTAINED: N/A

RECOMMENDATION: APPROVE

Respectfully submitted,


Gloria DeFillipo, Chairperson

Attachment: 3220_1259_E_Columbus_Ave_2021_PB_Report (6178 : 1259 East Columbus Avenue)

**OFFICE OF PLANNING & ECONOMIC DEVELOPMENT
ANALYSIS FOR A ZONE CHANGE**

**1259 EAST COLUMBUS AVENUE (04303-0510)
BUSINESS C TO BUSINESS B**

GENERAL INFORMATION

Applicant:	Colvest/Columbus Springfield, LLC
Request:	Business C to Business B
Location:	1259 East Columbus Avenue
Parcel Size:	61,876 s.f.
Purpose:	Drive-up service window
Surrounding Land Use and Zoning:	The properties are located in the South End neighborhood, directly adjacent to the central business district. The site will directly abut the casino development. Additional surrounding land uses include retail uses, offices, I-91 and a commercial gas station.
Comprehensive/ Neighborhood Plan:	The South End Neighborhood Plan shows no changes to this area.
Site Visit:	5-10-21
Neighborhood Council Notification:	South End Citizens Council: 5-3-21
Planning Board Hearing Date:	5-19-21/6-2-21

SPECIAL INFORMATION

Traffic & Parking:	N/A
Physical Characteristics:	N/A
Other Notes:	N/A

ANALYSIS

The petitioners have requested to change the zoning of the property known as 1259 East Columbus Avenue from Business C and Business B. This site is the location of a Berkshire Bank/Colvest building as well as a smaller, vacant, single-story commercial building.

In reviewing the proposed zone change, it should be noted that this property as well as a property on Main Street were rezoned from Business B to Business C back in 2015. This was after first trying to incorporate these properties into the Casino Overlay District. At that time, it was the recommendation that if they were looking for flexibility for future development, Business C was the most appropriate option. As noted then, the Business C zoning classification allows for much greater building coverage, building heights and far less parking restrictions. This would be beneficial to the owners of these properties while also providing the full range of review levels required under the existing Zoning Ordinance regulations.

Currently, the petitioner plans to convert a portion of the single-story, vacant commercial building, located on a portion of 1259 East Columbus Avenue, into a restaurant use, with a drive-up service window. Under Business C zoning, drive-up service windows are not permitted.

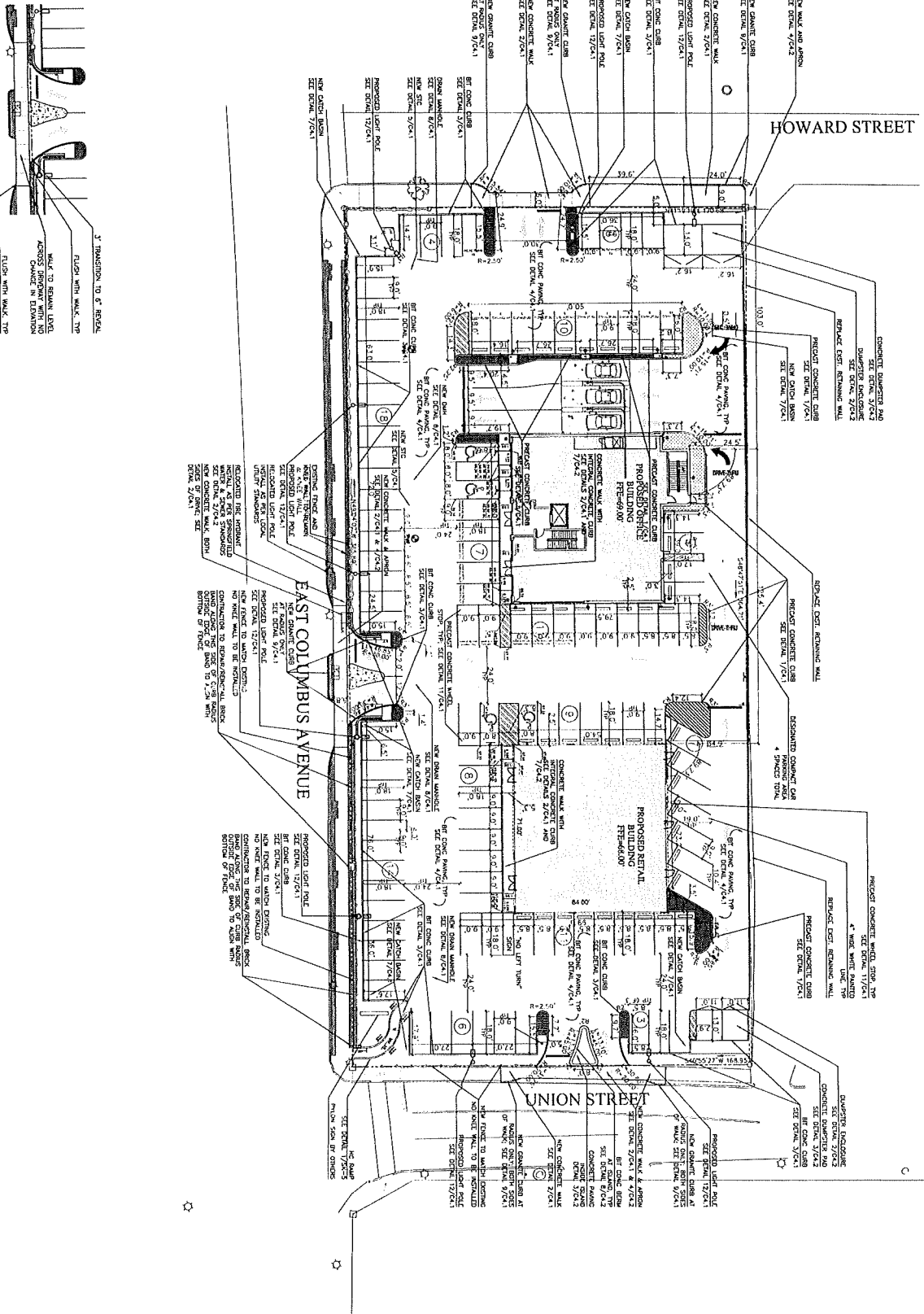


After a review of the proposed zone change the staff does not object to the proposed zone change. Due to the fact that this property was previously zoned Business B as well as the fact that there are number of surrounding properties, including the casino development, that are currently zoned Business B, the staff does not believe that a rezoning back to Business B will have a negative effect on the surrounding properties or on the neighborhood as a whole. The only concern hat the staff would have is with the amount of parking that will remain on the parcel once the drive-up window has been installed. It does appear that with the installation of the drive-up window, a number of the existing parking spaces will be removed. A such, it will need to be confirmed that the remaining parking spaces will still meet the underlying zoning requirements for not only this new use but for the existing uses located within adjacent three-story building and the use proposed for the remaining portion of the one-story building.

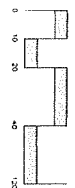
Lastly, it should be noted that in addition to the zoned change, a special permit will also be required for the proposed drive-up service window. At that time, a full review, including layout, design and traffic related issues, will be completed.

RECOMMENDATION

Approve



1 Driveway Crossing, Typical
C2.1 Not to Scale



The Berkshire Design Group, Inc.
Landscape Architecture
Civil Engineering
Land Surveying

