



City Council

Finance Sub-Committee

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

~ Agenda ~

Gladys Oyola-Lopez
413-787-6589

Monday, September 13, 2021

5:30 PM

Virtual Meeting (Zoom)

I. Call to Order

5:30 PM Meeting called to order on September 13, 2021 at Virtual Meeting (Zoom) , Virtual Meeting, N/A, NA.

II. Public Portion

III. Orders

1. Order (ID # 6403)

July Revenue Vs. Expenditure Report

ATTACHMENTS:

- July Revenue Vs. Expenditure Report (PDF)

2. Order (ID # 6404)

Parks - Municipal Vulnerability Preparedness Program Action Grant - \$2,000,000 - Match Required

ATTACHMENTS:

- MVP Grant Forestry Operations Center & Community Outreach (PDF)
- CAFO Cert- Parks MVP Grant- Forestry Operations Center (PDF)

3. Order (ID # 6402)

American Rescue Plan Act Funding - No Match-\$29,836,165

ATTACHMENTS:

- County Reallocation CLFRF ARPA Funding (PDF)

4. Order (ID # 6401)

Police CIT/HOPE Grant - No Match Required - \$100,000

ATTACHMENTS:

- CIT22 (PDF)

5. Order (ID # 6400)

EOHHS Youth Homelessness Grant Increase - \$446,089.00 - No Match

ATTACHMENTS:

- FY22 Homeless Youth Grant (PDF)

6. Order (ID # 6399)

FY22 Senior Community Service Employment Grant - in Kind Match Required - \$523,879.00

ATTACHMENTS:

- SCSEP GRANT FY22 \$523,879.00 (PDF)

7. Order (ID # 6389)

Libraries Cash Donations - \$52.00

ATTACHMENTS:

- FY22 Cash Donations Libraries (PDF)

8. Order (ID # 6387)

Donation of Goods - Massachusetts Board of Library Commissioners (MBLC)

ATTACHMENTS:

- FY22 MLBC Hotspots Donation (PDF)

9. Order (ID # 6386)

FY22 Public Safety Answering Point (PSAP) Leadership Scholarship - No Match - \$10,000

ATTACHMENTS:

- FY22 Grant Setup Form Scholarship (PDF)
- FY22 PSAP Award Letter (PDF)

10. Order (ID # 6383)

Order Approving a Contract Over 3 Years for Lease Purchase Financing Of a Pierce Enforcer 1500 GPM 750 Gallon Water Pumper Apparatus for the Springfield Fire Department

11. Order (ID # 6382)

Bond Authorization - MSBA ARP Project - \$6,275,387.00

ATTACHMENTS:

- CAFO Cert - Bond Order - FY22 MSBA Project Sci Tech (PDF)

12. Order (ID # 6380)

COVID-19 Case Investigation and Contact Tracing- No Match Required \$600,000.00

ATTACHMENTS:

- FY22 HHS COVID-19 INVESTIGATION & CONTACT TRACING-\$600,000.00 (PDF)

13. Order (ID # 6379)

FY22 Massachusetts Board of Library Commissioners (MBLC) Grant- No Match Required
\$50,000.00

ATTACHMENTS:

- Libraries MBLC ARPA \$50K Outreach Van (PDF)

14. Order (ID # 6369)

Health Services for the Homeless Grant Increase - No Match Required - \$69,543.00

ATTACHMENTS:

- SHHS Homeless (PDF)

15. Order (ID # 6353)

Springfield City Library Donation - \$150.00

ATTACHMENTS:

- Libraries Donation \$150.00 Noony Burack (PDF)

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

For the period ended
07/31/21

Revenues and Other Sources:	Revised Budget	Actual	Variance Over/(Under)	%
Real Estate & Personal Property Taxes	231,735,891	47,373,612	(184,362,278)	20
Real Estate & Personal Property Taxes - Tax Liens	-	126,494	126,494	0
Motor Vehicle Excise	10,439,074	309,391	(10,129,684)	3
Penalties, interest and other taxes	18,557,057	200,787	(18,356,270)	1
Charges for Services	11,178,412	958,277	(10,220,135)	9
Intergovernmental	459,525,560	38,400,599	(421,124,961)	8
Licenses and Permits	4,762,907	252,281	(4,510,626)	5
Fines and Forfeits	496,733	33,350	(463,383)	7
Interest earned on Investments	1,556,523	57,558	(1,498,965)	4
Miscellaneous	5,367,305	364,073	(5,003,233)	7
FY 2021 Net School Spending Shortfall (a.)	2,000,000	2,000,000	-	100
Other Financing Sources - ARPA Grant	12,080,086	-	(12,080,086)	0
Total Revenues and Other Sources	757,699,547	90,076,421	(667,623,127)	12
Expenditures and Other Uses:				
General government	27,460,633	5,736,152	21,724,482	21
Public safety				
Police	51,928,503	3,792,228	48,136,275	7
Fire	24,858,542	2,121,027	22,737,515	9
Centralized Dispatch	1,993,283	172,508	1,820,776	9
Other	4,517,296	274,623	4,242,673	6
Health and Welfare	4,425,207	216,002	4,209,205	5
Public works	11,160,231	4,757,895	6,402,336	43
Education	493,696,545	52,578,245	441,118,300	11
Culture and recreation	14,581,107	2,644,072	11,937,035	18
Pension and fringe	82,679,805	57,962,963	24,716,842	70
State and district assessments	3,843,098	337,890	3,505,207	9
Debt Service	26,089,357	-	26,089,357	0
Pay as you go Capital	4,207,801	18,550	4,189,251	0
Other Financing Use - Trash Enterprise Supplement	6,258,139	-	6,258,139	0
Total Expenditures and Other Uses	757,699,547	130,612,154	627,087,394	17
Excess (deficiency) of revenues and other sources over expenditures and other uses	-	(40,535,733)	(40,535,733)	

(a.) The FY 2021 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: July Revenue Vs. Expenditure Report (6403 : July Revenue Vs. Expenditure Report)

CITY OF SPRINGFIELD, MASSACHUSETTS

Budget and Actual - General Fund

Expenditures and Encumbrances

For the period ended
07/31/21

Expenditures and Other Uses:	Original Budget	Transfers In/(Out)	Revised Budget	Expenditure	Encumbrance	Variance Over/(Under)	%
General government	27,460,633	-	27,460,633	3,087,690	2,648,462	21,724,482	21%
Public safety							
Police	51,928,503	-	51,928,503	3,204,840	587,388	48,136,275	7%
Fire	24,858,542	-	24,858,542	1,820,620	300,407	22,737,515	9%
Centralized Dispatch	1,993,283	-	1,993,283	172,508	-	1,820,776	9%
Other	4,517,296	-	4,517,296	253,313	21,311	4,242,673	6%
Health and Welfare	4,425,207	-	4,425,207	203,391	12,611	4,209,205	5%
Public works	11,160,231	-	11,160,231	4,104,534	653,361	6,402,336	43%
Education	491,696,545	2,000,000	493,696,545	45,254,814	7,323,430	441,118,300	11%
Culture and recreation	14,581,107	-	14,581,107	1,451,588	1,192,484	11,937,035	18%
Pension and fringe	82,679,805	-	82,679,805	56,972,543	990,420	24,716,842	70%
State and district assessments	3,843,098	-	3,843,098	337,890	-	3,505,207	9%
Debt Service	26,089,357	-	26,089,357	-	-	26,089,357	0%
Pay as you go Capital	4,207,801	-	4,207,801	-	18,550	4,189,251	0%
Other Financing Use - Trash Enterprise Supplement	6,258,139	-	6,258,139	-	-	6,258,139	0%
Total Expenditures and Other Uses	755,699,547	2,000,000	757,699,547	116,863,730	13,748,424	627,087,394	17%

CITY OF SPRINGFIELD, MASSACHUSETTS

Yearly Comparision Revenue Vs. Expenditures
For the period ended
07/31/21 vs 07/31/20

<u>Revenues and Other Sources:</u>	<u>FY 2022</u> <u>Actual</u>	<u>FY 2021</u> <u>Actual</u>	<u>Increase/</u> <u>(Decrease)</u>	<u>Comments</u>
Real Estate & Personal Property Taxes	\$ 47,373,612	\$ 46,741,066	\$ 632,547	
Tax Liens	126,494	137,294	(10,800)	
Motor Vehicle Excise	309,391	503,794	(194,403)	
Penalties, interest and other taxes	200,787	208,817	(8,031)	
Charges for Services	958,277	718,116	240,161	
Intergovernmental	38,400,599	35,059,622	3,340,977	Increase in State Aid
Licenses and Permits	252,281	255,138	(2,858)	
Fines and Forfeits	33,350	25,426	7,924	
Interest earned on Investments	57,558	551,282	(493,724)	IRS Sinking Fund Payment - FY 21
Miscellaneous	364,073	83,597	280,476	
Net School Spending Shortfall	2,000,000	-	2,000,000	Partial NSS Appropriation in FY22
Stabilization Reserves	-	3,255,229	(3,255,229)	
Other Financing Sources	-	-	-	
Total Revenues and Other Sources	90,076,421	87,539,380	2,537,040	
Expenditures and Other Uses:				
General government	5,736,152	4,691,940	1,044,211	Encumbered Funds in FY 22
Public safety				
Police	3,792,228	4,216,672	(424,444)	
Fire	2,121,027	2,229,007	(107,980)	
Centralized Dispatch	172,508	175,401	(2,893)	
Other	274,623	811,337	(536,713)	Lease encumbrance for TJO in FY 21
Health and Welfare	216,002	422,797	(206,795)	
Public works	4,757,895	4,872,932	(115,038)	
Education	52,578,245	49,214,994	3,363,250	
Culture and recreation	2,644,072	3,087,521	(443,449)	
Pension and fringe	57,962,963	7,522,683	50,440,279	FY 22 Pension Payment
State and district assessments	337,890	327,608	10,282	
Debt Service	-	-	-	
Pay as you go Capital	18,550	(19,113)	37,663	
Trash Enterprise Supplement	-	-	-	
Total Expenditures and Other Uses	130,612,154	77,553,779	53,058,374	
Totals	\$ (40,535,733)	\$ 9,985,601	\$ (50,521,334)	



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	8/25/2021
Department Requesting Grant Setup	PBRM
Department Phone # (Please include extension)	413-787-7772
Name and Title of Person to Contact in Case of Questions LANGEVIN	CAROL

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

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

Grant Type:

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

Grant Name: MVP GRANT
Total Grant Amount Awarded: \$ 2,000,000

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

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

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

Entity Name	EXECUTIVE OFFICE OF ENERGY AND ENVIROMENTAL AFFAIRS
Contact Person	KARA RUNSTEN
Street Address	
City, State, Zip Code	
Telephone	617-626-1145
Fax	
E-Mail	KARA.RUNSTEN@MASS.GOV

Actual Award Date 7/14/2021

Board Approval Date

Start Date

Expiration Date

Renewal Action Date (optional)

If there are any Matching Funds: YES

Type	PAYGO
Percent	25%
Amount	\$1,000,000

Comments re: Description/Purpose of Grant:

FORESTRY OPERATION CENTER AND COMMUNITY OUTREACH

Comments re: Conditions/Restrictions of Grant

FORESTRY OPERATION CENTER AND COMMUNITY OUTREACH

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) MONTHLY

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

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

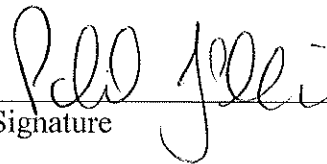
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:

Object Codes: 530105 \$105,000 – Community Out Reach
530600 \$ 455,492 – Forestry Operation Center
580800 \$1,439,508 – Forestry Operation Center

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.

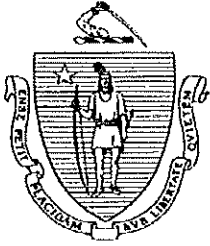

Signature

9/2/21
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.



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

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

July 14, 2021

Alexander Sherman
200 Trafton Rd
Springfield, Massachusetts 01108

Dear Alexander Sherman:

Congratulations! I am pleased to notify you that the City of Springfield has been awarded a Municipal Vulnerability Preparedness (MVP) program Action Grant in the amount of \$2,000,000 to complete the project entitled "Trees, Homes, and People/ Creating a More Resilient Living Environment." We want to thank you for your commitment to implementing priority climate change adaptation actions identified through your MVP planning process, or similar climate change vulnerability assessment and action planning process. We want to commend the City's outstanding application to our grant program and look forward to partnering with you on this important project.

You will be receiving further instructions from the Executive Office of Energy and Environmental Affairs MVP Program in the coming days. In the meantime, please feel free to contact Kara Runsten (kara.runsten@mass.gov) if you have any questions.

Governor Charles D. Baker

Lt. Governor Karyn E. Polito

Handwritten signature of Governor Charles D. Baker in black ink.

Handwritten signature of Lt. Governor Karyn E. Polito in black ink.

82601315
0119256-527010



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 Energy and Environmental Affairs MMARS Department Code: ENV	
Legal Address: (W-9, W-4): 200 Trafton Rd, Springfield, MA 01108		Business Mailing Address: 100 Cambridge Street- Suite 900 Boston, MA 02114	
Contract Manager: Alexander Shemian, City Forester	Phone: 413-787-7787	Billing Address (if different):	
E-Mail: asherman@springfieldcityhall.com	Fax:	Contract Manager: Kara Runsten E-Mail:	Phone: 617-312-1594
Contractor Vendor Code: VC6000192140		kara.runsten@mass.gov	Fax:
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID must be set up for BF payments.)		MMARS Doc ID(s): CT-ENV-08032100000000000306	
		RFR/Procurement or Other ID Number: ENV 22 MVP 02	
☒ 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). \$ <u>2,000,000.00</u> .			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __% PPD; Payment issued within 20 days __% PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: ☒ agree to standard 45 day cycle __ statutory/legal or Ready Payments (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.) To complete the project entitled "Trees, Homes, and People/ Creating a More Resilient Living Environment" as outlined in Attachment A and Attachment B.			
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: <u>Domenic J. Sarno</u> Date: <u>7/22/22</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: <u>Bryan Hightower</u> Date: <u>8/3/21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Bryan Hightower</u> Print Title: <u>Director of Capital/Trust</u>	

Scope of Services (Attachment A)
FY22 EEA Municipal Vulnerability Preparedness Program – Action Grant
City of Springfield
July 12, 2021

Contractor:

Alexander Sherman
 200 Trafton Rd
 Springfield, MA 01108
 413-787-7787
 asherman@springfieldcityhall.com

Project Title:

Trees, Homes, and People/ Creating a More Resilient Living Environment

Summary:

Project tasks include the construction of a resilient Forestry Operation Center as well as community outreach through neighborhood councils to increase civic engagement and build social and economic resilience in Environmental Justice communities.

Scope:

The tasks described in Attachment B to this contract will be performed under this contract according to the agreed upon schedule and budget. In addition, a monthly progress report is required and a short case study and a summary PowerPoint slide with project images (templates to be provided) will be included with final project deliverables.

Funding Distribution:

Funding will be distributed by reimbursement upon completion of tasks outlined in Attachment B and submission of invoices. Costs eligible for reimbursement include all approved project costs incurred between the contract execution date and either June 30, 2022 or June 30, 2023, depending on the end date in the contract. Any additions, deletions, or other changes to the scope must be approved by EEA prior to commencement of such activities. All grant funds must be spent according to the fiscal year breakdown below (before June 30, 2022 for FY22 funds and before June 30, 2023 for FY23 funds, if applicable). Please reference the RFR “ENV 22 MVP 02” for additional details on what is required for reimbursement and contact your MVP regional coordinator with any questions.

FY22 - \$2,000,000

FY23 - \$0

To receive grant funding, the applicant must have agreed to the fiscal requirements of the program by providing a statement from the authorized signatory of the organization acknowledging and accepting the following:

- The municipal entity commits to match 25% of total project cost using cash or in-kind contributions (or a combination of the two) and acknowledges that the funding under this grant will be provided on a reimbursement basis.
- All matching funds provided by the Applicant or direct project partners have been approved and/or appropriated (or are in the process of being approved).

Additional details:

- No payments will be made for Massachusetts sales tax.
- Work done prior to the project start date (the date issued and signed by the Commonwealth's Department Authorized Signatory) shall NOT be reimbursed. No funds will be granted for work performed after *June 30, 2022 for FY22 funds and June 30, 2023 for FY23 funds (if applicable)*.
- Requests for reimbursement are due before *July 31, 2022, for work completed by June 30, 2022 and July 31, 2023 for work completed by June 30, 2023 (if applicable)*.

As tasks are completed and deliverables are submitted to, reviewed and approved by EEA, the contractor must submit a package (template to be provided) containing the following items:

1. A signed letter (on city or town letterhead) from the contractor requesting reimbursement.
2. All relevant invoices, including those from subcontractors. Invoices must itemize costs consistent with the agreed upon scope of work. Invoices must demonstrate sufficient information for EEA to determine that the services were performed and/or products were received, and that the invoiced items meet all contractual performance requirements.
3. A detailed breakdown of the required match for the task. For in-kind services, include sufficient details to demonstrate the total amounts of match contributed, and as appropriate, a list of personnel, hours worked, hourly rates, etc.
4. A short case study and a summary PowerPoint slide with project images (due at the end of the project, templates to be provided).

Reimbursement packages should be submitted as tasks are completed as part of the monthly progress report, and reflect work performed according to the schedule of deliverables included in the project budget. Reimbursement is generally made within 45 days subsequent to approval of a reimbursement package. Reimbursement packages are due before July 31, 2022 for FY22 funds and before July 31, 2023 for FY23 funds, if applicable.

EEA will retain a minimum of ten percent (10%) of the total maximum obligation of funds until all contract provisions are satisfied and final reports and other products are delivered and accepted.

Progress Reporting:

To help EEA stay current on work being conducted over the course of the project, the Contractor will submit a brief monthly progress report (template to be provided), due by the 30th of the month, including:

- Significant activities that have occurred to show progress toward deliverables
- Whether a change in schedule or scope of work is anticipated
- Whether costs are anticipated to be overrun or underrun
- If additional assistance from EEA or partners is needed
- Invoices for work completed to date

The Applicant will be required to be in communication with their MVP Regional Coordinator (RC) throughout the course of the project and submit all reporting documentation through the RC.

Changes in Scope, Schedule, or Budget:

If a change in the schedule or scope is needed or if you expect an underrun or overrun of the budget, please inform your MVP RC as soon as possible so that we can work with you to take the necessary steps. If circumstances beyond your control make an extension or new split in funding between FY22 and FY23 necessary—please notify us **no later than May 1st** (so that we may discuss a potential amendment before the end of the fiscal year). These requests will be considered on a case by case basis and may not be approved. If the project will be completed under budget, please notify your MVP RC. Rescoping to use the remaining funds on new tasks is unlikely to be approved but may be considered on a case by case basis.

COVID-19-Related Adjustments to Engagement Tasks:

Due to the COVID-19 health emergency, the grantee may need to substitute some parts of the agreed upon scope (Attachment B) with comparable virtual or remote engagement strategies. Grantees should work with their MVP RC to approve any adjustments to the scope. Grantees should receive written approval from their MVP RC before commencing with any adjusted activities.

Regulatory Compliance

Grantee agrees to comply with all applicable state, federal, and local laws and ordinances. Such compliance is a condition of this grant.

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May 2004



CONTRACTOR LEGAL NAME :

CONTRACTOR VENDOR/CUSTOMER CODE:

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
Domenic J. Sarno	Mayor

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

Signature: Domenic J. Sarno

Date: 7/22/2012

Title: Mayor

Telephone: (413) 787-6106

Fax: (413) 787-6104

Email: dsarno@springfieldcityhall.com

[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.

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May 2004



CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures.
It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Domenic J. Sarno

Title: Mayor

X

Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, Kathleen T. Breck (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

July 22, 20 21.

My commission expires on: 5/13/22

Kathleen T. Breck

AFFIX NOTARY SEAL

I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

_____, 20 ____.

AFFIX CORPORATE SEAL

SpringfieldTeesandPeople_FY22MVP Action Grant Scope/Budget (Attachment B)

Project Task Description	Deliverables	Approximate Start Date	Approximate End Date	Total Grant [No municipal staff time]	In-Kind Match	Cash Match	Total Match	Total
Tasks to be Completed by June 30, 2022								
Required Task 0: Project kickoff								
Sub-task 0.1: Kick-off meeting with Town, EEA, and Consultant	Meeting notes, sign-in sheet	7/1/2021	7/30/2021	\$0.00			\$0.00	\$0.00
Total Task 0 Cost				\$0.00	\$500.00	\$0.00	\$500.00	\$500.00
Task 1: Forestry Operations Center								
Sub-task 1.1 Site and Building Design	Engineered Plans and Architectural Drawings	8/1/2021	9/15/2021	\$455,492.00	\$300		\$0.00	\$455,492.00
Sub-task 1.2 Site and Foundation Construction	Foundation and Associated Utilities	11/1/2021	2/1/2022	\$386,507.00	\$1000	\$200,000.00	\$200,000.00	\$586,507.00
Sub-task 1.3 Building Construction	6,700 square foot building	1/15/2021	6/30/2022	\$873,501.00	\$1000	\$197,392.00	\$197,392.00	\$1,070,893.00
Sub-task 1.4 Solar Array	50 KW solar array	4/1/2022	6/30/2022	\$137,500.00	\$1000			\$137,500.00
Sub-task 1.5 Water Retention Cistern	5,000 gallon rainwater collection cistern	3/15/2022	10/31/2021	\$42,000.00	\$1000			\$42,000.00
Sub-task 1.6	Other construction items	8/1/2021	6/30/2022	\$0.00		\$602,608.00	\$602,608.00	\$602,608.00
Total Task 1 Cost				\$1,895,000.00	\$0.00	\$1,000,000.00	\$1,000,000.00	\$2,895,000.00
Task 2: Increasing Neighborhood Council Awareness and Participation								
Sub-task 2.1 Outreach Plans & Contracts with neighborhood councils	Finalized outreach plans for each pilot neighborhood & executed contracts with councils	9/15/2021	12/1/2021	\$	\$8,401.38	\$	\$8,401.38	\$8,401.38
Sub-task 2.2 Neighborhood Council Outreach Literature and Mailings	Finalized literature/handouts / invoice for mailing costs	12/1/2021	6/15/2022	\$35,000.00	\$4,869.64	\$	\$4,869.64	\$39,869.64
Sub-task 2.3 Final Reports from Neighborhood Councils	Final report from each council on outreach activities/accomplishments	6/30/2022	6/15/2022	\$15,000.00	\$2,305.12	\$	\$2,305.12	\$17,305.12
Sub-task 2.4 Translation	Executed contract for translation services/ translated literature/ invoice for translation provided at meeting/outreach	12/1/2021	6/15/2022	\$35,000.00	\$2,848.28	\$	\$2,848.28	\$37,848.28
Sub-task 2.5 Partner with PVPC to create database of Grassroots and Community Organizations	Completion of database of grassroots and community organizations	11/1/2021	2/28/2022	\$10,000.00	\$2,654.74	\$	\$2,654.74	\$12,654.74
Total Task 2 Cost				\$95,000.00	\$21,079.16	\$0.00	\$21,079.16	\$116,079.16
Task 3: Rental Insurance Increasing Public Access								
Sub-task 3.1 Literature and web/social media	production of literature, social media info graph	1/1/2022	6/30/2022	\$	\$3,201.89	\$	\$3,201.89	\$3,201.89
Sub-task 3.2 Present to Neighborhood Councils, Land/Tenant Associations	presentations	1/1/2022	6/15/2022	\$	\$3,940.00	\$	\$3,940.00	\$3,940.00

Sub-task 3.3 Translation	Completion of translated literature/web content	1/1/2022	6/15/2022	\$5,000.00	\$989.24	\$ -	\$ 989.24	\$ 5,989.24
Sub-task 3.4 Direct Mailing	Completion of direct mail to residents - invoice	1/1/2022	6/15/2022	\$5,000.00	\$3,397.00	\$ -	\$ 3,397.00	\$ 8,397.00
Total Task 3 Cost				\$10,000.00	\$11,528.13	\$0.00	\$11,528.13	\$21,528.13
Required Task 4: Reporting								
Sub-task 4.1 Monthly progress reports FY22 (template provided)	Monthly progress reports submitted by the 30th of each month of the grant period to your MVP Regional Coordinator	7/30/2021	6/15/2022	\$0.00	\$3,000.00		\$3,000.00	\$3,000.00
Sub-task 4.2 Project Case Study (template provided)	Final case study report, powerpoint slide, project photos	5/1/2022	6/15/2022	\$0.00	\$1,000.00		\$1,000.00	\$1,000.00
Total Task 4 Cost				\$0.00	\$4,000.00	\$0.00	\$4,000.00	\$4,000.00
TOTAL PROJECT COST FY22								
				\$2,000,000.00	\$37,107.29	\$1,000,000.00	\$1,037,107.29	\$3,037,107.29
TOTAL PROJECT COST OVERALL								
				\$2,000,000.00	\$37,107.29	\$1,000,000.00	\$1,037,107.29	\$3,037,107.29

(Note: Match must be at least 25% of total 34% project cost)

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: September 13, 2021
Re: Order for Council Meeting – September 13, 2021
Cc: Mayor Sarno

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the September 13, 2021 City Council meeting regarding a Municipal Vulnerability Preparedness (MVP) program Action Grant awarded by the Executive Office of Energy and Environmental Affairs (EEA) for the Parks Department's Forestry Division.

Background: This grant provides the City with \$2,000,000 in funding towards the construction of a resilient Forestry Operation Center as well as community outreach through neighborhood councils to increase civic engagement and build and social and economic resilience in Environmental Justice communities, which will complete the project entitles "Trees, Homes, and People/ Creating a More Resilient Living Environment."

The total cost of the projects associated with this grant is \$3,128,112. By accepting this grant, the City will be providing a cash match of \$1,091,005. There is also an in-kind match of \$37,107.

DESCRIPTION	AMOUNT
GRANT FUNDING	\$ 2,000,000
IN-KIND MATCH	\$ 37,107
CASH MATCH	\$ 1,091,005
TOTAL PROJECT BUDGET	\$ 3,128,112

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.

MEMORANDUM

TO: Municipal Chief Executives
FR: Heath Fahle, A&F FFO
DT: August 9, 2021
RE: ARPA Coronavirus Local Fiscal Recovery Fund – County Reallocations

The American Rescue Plan Act of 2021, Pub. L. No. 117-2 (March 11, 2021) (ARPA), provides direct aid to local governments in response to the public health emergency caused by the Coronavirus Disease (COVID-19) through the Coronavirus Local Fiscal Recovery Fund (CLFRF). This fund is administered by the US Department of the Treasury (hereafter, “US Treasury” or “Treasury”).

This memorandum announces that the Commonwealth will distribute the first tranche of the County Reallocation portion of these funds to eligible municipalities on or about August 16, 2021.

County Reallocations

The CLFRF allocates approximately \$1.3 billion to counties in Massachusetts, including approximately \$946 million to the nine counties that Treasury defines as “not units of general local government” and \$393 million is available to the other five counties.

Massachusetts counties categorized as “not units of general local government” include Berkshire, Essex, Franklin, Hampden, Hampshire, Middlesex, Nantucket, Suffolk, and Worcester. Funds for these counties will be reallocated on a per capita basis to the 254 municipalities in those counties (the “County Reallocations”).

Per statute, CLFRF is disbursed in two tranches with 50 percent of the allocation provided now (the “First Tranche”) and the remaining 50 percent (“Second Tranche”) available not less than 12 months after the first payment.

The Commonwealth has received the funds to distribute the first tranche of the County Reallocations. The Commonwealth will initiate these payments to eligible municipalities on or about August 16, 2021. Most municipalities will receive the funds within 2-3 business days.

Per the US Treasury guidance, the existing grant agreement between each municipality and the US Treasury covers funds received through the County Reallocation process. Municipal officials are responsible for compliance with all applicable federal rules and regulations.

Direct County Allocations

Approximately \$393 million is available to county governments as depicted in Figure 1. Funds are available to these entities directly from the US Treasury. The Commonwealth has no ability to alter these allocations. Municipalities within the jurisdiction of the counties listed below should contact county officials for more information.

ARPA: Massachusetts Counties	
County	Amount (\$)
Norfolk	137,282,758
Bristol	109,786,776
Plymouth	101,237,378
Barnstable	41,370,811
Dukes	3,366,538
Total	393,044,261

Figure 1: CLFRF Allocations to Massachusetts county governments

Please see Appendix I for total CLFRF allocations by municipality.

Contact

Future Commonwealth activity related to the Coronavirus Local Fiscal Recovery Fund will be coordinated by the Executive Office for Administration & Finance (A&F) Federal Funds Office (FFO). Please contact Brendan Sweeney, Assistant Director for Federal Funds – Municipal, at Brendan.S.Sweeney@mass.gov or via telephone at (857) 338-0011.

Coronavirus Local Fiscal Recovery Fund Allocations by Municipality
 Note: CLRF is distributed in two tranches with 50 percent available now and 50 percent distributed not less than 12 months after the first payment.

ARPA Coronavirus Local Fiscal Recovery Fund Allocations by Municipality

Municipality	Population	County	Functional County?	CD1	CD2	US Treasury Classification	DPH Hardest Hit Community	Municipal Allocation	Municipal Per Capita Amount	County Reallocation	County Reallocation Per Capita	Total Amount	Total Per Capita Amount	Total Paid to Date	Share of Total Paid	PY21 Operating Budget	CLRF as Share of Budget	County Amount	County Amt per Capita	Implied Total Amount with County	Implied Total Amount Per Capita
Abington	16,668	Plymouth	N	8th		Nonentitlement Unit	N	1,744,615	105	0	0	1,744,615	105	872,308	50.0%	105,797,363	2.8%	3,237,564	194	4,982,179	299
Acton	23,662	Middlesex	N	3rd		Nonentitlement Unit	N	2,767,667	105	4,596,066	194	7,072,733	299	1,238,314	17.5%	105,797,363	6.7%	0	0	7,072,733	299
Acushnet	10,625	Bristol	N	9th		Nonentitlement Unit	N	1,112,103	105	0	0	1,112,103	105	596,052	50.0%	32,481,401	3.4%	2,063,782	194	3,175,885	299
Adams	8,020	Berkshire	N	1st		Nonentitlement Unit	N	838,395	105	1,555,849	194	2,394,244	299	419,138	17.5%	17,467,786	13.7%	0	0	2,394,244	299
Agawam	28,613	Hampden	N	1st		Nonentitlement Unit	N	2,594,881	105	5,557,740	194	8,352,621	299	1,974,441	17.5%	99,326,124	8.6%	0	0	8,352,621	299
Allford	488	Berkshire	N	1st		Nonentitlement Unit	N	51,078	105	94,788	194	145,867	299	25,539	17.5%	1,784,663	8.2%	0	0	1,784,663	299
Amherst	17,532	Essex	N	6th		Nonentitlement Unit	N	1,835,049	105	3,405,385	194	5,240,435	299	917,525	17.5%	67,314,043	7.8%	0	0	5,240,435	299
Amherst	39,924	Hampshire	N	2nd		Nonentitlement Unit	N	4,178,787	105	7,754,769	194	11,933,556	299	2,089,334	17.5%	83,630,692	14.3%	0	0	11,933,556	299
Andover	36,356	Essex	N	3rd		Nonentitlement Unit	N	3,805,330	105	7,061,727	194	10,867,057	299	1,902,665	17.5%	191,464,202	5.7%	0	0	10,867,057	299
Aquinnah	320	Dukes	N	9th		Nonentitlement Unit	N	33,494	105	0	0	33,494	105	16,747	50.0%	5,705,651	0.6%	61,156	194	10,931,607	299
Arlington	45,531	Middlesex	N	5th		Metropolitan City	N	26,404,030	580	8,843,863	194	35,247,893	774	11,302,015	31.5%	180,791,784	19.5%	0	0	35,247,893	774
Ashburnham	6,348	Worcester	N	3rd		Nonentitlement Unit	N	664,436	105	1,233,035	194	1,897,461	299	332,118	17.5%	18,301,126	10.4%	0	0	1,897,461	299
Ashtab	3,219	Middlesex	N	3rd		Nonentitlement Unit	N	356,928	105	625,253	194	982,181	299	168,464	17.5%	8,864,986	10.9%	0	0	982,181	299
Ashfield	17,177	Franklin	N	1st		Nonentitlement Unit	N	1,797,716	105	3,453,407	194	5,123,234	299	89,858	17.5%	5,230,137	9.8%	0	0	5,123,234	299
Ashland	17,807	Middlesex	N	5th		Nonentitlement Unit	N	1,863,833	105	3,453,407	194	5,123,234	299	89,858	17.5%	5,230,137	9.8%	0	0	5,123,234	299
Attleboro	11,732	Worcester	N	2nd		Nonentitlement Unit	N	1,227,971	105	2,278,803	194	3,506,775	299	613,966	17.5%	22,418,928	15.6%	0	0	3,506,775	299
Auburn	16,766	Bristol	N	4th		Metropolitan City	N	9,557,617	211	0	0	9,557,617	211	4,778,809	50.0%	146,531,360	6.5%	8,785,757	194	18,344,374	406
Avon	4,549	Norfolk	N	2nd		Nonentitlement Unit	N	1,754,873	105	3,256,599	194	5,011,472	299	877,436	17.5%	67,616,334	7.4%	0	0	5,011,472	299
Ayer	8,196	Norfolk	N	8th		Nonentitlement Unit	N	476,137	105	0	0	476,137	105	238,069	50.0%	29,758,156	1.6%	883,590	194	1,359,727	299
Barnstable	44,477	Barnstable	N	3rd		Metropolitan City	N	857,863	105	1,591,977	194	2,449,840	299	428,332	17.5%	30,641,199	8.0%	0	0	2,449,840	299
Barre	5,578	Worcester	N	9th		Metropolitan City	N	7,692,669	173	0	0	7,692,669	173	3,846,335	50.0%	182,310,922	4.2%	8,638,136	194	16,331,805	367
Becket	1,716	Worcester	N	2nd		Nonentitlement Unit	N	583,841	105	1,083,461	194	1,667,302	299	291,921	17.5%	12,309,373	13.5%	0	0	1,667,302	299
Bedford	14,123	Berkshire	N	1st		Nonentitlement Unit	N	1,791,611	105	333,313	194	2,124,924	299	89,806	17.5%	7,257,410	7.1%	0	0	2,124,924	299
Belchertown	15,098	Middlesex	N	6th		Nonentitlement Unit	N	1,478,234	105	2,743,327	194	4,221,461	299	793,117	17.5%	101,070,456	8.4%	0	0	4,221,461	299
Bellingham	17,270	Hampshire	N	2nd		Nonentitlement Unit	N	1,802,286	105	2,932,609	194	4,734,895	299	903,913	17.5%	67,982,889	2.7%	3,354,495	194	5,121,885	299
Berkley	26,116	Middlesex	N	5th		Nonentitlement Unit	N	2,333,524	105	5,072,727	194	7,406,251	299	1,366,752	17.5%	131,661,023	5.9%	0	0	7,406,251	299
Berlin	3,240	Worcester	N	4th		Nonentitlement Unit	N	717,084	105	0	0	717,084	105	356,542	50.0%	24,463,843	2.9%	1,330,726	194	2,047,811	299
Beverly	2,090	Franklin	N	1st		Nonentitlement Unit	N	339,126	105	629,332	194	968,458	299	169,563	17.5%	15,151,679	6.4%	0	0	968,458	299
Billerica	42,174	Essex	N	6th		Nonentitlement Unit	N	218,757	105	405,958	194	624,715	299	109,379	17.5%	5,397,112	11.6%	0	0	624,715	299
Blackstone	43,367	Middlesex	N	6th		Nonentitlement Unit	N	4,414,292	105	8,191,805	194	12,606,097	299	2,207,146	17.5%	144,272,745	8.7%	0	0	12,606,097	299
Blackford	9,288	Worcester	N	2nd		Nonentitlement Unit	N	4,539,161	105	8,423,531	194	12,962,693	299	2,269,581	17.5%	180,287,345	7.2%	0	0	12,962,693	299
Blackton	1,252	Hampden	N	1st		Nonentitlement Unit	N	972,162	105	1,804,085	194	2,776,247	299	486,081	17.5%	26,063,955	10.7%	0	0	2,776,247	299
Bolton	5,426	Worcester	N	3rd		Nonentitlement Unit	N	131,045	105	243,186	194	374,231	299	65,523	17.5%	5,112,044	7.3%	0	0	374,231	299
Boston	692,600	Suffolk	N	7th		Metropolitan City	N	567,932	105	1,053,937	194	1,621,868	299	283,966	17.5%	26,315,658	6.2%	0	0	1,621,868	299
Bourne	19,762	Barnstable	N	9th		Metropolitan City	N	424,179,607	612	134,529,431	194	558,709,038	807	212,089,304	38.0%	3,605,778,971	15.5%	3,838,537	194	558,709,038	807
Boxborough	5,793	Middlesex	N	3rd		Nonentitlement Unit	N	2,068,460	105	1,125,222	194	3,193,682	299	1,034,230	50.0%	79,056,769	2.6%	0	0	3,193,682	299
Boylston	8,332	Essex	N	6th		Nonentitlement Unit	N	872,098	105	1,618,393	194	2,490,492	299	303,172	17.5%	23,458,126	7.4%	0	0	2,490,492	299
Braintree	37,190	Norfolk	N	2nd		Nonentitlement Unit	N	493,198	105	915,251	194	1,408,449	299	246,559	17.5%	17,946,179	7.8%	0	0	1,408,449	299
Brewster	9,775	Barnstable	N	9th		Nonentitlement Unit	N	3,892,624	105	0	0	3,892,624	105	1,846,312	50.0%	145,080,714	2.6%	7,223,722	194	11,116,345	299
Bridgewater	27,619	Plymouth	N	8th		Nonentitlement Unit	N	1,023,135	105	0	0	1,023,135	105	511,568	50.0%	50,671,688	2.0%	1,898,679	194	2,921,814	299
Brimfield	3,680	Hampden	N	1st		Nonentitlement Unit	N	2,890,841	105	0	0	2,890,841	105	1,445,420	50.0%	65,863,228	4.4%	5,364,667	194	8,255,508	299
Brookfield	95,708	Plymouth	N	8th		Metropolitan City	N	385,180	105	714,797	194	1,099,977	299	192,590	17.5%	12,222,020	9.0%	0	0	1,099,977	299
Brookline	3,452	Worcester	N	1st		Metropolitan City	N	361,316	105	670,511	194	1,031,826	299	180,658	50.0%	315,559,367	10.8%	18,590,157	194	53,180,950	556
Brookline	59,121	Norfolk	N	4th		Nonentitlement Unit	N	32,406,450	548	0	0	32,406,450	548	16,203,225	50.0%	315,559,367	10.8%	11,483,561	194	43,890,011	742
Burlington	28,627	Middlesex	N	6th		Nonentitlement Unit	N	1,936,337	105	359,341	194	2,295,678	299	96,818	17.5%	4,950,255	11.1%	0	0	2,295,678	299
Burlington	118,927	Middlesex	N	8th		Nonentitlement Unit	N	2,967,347	105	5,560,459	194	8,526,806	299	1,438,138	17.5%	133,251,242	5.6%	0	0	8,526,806	299
Cambridge	23,805	Norfolk	N	5th		Metropolitan City	N	65,019,211	547	23,100,176	194	88,119,387	741	32,509,606	36.9%	880,742,197	10.0%	4,623,842	194	88,119,387	741
Canton	5,252	Middlesex	N	3rd		Nonentitlement Unit	N	2,491,635	105	0	0	2,491,635	105	1,245,817	50.0%	105,433,717	2.4%	4,623,842	194	7,115,477	299
Carle	11,767	Plymouth	N	9th		Nonentitlement Unit	N	1,231,635	105	1,020,139	194	1,569,859	299	274,860	17.5%	31,452,779	5.0%	2,185,602	194	1,569,859	299
Carver	11,767	Plymouth	N	9th		Nonentitlement Unit	N	1,231,635	105	0	0	1,231,635	105	615,917	50.0%	50,227,893	2.5%	2,185,602	194	3,517,237	299