4 East Pike, Northampton, Massachusetts 01060
(413) 526-1050 • Fax (413) 526-7055
Web: <http://www.berkshiregroup.com>

Packet Pg. 213

**FOR PERMITTING REVIEW ONLY
NOT FOR CONSTRUCTION**

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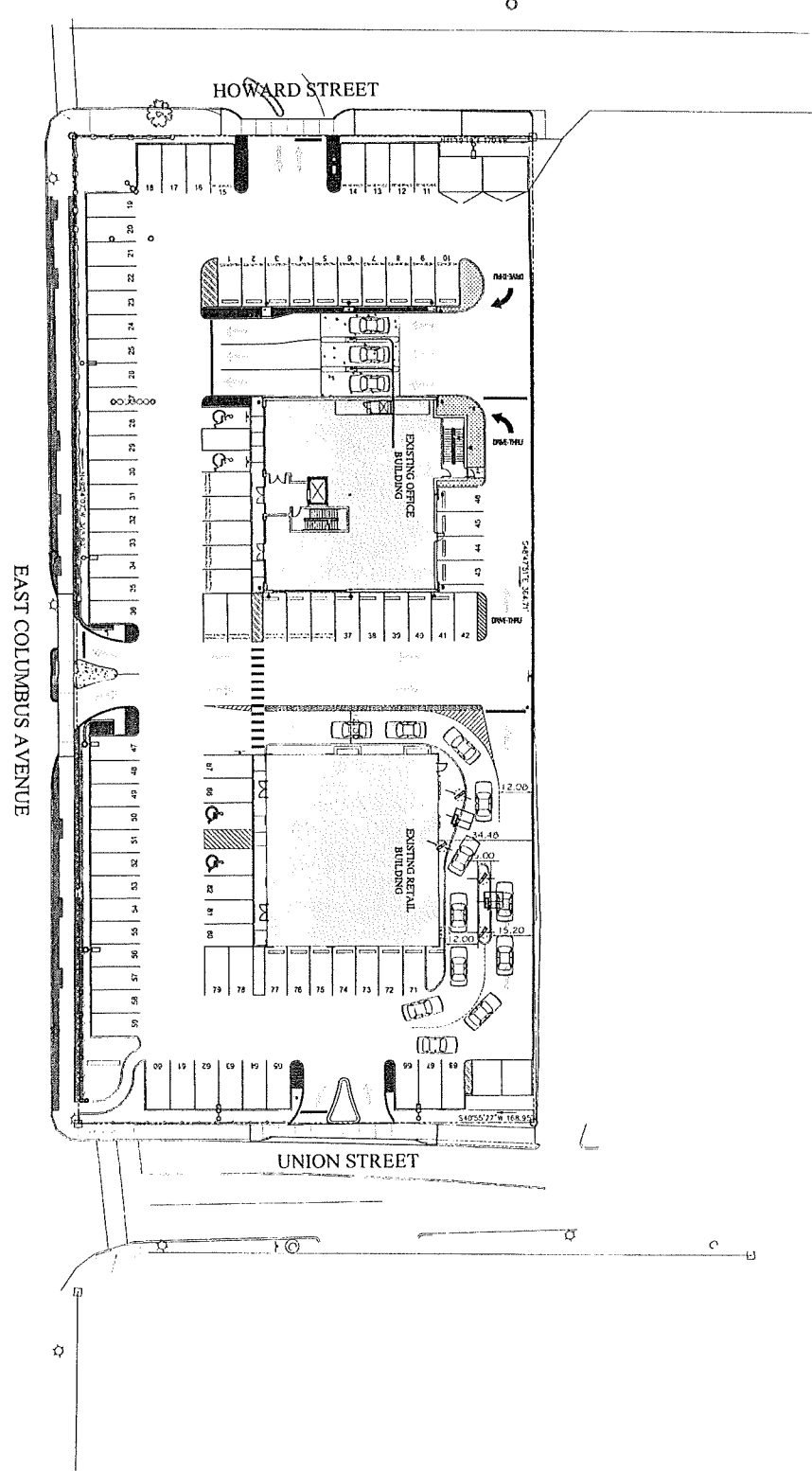
Colt Group

1259 East Columbus Ave., Suite 201
Springfield, MA 01105

Layout Plan

Revision	March 20, 2020	Project Number
1	5.0.0.0. AS PER SYMATIC COMMENTS	
2	6.17.00. AS PER DPM COMMENTS	
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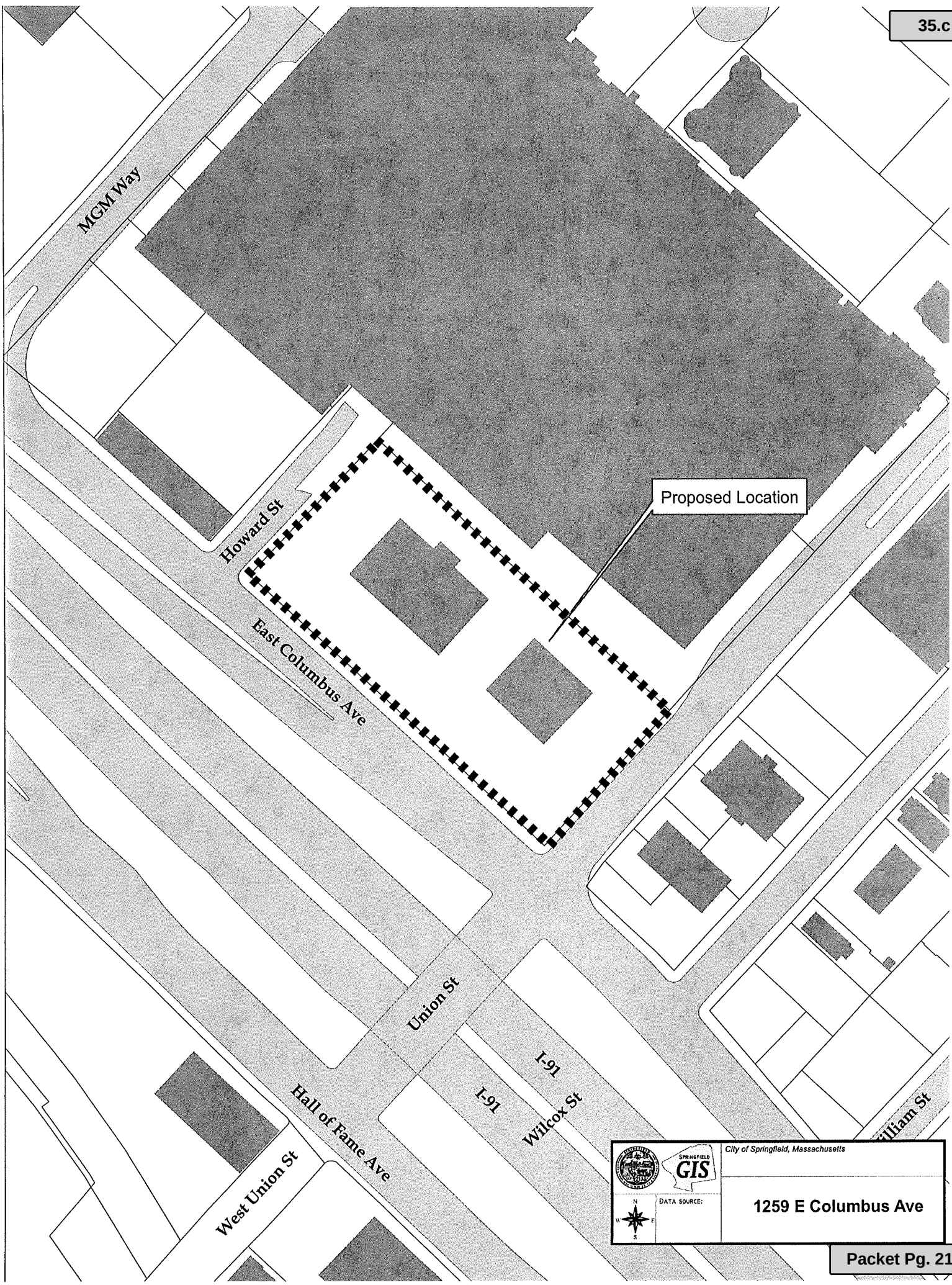
C2.1



C-2	
DATE:	2023.04.06
PROJECT NO:	2002
DRAWN BY:	SH
SCALE:	N.T.S.
DRAWING NO:	

LOCATION:	1245 & 1259 E COLUMBUS AVE SPRINGFIELD, MA
OWNER'S NAME:	CONCEPT DRIVE THRU

COLVEST GROUP
1259 East Columbus Avenue - Suite 201
Springfield, Massachusetts 01105
P. 413.363.9793 • F. 413.363.2643



Attachment: 3220_1259_E_Columbus_Ave_2021 (6178 : 1259 East Columbus Avenue)

 SPRINGFIELD GIS	City of Springfield, Massachusetts	
	DATA SOURCE:	1259 E Columbus Ave

To The City Council of the City of Springfield:
The undersigned respectfully petition your honorable body

to change the zoning of the properties known as 1021 Boston Road (01655-0570), SS Boston Road (01655-0578), ES Wollaston Street (12440-0120 & 0115) and 20 Shumway Street (01850-0010) from Residence A and Business A to Business B.