8/9/2021

Concurrent Local Fiscal Recovery Fund Allocations by Municipality
 Note: CLFRF is distributed in two tranches with 50 percent available now and 50 percent distributed not less than 12 months after the first payment.

ARPA Coronavirus Local Fiscal Recovery Fund Allocations by Municipality

Municipality	Population	County	Functional County?	CD1	CD2	US Treasury Classification	DPH Hardest Hit Community	Municipal Allocation	Municipal Per Capita Amount	County Reallocation	County Per Capita	Total Amount	Total Per Capita Amount	Total Paid to Date	Share of Total Paid	PY21 Operating Budget	CLFRF as Share of Budget	County Amount	County Amt per Capita	Implied Total Amount with County	Implied Total Amount Per Capita
Charlton	1,233	Franklin	N	1st	1st	Nonentitlement Unit	N	129,056	105	239,896	194	368,552	299	717,690	17.5%	3,939,721	12.3%	0	0	368,552	299
Charlton	13,713	Worcester	N	1st	1st	Nonentitlement Unit	N	1,435,320	105	2,663,589	194	4,098,909	299	717,690	17.5%	35,211,430	12.3%	0	0	4,098,909	299
Chatham	5,982	Barnstable	Y	9th	9th	Nonentitlement Unit	N	626,127	105	626,127	0	626,127	105	313,064	50.0%	51,456,178	7.5%	1,161,933	0	1,788,061	299
Chelmsford	35,391	Middlesex	N	3rd	3rd	Nonentitlement Unit	N	6,874,287	105	10,778,612	194	10,778,612	299	1,862,162	17.5%	140,531,441	7.5%	0	0	10,778,612	299
Chelsea	39,690	Suffolk	Y	7th	7th	Nonentitlement Unit	Y	7,709,317	105	11,863,612	194	11,863,612	299	2,077,147	17.5%	193,662,148	6.1%	0	0	11,863,612	299
Cheshire	31,229	Berkshire	N	1st	1st	Nonentitlement Unit	N	327,508	105	607,772	194	935,279	299	71,754	17.5%	6,799,397	13.9%	0	0	935,279	299
Chester	1,369	Hampshire	N	1st	1st	Nonentitlement Unit	N	143,291	105	265,912	194	409,203	299	71,646	17.5%	0	0.0%	0	0	409,203	299
Chesterfield	1,249	Hampshire	N	1st	1st	Nonentitlement Unit	N	130,731	105	242,604	194	373,335	299	85,366	17.5%	4,440,081	8.4%	0	0	373,335	299
Chilmark	55,126	Dukes	Y	9th	9th	Metropolitan City	N	28,228,571	523	10,707,579	194	39,236,150	717	14,414,286	36.5%	222,207,313	17.8%	179,088	194	39,236,150	717
Clinton	922	Berkshire	N	1st	1st	Nonentitlement Unit	N	96,504	105	318,162	194	96,504	105	48,252	50.0%	11,630,667	0.8%	0	0	275,592	299
Clinton	14,000	Worcester	N	3rd	3rd	Nonentitlement Unit	N	171,447	105	2,719,316	194	4,898,609	299	85,724	17.5%	51,485,390	9.0%	0	0	489,609	299
Cohasset	8,548	Norfolk	N	8th	8th	Nonentitlement Unit	N	894,707	105	4,184,696	194	4,184,696	299	51,485,390	17.5%	51,485,390	8.1%	0	0	4,184,696	299
Concord	1,661	Franklin	N	1st	1st	Nonentitlement Unit	N	173,854	105	327,630	194	496,484	299	4,813,210	10.3%	1,660,349	1.8%	1,660,349	184	2,555,056	299
Concord	18,973	Middlesex	N	3rd	3rd	Nonentitlement Unit	N	3,674,600	105	3,674,600	194	5,654,719	299	960,050	17.5%	11,812,644	4.8%	0	0	5,654,719	299
Conway	1,873	Franklin	N	1st	1st	Nonentitlement Unit	N	363,808	105	363,808	194	363,808	299	59,852	17.5%	0	0.0%	0	0	496,484	299
Cummington	874	Hampshire	N	1st	1st	Nonentitlement Unit	N	169,784	105	169,784	194	261,245	299	45,740	17.5%	3,117,365	8.4%	0	0	559,852	299
Dartmouth	6,525	Berkshire	N	1st	1st	Nonentitlement Unit	N	882,962	105	1,267,405	194	1,950,367	299	341,481	17.5%	19,323,607	10.1%	0	0	251,245	299
Dartmouth	27,569	Essex	N	8th	8th	Nonentitlement Unit	N	2,883,514	105	5,351,070	194	8,234,584	299	1,441,757	17.5%	113,771,545	7.2%	0	0	1,950,367	299
Deerfield	34,188	Bristol	Y	9th	9th	Nonentitlement Unit	N	3,278,409	105	0	0	3,278,409	105	1,789,204	50.0%	98,130,963	3.6%	6,640,618	194	10,219,027	299
Deerfield	25,239	Norfolk	N	2nd	2nd	Nonentitlement Unit	N	2,639,636	105	0	0	2,639,636	105	1,319,818	50.0%	117,589,016	2.2%	4,898,495	194	7,538,131	299
Dennis	4,991	Franklin	N	1st	1st	Nonentitlement Unit	N	522,401	105	1,491,844	194	1,491,844	299	261,200	17.5%	17,213,287	8.7%	0	0	1,491,844	299
Dighton	13,871	Barnstable	N	4th	4th	Nonentitlement Unit	N	1,451,858	105	0	0	1,451,858	105	725,929	50.0%	65,565,080	2.2%	2,694,279	194	4,146,137	299
Douglas	9,038	Worcester	N	2nd	2nd	Nonentitlement Unit	N	833,894	105	1,755,526	194	2,701,520	299	416,947	17.5%	32,794,836	8.2%	1,547,456	194	2,381,391	299
Dover	6,127	Norfolk	N	4th	4th	Nonentitlement Unit	N	641,304	105	0	0	641,304	105	320,652	50.0%	40,161,333	1.6%	1,190,098	194	1,831,402	299
Dreux	31,634	Middlesex	N	3rd	3rd	Nonentitlement Unit	N	6,144,534	105	6,144,534	194	9,455,619	299	1,655,543	17.5%	90,338,729	10.5%	0	0	9,455,619	299
Dunstable	11,773	Worcester	N	1st	1st	Nonentitlement Unit	N	2,286,767	105	2,286,767	194	3,519,030	299	616,131	17.5%	19,692,181	17.9%	0	0	3,519,030	299
Dunstable	15,921	Plymouth	Y	9th	9th	Nonentitlement Unit	N	660,983	105	1,017,180	194	1,017,180	299	178,094	17.5%	11,527,130	8.8%	0	0	1,017,180	299
Dunstable	14,526	Plymouth	Y	8th	8th	Nonentitlement Unit	N	1,666,428	105	0	0	1,666,428	105	833,214	50.0%	85,352,881	2.0%	3,092,468	194	4,758,896	299
East Bridgewater	2,210	Worcester	N	1st	1st	Nonentitlement Unit	N	1,320,415	105	0	0	1,320,415	105	760,208	50.0%	52,160,433	2.9%	2,821,505	194	4,341,921	299
East Brookfield	16,192	Hampden	Y	9th	9th	Nonentitlement Unit	N	231,318	105	3,145,106	194	4,899,899	299	847,957	17.5%	65,666,922	7.4%	0	0	660,584	299
East Longmeadow	4,906	Barnstable	N	1st	1st	Nonentitlement Unit	N	513,504	105	0	0	513,504	105	256,752	50.0%	33,557,389	1.5%	952,933	194	1,466,437	299
Easthampton	15,829	Hampshire	N	1st	1st	Nonentitlement Unit	N	1,856,799	105	3,074,598	194	4,731,396	299	828,399	17.5%	49,842,999	9.5%	0	0	4,731,396	299
Easthampton	25,105	Bristol	Y	4th	4th	Nonentitlement Unit	N	2,627,704	105	0	0	2,627,704	105	1,313,852	50.0%	83,889,056	3.1%	4,876,352	194	7,504,056	299
Edgartown	4,348	Dukes	N	1st	1st	Nonentitlement Unit	N	234,057	105	0	0	234,057	105	227,549	17.5%	5,141,046	7.0%	844,548	194	1,299,647	299
Egremont	1,205	Berkshire	N	1st	1st	Nonentitlement Unit	N	183,170	105	339,917	194	360,183	299	63,063	17.5%	3,604,547	3.8%	0	0	360,183	299
Essex	1,790	Franklin	N	6th	6th	Nonentitlement Unit	N	397,636	105	737,911	194	1,135,547	299	91,385	17.5%	18,403,742	6.2%	0	0	523,087	299
Essex	3,799	Essex	N	7th	7th	Nonentitlement Unit	N	1,882,861	105	9,022,562	194	13,884,521	299	2,430,980	17.5%	221,609,617	6.3%	0	0	1,135,547	299
Essex	46,451	Middlesex	Y	9th	9th	Nonentitlement Unit	N	1,682,861	105	0	0	1,682,861	105	841,431	50.0%	53,993,124	3.1%	3,122,963	194	13,884,521	299
Fairhaven	16,078	Bristol	Y	9th	9th	Metropolitan City	N	69,899,142	777	0	0	69,899,142	777	34,799,571	50.0%	309,849,509	22.5%	17,592,290	194	4,805,284	299
Falmouth	89,541	Barnstable	Y	9th	9th	Nonentitlement Unit	N	3,243,993	105	0	0	3,243,993	105	1,621,596	50.0%	145,606,667	2.2%	6,020,027	194	86,991,432	972
Falmouth	30,993	Worcester	N	3rd	3rd	Nonentitlement Unit	N	23,345,004	574	7,895,455	194	31,238,459	769	11,672,502	37.4%	145,364,513	21.5%	0	0	9,264,019	299
Fitchburg	40,638	Worcester	N	1st	1st	Nonentitlement Unit	N	1,925,797	105	1,925,797	194	1,925,797	299	37,419	17.5%	4,259,245	5.0%	0	0	31,238,459	769
Florida	715	Berkshire	N	4th	4th	Nonentitlement Unit	N	138,880	105	138,880	194	138,880	299	97,419	17.5%	7,898,225	2.4%	3,573,790	194	213,718	299
Foxborough	18,599	Norfolk	N	5th	5th	Metropolitan City	N	12,373,262	166	14,454,436	194	26,827,698	361	1,793,911	23.1%	302,263,887	2.8%	0	0	5,499,567	299
Franklin	74,087	Norfolk	N	4th	4th	Nonentitlement Unit	N	3,567,837	105	0	0	3,567,837	105	1,793,911	50.0%	125,515,855	8.9%	6,621,000	194	26,827,698	361
Franklin	37,416	Middlesex	N	4th	4th	Nonentitlement Unit	N	983,256	105	0	0	983,256	105	491,628	50.0%	31,232,756	3.1%	1,824,674	194	10,188,837	299
Freetown	9,394	Bristol	N	3rd	3rd	Nonentitlement Unit	N	2,164,860	105	4,017,430	194	6,182,290	299	1,087,429	17.5%	64,324,429	9.6%	0	0	2,807,931	299
Gardner	20,683	Worcester	N	6th	6th	Nonentitlement Unit	N	1,703,081	105	1,703,081	194	1,703,081	299	458,667	17.5%	33,390,662	7.8%	0	0	6,182,290	299
Georgetown	8,768	Essex	N	2nd	2nd	Nonentitlement Unit	N	284,559	105	284,559	194	284,559	299	76,670	17.5%	3,784,249	11.6%	0	0	2,620,815	299
Gill	1,465	Franklin	N	2nd	2nd	Nonentitlement Unit	N	153,339	105	0	0	153,339	105	437,899	17.5%	0	0.0%	0	0	437,899	299

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Cononavirus Local Fiscal Recovery Fund Allocations by Municipality
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ARPA Coronavirus Local Fiscal Recovery Fund Allocations by Municipality

Municipality	Population	County	Functional County?	CD1	US Treasury Classification	DPH Hardest Hit Community	Municipal Allocation	Municipal Capita Amount	County Reallocation	County Reallocation Per Capita	Total Amount	Total Per Capita Amount	Total Paid to Date	Share of Total Paid	FY21 Operating Budget	CLFRF as Share of Budget	County Amount	County Amt per Capita	Implied Total Amount with County	Implied Total Amount Per Capita
Gloucester	30,430	Essex	N	6th	Nonentitlement Unit	N	17,264,797	567	5,910,671	194	23,175,468	762	8,332,399	37.2%	121,249,797	13.1%	0	0	23,175,468	762
Goshen	1,059	Dukes	Y	9th	Nonentitlement Unit	N	110,844	105	205,698	194	316,542	299	35,422	17.5%	3,473,771	9.1%	0	0	316,542	299
Grafton	18,883	Worcester	N	1st	Nonentitlement Unit	N	1,976,456	105	3,667,801	194	5,644,258	299	3,975	17.5%	70,593,426	8.0%	14,568	194	22,418	299
Granville	6,291	Hampden	N	1st	Nonentitlement Unit	N	658,470	105	1,221,953	194	1,880,423	299	988,278	17.5%	21,645,153	8.7%	0	0	5,644,258	299
Great Barrington	1,611	Hampshire	N	1st	Nonentitlement Unit	N	166,621	105	312,918	194	481,539	299	84,311	17.5%	4,182,584	11.5%	0	0	1,880,423	299
Greenfield	6,945	Berkshire	N	1st	Nonentitlement Unit	N	726,923	105	1,348,985	194	2,075,908	299	303,462	17.5%	30,897,563	6.7%	0	0	481,539	299
Groton	17,258	Franklin	N	2nd	Nonentitlement Unit	N	1,806,370	105	3,352,164	194	5,158,534	299	903,185	17.5%	61,370,598	8.4%	0	0	2,075,908	299
Groveland	11,325	Middlesex	N	3rd	Nonentitlement Unit	N	1,185,371	105	2,199,748	194	3,385,120	299	592,686	17.5%	41,464,563	8.4%	0	0	5,158,534	299
Hadley	6,849	Essex	N	6th	Nonentitlement Unit	N	718,875	105	1,330,338	194	2,047,213	299	358,437	17.5%	20,238,207	10.1%	0	0	3,385,120	299
Hamden	5,342	Hampshire	N	2nd	Nonentitlement Unit	N	559,139	105	1,037,621	194	1,596,760	299	279,570	17.5%	18,569,123	8.2%	0	0	2,047,213	299
Hamlet	7,896	Plymouth	Y	9th	Nonentitlement Unit	N	826,463	105	1,563,812	194	2,390,275	299	413,231	17.5%	25,416,496	3.3%	1,533,705	194	2,360,168	299
Hamilton	8,051	Essex	N	6th	Nonentitlement Unit	N	842,687	105	1,563,812	194	2,390,275	299	413,231	17.5%	25,416,496	3.3%	1,533,705	194	2,360,168	299
Hampden	5,177	Hampden	N	1st	Nonentitlement Unit	N	541,869	105	1,005,572	194	1,547,441	299	270,935	17.5%	15,373,949	10.2%	0	0	2,406,499	299
Hancock	696	Berkshire	N	1st	Nonentitlement Unit	N	72,849	105	135,190	194	208,039	299	36,425	17.5%	2,430,089	8.6%	0	0	208,039	299
Hanover	14,570	Plymouth	Y	9th	Nonentitlement Unit	N	1,525,021	105	2,825,021	194	4,347,042	299	761,510	17.5%	66,031,394	2.3%	2,830,052	194	4,355,073	299
Hanson	10,914	Worcester	N	2nd	Nonentitlement Unit	N	1,142,353	105	2,093,353	194	3,235,706	299	571,176	17.5%	30,656,573	3.7%	2,119,917	194	3,262,269	299
Harvard	3,057	Worcester	N	2nd	Nonentitlement Unit	N	313,972	105	593,768	194	907,740	299	159,986	17.5%	5,703,919	16.0%	0	0	913,758	299
Harwich	6,620	Worcester	N	2nd	Nonentitlement Unit	N	892,906	105	1,285,857	194	1,978,763	299	346,453	17.5%	34,428,302	5.7%	0	0	1,978,758	299
Hartford	12,142	Barnstable	Y	9th	Nonentitlement Unit	N	1,270,886	105	2,170,886	194	3,441,772	299	635,443	17.5%	68,660,369	1.9%	2,358,441	194	3,623,327	299
Haverhill	3,251	Hampshire	N	2nd	Nonentitlement Unit	N	340,277	105	631,469	194	971,746	299	170,138	17.5%	12,736,531	7.6%	0	0	971,746	299
Hawley	64,014	Essex	Y	3rd	Metropolitan City	Y	25,039,680	391	12,433,569	194	37,473,249	585	13,515,840	33.4%	208,665,335	18.0%	0	0	37,473,249	585
Heath	334	Franklin	N	1st	Nonentitlement Unit	N	34,959	105	64,676	194	99,635	299	17,480	17.5%	1,232,292	8.1%	0	0	99,635	299
Heath	695	Franklin	N	1st	Nonentitlement Unit	N	72,745	105	134,596	194	207,340	299	36,372	17.5%	2,391,558	0.0%	0	0	207,340	299
Hingham	24,679	Plymouth	N	8th	Nonentitlement Unit	N	2,583,115	105	4,711,115	194	7,294,230	299	1,391,558	17.5%	118,195,412	2.2%	4,793,606	194	7,376,722	299
Hinsdale	1,911	Berkshire	N	1st	Nonentitlement Unit	N	200,022	105	371,189	194	571,211	299	100,011	17.5%	6,388,170	8.9%	0	0	571,211	299
Holbrook	11,033	Norfolk	Y	8th	Nonentitlement Unit	N	1,154,808	105	2,093,353	194	3,235,706	299	571,176	17.5%	30,656,573	3.7%	2,119,917	194	3,262,269	299
Holden	19,303	Worcester	N	2nd	Nonentitlement Unit	N	2,020,417	105	3,749,381	194	5,769,799	299	1,010,269	17.5%	56,591,758	10.2%	2,143,031	194	5,769,799	299
Holland	2,482	Hampden	N	1st	Nonentitlement Unit	N	259,767	105	487,989	194	747,756	299	129,854	17.5%	4,182,584	11.5%	0	0	4,457,299	299
Holliston	14,912	Middlesex	N	5th	Nonentitlement Unit	N	1,560,817	105	2,896,481	194	4,457,299	299	760,405	17.5%	71,930,149	6.2%	0	0	4,457,299	299
Holyoke	40,117	Hampden	Y	1st	Metropolitan City	Y	29,894,310	745	12,922,257	194	42,816,567	939	14,947,135	39.7%	159,321,427	23.7%	0	0	37,686,567	939
Hopkinton	5,951	Worcester	N	4th	Nonentitlement Unit	N	622,883	105	1,155,522	194	1,778,405	299	311,441	17.5%	26,480,893	6.7%	0	0	1,778,405	299
Hopkinton	13,470	Middlesex	N	4th	Nonentitlement Unit	N	1,933,228	105	3,587,581	194	5,520,809	299	986,614	17.5%	93,901,472	5.9%	0	0	5,520,809	299
Hubbardston	4,829	Worcester	N	2nd	Nonentitlement Unit	N	505,444	105	937,977	194	1,443,421	299	252,722	17.5%	9,833,105	14.6%	0	0	1,443,421	299
Hudson	19,864	Middlesex	N	3rd	Nonentitlement Unit	N	2,079,136	105	3,858,349	194	5,937,485	299	1,039,568	17.5%	90,763,754	6.5%	0	0	5,937,485	299
Hull	10,475	Plymouth	Y	8th	Nonentitlement Unit	N	1,096,403	105	2,006,403	194	3,102,806	299	548,202	17.5%	44,081,503	2.5%	2,034,646	194	3,131,049	299
Huntington	2,169	Hampshire	N	1st	Nonentitlement Unit	N	227,026	105	421,303	194	648,329	299	113,513	17.5%	5,778,994	11.2%	0	0	648,329	299
Ipswich	14,074	Essex	N	6th	Nonentitlement Unit	N	1,473,105	105	2,733,710	194	4,206,815	299	736,553	17.5%	55,868,270	7.5%	0	0	4,206,815	299
Kingston	13,863	Plymouth	N	6th	Nonentitlement Unit	N	1,451,020	105	2,684,020	194	4,135,040	299	725,510	17.5%	50,506,211	2.9%	2,692,275	194	4,143,745	299
Lakeville	11,561	Plymouth	Y	4th	Nonentitlement Unit	N	1,210,073	105	2,140,073	194	3,350,146	299	605,037	17.5%	32,486,358	3.7%	2,245,589	194	3,455,662	299
Lancaster	8,082	Worcester	N	3rd	Nonentitlement Unit	N	845,931	105	1,569,834	194	2,415,765	299	422,965	17.5%	24,251,917	10.0%	0	0	2,415,765	299
Lanesborough	2,940	Berkshire	N	1st	Nonentitlement Unit	N	307,726	105	571,061	194	878,786	299	153,863	17.5%	11,088,178	7.9%	0	0	878,786	299
Lawrence	80,028	Essex	Y	3rd	Metropolitan City	Y	41,807,344	522	15,544,501	194	57,351,845	717	20,003,672	36.4%	338,104,176	17.0%	0	0	57,351,845	717
Lee	5,654	Berkshire	N	1st	Nonentitlement Unit	N	932,843	105	1,600,166	194	2,532,999	299	422,965	17.5%	22,127,557	7.7%	0	0	1,693,008	299
Lecester	11,341	Worcester	N	2nd	Nonentitlement Unit	N	1,187,046	105	2,202,856	194	3,390,712	299	599,523	17.5%	34,428,302	5.7%	0	0	3,390,712	299
Lenox	4,944	Berkshire	N	1st	Nonentitlement Unit	N	517,481	105	960,314	194	1,477,795	299	258,741	17.5%	22,957,013	12.0%	0	0	1,477,795	299
Leicester	41,716	Worcester	N	2nd	Metropolitan City	Y	8,102,844	284	19,945,243	194	29,890,486	478	5,521,200	29.7%	165,828,383	6.4%	0	0	19,945,243	478
Leverett	1,837	Franklin	N	2nd	Nonentitlement Unit	N	192,276	105	356,616	194	548,892	299	96,138	17.5%	6,997,739	7.8%	0	0	549,092	299
Levittown	33,132	Middlesex	N	5th	Nonentitlement Unit	N	3,635,503	105	6,435,503	194	9,903,381	299	1,733,939	17.5%	252,274,937	7.8%	0	0	9,903,381	299
Leyden	7,115	Franklin	N	1st	Nonentitlement Unit	N	74,838	105	138,880	194	213,718	299	37,419	17.5%	2,154,913	9.9%	0	0	213,718	299
Lincoln	7,052	Middlesex	N	5th	Nonentitlement Unit	N	738,123	105	1,369,768	194	2,107,891	299	369,061	17.5%	42,713,094	4.9%	0	0	2,107,891	299
Littleton	10,227	Middlesex	N	3rd	Nonentitlement Unit	N	1,070,445	105	1,986,475	194	3,056,920	299	535,223	17.5%	58,296,344	5.2%	0	0	3,056,920	299
Longmeadow	15,705	Hampden	N	1st	Nonentitlement Unit	N	1,643,820	105	3,050,512	194	4,694,332	299	821,910	17.5%	69,998,220	6.7%	0	0	4,694,332	299

Coronavirus Local Fiscal Recovery Fund Allocations by Municipality
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ARPA Coronavirus Local Fiscal Recovery Fund Allocations by Municipality

Municipality	Population	County	Functional County?	CD1	CD2	US Treasury Classification	DPH Hardest Hit Community	Municipal Allocation	Municipal Per Capita Amount	County Reallocation	County Per Capita Amount	Total Per Capita Amount	Total Paid Date	Share of Total Paid	FY21 Operating Budget	CLFRF as Share of Budget	County Amount	County Amt per Capita	Implied Total Amount with County	Implied Total Capita
Lovell	110,997	Windsor	N	3rd		Metropolitan City	Y	54,450,130	491	21,559,866	194	76,009,996	27,323,055	35.8%	380,078,372	20.0%	0	0	76,009,996	685
Ludlow	21,233	Hampden	N	1st		Nonentitlement Unit	N	2,222,427	105	4,124,363	194	6,346,689	1,111,214	17.5%	75,146,610	8.4%	0	0	6,346,689	299
Lynn	94,299	Essex	N	3rd		Metropolitan City	Y	55,618,440	608	2,279,800	194	5,897,971	814,195	37.8%	427,445,610	8.2%	0	0	5,897,971	299
Lynnfield	12,999	Essex	N	6th		Nonentitlement Unit	Y	1,360,587	563	18,316,475	194	19,676,962	28,059,220	37.8%	393,011,154	19.1%	0	0	19,676,962	797
Malden	60,470	Middlesex	N	5th		Metropolitan City	Y	34,028,561	563	2,524,503	194	3,853,490	680,293	17.5%	180,500,781	6.3%	0	0	3,853,490	299
Manchester By The Sea	5,484	Essex	N	6th		Nonentitlement Unit	Y	568,769	105	11,785,589	194	12,354,358	17,014,281	37.2%	180,500,781	25.4%	0	0	12,354,358	757
Mansfield	24,470	Bristol	N	4th		Nonentitlement Unit	N	2,561,240	105	1,055,491	194	3,616,731	1,280,620	50.0%	106,167,017	4.8%	0	0	3,616,731	299
Marblehead	20,555	Essex	N	6th		Nonentitlement Unit	N	2,561,240	105	3,992,568	194	6,553,808	1,075,731	17.5%	91,186,099	6.7%	0	0	6,553,808	299
Marion	5,188	Plymouth	N	9th		Nonentitlement Unit	N	543,020	105	7,691,253	194	8,234,273	2,072,280	17.5%	194,949,479	2.1%	1,007,708	194	1,550,729	299
Marlborough	39,597	Middlesex	N	3rd		Nonentitlement Unit	N	4,144,561	105	11,835,814	194	15,980,375	1,398,964	50.0%	103,400,230	6.1%	0	0	15,980,375	299
Mattapoisett	25,957	Plymouth	N	9th		Nonentitlement Unit	N	2,717,928	105	0	0	2,717,928	744,664	50.0%	71,172,063	2.6%	5,043,785	194	7,761,714	299
Mattituck	14,229	Barnstable	N	9th		Nonentitlement Unit	N	1,489,329	105	0	0	1,489,329	334,961	50.0%	29,482,525	2.1%	2,763,816	194	4,233,145	299
Maynard	6,401	Plymouth	N	3rd		Nonentitlement Unit	N	669,983	105	2,201,885	194	2,871,868	593,251	17.5%	48,248,630	7.0%	1,245,319	194	1,933,303	299
Medford	12,936	Norfolk	N	4th		Nonentitlement Unit	N	1,353,981	105	11,137,817	194	12,491,798	1,704,763	38.3%	173,153,047	21.1%	2,516,357	194	5,386,406	299
Medford	13,479	Norfolk	N	4th		Nonentitlement Unit	N	1,410,827	105	0	0	1,410,827	705,414	50.0%	60,431,575	2.3%	2,618,138	194	4,028,965	299
Melrose	28,016	Middlesex	N	5th		Nonentitlement Unit	N	2,392,394	105	5,441,780	194	7,834,174	1,466,197	17.5%	96,353,830	8.7%	0	0	7,834,174	299
Mendon	6,969	Worcester	N	2nd		Nonentitlement Unit	N	651,352	105	1,208,745	194	1,860,097	325,676	17.5%	20,963,981	8.9%	0	0	1,860,097	299
Merrimac	50,706	Essex	N	6th		Nonentitlement Unit	N	728,493	105	1,351,898	194	2,080,392	364,247	17.5%	19,296,727	10.8%	0	0	2,080,392	299
Methuen	25,463	Plymouth	N	3rd		Metropolitan City	Y	9,849,046	197	9,849,046	194	19,698,092	4,982,223	25.2%	163,593,677	12.1%	0	0	19,698,092	391
Middleborough	534	Hampshire	N	1st		Nonentitlement Unit	N	2,665,175	105	0	0	2,665,175	1,332,588	50.0%	84,133,340	3.2%	4,946,889	194	7,611,065	299
Middlefield	10,110	Essex	N	6th		Nonentitlement Unit	N	1,558,893	105	103,723	194	1,662,616	27,947	17.5%	1,662,616	9.6%	0	0	1,662,616	299
Milford	29,101	Worcester	N	4th		Nonentitlement Unit	N	3,045,960	105	1,963,749	194	5,009,709	529,100	17.5%	39,402,748	7.7%	0	0	5,009,709	299
Millbury	13,947	Worcester	N	2nd		Nonentitlement Unit	N	1,453,812	105	5,652,228	194	7,106,040	1,522,980	17.5%	11,956,218	7.8%	0	0	7,106,040	299
Mills	8,310	Norfolk	N	4th		Nonentitlement Unit	N	869,796	105	2,708,041	194	3,577,837	729,906	17.5%	47,687,587	8.7%	0	0	3,577,837	299
Millville	3,257	Worcester	N	2nd		Nonentitlement Unit	N	340,905	105	632,634	194	973,539	170,453	17.5%	36,679,538	2.4%	1,614,120	194	2,483,916	299
Milton	27,593	Norfolk	N	7th		Nonentitlement Unit	N	2,483,119	105	0	0	2,483,119	1,444,060	50.0%	113,160,528	2.6%	5,359,617	194	9,785,540	299
Monroe	115	Franklin	N	1st		Nonentitlement Unit	N	12,037	105	22,337	194	34,374	6,018	17.5%	1,080,841	3.2%	0	0	34,374	299
Monrovia	8,797	Franklin	N	1st		Nonentitlement Unit	N	919,723	105	1,706,772	194	2,626,494	459,851	17.5%	27,642,043	9.9%	0	0	2,626,494	299
Monterey	8,222	Franklin	N	1st		Nonentitlement Unit	N	859,538	105	1,955,085	194	2,814,623	429,769	17.5%	24,734,480	9.9%	0	0	2,814,623	299
Montgomery	924	Berkshire	N	1st		Nonentitlement Unit	N	96,714	105	1,797,476	194	2,764,190	48,357	17.5%	5,524,162	5.0%	0	0	2,764,190	299
Mount Washington	866	Berkshire	N	1st		Nonentitlement Unit	N	16,493	105	168,210	194	184,703	45,321	17.5%	1,958,437	13.2%	0	0	184,703	299
Nashant	3,513	Essex	N	6th		Nonentitlement Unit	N	367,701	105	682,359	194	1,050,060	183,850	17.5%	13,998,345	7.5%	0	0	1,050,060	299
Nantucket	11,399	Nantucket	N	9th		Nonentitlement Unit	N	1,193,117	105	2,214,122	194	3,407,239	596,558	17.5%	107,013,898	3.2%	0	0	3,407,239	299
Natick	36,050	Middlesex	N	5th		Nonentitlement Unit	N	3,773,301	105	7,002,290	194	10,775,591	1,842,668	17.5%	168,591,465	6.4%	0	0	10,775,591	299
Needham	31,388	Norfolk	N	4th		Nonentitlement Unit	N	3,385,337	105	0	0	3,385,337	1,642,668	50.0%	196,799,857	1.7%	6,096,751	194	9,382,088	299
New Bedford	223	Bristol	N	1st		Nonentitlement Unit	N	23,341	105	43,315	194	66,656	11,671	17.5%	861,065	7.7%	0	0	66,656	299
New Braintree	95,363	Bristol	N	2nd		Metropolitan City	Y	64,729,754	679	198,900	194	64,928,654	32,364,877	50.0%	366,557,582	12.7%	18,523,145	184	83,252,899	873
New Marlborough	1,024	Worcester	N	1st		Nonentitlement Unit	N	107,181	105	198,900	194	306,081	73,590	17.5%	2,643,901	11.6%	0	0	306,081	299
New Salem	1,458	Berkshire	N	1st		Nonentitlement Unit	N	152,607	105	283,199	194	435,806	76,393	17.5%	6,266,267	7.0%	0	0	435,806	299
Newbury	1,021	Franklin	N	2nd		Nonentitlement Unit	N	105,667	105	198,317	194	303,984	59,433	17.5%	3,570,378	8.5%	0	0	303,984	299
Newburyport	7,148	Essex	N	6th		Nonentitlement Unit	N	748,171	105	1,368,415	194	2,116,586	374,085	17.5%	21,938,069	9.7%	0	0	2,116,586	299
Newton	32,829	Middlesex	N	4th		Nonentitlement Unit	N	1,914,283	105	5,466,707	194	7,381,410	957,147	17.5%	76,084,987	7.2%	0	0	7,381,410	299
Norfolk	88,414	Middlesex	N	4th		Metropolitan City	Y	46,116,122	525	17,173,383	194	63,289,505	23,208,061	36.5%	512,946,482	12.4%	0	0	63,289,505	719
North Adams	12,003	Norfolk	N	1st		Nonentitlement Unit	N	1,256,337	105	0	0	1,256,337	628,168	50.0%	44,937,025	7.8%	2,331,442	194	3,587,779	299
North Andover	12,730	Berkshire	N	1st		Nonentitlement Unit	N	2,472,663	105	2,472,663	194	4,945,326	666,215	17.5%	45,154,251	8.4%	0	0	4,945,326	299
North Attleborough	31,188	Essex	N	6th		Nonentitlement Unit	N	1,364,403	105	9,322,906	194	10,687,309	1,632,201	17.5%	110,763,864	8.4%	0	0	10,687,309	299
North Brookfield	29,364	Bristol	N	4th		Nonentitlement Unit	N	3,073,487	105	0	0	3,073,487	1,536,744	50.0%	95,758,321	3.2%	5,703,613	194	8,777,100	299
	4,792	Worcester	N	2nd		Nonentitlement Unit	N	501,572	105	930,790	194	1,432,362	250,746	17.5%	15,311,104	9.4%	0	0	1,432,362	299