Mailing Address:

265 Michael Sears Road
 Belchertown, MA 01007

Owner:

Mark F & Bonnie Bousquet, Trustees

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

By: 

Mark F Bousquet

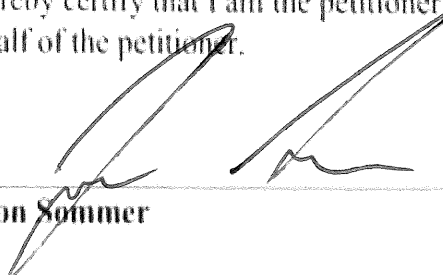
Mailing Address:

880 Marietta Highway, Suite 630-243
 Roswell, GA 30075

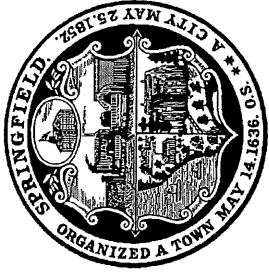
Petitioner:

Diamond Point Development, LLC

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

By: 

Jason Sommer



CITY OF SPRINGFIELD

IN THE YEAR TWO THOUSAND AND TWENTY ONE

AN ORDINANCE

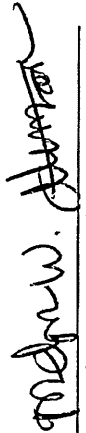
AMENDING SECTION 14 OF THE BUILDING ZONE MAP

Be it ordained by the City Council of the City of Springfield as follows:

SECTION 1. The Zoning Ordinance of the City of Springfield, Massachusetts entitled “An Ordinance for Consolidating and Arranging, Enlarging, Modifying and Amending the Ordinances of the City Restricting Buildings, Structures, and Premises According to Their Use or Construction to Specified Parts of the City”, text enacted, May 28, 2013, as amended, is hereby further amended by changing from **Residence A and Business A to Business B** the zoning on **Plot #3221, Section 14** of the Building Zone Map as indicated in red ink on the plan thereof hereto attached and marked

“**Section 14 Building Zone Map of the City of Springfield.**”

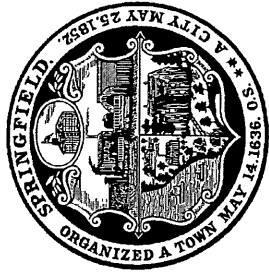
Approved as to Form;


Associate City Solicitor

In accordance with Mass. Gen. Laws c. 40A, section 5, the Planning Board held a hearing on June 2, 2021 and June 16, 2021 regarding the above Ordinance amendment.

2 Person(s) appeared in favor, and 0 Person(s) appeared in opposition.


Gloria DeFillipo, Chairperson



CITY OF SPRINGFIELD

IN THE YEAR TWO THOUSAND AND TWENTY ONE

AN ORDINANCE

AMENDING SECTION 14 BUILDING ZONE MAP

SECTION 1. The Zoning Ordinance of the City of Springfield, Massachusetts entitled “An Ordinance for Consolidating and Arranging, Enlarging, Modifying and Amending the Ordinances of the City Restricting Buildings, Structures, and Premises According to Their Use or Construction to Specified Parts of the City”, text enacted, May 28, 2013, as amended, is hereby further amended by changing from **Residence A and Business A to Business B** the zoning on **Plot #3221, Section 14** of the Building Zone Map as indicated in red ink on the plan thereof hereto attached and marked “**Section 14 Building Zone Map of the City of Springfield.**”

REPORT TO CITY COUNCIL
ZONE CHANGE HEARING

PETITION: #3221
SECTION: 14

DATE: June 17, 2021

To the Honorable Mayor and City Council of the City of Springfield, Massachusetts, the Planning Board submits the following report on the Zone Change Petition, which was referred to the Board for its recommendation:

PETITIONER: Diamond Point Development, LLC

ADDRESS: 1021 Boston Road (01655-0570), SS Boston Road (01655-0578), ES Wollaston Street (12440-0120 & 0115) and 20 Shumway Street (01850-0010)

CHANGE REQUESTED: Proposed zone change from Residence A and Business A to Business B

PETITIONER'S PURPOSE STATEMENT: To allow a self-storage facility

DATE OF PUBLIC HEARING: June 2, 2021 and June 16, 2021

DATE OF FINAL DECISION: June 16, 2021

BOARD MEMBERS PRESENT and COUNT: six (6): Ms. Morin. Ms. Defillipo, Ms. Choi, Mr. Mineo, Mr. Cunningham and Mr. Florian

FINAL MOTION: APPROVE

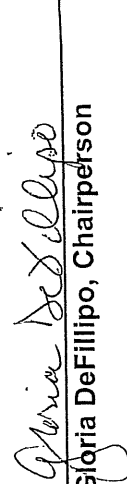
IN FAVOR: six (6): Ms. Morin. Ms. Defillipo, Ms. Choi, Mr. Mineo, Mr. Cunningham and Mr. Florian

OPPOSED: zero (0)

ABSTAINED: N/A

RECOMMENDATION: APPROVE

Respectfully submitted,


Gloria DeFillipo, Chairperson

To The City Council of the City of Springfield:
The undersigned respectfully petition your honorable body

to amend and existing special permit (drive-up service window), granted June 2007, by allowing a change to the approved site plans at the property known as 809 Boston Road (01655-0612)(Book#3729&3766/Page#485&424), as allowed by M.G.L. and the Springfield Zoning Ordinance, Article 4, Table 4-4, Section 19.1(2).

Mailing Address:

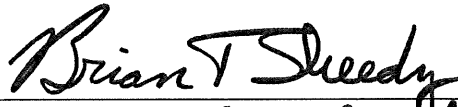
110 N. Carpenter Street
Chicago, IL 60607

Owner & Petitioner:

McDonald's Real Estate Company

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

BY:


Brian Sheedy *Senior Counsel*

Attachment: Boston_Rd_809_Tax_Formal (6070 : 809 Boston Road)



THE CITY OF
SPRINGFIELD, MASSACHUSETTS

2/5/2021

Special Permit Tax Certification

I certify that all identifiable real estate, personal property and excise taxes have been paid by the petitioner and/or landlord associated with the special permit request shown below:

Special Permit : 809 Boston Road
Petitioner : McDonald's Real Estate Company
Landlord : McDonald's Real Estate Company

Christopher M. [Signature]

OFFICE OF PLANNING & ECONOMIC DEVELOPMENT
ANALYSIS FOR A SPECIAL PERMIT

809 BOSTON ROAD (01655-0612)
AMEND EXISTING SPECIAL PERMIT
(DRIVE-UP SERVICE WINDOW)

General Information

Petitioner:	McDonald's Real Estate Company
Request:	To amend an existing special permit (drive-up service window), granted June 2007, by allowing a change in the approved plans.
Proposed use of the property:	Fast food restaurant.
Size:	44,141 s.f.
Compatibility with current planning documents:	The Pine Point Neighborhood Plan shows no changes to this area.
Neighborhood council notification:	Pine Point Community Council: 3-8-21
Tax Status:	SEE ATTACHED
Site Visit:	3-29-21/4-5-21

Staff Analysis

Neighborhood characteristics:

The property is located in the Pine Point Neighborhood and is located along the Boston Road commercial corridor.

To the north is a shopping plaza zoned Business A.

To the south is a church zoned Residence A.

To the east are a retail operation and vacant land zoned Business A and Commercial P.

To the west is a retail operation zoned Business A and Residence A.

Site plan review:

The petitioner has requested to amend an existing drive-up service window, granted in June 2007, to allow a change in the approved plans at the property known as 809 Boston Road. The site is the current location of McDonald's. The previous special permit was for the demolition of the existing building and the construction of a new building.

As was stated above, there is currently a McDonald's fast food restaurant with a drive-up service window at this location. This operation has been at this location for a number of years. Currently, there is only a single drive-up lane. As has been done to a number of McDonald's across the City, the petitioner has submitted plans to reconfigure the drive-up lane to accommodate two (2) ordering stations.

After reviewing the submitted site plans, it was noted that the design of the building and overall parking layout does not significantly differ from the existing layout. As was with the previous design, the staff is pleased to see that there will be no change to the landscaped area along the front of the building with a pedestrian connection to the public sidewalk.

After a full review of the proposed plans and visiting the site, the staff does not oppose the request. The staff feels that the changes to the drive-up window will not adversely affect the abutter or the neighborhood as a whole.



Recommendation

Approve, with conditions.

Recommended Conditions

1. This special permit is granted to this petitioner only.
2. This special permit is granted solely to operate a drive-up service window at the property known as 809 Boston Road (01655-0612).
3. The use shall be developed as per the attached site plans and elevations, dated November 4, 2020, with the addition of conditions #4 and #5.
4. All conditions placed on the June 2007 special permit shall remain in effect.
5. In addition to the special permit approval, a full review by the Department of Public Works, as per the provisions of City Ordinance, Chapter 27, Article VIII, § 27-58 through 27-63, will be required. This approval must be obtained prior to the issuance of a Building Permit.
6. Compliance with these conditions, as well as any and all zoning regulations, is required. Failure to comply may result in denial of the issuance of a Building Permit and/or Occupancy Permit, revocation of any permits issued and/or enforcement by the Code Enforcement Department punishable by fines of up to \$200 per day for each day a violation exists.