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North Reading	15,865	Middlesex	N	6th		Nonentitlement Unit	N	1,660,567	105	3,081,590	194	4,742,157	299	830,283	17.5%	74,596,057	6.3%	0	0	4,742,157	299
Northampton	28,451	Hampshire	N	2nd		Metropolitan City	N	16,221,711	570	5,526,273	194	21,747,984	764	1,110,856	37.3%	104,777,753	20.8%	0	0	21,747,984	764
Northborough	15,009	Worcester	N	2nd		Nonentitlement Unit	N	1,981,437	105	2,934,746	194	4,916,183	299	790,719	17.5%	66,251,671	6.8%	0	0	4,916,183	299
Northbridge	16,079	Worcester	N	2nd		Nonentitlement Unit	N	1,745,767	105	3,239,700	194	4,985,467	299	879,703	17.5%	52,802,719	9.4%	0	0	4,985,467	299
Northfield	2,958	Franklin	N	2nd		Nonentitlement Unit	N	309,630	105	574,557	194	884,166	299	154,805	17.5%	8,938,839	9.9%	0	0	884,166	299
Norton	13,948	Bristol	Y	4th		Nonentitlement Unit	N	2,087,928	105	0	0	2,087,928	105	1,043,964	50.0%	65,873,076	3.2%	3,874,865	194	5,962,593	299
Norwell	11,153	Plymouth	N	9th		Nonentitlement Unit	N	1,167,368	105	0	0	1,167,368	105	583,686	50.0%	63,124,855	1.8%	2,166,339	194	3,333,708	299
Norwood	29,725	Norfolk	Y	8th		Nonentitlement Unit	N	3,114,273	105	0	0	3,114,273	105	1,555,636	50.0%	208,556,114	1.5%	5,773,733	194	8,885,006	299
Oak Bluffs	4,667	Dukes	N	9th		Nonentitlement Unit	N	488,488	105	0	0	488,488	105	244,244	50.0%	33,739,076	1.4%	906,510	194	1,394,998	299
Oakham	1,957	Worcester	N	2nd		Nonentitlement Unit	N	204,836	105	380,124	194	584,961	299	102,418	17.5%	4,285,683	13.6%	0	0	584,961	299
Orange	7,582	Franklin	N	2nd		Nonentitlement Unit	N	795,597	105	1,472,715	194	2,268,312	299	302,911	50.0%	22,453,173	10.1%	0	0	2,268,312	299
Orleans	5,788	Barnstable	N	9th		Nonentitlement Unit	N	605,822	105	0	0	605,822	105	80,542	17.5%	7,187,300	6.4%	0	0	460,018	299
Oxford	14,009	Worcester	N	2nd		Nonentitlement Unit	N	1,466,302	105	2,721,084	194	4,187,386	299	735,151	17.5%	45,284,400	9.3%	0	0	4,187,386	299
Palmer	12,332	Hampden	N	1st		Nonentitlement Unit	N	1,280,306	105	2,375,923	194	3,656,228	299	640,153	17.5%	43,822,541	8.3%	0	0	3,656,228	299
Paston	4,963	Worcester	N	2nd		Nonentitlement Unit	N	519,470	105	964,005	194	1,483,475	299	259,735	17.5%	14,953,110	10.2%	0	0	1,483,475	299
Peabody	53,070	Essex	N	6th		Metropolitan City	N	10,771,724	203	10,308,225	194	21,079,949	397	5,385,862	25.5%	162,737,420	13.0%	0	0	21,079,949	397
Pelham	1,313	Hampshire	N	2nd		Nonentitlement Unit	N	137,430	105	255,035	194	392,465	299	68,715	17.5%	5,554,717	7.1%	0	0	392,465	299
Pepperell	14,509	Plymouth	N	9th		Nonentitlement Unit	N	1,937,310	105	0	0	1,937,310	105	965,655	50.0%	66,464,528	2.9%	3,595,156	194	5,532,467	299
Peru	834	Berkshire	N	3rd		Nonentitlement Unit	N	1,267,955	105	2,353,002	194	3,620,957	299	633,977	17.5%	30,457,465	11.9%	0	0	3,620,957	299
Phillipston	1,250	Worcester	N	1st		Nonentitlement Unit	N	87,294	105	161,995	194	249,288	299	43,647	17.5%	4,698,516	8.0%	0	0	249,288	299
Pittsfield	17,466	Worcester	N	2nd		Nonentitlement Unit	N	130,836	105	242,798	194	373,634	299	65,418	17.5%	3,732,634	11.3%	0	0	373,634	299
Plainfield	42,142	Berkshire	N	2nd		Nonentitlement Unit	N	182,751	105	339,140	194	521,891	299	91,376	17.5%	4,609,898	11.3%	0	0	521,891	299
Plainville	661	Hampshire	N	1st		Metropolitan City	N	32,417,190	769	8,185,589	194	40,602,779	963	11,708,595	39.5%	165,178,051	24.6%	0	0	40,602,779	963
Plymouth	9,293	Norfolk	N	4th		Nonentitlement Unit	N	69,186	105	128,392	194	197,577	299	34,593	17.5%	2,420,705	8.3%	0	0	197,577	299
Plymouth	61,528	Plymouth	Y	9th		Metropolitan City	N	972,685	154	0	0	972,685	154	4,735,049	50.0%	34,756,887	2.8%	1,805,056	194	2,777,741	299
Princeton	2,987	Worcester	Y	9th		Nonentitlement Unit	N	9,472,098	105	0	0	9,472,098	105	312,645	50.0%	253,924,227	3.7%	11,951,093	194	21,423,191	348
Provincetown	2,951	Barnstable	Y	9th		Nonentitlement Unit	N	365,094	105	677,503	194	1,042,597	299	187,542	17.5%	11,620,298	2.4%	580,590	194	882,835	299
Quincy	94,470	Norfolk	Y	8th		Metropolitan City	N	45,316,692	480	0	0	45,316,692	480	154,962	50.0%	32,600,182	1.0%	0	0	1,042,597	299
Randolph	34,362	Norfolk	Y	7th		Metropolitan City	N	3,596,621	105	0	0	3,596,621	105	2,658,340	50.0%	346,486,584	13.1%	575,140	194	885,063	299
Raynham	14,470	Bristol	Y	4th		Nonentitlement Unit	N	1,514,554	105	0	0	1,514,554	105	1,795,317	50.0%	108,299,924	3.3%	6,674,416	194	63,666,382	674
Reading	25,400	Middlesex	N	6th		Nonentitlement Unit	N	2,658,581	105	4,933,652	194	7,592,234	299	1,729,291	17.5%	46,253,055	3.3%	2,810,628	194	10,721,037	299
Rehoboth	12,385	Bristol	Y	4th		Nonentitlement Unit	N	1,296,320	105	0	0	1,296,320	105	648,160	50.0%	106,583,782	7.1%	0	0	7,592,234	299
Revere	53,073	Suffolk	Y	5th		Metropolitan City	N	19,745,590	372	10,308,808	194	30,054,398	566	9,872,795	32.8%	32,780,776	4.0%	2,405,641	194	3,701,961	299
Richmond	1,416	Berkshire	N	1st		Nonentitlement Unit	N	148,211	105	275,041	194	423,252	299	74,105	17.5%	7,206,353	5.9%	0	0	30,054,398	566
Rochester	5,687	Plymouth	N	9th		Nonentitlement Unit	N	595,250	105	0	0	595,250	105	297,625	50.0%	23,928,439	2.5%	1,104,633	194	1,999,883	299
Rockland	17,986	Plymouth	N	9th		Nonentitlement Unit	N	1,882,569	105	0	0	1,882,569	105	941,264	50.0%	75,485,838	2.5%	3,493,570	194	5,376,138	299
Rockport	7,282	Essex	N	6th		Nonentitlement Unit	N	765,196	105	1,414,443	194	2,179,640	299	381,098	17.5%	34,326,066	6.3%	0	0	2,176,640	299
Rowley	389	Franklin	N	1st		Nonentitlement Unit	N	40,716	105	75,559	194	116,275	299	30,358	17.5%	5,567,178	2.1%	0	0	116,275	299
Royalton	6,473	Essex	N	6th		Nonentitlement Unit	N	677,530	105	1,257,304	194	1,934,834	299	338,760	17.5%	22,580,745	8.6%	0	0	1,934,834	299
Russell	1,277	Worcester	N	2nd		Nonentitlement Unit	N	133,662	105	248,042	194	381,704	299	66,831	17.5%	4,351,594	12.3%	0	0	381,704	299
Rutland	8,938	Worcester	N	1st		Nonentitlement Unit	N	137,566	105	348,075	194	485,641	299	93,783	17.5%	4,351,594	12.3%	0	0	485,641	299
Salem	43,226	Essex	N	2nd		Nonentitlement Unit	N	935,528	105	1,736,102	194	2,671,629	299	467,764	17.5%	23,206,330	11.5%	0	0	2,671,629	299
Saltbury	5,534	Essex	N	6th		Metropolitan City	N	26,857,276	617	8,396,144	194	35,253,420	811	13,128,555	38.0%	161,345,714	21.7%	0	0	35,253,420	811
Sandwich	891	Berkshire	N	1st		Nonentitlement Unit	N	997,910	105	1,851,868	194	2,849,778	299	498,955	17.5%	30,535,551	9.3%	0	0	2,849,778	299
Sandwich	20,169	Barnstable	N	9th		Nonentitlement Unit	N	93,260	105	173,066	194	266,326	299	46,630	17.5%	3,730,355	7.1%	0	0	266,326	299
Savoy	28,351	Essex	N	6th		Nonentitlement Unit	N	2,111,060	105	5,508,792	194	7,619,852	299	1,055,930	50.0%	88,762,272	2.4%	3,917,592	194	6,028,652	299
Savoy	675	Berkshire	N	1st		Nonentitlement Unit	N	2,868,505	105	0	0	2,868,505	105	1,484,252	17.5%	99,795,826	8.5%	0	0	8,477,297	299
Seabrook	18,924	Plymouth	N	8th		Nonentitlement Unit	N	1,980,748	105	131,111	194	2,111,859	299	35,326	17.5%	2,449,217	9.0%	0	0	2,111,859	299
Seekonk	15,770	Bristol	Y	4th		Nonentitlement Unit	N	1,650,623	105	0	0	1,650,623	105	990,374	50.0%	86,574,149	2.3%	3,675,765	194	5,556,513	299
														825,312	50.0%	62,389,765	2.6%	3,063,138	194	4,713,761	299

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Coronavirus Local Fiscal Recovery Fund Allocations by Municipality
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ARPA Coronavirus Local Fiscal Recovery Fund Allocations by Municipality

Municipality	Population	County	Functional County?	CD1	CD2	US Treasury Classification	DPH Hardest Hit Community	Municipal Allocation	Municipal Per Capita Amount	County Reallocation	County Reallocation Per Capita	Total Amount	Total Per Capita Amount	Total Paid to Date	Share of Total Paid	FY21 Operating Budget	CLFRF as Share of Budget	County Amount	County Amt per Capita	Implied Total Amount with County	Implied Total Amount Per Capita
Sharon	18,895	Norfolk	Y	4th		Nonentitlement Unit	N	1,977,712	105	0	0	1,977,712	105	988,856	50.0%	91,659,967	2.2%	3,670,132	194	5,647,845	299
Sheffield	3,129	Berkshire	N	1st		Nonentitlement Unit	N	327,506	105	607,772	194	935,278	299	183,754	17.5%	11,202,324	8.3%	0	0	935,278	299
Shelburne	1,817	Franklin	N	1st		Nonentitlement Unit	N	192,176	105	356,613	194	548,789	299	96,138	17.5%	5,072,628	10.8%	0	0	548,789	299
Shelburne	4,335	Middlesex	N	5th		Nonentitlement Unit	N	453,738	105	846,023	194	1,299,761	299	236,869	17.5%	29,735,603	4.4%	0	0	1,299,761	299
Shirley	7,636	Worcester	N	3rd		Nonentitlement Unit	N	799,249	105	1,483,203	194	2,282,453	299	399,625	17.5%	16,671,628	13.7%	0	0	2,282,453	299
Shrewsbury	38,526	Worcester	N	2nd		Nonentitlement Unit	N	4,032,461	105	7,483,224	194	11,515,685	299	2,016,230	17.5%	136,428,322	8.4%	0	0	11,515,685	299
Shutesbury	1,754	Franklin	N	2nd		Nonentitlement Unit	N	183,589	105	340,694	194	524,283	299	91,794	17.5%	6,986,965	7.5%	0	0	524,283	299
Somerset	18,129	Bristol	N	4th		Nonentitlement Unit	N	1,897,536	105	0	0	1,897,536	105	948,768	50.0%	62,401,737	3.0%	3,521,346	194	5,418,882	299
Somerville	81,360	Middlesex	N	7th		Metropolitan City	N	61,700,944	758	15,803,226	194	77,504,170	953	30,850,472	39.8%	278,620,790	27.8%	0	0	77,504,170	953
South Hadley	17,625	Hampshire	N	1st		Nonentitlement Unit	N	1,844,783	105	3,423,450	194	5,268,233	299	92,392	17.5%	47,181,169	11.2%	0	0	5,268,233	299
Southampton	6,171	Hampshire	N	1st		Nonentitlement Unit	N	1,198,644	105	1,984,554	194	3,183,198	299	372,955	17.5%	18,902,038	9.8%	0	0	3,184,554	299
Southborough	10,208	Worcester	N	5th		Nonentitlement Unit	N	1,068,457	105	1,982,784	194	3,051,241	299	534,228	17.5%	55,413,000	5.5%	0	0	3,051,241	299
Southbridge	16,870	Worcester	N	1st		Nonentitlement Unit	N	1,766,596	105	3,278,354	194	5,044,950	299	883,368	17.5%	59,357,122	8.5%	0	0	5,044,950	299
Southwick	9,748	Worcester	N	1st		Nonentitlement Unit	N	1,019,472	105	1,891,881	194	2,911,353	299	595,756	17.5%	28,005,291	10.4%	0	0	2,911,353	299
Spencer	11,935	Worcester	N	2nd		Nonentitlement Unit	N	1,249,215	105	2,318,234	194	3,567,453	299	634,610	17.5%	23,934,635	14.9%	0	0	3,567,453	299
Springfield	153,606	Hampden	N	1st		Metropolitan City	Y	93,848,687	611	29,835,165	194	123,684,852	805	46,924,344	37.9%	715,681,710	17.3%	0	0	123,684,852	805
Staring	8,174	Worcester	N	2nd		Nonentitlement Unit	N	855,561	105	1,587,704	194	2,443,264	299	427,780	17.5%	26,154,763	9.3%	0	0	2,443,264	299
Stockbridge	1,890	Berkshire	N	1st		Nonentitlement Unit	N	197,824	105	367,110	194	564,934	299	98,912	17.5%	12,163,451	4.6%	0	0	564,934	299
Stoughton	24,126	Middlesex	N	5th		Nonentitlement Unit	N	2,525,234	105	4,686,193	194	7,211,426	299	1,262,617	17.5%	71,949,707	10.0%	0	0	7,211,426	299
Stow	28,915	Norfolk	N	8th		Nonentitlement Unit	N	3,026,491	105	0	0	3,026,491	105	1,513,246	50.0%	114,520,092	2.6%	5,616,400	194	8,642,891	299
Sturbridge	9,597	Worcester	N	3rd		Nonentitlement Unit	N	757,172	105	1,405,120	194	2,162,292	299	378,586	17.5%	32,173,288	6.7%	0	0	2,162,292	299
Sturbridge	19,655	Worcester	N	1st		Nonentitlement Unit	N	1,804,504	105	1,854,105	194	3,658,609	299	502,352	17.5%	43,103,935	6.7%	0	0	3,658,609	299
Sudbury	3,629	Franklin	N	2nd		Nonentitlement Unit	N	2,057,260	105	3,817,753	194	5,875,014	299	1,078,630	17.5%	108,817,836	11.2%	0	0	5,875,014	299
Sunderland	9,582	Worcester	N	2nd		Nonentitlement Unit	N	704,891	105	1,084,733	194	1,789,624	299	189,921	17.5%	9,656,285	7.9%	0	0	1,084,733	299
Sutton	15,298	Essex	N	6th		Nonentitlement Unit	N	1,601,220	105	2,971,457	194	4,572,677	299	800,510	17.5%	62,930,223	7.3%	0	0	4,572,677	299
Swansea	57,464	Bristol	Y	4th		Metropolitan City	N	20,992,932	365	0	0	20,992,932	365	880,955	50.0%	50,088,120	3.5%	3,869,807	194	5,031,798	299
Taunton	57,464	Bristol	Y	4th		Metropolitan City	N	20,992,932	365	0	0	20,992,932	365	880,955	50.0%	50,088,120	3.5%	3,869,807	194	5,031,798	299
Templeton	3,117	Middlesex	N	2nd		Nonentitlement Unit	N	631,793	105	1,580,711	194	2,432,504	299	425,966	17.5%	18,413,327	13.2%	0	0	2,432,504	299
Tewksbury	4,098	Dukes	N	9th		Nonentitlement Unit	N	3,633,356	105	6,055,961	194	9,319,317	299	1,631,678	17.5%	128,239,412	7.3%	0	0	9,319,317	299
Tolland	5,008	Hampden	N	1st		Nonentitlement Unit	N	428,722	105	0	0	428,722	105	214,361	50.0%	34,407,284	1.2%	795,600	194	1,234,322	299
Topsfield	6,641	Essex	N	6th		Nonentitlement Unit	N	53,172	105	96,673	194	151,845	299	26,286	17.5%	2,181,311	7.0%	0	0	151,845	299
Townsend	5,506	Middlesex	N	3rd		Nonentitlement Unit	N	695,104	105	1,289,936	194	1,985,040	299	347,552	17.5%	31,556,257	6.3%	0	0	1,985,040	299
Truro	2,008	Barnstable	Y	9th		Nonentitlement Unit	N	210,174	105	1,846,429	194	2,841,408	299	487,490	17.5%	24,930,026	11.4%	0	0	2,841,408	299
Tyngborough	12,527	Middlesex	N	3rd		Nonentitlement Unit	N	1,311,183	105	2,433,223	194	3,744,406	299	655,591	17.5%	43,933,413	8.5%	390,030	194	600,205	299
Tyngborough	312	Berkshire	N	1st		Nonentitlement Unit	N	32,657	105	60,602	194	93,259	299	16,328	17.5%	1,788,631	5.2%	0	0	93,259	299
Upton	8,065	Worcester	N	2nd		Nonentitlement Unit	N	844,152	105	1,565,532	194	2,410,684	299	422,076	17.5%	25,344,331	9.5%	0	0	2,410,684	299
Uxbridge	14,195	Worcester	N	2nd		Nonentitlement Unit	N	1,485,770	105	2,757,212	194	4,242,982	299	742,885	17.5%	57,605,764	7.4%	0	0	4,242,982	299
Wakefield	27,045	Middlesex	N	6th		Nonentitlement Unit	N	2,830,761	105	5,253,174	194	8,083,935	299	1,415,981	17.5%	102,893,710	7.9%	0	0	8,083,935	299
Wales	1,874	Hampden	N	1st		Nonentitlement Unit	N	196,149	105	364,003	194	560,151	299	88,074	17.5%	5,679,009	9.9%	0	0	560,151	299
Ware	25,200	Norfolk	N	8th		Metropolitan City	N	2,637,648	105	0	0	2,637,648	105	1,318,324	50.0%	104,543,485	2.5%	4,894,805	194	7,532,432	299
Wareham	62,495	Middlesex	N	2nd		Nonentitlement Unit	N	22,813,389	365	12,138,921	194	34,952,310	559	11,406,095	32.6%	252,226,673	13.9%	0	0	34,952,310	559
Wareham	22,745	Plymouth	Y	9th		Nonentitlement Unit	N	1,016,436	105	1,886,248	194	2,902,684	299	508,218	17.5%	31,931,155	9.1%	0	0	2,902,684	299
Warren	5,222	Worcester	N	2nd		Nonentitlement Unit	N	2,380,686	105	2,380,686	105	2,380,686	105	1,150,118	50.0%	72,739,933	3.3%	4,417,950	194	6,798,636	299
Warwick	769	Franklin	N	2nd		Nonentitlement Unit	N	80,490	105	1,560,891	194	1,560,891	299	273,290	17.5%	8,986,573	17.4%	0	0	1,560,891	299
Watertown	35,939	Berkshire	N	1st		Nonentitlement Unit	N	104,369	105	148,369	194	229,659	299	40,245	17.5%	2,027,252	11.3%	0	0	229,659	299
Watertown	13,833	Middlesex	N	5th		Nonentitlement Unit	N	3,761,683	105	105,083	194	161,709	299	28,113	17.5%	1,917,182	8.4%	0	0	161,709	299
Wayland	15,949	Worcester	N	2nd		Nonentitlement Unit	N	1,448,089	105	6,980,729	194	10,742,413	299	1,880,842	17.5%	151,943,638	7.1%	0	0	10,742,413	299
Webster	16,949	Worcester	N	2nd		Nonentitlement Unit	N	1,774,027	105	2,887,287	194	4,135,376	299	734,045	17.5%	88,510,878	4.7%	0	0	4,135,376	299
Wellesley	28,670	Norfolk	N	4th		Nonentitlement Unit	N	3,000,847	105	3,292,145	194	5,066,172	299	887,014	17.5%	50,216,118	10.1%	0	0	5,066,172	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105	0	0	285,117	105	1,500,124	50.0%	177,935,327	1.7%	5,568,811	194	8,569,659	299
Wellesley	2,724	Barnstable	Y	9th		Nonentitlement Unit	N	285,117	105												