THE CITY OF
SPRINGFIELD, MASSACHUSETTS

2/5/2021

**Special Permit
Tax Certification**

I certify that all identifiable real estate, personal property and excise taxes have been paid by the petitioner and/or landlord associated with the special permit request shown below:

Special Permit : 809 Boston Road
Petitioner : McDonald's Real Estate Company
Landlord : McDonald's Real Estate Company

Christy M. [Signature]

DEPARTMENTAL AND INTERDEPARTMENTAL CORRESPONDENCE
CITY OF SPRINGFIELD
MASSACHUSETTS

2007 38.b

TO: DATE : June 21, 2007
DEPARTMENT: FROM: Wayman Lee, Esq.
COPIES TO: DEPARTMENT: City Clerk
SUBJECT: 809 Boston Road

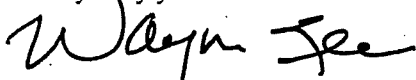
This is to inform you that at a meeting of the City Council held on Tuesday evening, May 29, 2007 it was voted by the City Council according to law to grant a special permit to Owner & Petitioner: McDonald's Corporation Northeast Region By: Francis Essien, to operate a drive-up service window at the property known as **809 Boston Road** as allowed by Massachusetts General Laws and the Springfield Zoning Ordinance, Article X-D.6 with the following conditions:

1. This special permit is granted to this petitioner only.
2. This special permit is granted solely to operate a drive-up service window at the property known as 809 Boston Road (01655-0612).
3. The use shall be developed as per the attached site plans and elevations, dated September 22, 2006, with the addition of conditions #1 through #17.
4. All landscaping shall be installed as per submitted plans.
5. There shall be two (2) additional Dogwood trees located within the landscaped beds at the entrance and exist of the property.
6. There shall be no outside storage of materials beyond the enclosed dumpster area.
7. The petitioner shall place one (1) bicycle rack on the property.
8. There shall be only one (1) ground sign at this location.
9. There shall be no electronic message board attached to the ground sign.
10. There shall be no "running messages" or "flashing messages" allowed on the ground sign.
11. There shall be no additional advertising material located on any directional signage or light poles.
12. The site shall be maintained free of all weeds and trash and debris.
13. All landscaped areas, including the public tree belt shall be maintained by the petitioner.
14. The dumpster shall be completely enclosed.
15. All sidewalks shall remain at grade and shall not be depressed to accommodate the driveways.
16. There shall be no banner, streamers or other promotional materials placed in outside areas.
17. There shall be no non-accessory signs located on the property.
18. Compliance with these conditions, as well as any and all zoning regulations, is required. Failure to comply may result in enforcement by the Code Enforcement Department punishable by fine of up to \$50 per day for each day a violation exists.

REASONS: (1) The specific site is an appropriate location for such a use, structure, or condition.
(2) The use as developed will not adversely affect the neighborhood.(3) Adequate and appropriate facilities will be provided for the proper operation of the proposed use.

This permit becomes effective on June 21, 2007.

Very truly yours



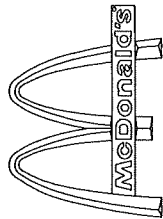
Wayman Lee, Esquire
City Clerk

WL/laf

Attachment: Boston_Rd_809_2021 (6070 : 809 Boston Road)

FOR _____

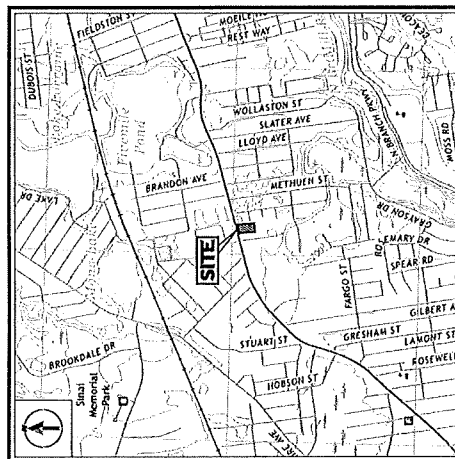
EXISTING



WITH DRIVE-THRU

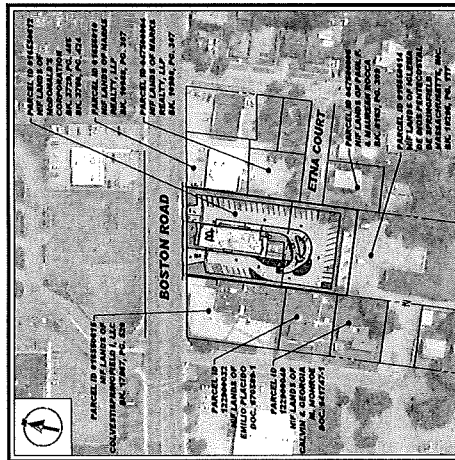
LOCATION OF SITE

809 BOSTON ROAD, CITY OF SPRINGFIELD
HAMPDEN COUNTY, MASSACHUSETTS
PARCEL ID 016550612



USGS MAP

SCALE: 1" = 1,000'
SOURCE: USGS SPRINGFIELD NORTH



SITE MAP

SCALE: 1" = 100'
SOURCE: GOOGLE EARTH

DRAWING SHEET INDEX

SHEET NUMBER	SHEET TITLE
C-101	COVER SHEET
C-102	GENERAL NOTES SHEET
C-201	GENERAL NOTATION & SOIL EROSION CONTROL PLAN
C-301	SITE LAYOUT PLAN
C-401	GRADING AND DRAINAGE PLAN
C-501	DETAIL SHEET
C-602	DETAIL SHEET
1 OF 1	BOUNDARY & TOPOGRAPHIC SURVEY (BY OTHERS)

GENERAL NOTES:

- [illegible]

PAVING SPECIFICATION

THE UNIVERSITY OF TEXAS AT AUSTIN

- 1.5" (3.8) IN. MAXIMUM FIBER LENGTH
 -1.5" MAX. (3.8) IN. TOP COURSE
 -1.5" MAX. (3.8) IN. BASE COURSE
 -1.2" MAX. (3.0) IN. TYPE C PROCESSSED GRAVEL SURFACE
- SUBP. PAVEMENT SECTION
 4.0" (10.2) THK. UNWEATHERED CONCRETE
 4.0" (10.2) THK. AIR-DRY-HEATED CONCRETE AT TRASH ENCLOSURE
 -1.2" MAX. (3.0) IN. TYPE C PROCESSSED GRAVEL SURFACE
- NOTE: FIRM, DETAILED SPECIFICATIONS TO BE COORDINATED WITH
 GEOTECHNICAL PAVEMENT RECOMMENDATIONS. MASONRY/ENGINEER
 RESERVES THE RIGHT TO REQUEST A COMPRESSION TEST AND/OR TO CORE
 THE PAVEMENT. THE PAVEMENT SHALL BE CONSTRUCTED TO THE
 BEST OF THE EXPERIENCE OF MASONRY/ENGINEER. OTHERWISE, GRS SHALL BE CONSIDERED

PARKING INFORMATION

3	PROPOSED SPACES	15' x 18.0' @ 10"
4	PROPOSED SPACES	8.5' x 17.5' @ 77" (EXIST.)
TOTAL		

UTILITY INFORMATION

SURVEY INFORMATION				
SIZE	TYPE	LOCATION		
SANITARY SEWER	PVC	STW CRT PLWN.		
STORM	UNK	BOSTON RD. PLWN.		
STORM SEWER	PVC/OPP	BOSTON RD. PLWN.		
ELECTRIC	UNK	BOSTON RD. PLWN.		
GAS	UNK	BOSTON RD. PLWN.		

REVIEW INFORMATION

CONTROL POINT ASSOCIATES, INC.
352 TURNPIKE ROAD
SOUTHBOROUGH, MA 01772
JOB # 03-200230-00
DATE: SEPTEMBER 15, 2020

TYPICAL LEGEND

[illegible]

PERMIT SET

STREET ADDRESS	809 BOSTON ROAD	CITY	SPRINGFIELD	STATE	MASSACHUSETTS	COUNTY	HAMDEN	PLAN DESCRIPTION	COVER SHEET
SITE ID.	020-0020								



SITE CIVIL AND LAND SURVEYING

PROGRAM MANAGEMENT

LANDSCAPE ARCHITECTURE

SUSTAINABLE DESIGN

TRANSPORTATION SERVICES

COMPLIANCE CHECK ☐ DATE _____

CONSTRUCTION CHECK ☐ DATE _____

CONSTRUCTION CHECK ☐ DATE _____

CONSTRUCTION CHECK ☐ DATE _____

PROJECT No.: 1022011

CAD 10.6

1022011-CIVIL.dwg

[illegible]

GENERAL NOTES

1. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and is being furnished to you for your information. It is to be understood that this information is being furnished to you for your information only and is not to be used for any other purpose. It is to be understood that this information is being furnished to you for your information only and is not to be used for any other purpose. It is to be understood that this information is being furnished to you for your information only and is not to be used for any other purpose.

GENERAL GRADING & UTILITY PLAN NOTES

- [illegible]

GENERAL DEMOLITION NOTES

- [illegible]

ADA INSTRUCTIONS TO CONTRACTOR:

- [illegible]

REFER TO SITE PLAN FOR ZONING ANALYSIS TABLE AND LAND USE ZONING INFORMATION & NOTES

**REFER TO DETAIL SHEETS
FOR SOIL EROSION CONTROL**

BOHLER

THE

1987

SITE CIVIL AND CONSULTING ENGINEERING
LANDSCAPE ARCHITECTURE
PROGRAM MANAGEMENT
LANDSCAPE ARCHITECTURE
SUSTAINABLE DESIGN
TRANSPORTATION SERVICES

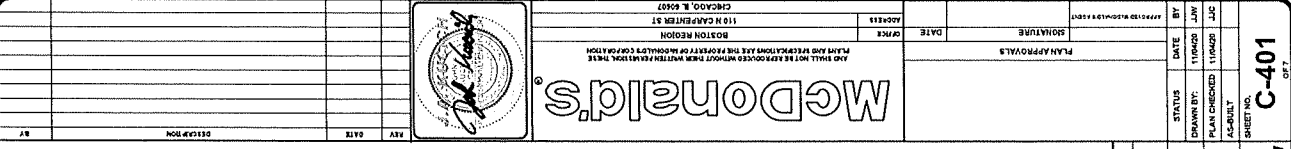
10000 BOHLER DRIVE, SUITE 100, BOHLER, OHIO 44017
440.833.1100
WWW.BOHLER.COM

COMPLIANCE ORDER	DATE
CONSTRUCTION ORDER	DATE
CONSTRUCTION ORDER	DATE
PROJECT NO.:	
CITY:	
WOSHEN, L. & S. & S.	
PERMIT SET	
809 BOSTON ROAD	
CITY	STATE
SPRINGFIELD	MASSACHUSETTS
COUNTY	HAMDEN
SITE I.D.	023-0020
FRANK P. GARDNER	
GENERAL NOTES SHEET	

NAME	DOSTON REGION
ADDRESS	110 CAMPENTER ST CHICAGO, IL 60607

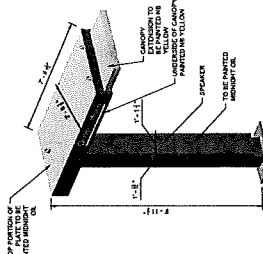
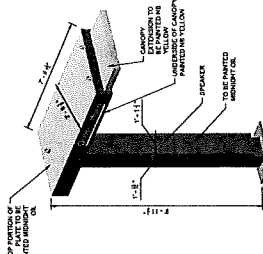
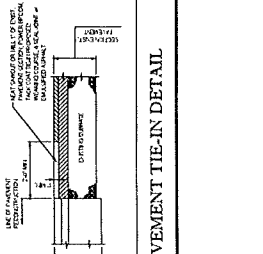
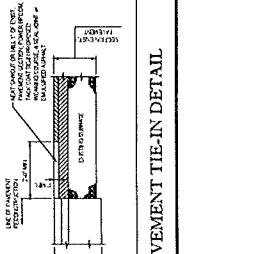
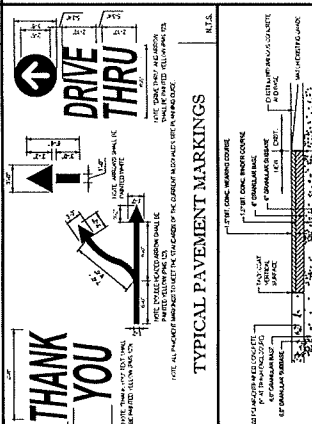
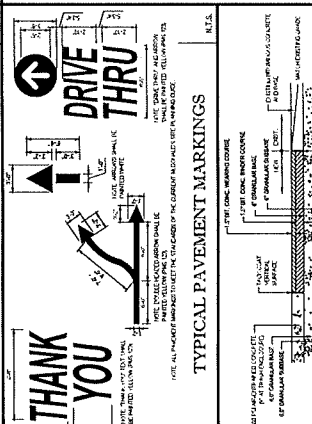
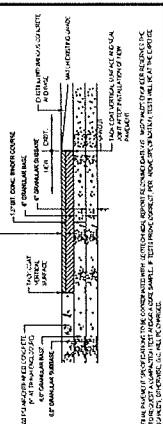
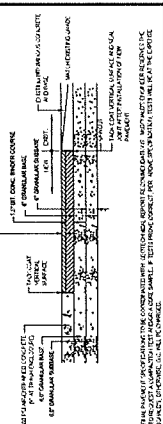
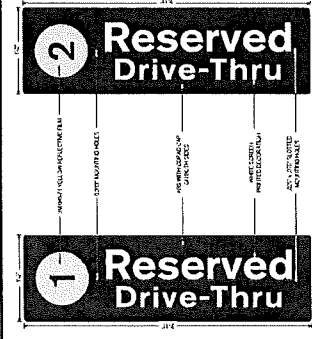
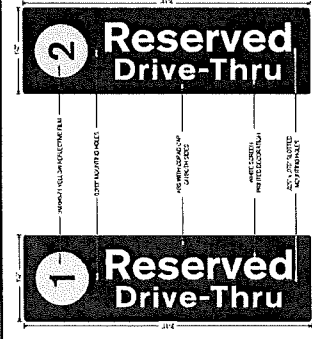
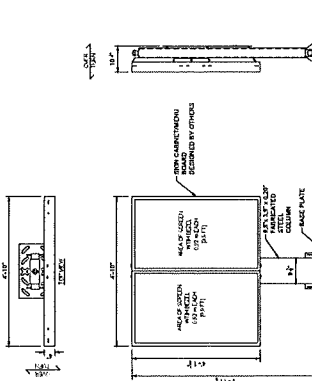
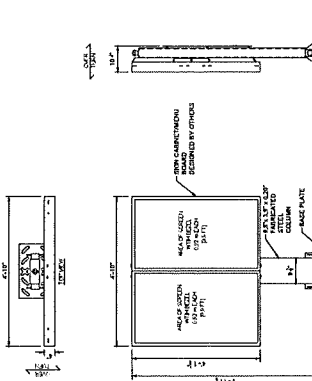
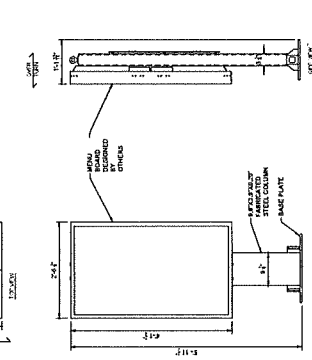
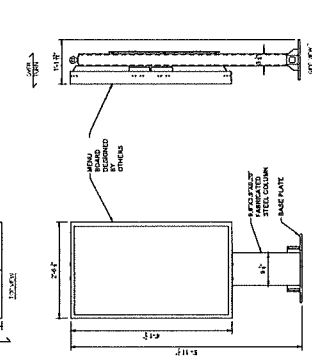
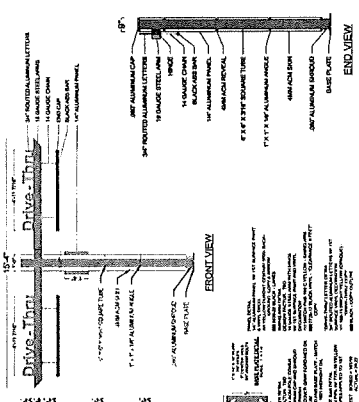
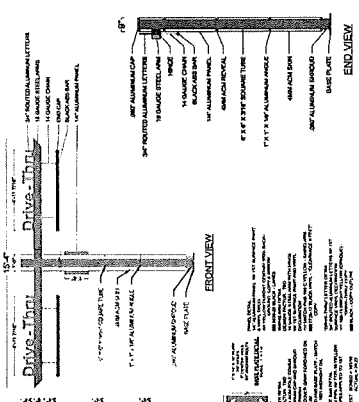
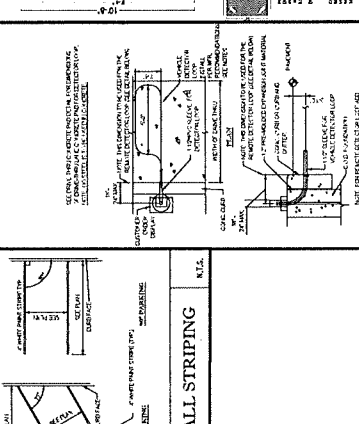
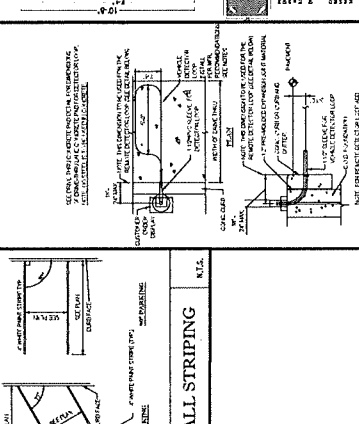
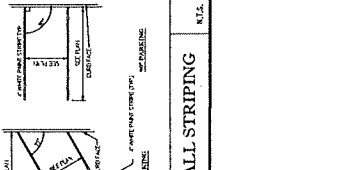
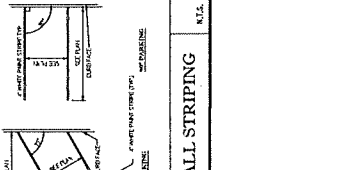
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Attachment: Boston_Rd_809_2021 (6070 : 809 Boston Road)