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Wendell	878	Franklin	N	2nd		Nonentitlement Unit	N	91,899	105	170,541	194	261,440	299	45,950	17.5%	3,387,902	7.3%	0	0	261,440	299
Wenham	5,278	Essex	N	6th		Nonentitlement Unit	N	552,441	105	1,025,190	194	1,577,630	299	276,230	17.5%	22,314,851	7.1%	0	0	1,577,630	299
West Boylston	8,077	Worcester	N	2nd		Nonentitlement Unit	N	845,408	105	1,588,863	194	2,414,270	299	422,704	17.5%	27,962,575	8.6%	0	0	2,414,270	299
West Brookfield	7,281	Plymouth	N	8th		Nonentitlement Unit	N	762,092	105	0	0	762,092	105	381,046	50.0%	38,300,883	2.0%	1,414,249	194	2,176,341	299
West Newbury	3,727	Worcester	N	2nd		Nonentitlement Unit	N	390,100	105	723,926	194	1,114,026	299	195,050	17.5%	9,456,147	11.8%	0	0	1,114,026	299
West Springfield	4,714	Essex	N	6th		Nonentitlement Unit	N	493,408	105	915,639	194	1,409,047	299	246,704	17.5%	18,011,704	7.8%	0	0	1,409,047	299
West Stockbridge	28,517	Berkshire	N	1st		Nonentitlement Unit	N	2,984,893	105	5,539,093	194	8,523,926	299	1,492,417	17.5%	107,307,739	7.9%	0	0	8,523,926	299
West Tisbury	1,257	Berkshire	N	1st		Nonentitlement Unit	N	131,568	105	244,158	194	375,726	299	65,784	17.5%	6,077,237	6.2%	0	0	375,726	299
Westborough	2,904	Dukes	N	9th		Nonentitlement Unit	N	303,957	105	0	0	303,957	105	151,979	50.0%	20,863,793	1.5%	564,068	194	868,025	299
Westfield	13,144	Worcester	N	2nd		Nonentitlement Unit	N	2,003,775	105	3,718,488	194	5,722,272	299	1,001,897	17.5%	116,898,393	4.9%	0	0	5,722,272	299
Westford	41,204	Hampden	N	1st		Metropolitan City	N	9,299,177	226	8,003,994	194	17,302,971	420	4,649,589	26.9%	149,681,173	11.6%	0	0	17,302,971	420
Westhampton	24,817	Middlesex	N	3rd		Nonentitlement Unit	N	2,597,560	105	4,820,411	194	7,417,971	299	1,398,780	17.5%	115,764,983	6.4%	0	0	7,417,971	299
Westminster	1,637	Hampshire	N	1st		Nonentitlement Unit	N	171,342	105	317,968	194	489,310	299	85,671	17.5%	6,635,718	7.4%	0	0	489,310	299
Weston	7,997	Worcester	N	3rd		Nonentitlement Unit	N	837,094	105	1,553,324	194	2,390,338	299	418,517	17.5%	31,045,282	3.7%	0	0	2,390,338	299
Westport	12,124	Middlesex	N	5th		Nonentitlement Unit	N	1,369,002	105	2,354,445	194	3,723,447	299	634,501	17.5%	96,644,774	3.7%	0	0	3,723,447	299
Whately	1,567	Bristol	N	8th		Nonentitlement Unit	N	1,676,256	105	0	0	1,676,256	105	839,128	50.0%	45,173,215	3.7%	3,114,417	194	4,592,672	299
Whitman	16,400	Norfolk	N	8th		Nonentitlement Unit	N	1,716,594	105	0	0	1,716,594	105	839,128	50.0%	100,146,781	1.7%	3,185,508	194	4,902,072	299
Williamstown	57,746	Norfolk	N	2nd		Metropolitan City	N	17,804,215	308	304,371	194	468,387	299	82,008	50.0%	176,624,716	10.1%	11,216,484	194	29,020,699	503
Williamstown	15,216	Plymouth	N	8th		Nonentitlement Unit	N	1,664,016	105	2,853,166	194	4,517,182	299	796,318	17.5%	5,857,839	8.0%	2,955,530	194	4,598,166	299
Williamstown	14,689	Hampden	N	1st		Nonentitlement Unit	N	1,592,637	105	2,853,166	194	4,445,803	299	796,318	17.5%	39,396,699	4.0%	0	0	4,445,803	299
Williamstown	2,466	Hampshire	N	1st		Nonentitlement Unit	N	1,537,476	105	4,78,992	194	6,326,468	299	1,239,056	17.5%	48,404,294	9.1%	0	0	4,78,992	299
Williamstown	7,434	Berkshire	N	1st		Nonentitlement Unit	N	258,113	105	1,443,567	194	2,222,073	299	389,053	17.5%	9,074,436	8.1%	0	0	2,222,073	299
Winchendon	23,445	Middlesex	N	6th		Nonentitlement Unit	N	778,106	105	4,553,954	194	7,007,871	299	1,226,977	17.5%	120,143,711	10.0%	0	0	7,007,871	299
Winchester	10,905	Worcester	N	2nd		Nonentitlement Unit	N	1,141,411	105	2,118,168	194	3,259,579	299	570,705	17.5%	30,883,795	10.6%	0	0	3,259,579	299
Winchester	22,799	Middlesex	N	5th		Nonentitlement Unit	N	2,386,338	105	4,428,438	194	6,814,777	299	1,189,169	17.5%	136,133,873	5.0%	0	0	6,814,777	299
Windsor	866	Berkshire	N	1st		Nonentitlement Unit	N	90,643	105	168,210	194	258,853	299	45,321	17.5%	2,538,726	10.2%	0	0	258,853	299
Windsor	18,544	Suffolk	N	5th		Nonentitlement Unit	N	1,940,974	105	3,601,355	194	5,542,928	299	970,467	17.5%	56,474,037	9.8%	0	0	5,542,928	299
Woburn	40,228	Middlesex	N	5th		Nonentitlement Unit	N	4,210,607	105	7,813,817	194	12,024,424	299	2,105,303	17.5%	150,032,975	8.0%	0	0	12,024,424	299
Worcester	185,428	Worcester	N	2nd		Metropolitan City	N	110,817,389	597	36,017,215	194	146,834,604	791	53,108,695	37.7%	776,990,191	20.2%	0	0	146,834,604	791
Worcester	1,175	Hampshire	N	1st		Nonentitlement Unit	N	122,986	105	228,230	194	351,216	299	61,493	17.5%	4,469,646	7.9%	0	0	351,216	299
Worcester	12,023	Norfolk	N	4th		Nonentitlement Unit	N	1,258,430	105	0	0	1,258,430	105	629,215	50.0%	47,340,534	2.7%	2,335,327	194	3,593,757	299
Yarmouth	23,203	Barnstable	N	9th		Metropolitan City	N	3,155,779	136	945,793,446	437	2,995,311,074	435	1,373,850	50.0%	86,521,396	3.6%	4,506,911	194	7,662,690	330
Total	6,897,503							2,009,357,428	297	945,793,446	437	2,995,311,074	435	1,024,783,715	34.7%	28,915,474,204	10.3%	393,044,261	57	3,388,355,335	492

7 of 7



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

09/03/2021

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:

Current code of CIT21 (Please use CIT22)

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

Attachment: CIT22 (6401 : Police CIT/HOPE Grant - No Match Required - \$100,000)

X State DOE– School
 State Other – School
 State – City
 Private/Other

Grant Name:

Jail Diversion/CIT RFR

Total Grant Amount Awarded: **\$100,000**

Is this a Reimbursable Grant? **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	Department of Mental Health
Contact Person	Mich Rygiel
Street Address	25 Staniford Street
City, State, Zip Code	Boston, MA 02114
Telephone	617-626-8018
Fax	617-626-8014
E-Mail	Michleen.rygiel@state.ma.us

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

Crisis Intervention Team Expansion

Comments re: Conditions/Restrictions of Grant

Attachment: CIT22 (6401 : Police CIT/HOPE Grant - No Match Required - \$100,000)

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.

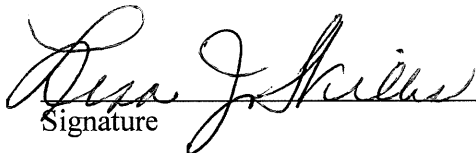
(Attach additional sheets if additional orgs and roll-ups are needed):

Budget Roll-Up Codes:

28952100 – 506000 - \$84,410.00

289521100 – 530105 - \$15,590.00 (BHN)

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


Signature


Date

Please attach the following documents:

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

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

Attachment: CIT22 (6401 : Police CIT/HOPE Grant - No Match Required - \$100,000)

**Department of Mental Health
Master Agreement- Jail/Arrest Diversion Program
Statement of Work (SOW)**

Procurement:	BD-18-1022-DMH08-82108-21306 Contractor ID: SCDMH82202287230000
Contractor Name:	City of Springfield, Police Department, Officer Carla Daniele, CDaniele@springfieldpolice.net
DMH Sponsor Name:	Director of Jail and Arrest Diversion Initiatives: Joanne Barros

Proposed Dates of Service (not to exceed current state fiscal year)

From: 1-Jul-21 To: 30-Jun-22

Cost Estimate

Proposed Hours: N/A Hourly Rate: N/A

Total (not to exceed) Cost: \$100,000

Scope and Payment

Scope of Engagement

CRISIS INTERVENTION TEAM (CIT) PROGRAM:

The Springfield Police Department will operate a Crisis Intervention team for their community and take steps to more fully develop the CIT. The Project will include a CIT Coordinator- a point person on their staff who will be responsible for coordinating CIT-related issues within the department, Project Hope and Co-Response. Springfield PD will examine their own policies relative to CIT and responding to individuals with mental and/or behavioral health crises to update them to reflect the specialized training received, new responses and resources available. CIT officers will code their calls and interventions so that an administrative staff/intern/other designee can input basic demographic information into the JDP database. Springfield PD will meet with its local core stakeholders, including the local ESP, with the purpose of maintaining good collaboration between CIT program and its partners (eg: follow-up and co-response to mental health or substance misuse emergencies and non-emergencies). The Project will also include data collection and reporting activities relative to the CIT and Co-Response. Springfield PD will use grant funds to reimburse the Department for the cost of training time and/or backfilling shifts to cover for personnel when sending Police personnel to the 40 hour CIT trainings available through a CIT-TTAC. Springfield PD will use grant funds to reimburse the Department for the cost of police overtime for co-response follow-up visits and Project Hope. Springfield PD will use grant funds to reimburse the Department for the cost of sending personnel to attend the Annual Mental Health and Law Enforcement Conference in Massachusetts. Springfield PD will use grant funds to reimburse the Department for Administrative costs associated with this CIT Project. The Springfield Police Department plans to send up to twenty five (25) officers and supervisors to trainings held at the WM/BHN CIT-TTAC. The Springfield Police Department plans to send up to five (5) Computer Aided Dispatch personnel to attend the 8 hour dispatch training. Springfield PD officers, will work with BHN to utilize the new dropoff center as appropriate.

Deliverables and Payment

Grantee completes a Commonwealth Payment Voucher to invoice DMH for payment.

Grantee provides documentation of actual expenses corresponding to line items represented in the Attachment D Budget Sheet.

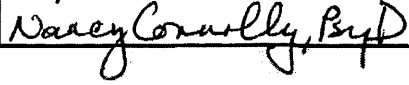
Grantee provides a copy of all training Certificates of Completion.

Grantee provides quarterly report data including:

1. Number of police officers in department
2. Number of police officers and CAD personnel trained, type of training, and total hours of training received via this SOW
3. Number of behavioral health-related calls per quarter by the Department
4. Number of behavioral health-related calls per quarter with a trained officer responding
5. Number of behavioral health calls this quarter that were responded to by a trained police officer resulting arrest.
6. Number of behavioral health calls this quarter that were responded to by a trained police officer resulting in diversion from arrest.
7. Number of Jail/Arrest or E.D. diversions made, including use of other destination/hand-off
8. Number of internal and external stakeholder meetings attended by the representative(s) of the participating Departments, related to the CIT Program
9. Completion/Status of GPD internal policy development/implementation relative to the CIT Program; implementation of programmatic follow-ups to mental health and substance misuse crises.

Invoices for reimbursement for actual expenditures may be submitted at any time within the dates of service of this SOW agreement. Monthly invoicing is preferred when costs are incurred. (Quarterly invoicing may be appropriate in some cases.) Expenses within a fiscal year will be reimbursed by funds authorized for that fiscal year only. Final invoices must be submitted in adherence to the submission deadline established by the Commonwealth.

Signature and Authorization

Contractor		Department of Mental Health	
Authorized Signatory Name:	CHERYL C. CLAPPWAD	Authorized Signatory Name:	Nancy Connolly, Psy.D.
Date:	JULY 6, 2021	Date:	8/25/21
Signature:		Signature:	

Attachment: CIT22 (6401 : Police CIT/HOPE Grant - No Match Required - \$100,000)



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request	8/13/2021
Department Requesting Grant Setup	Comm Dev
Department Phone # (Please include extension)	6082
Name and Title of Person to Contact in Case of Questions	Cathy Buono

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number: 89291

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
X	State Other – School
	State – City
	Private/Other

Grant Name: EOHHS

Total Grant Amount Awarded: \$ 446,089.00

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	Commonwealth of MA - EOHHS
Contact Person	Linn Torto
Street Address	One Ashburton Place
City, State, Zip Code	Boston, MA
Telephone	617-573-1600
Fax	
E-Mail	linn.torto@mass.gov

Actual Award Date 6/1/2021

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

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

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) monthly

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

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

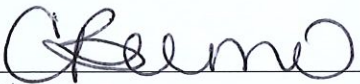
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:

Object Codes: same as project #89291

Budget Roll-Up Codes:

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



Signature



Date

Please attach the following documents:

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

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

Buono, Cathy

Subject: FW: [External] Amendment 4 Homeless grants

From: Colon, Lucy (EHS) <lucy.colon@state.ma.us>

Sent: Friday, August 6, 2021 11:43 AM

To: Scott, Deborah R (EHS) <deborah.r.scott@state.ma.us>; Buono, Cathy <CBuono@springfieldcityhall.com>

Cc: Wong, Lisa D (EHS) <lisa.d.wong@state.ma.us>

Subject: RE: [External] Amendment 4 Homeless grants

Hi Deb and Cathy,

The FY21 amount for the Homeless Grant was \$616,089.00 and for FY22 \$446,089.00.