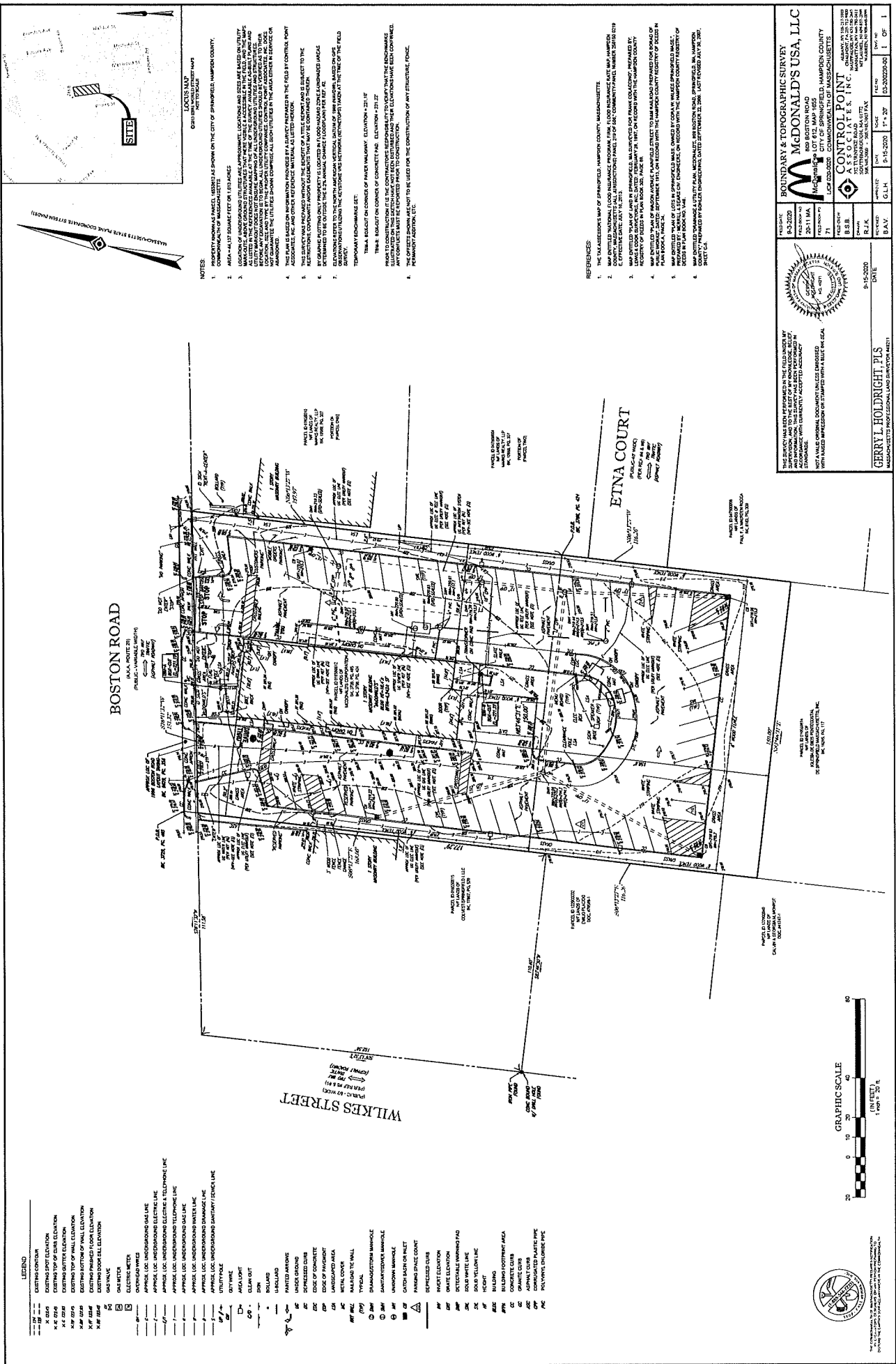


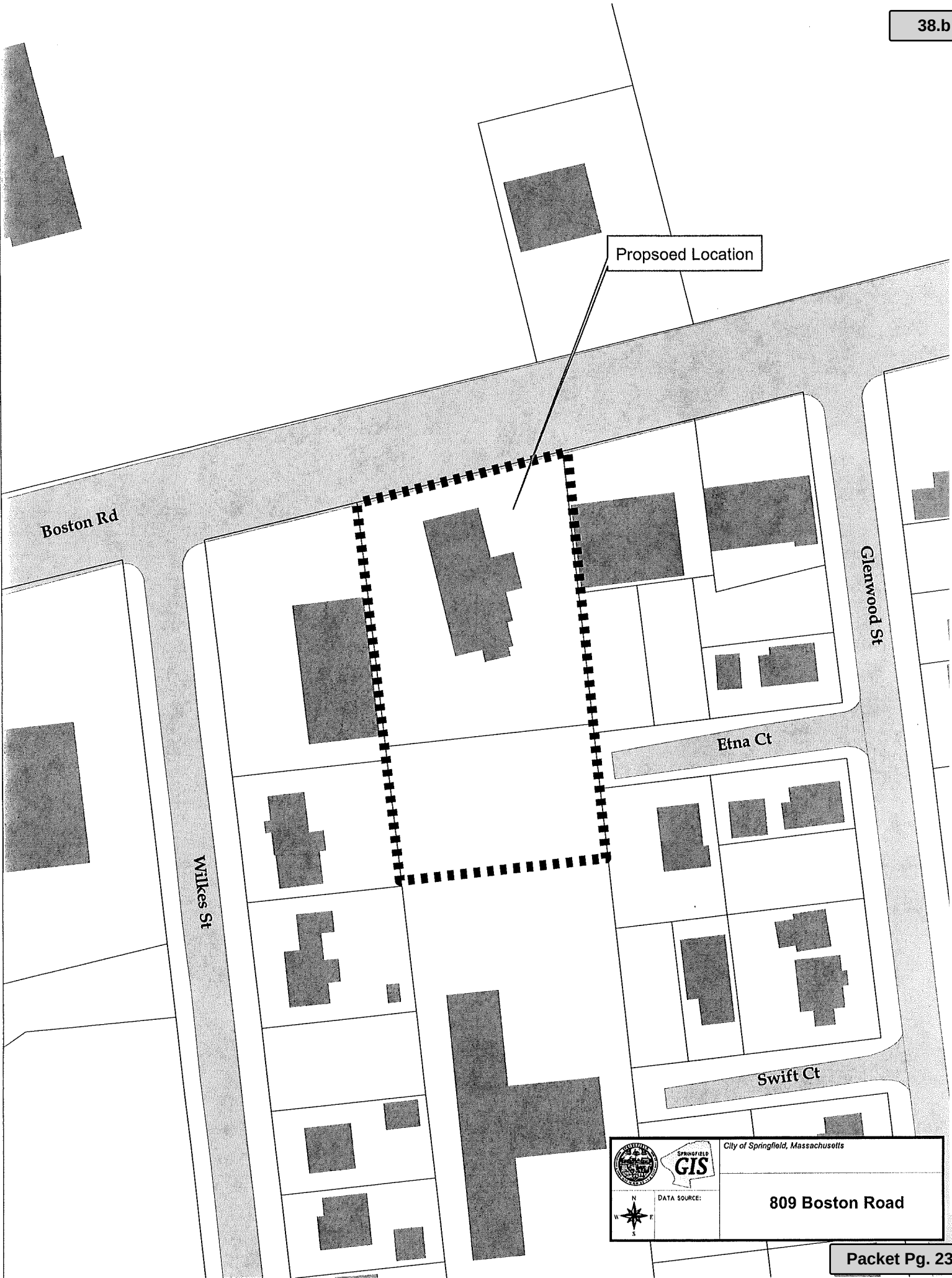
**THIS PLAN TO BE UTILIZED FOR
SITE GRADING PURPOSES ONLY.
REFER TO GENERAL NOTES SHEET
FOR ADDITIONAL GRADING &
UTILITY NOTES.**

[illegible][illegible]

 McDonald's 110 N CAMPBELL ST CHICAGO, IL 60647		 McDonald's 110 N CAMPBELL ST CHICAGO, IL 60647	
DATE: 10/24/21 BY: JAC		DATE: 10/24/21 BY: JAC	
SIGNATURE: [Signature] DATE: 10/24/21 BY: JAC		SIGNATURE: [Signature] DATE: 10/24/21 BY: JAC	
PLAN APPROVALS		PLAN APPROVALS	
STATUS: 10/24/21 DRAWN BY: JAC PLAN CHECKED: JAC AS-BUILT: JAC		STATUS: 10/24/21 DRAWN BY: JAC PLAN CHECKED: JAC AS-BUILT: JAC	
SHEET NO. C-901		SHEET NO. C-901	
CITY: SPRINGFIELD STATE: MASSACHUSETTS COUNTY: HAMDEN		CITY: SPRINGFIELD STATE: MASSACHUSETTS COUNTY: HAMDEN	
PROJECT NO. 020-0020		PROJECT NO. 020-0020	
SHEET NO. 102001-L-001-001		SHEET NO. 102001-L-001-001	
DETAIL SHEET		DETAIL SHEET	
PERMIT SET 809 BOSTON ROAD SPRINGFIELD, MASSACHUSETTS 01104		PERMIT SET 809 BOSTON ROAD SPRINGFIELD, MASSACHUSETTS 01104	
COMPLIANCE CHECK: [] CONSTRUCTION CHECK: [] CONSTRUCTION CHECK: [] PROJECT NO. 102001-L-001-001		COMPLIANCE CHECK: [] CONSTRUCTION CHECK: [] CONSTRUCTION CHECK: [] PROJECT NO. 102001-L-001-001	
BOHLER SITE CIVIL AND CONSULTING ENGINEERING LANDSCAPE ARCHITECTURE PERMITTING SERVICES 102001-L-001-001		BOHLER SITE CIVIL AND CONSULTING ENGINEERING LANDSCAPE ARCHITECTURE PERMITTING SERVICES 102001-L-001-001	
CUSTOMER ORDER SPEAKER/CANOPY DETAIL N.T.S. 		CUSTOMER ORDER SPEAKER/CANOPY DETAIL N.T.S. 	
PAVEMENT TIE-IN DETAIL N.T.S. 		PAVEMENT TIE-IN DETAIL N.T.S. 	
TYPICAL PAVEMENT MARKINGS N.T.S. 		TYPICAL PAVEMENT MARKINGS N.T.S. 	
CONCRETE & BITUMINOUS CONCRETE PAVING DETAIL N.T.S. 		CONCRETE & BITUMINOUS CONCRETE PAVING DETAIL N.T.S. 	
PULL FORWARD SIGN DETAIL N.T.S. 		PULL FORWARD SIGN DETAIL N.T.S. 	
DIGITAL MENU BOARD DETAIL N.T.S. 		DIGITAL MENU BOARD DETAIL N.T.S. 	
DIGITAL PRE-BROWSE BOARD DETAIL N.T.S. 		DIGITAL PRE-BROWSE BOARD DETAIL N.T.S. 	
GATEWAY CLEARANCE BAR N.T.S. 		GATEWAY CLEARANCE BAR N.T.S. 	
AUTO DETECTOR LOOP DETAIL N.T.S. 		AUTO DETECTOR LOOP DETAIL N.T.S. 	
STALL STRIP N.T.S. 		STALL STRIP N.T.S. 	

Attachment: Boston_Rd_809_2021 (6070 : 809 Boston Road)





Proposed Location

Boston Rd

Wilkes St

Glenwood St

Etna Ct

Swift Ct

Attachment: Boston_Rd_809_2021 (6070 : 809 Boston Road)

 SPRINGFIELD MASSACHUSETTS	 City of Springfield, Massachusetts	DATA SOURCE:
		809 Boston Road

Phone
(413) 583-7770

P.O. Box 777 • Ludlow, MA 01056
melodypage@harmonyenviron.com

Fax
(413) 583-8807

Customer McDonald's
Address Boston Rd
Springfield, Ma
Date of Service 9/16/20

Description

External Grease Trap-

Internal Grease Trap-

- emergency service for internal grease trap
- clear sinks and snake outlet chamber
- check drain. Both trap and sinks drain properly

Technician

Signature

Kris Page
Ali Bob

Phone
(413) 583-7770

P.O. Box 777 • Ludlow, MA 01056
melodypage@harmonyenviron.com

Fax
(413) 583-8807

Customer McDonald's
Address 809 Boston Rd.
Springfield, Ma
Date of Service 10/24/19

Description

External Grease Trap-

service external grease
trap

Internal Grease Trap-

service internal grease
trap

7:00 AM

Technician

Signature

Kristi Page
Kristi Page

Harmony Environmental, Inc.

Food Grease Management



Work Order

HE 34

38.c

Phone
(413) 348-7585

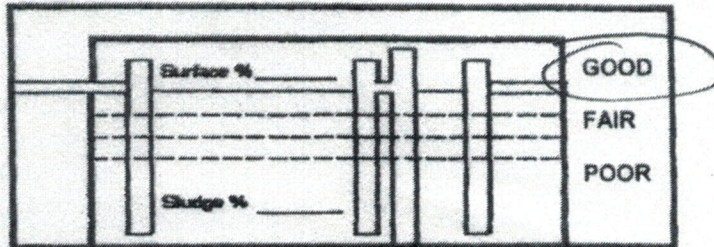
P.O. Box 777 • Ludlow, MA 01056
harmonyenvironmental777@gmail.com

Fax
(413) 583-8807

Customer McDonald's
Address 809 Boston Rd
Springfield, Ma
Date of Service 1/20/2020

GREASE TRAP REPORT

No. of Traps	Trap Sizes
2	
Locations	Service 1 internal grease trap Service 1 external grease trap



- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet/Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

Comments _____

ALL GREASE PUMPED FROM GREASE TRAPS WILL BE DISPOSED OF
IN AN ENVIRONMENTALLY SAFE PROCEDURE

Customer Signature Dehl Yance

Technician Signature Kris Page

Attachment: McDonald's-Harmony Environmental Study (6070 : 809 Boston Road)

Harmony Environmental, Inc.

Food Grease Management

 Phone
 (413) 348-7585

 P.O. Box 777 • Ludlow, MA 01056
 harmonyenvironmental777@gmail.com

 Fax
 (413) 583-8807

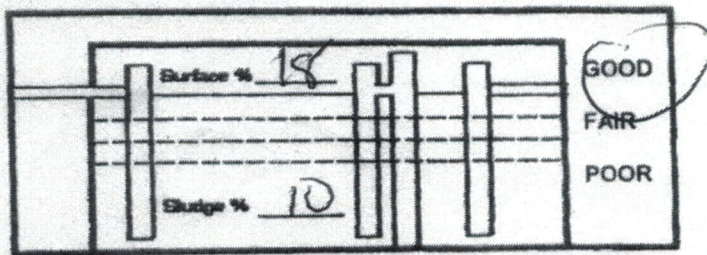
 Customer
 Address

Date of Service

McDonald's
 809 Boston Rd.
 Springfield MA 4.21.20

GREASE TRAP REPORT

No. of Traps	Trap Sizes
Locations	service external grease trap service internal grease trap



Comments

- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet/Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

Customer Signature

Technician Signature

 ALL GREASE PUMPED FROM GREASE TRAPS WILL BE DISPOSED OF
 IN AN ENVIRONMENTALLY SAFE PROCEDURE

Attachment: McDonald's-Harmony Environmental Study (6070 : 809 Boston Road)

Harmony Environmental, Inc.

Food Grease Management

Work Order
HE 3 **38.c**

Phone
(413) 348-7585

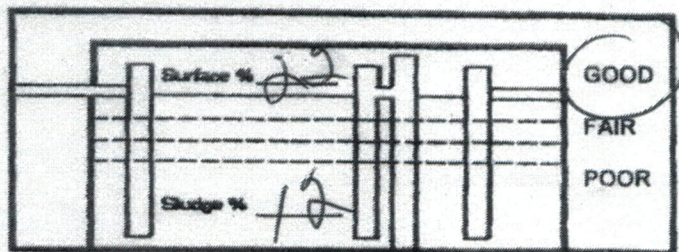
P.O. Box 777 • Ludlow, MA 01056
harmonyenvironmental777@gmail.com

Fax
(413) 583-8807

Customer McDonald's
Address 1402 Allen Street
Springfield MA
Date of Service 7.16.20

GREASE TRAP REPORT

No. of Traps	Trap Sizes
Locations	<u>Service external grease trap</u> <u>Service internal grease trap</u>



- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet/Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

Comments _____

ALL GREASE PUMPED FROM GREASE TRAPS WILL BE DISPOSED OF
IN AN ENVIRONMENTALLY SAFE PROCEDURE

Customer Signature

Technician Signature

Attachment: McDonald's-Harmony Environmental Study (6070 : 809 Boston Road)

Harmony Environmental, Inc.