Lucy Colon, Contract Specialist
EOHHS

Lucy Colon

Senior Contract Specialist

Executive Office of Health and Human Services

600 Washington Street 7th Floor

Boston, MA 02111

Ph: (617) 210-5341

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

Attachment: FY22 Homeless Youth Grant (6400 : EOHHS Youth Homelessness Grant Increase - \$446,089.00 - No Match)

\$ 1,884,356.00 Total Grant Award to date

\$ 446,089.00 FY22

\$ 616,089.00 FY21

\$ 506,089.00 FY20

\$ 316,089.00 FY19

Attachment: FY22 Homeless Youth Grant (6400 : EOHHS Youth Homelessness Grant Increase - \$446,089.00 - No Match)



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.masscomptroller.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 & Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 36 Court Street, Springfield, MA 01103		Business Mailing Address: One Ashburton Place, 11 th Floor, Boston, MA 02108	
Contract Manager: Geraldine McCafferty	Phone: 413-787-6500	Billing Address (if different):	
E-Mail: gmccafferty@springfieldcityhall.com	Fax: 413-787-6515	Contract Manager: Linn Torto	Phone: 617-573-1600
Contractor Vendor Code: VC6000192140		E-Mail: Linn.torto@mass.gov	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): CT EHS 19EHS247SPRINGFIELCB RFR/Procurement or Other ID Number: 19CBEHSHOMELESSYOUTHGRANT	
☐ NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☐ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		☒ CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: <u>June 30, 2021</u> Enter Amendment Amount: \$ <u>616,089.00</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>1,884,356.00</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 ☐ 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.) The purpose of this Amendment 4 is to extend the term of the agreement and increase the maximum obligation of the contract to account for FY21 and FY22 activities.			
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>July 1, 2020</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: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Katherine Harvell Haney</u> Date: <u>6-1-2021</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Katherine Harvell Haney</u> Print Title: <u>Chief Financial Officer</u>	



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CONTRACTOR LEGAL NAME: City of Springfield (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health & Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 36 Court Street, Springfield, MA 01103		Business Mailing Address: One Ashburton Place, 11 th Floor, Boston, MA 02108	
Contract Manager: Geraldine McCafferty	Phone: 413-787-6500	Billing Address (if different):	
E-Mail: gmccafferty@springfieldcityhall.com	Fax: 413-787-6515	Contract Manager: Linn Torto	Phone: 617-573-1600
Contractor Vendor Code: VC6000192140		E-Mail: Linn.torto@mass.gov	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): CT EHS 19EHS247SPRINGFIELCB	
		RFR/Procurement or Other ID Number: 19CBEHSHOMELESSYOUTHGRANT	
<u>NEW CONTRACT</u> 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 CONTRACT AMENDMENT</u> Enter Current Contract End Date <u>Prior</u> to Amendment: <u>June 30, 2021</u> Enter Amendment Amount: \$ <u>616,089.00</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>1,884,356.00</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 ☐ 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.) The purpose of this Amendment 4 is to extend the term of the agreement and increase the maximum obligation of the contract to account for FY21 and FY22 activities.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ☐ 2. may be incurred as of <u> </u> , 20 <u> </u> , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☒ 3. were incurred as of <u>July 1, 2020</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>Domenic Sarno</u> , Date: <u>5/19/21</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Domenic Sarno</u> Print Title: <u>Mayor</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Katherine Harvell Haney</u> , Date: <u> </u> (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 4 TO THE
GRANT AGREEMENT
BY AND BETWEEN
THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
AND
CITY OF SPRINGFIELD
FOR
HOMELESS YOUTH SERVICES
IN
REGION 2**

WHEREAS, the Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) and City of Springfield (Grantee) entered into the Grant Agreement effective November 20, 2018; and amended effective January 14, 2020 (Amendment 1); April 30, (Amendment 2); and July 27, 2020 (Amendment 3); and

WHEREAS, in accordance with Line Item 4000-0007 of Chapter 227 of the Acts of 2020 and Section 5.15 of the Grant Agreement, EOHHS wishes to extend the Grant Agreement term and increase the maximum obligation of the Grant Agreement to further core services in state fiscal years 2021 and 2022.

NOW, THEREFORE, in consideration of their mutual undertakings, EOHHS and the Grantee agree to amend the Grant Agreement as follows:

1. **Section 4.2 Payment** is hereby amended by adding a new **Section 4.2.G**, as follows:

“G. Settlement and Release

Obligations beyond those previously contracted for in the Grant Agreement (including Amendment 1, Amendment 2, and Amendment 3) were incurred by the Contractor in the amount of \$156,493 less any recoupments imposed pursuant to Section 4.2 for the time period of July 1, 2020, through June 1, 2021, and are intended to be part of this Grant Agreement and shall be considered a final Settlement and Release of those obligations. Upon payment of these obligations, the Contractor forever releases EOHHS from any further claims related to these obligations. The payment set forth in this section shall be the final payment EOHHS makes to the Contractor for the work performed pursuant to this Amendment 4 that occurred prior to the effective date of this Amendment 4.”

2. **Section 5.1 Grant Term** is hereby deleted in its entirety and replaced with the following new **Section 5.1**:

“Section 5.1 Grant Term

The Grant 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, and (2) any termination provisions set forth in the Grant,

provided however, that EOHHS may terminate the Grant immediately if EOHHS does not secure sufficient funding for any fiscal year during the grant term. Contingent on obtaining available funding, the Grant may be extended through June 30, 2028 in increments determined by EOHHS and upon terms agreed to by the parties. EOHHS may also extend the Grant for any reasonable time period it determines necessary to complete a subsequent grant selection process.”

All provisions of the Grant Agreement shall remain in full force and effect. The 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 4.

Attachment: FY22 Homeless Youth Grant (6400 : EOHHS Youth Homelessness Grant Increase - \$446,089.00 - No Match)



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 8/31/2021

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: 67321

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: **SCSEP...FY22**

Total Grant Amount Awarded: **\$523,879.00**

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: Workforce Inclusion

Street Address: 5403 Colesville Rd Ste 200

City, State, Zip Code: Silver Spring, MD 20910

Telephone: 1-301-578-8815

Fax

E-Mail: cgarland@workforceinclusion.org

Actual Award Date 8/19/2021

Board Approval Date

Start Date 7/1/2021

Expiration Date 6/30/2022

Renewal Action Date (optional)

If there are any Matching Funds: yes

Type

Percent

Amount 67,387

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:

Salaries/fringe-501000	510,074.00
Office Supplies – 542010	2,500.00
Indirect-578700	<u>11,305.00</u>
	\$523,879.00

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.

Carol K Gasque
Signature

9/1/2021
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.

Center for Workforce Inclusion, Inc. (Center)

advantage of any insolvency or any other like statute (each, an "Event of Default"), then Grantee may, in addition to any and all other rights which it may have, terminate this Agreement by giving a notice to You at any time after the occurrence of an Event of Default.

- c. If Grantee determines that you or your agents are not complying with the provisions in this Agreement, we can cancel this Agreement. If we decide to cancel this Agreement, we will provide you with 30 days written notice.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date appearing on the second page of this Agreement, upon which date this Agreement becomes effective retroactive on July 1, 2021. Any individual executing this Agreement on behalf of any party hereto does hereby represent and warrant that such execution is made with full authority and that such party is bound by the terms hereof.

City of Springfield Department of Elder Affairs

By

(Signature)

Name

(Print)

(Title)

(Date)

(E-mail Address)

Center for Workforce Inclusion, Inc.

By

(Signature)

Name

Gary A. Officer

President and CEO

Center for Workforce Inclusion, Inc.

(Date)

Center for Workforce Inclusion, Inc. (Center)

SCSEP Sponsor Agreement

July 1, 2021 – June 30, 2022

Who we are – a National Grantee for Title V of the Older Americans Act

Center for Workforce Inclusion, Inc. (Center)
8403 Colesville Road, Suite 200
Silver Spring, Maryland 20910-6391

This Agreement refers to the Center for Workforce Inclusion, Inc. as *We* or *Us* or *Grantee*.

Who you are – a Subgrantee/Sponsor

Subgrantee Project Number: 103
City of Springfield Department of Elder Affairs
1476 Roosevelt Ave
Springfield, MA 01109

This Agreement refers to City of Springfield Department of Elder Affairs as *You* or *Sponsor*.

Background

The Center for Workforce Inclusion, Inc. has received a Senior Community Service Employment Program (SCSEP) grant award from the Employment and Training Administration Division of Older Worker Programs, U.S. Department of Labor (USDOL) dated June 24, 2021 and received on July 2, 2021. This grant is authorized under Title V of the Older Americans Act of 1965 as amended (CFDA No.: 17.235) and the Federal Award Identification Number is AD-36274-21-60-A-24.

Our SCSEP Program offers low-income older people paid community service and training as an entry into productive work. The SCSEP Program is intended to benefit:

- eligible people who enroll, and
- the community in which the program is located.

To help us carry out our duties for this program, by signing this Agreement you have agreed to provide certain services and facilities described below.

Definitions

This Agreement is subject to and incorporates the definitions of Title 20, *Code of Federal Regulations*, Part 641, or as amended.

Whenever *Sponsor* is used, it means a subgrantee of the Center.

Whenever *participant* is used, it means a SCSEP participant. (The Federal government also uses the term *participants*.)

Center for Workforce Inclusion, Inc. (Center)

The Terms of this Agreement

I. Period of this Agreement:

July 1, 2021 to June 30, 2022.

You must fulfill your duties within this time period unless we both agree in writing to extend the deadline.

II. Funding for this Agreement:

\$523,879 Federal, that we provide.

67,387 Non-Federal, that you provide. (20 CFR 641.809)

\$591,266 Total funding.

Of the Federal funds that we provide, you must spend at least \$483,221 for SCSEP Participant Wages and Fringe Benefits. The maximum to be spent on Administrative Costs is \$28,090, of \$40,658 funds available for Administrative and Program/Other Costs. At your discretion, and in the best interests of the SCSEP Program, the balance of the Federal funds may be spent as follows:

1. on additional Participant Wages and Fringe Benefits; or
2. on Program/Other Costs (not Participant Wages and Fringe Benefits or on Administrative Costs); or
3. on a maximum of \$28,090 for Administrative Costs; or,
4. on any combination of the three (3) options above.

You agree to provide the non-Federal share in the amount of \$67,387 and you agree to use this amount to support the SCSEP Program. You have agreed to do this voluntarily and you acknowledge that this obligation is not a condition of entering into this subgrant.

Funding for this Agreement may be changed by the Center. The Center may modify the budget with our Agreement Modification document. See *Center SCSEP Program Policy and Procedure Manual*.

Accordingly, for good and valuable consideration, the parties hereby agree as follows:

III. What you agree to do:

According to Title 20 of the Code of Federal Regulations, Part 641, Subpart C-Grant Operations, as amended, you agree to enroll at least 54 eligible persons during the program period. You agree to assign these eligible, low-income persons 55 years of age and older into part-time community service positions at rates and hours set forth in the Older Americans Act and consistent with their assessments and individual employment plans.

Center for Workforce Inclusion, Inc. (Center)

You are to give priority enrollment to individuals who are veterans and eligible spouses of veterans, 65 years of age or older; or have a disability; have limited English proficiency or low literacy skills; reside in rural areas; have low employment prospects; have failed to find employment after utilizing services provided under Title I of the Workforce Innovation and Opportunity Act; are formerly incarcerated or are homeless or at risk for homelessness.

Attached is a listing of counties in your state to be served by you (Attachment 8).

Achieve total number of paid hours of community service - 80.2%

Achieve an average most-in-need characteristics, as defined by 20 CFR Part 641.710(a)(6), per total number of participants served – 3.0.

Exit at least 35% of such persons into unsubsidized employment during the program year.

Achieve at least 42% of exiters employed after exit in Q2

Achieve at least 37% of exiters employer after exit in Q4.

Achieve at least \$3,500 in median earnings.

Achieve a participant ACSI satisfaction rate of 85.

Achieve a host agency ACSI satisfaction rate of 83.

Achieve an employer ACSI satisfaction rate of 86.

See Attachment 1, *PY21-22, SCSEP Performance Goals Summary Sheet* for definitions.

You agree to fully expend but not exceed the Participant Wage/Fringe Benefit (PWFB) funds available in the budget as outlined in this Agreement, or amended budget, as well as to achieve the performance goals identified above, by using the PPP to integrate effectively achieving (or exceeding) your performance goals with your participant wage spending.

Complete all follow-up activity for participants identified in Center Follow-up Reports.

Respond timely and thoroughly to performance review reports and technical assistance plans produced by Center staff during the program year.

Attend conferences and training as designated by the Center.

Require subcontractors you to certify in writing that they follow the terms of this Agreement.

Prepare and update a Performance Strategies Plan (PSP) as required.

Center for Workforce Inclusion, Inc. (Center)

This Agreement requires compliance with the following:

These documents (both current versions and amendments) are binding on you and are a part of this Agreement:

- SCSEP Performance Data Collection Approval (Office of Management and Budget No. 1205-0040) (expiration date November 30, 2021);
- TEGL 17-20, Update Guidance on Priority of Service, Durational Limits, and State Plan Submissions (April 15, 2021);
- *Federal Poverty Guidelines*, Federal Register 86 FR 7732 (February 1, 2021); or HHS website at <https://aspe.hhs.gov/poverty-guidelines>
- Consolidated Appropriations Act, 2021 [Including Coronavirus Stimulus & Relief], Pub.L. 116-260 (December 27, 2020);
- Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act), Pub. L. 116-136 (March 27, 2020);
- Older Americans Act of 1965, as amended, 42 USC §3056, et seq.; Older Americans Act Reauthorization Act of 2016, Pub.L. 114-144 (April 19, 2016); Supporting Older Americans Act of 2020, Pub.L. 116-131 (March 25, 2020);
- The Fair Labor Standards Act of 1938, as amended through Pub. L. 115-141 (March 23, 2018);
- SCSEP; Performance Accountability; Interim Final Rule, 82 F R 56869 (December 1, 2017);
- TEGL 16-16, *Change 1 to Training and Employment Guidance Letter (TEGL) 16-16 One-Stop Operations Guidance for the American Job Center Network* (June 16, 2017);
- TEGL 17-16, *Infrastructure Funding of the One-Stop Delivery System* (January 18, 2017);
- TEGL 16-16, *One-Stop Operations Guidance for the American Job Center Network* (January 18, 2017);
- TEGL 15-16, *Competitive Selection One-Stop Operators* (January 17, 2017);
- WIOA; Joint Final Rule for Unified and Combined State Plans, Performance Accountability and the One-Stop System Joint Provisions, 81 FR 55791 (August 19, 2016);
- TEGL No. 15-14, *Implementation of the New Uniform Guidance Regulations* (December 19, 2014);
- Workforce Innovation and Opportunity Act (WIOA) of 2014, (Pub. L. 113-128), Sec. 121, Funding of One-Stop Infrastructure;
- Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule, 78 FR 78589 (December 26, 2013) published at 2 CFR Part 200;
- VOW (Veterans Opportunity to Work) to Hire Heroes Act of 2011, Pub. L. 112-56 (November 21, 2011);
- Training and Employment Notice 15-10, *Protocol for Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in whole or in part by the U.S. Department of Labor (DOL)* (November 10, 2010);
- SCSEP Final Rule, 75 Federal Register (FR) 537864 (September 1, 2010), published at 20 CFR part 641;
- Priority of Service for Covered Persons; Final Rule, (December 19, 2008), published at 20 CFR Part 1010;
- TEGL 12-06, *Revised Income Inclusions and Exclusions and Procedures for Determining Senior Community Service Employment Program (SCSEP) Eligibility* (December 28, 2006);
- Jobs for Veterans Act (JVA) as amended, Pub. L. 107-288 (November 7, 2002);
- Paperwork Reduction Act of 1995, Pub. L. 104-13 (May 22, 1995);

Center for Workforce Inclusion, Inc. (Center)

- The Social Security Act of 1935, as amended through Pub. L. 89-97 (July 30, 1965);
 - 29 CFR Part 98, Debarment, Suspension, Drug Free Workplace;
 - All applicable advertising laws, including, on the federal level, and Section 5 of the FTCA (15 U.S.C. § 45); and Section 43(a) of the Lanham Act (15 U.S.C. § 1125(a)), as well as whatever state and local laws also apply.
 - *Center SCSEP Policy and Procedure Manual*;
 - Your budget as we approve it; and
 - Center Grant Agreement with the USDOL.
- B. This Agreement includes your obligation to abide by regulations issued by USDOL and policies and procedures issued by the Center. You are a part of the Center network in your state.

II.

Your Operation Must Follow These Rules. Also, see Center SCSEP Policy and Procedure Manual.

The reports you must provide ...

- Payroll by Payroll reports which track participant wage costs each pay period must be submitted within five (5) work days following the close of each pay period.
- The Project Performance Plan (PPP) webtool must be updated within five (5) work days following the close of each pay period.
- Enter participant data directly into SPARQ from the Participant Form, Community Service Assignment Form, Exit Form, and Unsubsidized Exit form within 5 work days of completing the form(s), and community service hours, follow-ups for unsubsidized placement, etc., as required.
- Review SPARQ Data quality reports, management reports, and Center tickler emails and reports at least once a week. Resolve all rejects (Durational rejects, rejects, warnings) promptly and reconcile your payroll list to data in SPARQ to ensure your accuracy and completeness of your data.
- Review durational limit report and tickler emails to ensure durational limit exits are entered no later than 7 days after the Individual Durational Limit date to avoid locked records. All locked records must be explained and addressed as soon as possible and Center may provide technical assistance to ensure timely entry of all forms including durational limit exits.
- Complete Center on-line tools, as required.
- A monthly Report of Costs (SA1) is due within 30 calendar days after the reported month and must be completed using the Center On-line Report of Costs webtool.
- A monthly Report of Non-Federal Costs (SA2) is due within 30 calendar days after the reported month and must be completed using the Center On-line Report of Costs webtool.

Center for Workforce Inclusion, Inc. (Center)

- A closeout grant report is due within 30 calendar days after the close of the grant year. This report will include:
 - final report on spending
 - final non-Federal cost report
 - summary of payroll data
- A single audit report, in compliance with the Single Audit Act and 2 CFR 200 subpart F – Audit Requirements, is due within nine months after your fiscal year ends.

The records you must keep...

- You must maintain any records and accounts, including property, personnel, and financial records, that we, USDOL, or any authorized representative deem necessary.
- You must keep program and financial records for three (3) years after the program year in which the participant received his/her final follow-up activity or three (3) years from a completed audit, whichever is longer.
- In accordance with 2 CFR 200 subpart D – Post Federal Award Requirements, you must make any records relating to the SCSEP Program available for examination on request by the Center and/or USDOL, and upon further request, you must transfer custody of such records to the Center and/or USDOL.
- If you cease to administer SCSEP, you must turn over to us complete data files, both electronic format and hard copy.
- You must provide insurance as described in the *Sponsor Budget Instructions*.

Using your funds...

- In carrying out the duties of this Agreement, you agree to fully expend but not exceed the funds we approve in your budget or amended budget and achieve the minimum program outcomes found on pages 2-3 of this Agreement.
- If you do not use program funds in a timely and proper manner, we may withdraw all or part of the unexpended funds.
- We can also increase or decrease funding.

III. We Will Provide Funding

- A. We will provide funding to you according to the methods outlined in the *Sponsor Budget Instructions*.
- B. Using the Automated Clearing House (ACH), we will transfer funds to the bank account that is currently on file with our Finance Department.
- C. You must use these funds only to pay for costs incurred according to the *Center SCSEP Program Policy and Procedure Manual*.

Center for Workforce Inclusion, Inc. (Center)

IV. *We Are Not Responsible for Claims, Damages, or Losses*

We (including our directors, officers, agents, and employees) are not responsible for any claims, damages, losses, and expenses (including but not limited to fees of attorneys) that may arise from any act or failure to act by you (including your directors, officers, agents, and employees) or by any of your subcontractors (including its directors, officers, agents, and employees) for whose acts liability may arise in connection with performing the work described by this Agreement. The obligations set forth in this Section shall survive the expiration or earlier termination of this Agreement to cover any claim alleged to have arisen during the term of this Agreement.

You agree to indemnify, defend, and hold harmless Us/Center and their successors, affiliates and subsidiaries, subcontractors and their respective employees, officers, directors, agents, and assignees against and from any and all claims, liabilities, damages, judgments, penalties, losses and costs, including reasonable attorneys' fees and costs (including in-house counsel), arising out of, or relating to, or in connection with any material breach by You of any obligation under this Agreement. The obligations set forth in this Section shall survive the expiration or earlier termination of this Agreement.