Food Grease Management

Work Order
HE 34 **38.c**

Phone
(413) 348-7585

P.O. Box 777 • Ludlow, MA 01056
harmonyenvironmental777@gmail.com

Fax
(413) 583-8807

Customer
Address

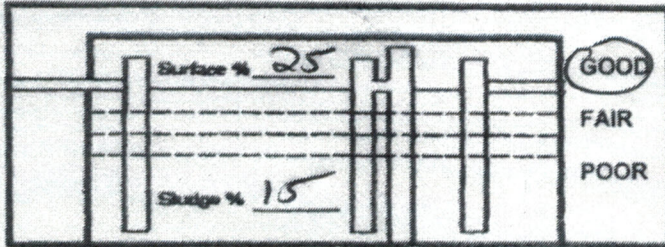
McDonald's
809 Boston Road
Springfield MA

Date of Service

10.9.20

GREASE TRAP REPORT

No. of Traps	Trap Sizes
Locations	<i>Service external grease trap</i>



- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet/Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

Comments _____

Customer Signature

[Signature]

Technician Signature

Kris Page

ALL GREASE PUMPED FROM GREASE TRAPS WILL BE DISPOSED OF
IN AN ENVIRONMENTALLY SAFE PROCEDURE

Attachment: McDonald's-Harmony Environmental Study (6070 : 809 Boston Road)

Harmony Environmental, Inc.

Food Grease Management



Work Order
HE 34665

38.c

Phone
(413) 348-7585

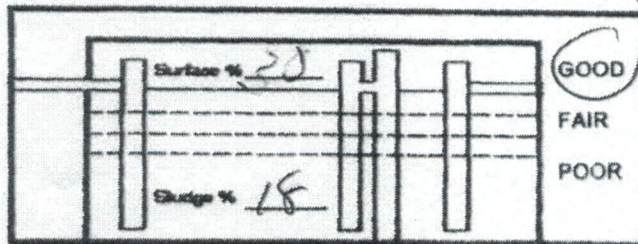
P.O. Box 777 • Ludlow, MA 01056
harmonyenvironmental777@gmail.com

Fax
(413) 583-8807

Customer McDonald's
Address 809 Boston Rd
Springfield Ma
Date of Service 1-14-21

GREASE TRAP REPORT

No. of Traps	Trap Sizes
Locations	Service external grease trap Service internal grease trap



- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet/Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

Comments _____

ALL GREASE PUMPED FROM GREASE TRAPS WILL BE DISPOSED OF
IN AN ENVIRONMENTALLY SAFE PROCEDURE

Customer Signature [Signature]

Technician Signature [Signature]

Attachment: McDonald's-Harmony Environmental Study (6070 : 809 Boston Road)

Harmony Environmental, Inc.

Food Grease Management



Work Order
HE 34 **38.c**

Phone
(413) 348-7585

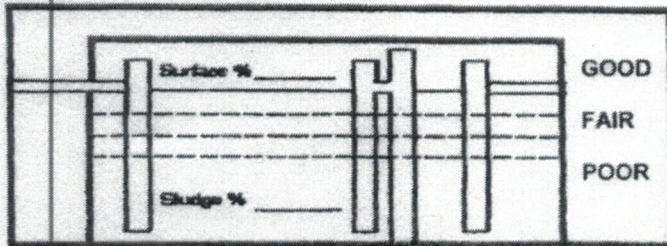
P.O. Box 777 • Ludlow, MA 01056
harmonyenvironmental777@gmail.com

Fax
(413) 583-8807

Customer Address: McDonalds
809 Boston Rd
Springfield, Ma
Date of Service: 3/9/21

GREASE TRAP REPORT

No. of Traps	1	Trap Sizes
Locations	- emergency service for internal grease trap - sinks and trap drain properly	



Comments _____

- ☐ Trash and/or Garbage in Trap
- ☐ Overflowing
- ☐ Blockage
- ☐ More Frequent Service Recommended
- ☐ Recommend Inlet/Outlet Repair
- ☐ Recommend Baffle Repair
- ☐ Recommend Trap Agitation
- ☐ Recommend Line Jetting or Cabling

Customer Signature: [Signature]
Technician Signature: [Signature]

ALL GREASE PUMPED FROM GREASE TRAPS WILL BE DISPOSED OF
IN AN ENVIRONMENTALLY SAFE PROCEDURE

Attachment: McDonald's-Harmony Environmental Study (6070 : 809 Boston Road)

March 26, 2021

To Whom It May Concern,

My Name is Erica Headley. I am the owner of 11 & 13 Etna Court that abuts 809 Boston Road also known as McDonalds. I received a letter requesting my presence to discuss a special permit to extend the McDonalds Drive-Thru to create another drive-thru lane for ordering. I am to understand this will most likely extend the business much closer to my property to enable the business to take more orders and collect more revenue.

I have lived at my home for over 20 years. Throughout that time, my quality of life has been constantly affected by this business. From the time I wake up until the time I go to sleep, I have to hear the noise that comes along with a 24-hour drive-thru in my yard. Loud music, screaming customers, trash, drain and sewer issues just to name a few. I am not able to enjoy my yard due to customers of that location coming to the side of the property and using the bathroom on the fence or using the back corner of the parking lot for illegal activity. The back of the location is used as a hangout and people use drugs and leave their paraphernalia on the ground that then comes under the fence and into my yard. That is a major concern when my 5 year old daughter picks up a used hypodermic needle next to the fence. Over the years my family has been fined by the City of Springfield for trash that gets blown under the fence by McDonalds maintenance workers. I feel it is not my fault or created by me and shouldn't be my responsibility, but once it's under the fence, it's now my trash in the eyes of the city. Picking up several trash bags of garbage every two weeks is uncalled for when it's not even from my family. When I called McDonalds about this matter, they directed me to the corporate office. After discussing this with corporate, they advised I would hear from someone at this location and I never did. Normal yard clean up takes hours when you have to take care of another person's garbage.

This is a family home that has been passed down from generation to generation over the past 50 years. It is not just a complaint. This is our family's home and now this large corporation is trying to take more of our peace of mind and make even more money, while we work and scrape to pay our bills and taxes while listening to their 24-hour-a-day parking lot concerts and picking up their garbage. My five-year-old daughter is woken up multiple times at night due to the disturbances of McDonalds. Previous tenants were unable to sleep and have moved out due to these disturbances. I have called this location multiple times when this happens, begging to ask the person at the window to please keep it down or to make a sign that says please keep radio down (I have seen these at other McDonalds locations that are located near homes) and nothing changes. The same issues persist.

After the 2007 special permit, I was awoken to my street being torn up and being used as an access point to reconstruct. My plumbing was disturbed at that time and has never been the same since. I get constant sand and clogging. Every four months my home begins to smell like rotten meat from my drains. It also happens to my neighbor at 6 Etna Court. When the Water and Sewer Commission came to assess the issue, I was told by the head of the project that he has been the main person working on our drain and sewer system for over 20 years. He stated that McDonald's employees pour grease and flush dirty towels down their drains and he and his crew have to come fix it all the time. I was told they only receive a small fine but my neighbors and my family are the ones that pay the price. Every time they have to "fix it" they send down a machine that backs up all my draws and sends sewer water back out of my drains and into my home and onto the floors. I was told by them to get a lawyer and ask McDonald's to pay the

Attachment: McDonald's letter-Headley-03.29.21 (6070 : 809 Boston Road)

cleaning bill. I again called to corporate to discuss the situation and was told someone would get back to me and again, nothing. I have spent thousands of dollars on products and plumbers. The smell still wakes us up at 5am and stays in the house for 24 hours no matter how many windows you open or candles you burn.

You are now asking me to give up what little I have left of my family's comfort for one of the biggest companies in the world. I am expected to personally and legally argue a giant real estate company, that has a senior attorney at their disposal, to keep my home as comfortable as possible and was given minimal lead time and limited information on what was being planned. I had to call the City of Springfield to obtain that information. I have video from my home cameras showing a surveyor in my yard, taking measurements without even announcing himself. When asked what he was doing in my yard he told me he didn't know. When further questioned he said he was looking for markers. At what point do I even have any rights in my own yard? When I walk out my front door, the first thing I see is McDonalds. I can already see the illuminated menu and spotlights that pour into my windows. I honestly could probably order McDonald's from my front porch with ease. How much closer should this drive-thru be before it is in my daughter's bedroom?

I do not agree to anything that brings the business any closer to my property than it already is. I refuse any special permit incited by McDonald's Real Estate Company that includes any changes to my property line or deed.

Sincerely,

Erica Headley
Resident
11-13 Etna Court
Springfield, MA 01119

Attachment: McDonald's letter-Headley-03.29.21 (6070 : 809 Boston Road)