You hereby agree to indemnify, defend, and hold the Center for Workforce Inclusion, Inc. its successors, affiliates, subcontractors and subsidiaries, and their respective employees, officers, directors, agents, and assignees against and from any and all claims, liabilities, damages, judgments, penalties, losses, and costs, including reasonable attorneys' fees and costs (including in-house counsel), arising out of, or relating to, or in connection with any property damage, personal injury, or death resulting or allegedly resulting from the use of Your products or services or performing work related to the SCSEP Program. We agree to give You notice of any claim or litigation to which the indemnification set forth in this Section applies. The obligations set forth in this Section shall survive the expiration or earlier termination of this Agreement.

V. *You Will Share the Program Cost*

Your share of the SCSEP Program costs will be in cash and/or in-kind and will be from non-Federal sources. The total amount of non-Federal funds raised to meet the matching requirement of the SCSEP Program will directly support the program. Under the terms of this Agreement, your non-Federal share shall not be less than the amount specified on page two of this Agreement. For any excess of non-Federal funds beyond this amount, you agree to assign to Center for its determination of whether the excess shall be used to support the program. Such excess is not part of your unreimbursable non-Federal match requirement and is not a donation within the meaning of 2 CFR Part 200. A description of the types of non-Federal match funds to meet your required share is found at 20 CFR 641.809.

VI. *Participants Are Not Federal Employees*

- A. The Federal government represented by USDOL is not a party to this Agreement and has no legal liability under this Agreement. Any liabilities, legal actions, or disputes that may arise under this Agreement are between Center and you.
- B. In all matters relating to this Agreement, you are an independent contractor. Participants are enrolled in a Federally subsidized community service employment program and are employed by you for certain payroll purposes. Participants are not Center employees, they are not Federal employees, and they are not subject to the Federal provisions of the law that apply to Federal employees about employment, hours of work, rates of compensation, leave, unemployment compensation, and employee benefits (20 CFR 641.585).

Center for Workforce Inclusion, Inc. (Center)

VII. You Will Have Staff for Your Program

- A. You must provide a project director.
- B. We may ask you to remove your project director, for cause.
- C. Per Attachment 8, you must provide a full-time project director or equivalent for every 60 modified authorized positions or a part-time project director for every 30 modified authorized positions. If you have more than 60 authorized positions, staff patterns should evolve in conjunction with increases in modified authorized positions at least for every increment of 30 modified authorized positions above 60. Use of participant staff should be considered as additional help beyond these staffing requirements. If the staffing is less than these requirements you must ask us, in writing, for our approval.
- D. Your project director must attend any mandated training that Center may offer. Travel and per diem expenses will be paid by the Center.
- E. Your chief executive officer, project director, or designee, and any other staff associated with the program, including program and fiscal staff members, must be available to consult with our staff on any aspect of the program that we deem necessary.

VIII. You Will Seek Community Support

- A. You and your project director will coordinate with other Center project directors in your state to achieve your SCSEP goals and spending requirements, both at your project and for the state.
- B. You will include the following statements and the Center for Workforce Inclusion logo on the SCSEP page(s) of your organization's website:
 - "The Senior Community Service Employment Program (SCSEP) is a community service and work-based job training program for older Americans operated under a U.S. Department of Labor grant. We thank the Center for Workforce Inclusion, Inc. for selecting our organization to operate SCSEP in our community."
 - "The [insert your organization's name] SCSEP program is funded by a \$47.1 million grant from the U.S. Department of Labor. This funding provides 90% of the support for SCSEP with the Center and its subgrantees providing approximately \$5.2 million in nonfederal match. The SCSEP Program is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities."
- C. You will follow or like the Center's Facebook, Twitter, and LinkedIn accounts;
- D. You will participate in the Center's social media campaigns related to: National Employ Older Workers Week and Older American's Month.
- E. You will tag the Center in any SCSEP-related social media posts made by you.
- F. You will provide one completed Participant Profile per program year. A completed Participant Profile includes:
 - One completed Interview in writing or via video using the questions provided by the Center.
 - One release form signed by the participant.

Center for Workforce Inclusion, Inc. (Center)

- Two photos of the participant adhering to the standards outlined in the Participant Profile Instructions (see Attachment 7).

G. If you or other program staff are asked to participate in state or regional SCSEP meetings or participate in the development of State SCSEP Plans, you must give us reasonable advance notice.

H. You will coordinate with employer associations, local Workforce Investment Boards (WIBs), and workforce intermediaries to identify high growth industries and workforce needs.

I. You will consult with local Area Agencies on Aging to consider linking programs provided by both agencies.

IX. You Must Have Electronic Communications Capability

In the interest of efficiency, timeliness, and economy, you must have electronic communications and telecommunications capability within your project. Accordingly, you must provide us with daily Internet and e-mail access to the project director and financial officer. The cost associated with installing and operating the program's Internet capability is an allowable cost.

X. You Will Work with Public Workforce Systems

A. The Workforce Innovation and Opportunity Act of 2014 mandates that SCSEP is a partner in the One-Stop workforce delivery system. You agree to be identified as a SCSEP partner, developing *Memoranda of Understanding* with local area Workforce Development Boards (WDB) and/or American Job Centers, as well as coordinating linkages with other SCSEP partners in the same area. **You must give us current signed copies of any *Memoranda of Understanding*.**

B. You will develop effective partnerships with area public workforce providers, e.g. American Job Centers, WDBs, community colleges, other SCSEP grantees, to provide the most efficient level of services to SCSEP participants.

XI. Notification Procedure in the Event of Data Breach

A. You agree to the following procedure in the event that you lose or have stolen from your possession, custody or control (referred to as "data breach") any documentary material or computer equipment containing personally identifiable information (PII) on project participants, current or former.

B. PII refers to any information about an individual maintained by you, including any information that can be used to distinguish or trace a participant's identity, such as their name, Social Security Number, date and place of birth, mother's maiden name, biometric records, etc., and any other personal information which is linked or linkable to a participant.

Center for Workforce Inclusion, Inc. (Center)

C. Procedure:

- i. Immediately notify the Vice President of Workforce Development that the project has experienced a data breach of participants' PII and that you have determined that a reasonable risk exists for the potential misuse of the information.
- ii. The Project Director shall immediately assess the information compromised, risks posed, and how affected participants should be notified. The Project Director will coordinate the response with Center.
- iii. Maintain up to date contact information on all participants, former and current.
- iv. If appropriate, establish a call center to interact with participants.
- v. Consider offering appropriate credit monitoring assistance to affected participants.
- vi. Familiarize project personnel on your organization's privacy and security procedures and how they should recognize, report, and respond to a data breach.

Assurances and Certifications

By signing below, you agree to assurances and certifications attached and made a part of this Agreement as Attachment 3. The assurances and certifications are:

- Assurances/Non-Construction Programs,
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary covered Transactions,
- Certification Regarding Lobbying—Certification for Contracts, Grants, Loans, and Cooperative Agreements,
- Certification Regarding Drug-Free Workplace Requirements,
- Non-Discrimination and Equal Opportunity Assurances,
- Certification of Non-Delinquency,
- Certification that you can comply with all laws, rules and regulations applicable to this Agreement,
- Certification that you Accordingly, for good and valuable consideration, the parties hereby agree as follows, and
- Certification that you can fulfill your obligations under the sponsorship agreement without violating any other agreement to which you are party.

REPRESENTATIONS AND WARRANTIES.

You represent and warrant that you will not use Grantee's name, identity, commercial content, intellectual property, or any materials/information provided to Sponsor except as authorized by Grantee and in accordance with Grantee's instructions.

Center for Workforce Inclusion, Inc. (Center)

You represent and warrant that you have that any materials or information that is provided by Sponsor to Grantee regarding Sponsor's products or services are truthful, accurate, and free of misrepresentations.

INTELLECTUAL PROPERTY OWNERSHIP, TRADEMARKS & APPROVALS.

All content authorized for use by the Sponsor will be and remain the absolute property of Grantee in perpetuity and you acknowledge that you have no right, title, or interest of any kind or nature whatsoever therein.

Unless explicitly stated in the Sponsorship Agreement Amendment, nothing contained therein shall be construed as conferring on the Sponsor any right or interest in or to the service marks or trademarks of the other party or its affiliates or subsidiaries.

All rights to all program content will be retained exclusively by Grantee, and Sponsor acknowledges and agrees that all program content held by Sponsor will be returned or destroyed at the termination of this Agreement.

CONFIDENTIAL INFORMATION.

Any information clearly marked or otherwise identified as "Confidential" relating to the products, business, marketing plans, and policies of the Center for Workforce Inclusion and its Senior Community Service Employment Program shall be deemed to be confidential and proprietary information of the Center and the exclusive property of the Center. It is agreed that the existence of this Agreement and all information about its terms shall be considered to be Confidential. During and after the Term, you agree not to use any such confidential and proprietary information provided during the Term for any purpose other than in furtherance of this Agreement and not to disclose such information to any third party without the prior, written consent of the disclosing party unless such information becomes public through no actions of the receiving party. You agree to return all such confidential and proprietary information to the Center or the SCSEP upon the expiration or earlier termination of this Agreement. This provision shall survive the expiration or earlier termination of this Agreement.

ASSIGNMENT.

You may not assign this Agreement, or any part hereof, to any third party without prior written consent of the Center.

INJUNCTIVE RELIEF.

It is hereby acknowledged that the services to be performed and the rights granted hereunder are of a unique character, and that, accordingly, no remedy at law for damages is adequate to compensate for breach of the provisions set forth herein, and the Center shall be entitled to seek temporary or injunctive relief against such breach, without the necessity of proving actual damages. The award of permanent or temporary injunctive relief shall in no way limit any other remedies to which any party may be entitled as a result of any such breach.

Center for Workforce Inclusion, Inc. (Center)

GOVERNING LAW.

This Agreement shall be governed by and construed in accordance with the laws of the state of Maryland.

FORCE MAJEURE.

Neither party shall be liable for any delay or failure in performance of any party of this Agreement from any cause beyond its control and without its fault or negligence, such as acts of God, acts of civil or military authority, current laws and regulations and changes thereto, embargoes, epidemics, war, terrorist acts, riots, insurrections, fires, explosions, earthquakes, nuclear accidents, flood, strikes, power blackouts, volcanic action, pandemics, other major environmental disturbances unusually severe weather conditions, inability to secure products or services of other persons or transportation facilities despite the party's reasonable best efforts to secure such, or acts or omissions of transportation or telecommunications common carriers.

WAIVER, SEVERABILITY, & ENTIRE AGREEMENT.

- a. The failure of Us at any time or times, to demand strict performance of any of the terms, covenants, or conditions set forth herein shall not be construed as a continuing waiver or relinquishment thereof and either may at any time demand strict and complete performance by the other said terms, covenants, and conditions.
- b. The unenforceability or invalidity of any term, provision, section, or subsection of this Agreement shall not affect the validity or enforceability of any remaining terms, provisions, sections, or subsections of this Agreement, but such remaining terms, provisions, sections, or subsections shall be interpreted and construed in such a manner as to carry out fully the intention of the parties hereto.
- c. This Agreement constitutes the entire understanding between the parties regarding the subject matter hereto and cannot be altered or modified except by an agreement in writing signed by both parties. The parties (or any of its employees) to this Agreement shall be not be considered a partnership, joint venture, or employer-employee relationship shall be attributed to or arise from this Agreement. There is not joint employer relationship. Upon its execution (in counterpart or otherwise), this Agreement shall supersede all prior negotiations, understandings, and agreements, whether oral or written, with regard to the subject matter hereto, and such prior agreements shall thereupon be null and void and without further legal effect.

Termination and Cancellation

- a. Grantee shall have the right to terminate this Agreement immediately upon 30 day written notice if:
 - (i) You refuse to fulfill any of your obligations hereunder or
 - (ii) You make public remarks or internet social media postings disparaging any individual or group that impairs the marketability of the Grantee's product or services, or the Senior Community Service Employment Program.
- b. If You default in the performance of any of your material obligations hereunder and such default is not cured nor progress made to the Center's satisfaction after notice of such default is given; or if You becomes insolvent, or if a petition under any bankruptcy act shall be filed by or against You that is not dismissed within 60 days thereafter, or You execute an assignment for the benefit of creditors, or if a receiver is appointed for the assets of either party, or if either party takes

ORG	OBJECT	DESCRIPTION	YEAR	PER	JOURNAL	EFF DATE	AMOUNT	
2917	391000	REVENUE	2022		2	2,246	08/27/2021	-34.00
2917	391000	REVENUE	2022		2	1,016	08/13/2021	-18.00
2917	391000	REVENUE	2022		1	2,415	07/30/2021	-36,503.48
2917	391000	REVENUE	2022		1	1,674	07/23/2021	-100.00

July 29, 2021

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

Dear Director Fogarty:

The Massachusetts Board of Library Commissioners (MBLC), through its Public Library Hotspot Lending Program, is providing the Springfield City Library with 200 Franklin T9 mobile hotspots from T-Mobile.

The total cost of the hotspot devices, including 15 months of T-Mobile unlimited data, is \$97,500 (\$32.50/month/device). Each hotspot has been equipped with a soft-sided case for library circulation. The total value for those cases is approximately \$3,000 (\$15/case).

This program is paid for with federal funds provided by the Institute of Museum and Library Services (IMLS) from the American Rescue Plan Act (ARPA). MBLC has developed the hotspot lending program in response to the shared IMLS/MBLC focus on promoting digital inclusion. At this time, 218 public libraries are participating, and over 3,000 hotspots have been distributed.

The federal funding from ARPA will end on September 30, 2022. At that time each library will be allowed to keep some or all of its hotspot devices and pick up the monthly data plan using local funds.

Please let me know if you need any other information.

Sincerely

Paul J. Kissman /s/
Library Information Systems Specialist
Massachusetts Board of Library Commissioners



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

08/30/2021

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 A. Wells

Was this Grant previously setup for a prior fiscal year?

If yes, please indicate your previous project number:

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

Private/Other

Grant Name: FY22 Leadership Scholarship

Total Grant Amount Awarded: \$ 10,0000

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	Karen Robitaille
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
Renewal Action Date (optional) N/A
If there are any Matching Funds:
Type
Percent
Amount
Is there any Leverage? HUD FUNDING ONLY
Source
Amount

Comments re: Description/Purpose of Grant
Funds to send awardee to the Communications Center Manager program

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

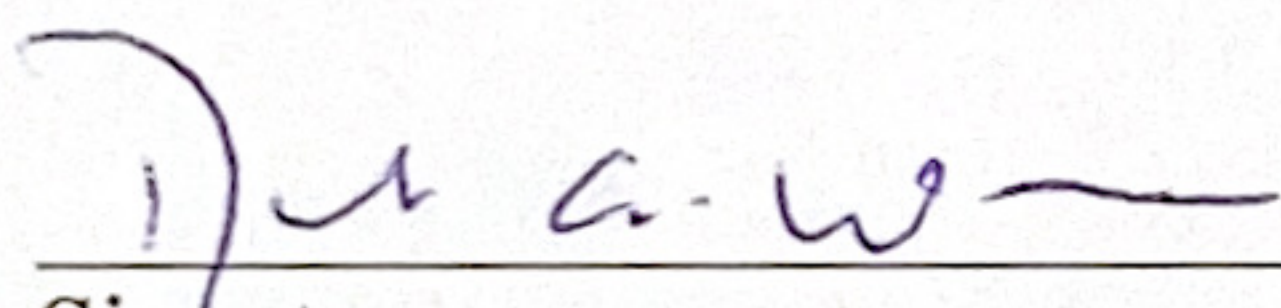
Please list all object codes needed for the grant.
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:

Object Codes: 531020

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

30 Aug' 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.



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT

151 Campanelli Drive, Suite A, Middleborough, MA 02346

Tel: 508-828-2911 ~ TTY: 508-947-1455

www.mass.gov/e911



CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

TERRENCE REIDY

Acting Secretary

FRANK POZNIAK

Executive Director

August 24, 2021

Deputy Fire Chief David Wells
Springfield Emergency Communications
1535 Roosevelt Avenue
Springfield, MA 0109

RE: FY 2022 PSAP Leadership Scholarship Program

Dear Deputy Chief Wells:

Thank you very much for participating in the Fiscal Year 2022 PSAP Leadership Scholarship Program funded under the State 911 Department Training Grant. Recommendations of candidates for this Program were made by the Massachusetts Communications Supervisors Association and candidates were selected based on selection criteria established by the Association and approved by the State 911 Department ("Department").

The Department is pleased to inform you that Rebecca Ocasio was selected as a recipient for participation in an approved leadership program and has been awarded a scholarship in an amount not to exceed \$10,000 to be used for expenses related to participation in this program. Eligible expenses may include salary costs (straight time or overtime for classroom time and/or online course work), course fees, airfare, lodging, meals (in accordance with Massachusetts "Redbook"), and other expenses associated with attendance at an approved leadership program.

The Department has enclosed a contract and authorized signatory forms requiring your review and execution. Please forward the executed originals to Karen Robitaille at the address above. A copy of the contract, once executed by the Department, will be returned to you for your reference. Please keep in mind that costs incurred prior to the contract start date are not eligible under this contract. The request for payment forms will be available on our website www.mass.gov/e911.

For any questions related to this award or process please contact Karen Robitaille, Finance Director, at (508) 821-7221.

Congratulations and thank you very much for your continued efforts to enhance and improve public safety within the Commonwealth.

Sincerely,



Frank Pozniak
Executive Director

cc: Karen Robitaille, Finance Director

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: September 13, 2021
Re: Order for Council Meeting – September 13, 2021
Cc: Mayor Sarno

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the September 13, 2021 City Council meeting. This order authorizes the City to pay \$6,275,387 for the replacement or partial replacement of windows and doors at the Springfield High School of Science & Technology (“Sci Tech”).

Background: Sci Tech has been invited into the MSBA Accelerated Repair Program. The main goals of the Accelerated Repair Program are to improve learning environments for children and teachers, reduce energy use, and generate cost savings for school districts.

School	Project	MSBA Estimated Funding	City Contribution	Total Estimated Project Cost
High School of Science & Technology	Partial window and door replacements	\$ 4,392,771	\$ 1,882,616	\$ 6,275,387
Total		\$ 4,392,771	\$ 1,882,616	\$ 6,275,387

The City is required to authorize the total project budget for an Accelerated Repair Program project. This includes both the City’s share of the project and the MSBA’s share, as shown in the table above.

If any project costs exceed the project’s budget, as determined by the MSBA, the City will be required to pay the additional expenses, as the MSBA will not increase the amount to be reimbursed. An authorization of \$6,275,387 will allow the City to issue debt to cover all of the project’s expenses.

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.



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 8/18/2021

Department Requesting Grant Setup SHHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions Lorene / 6710

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: COVID-19 CASE INVESTIGATION-CONTRACT TRACING

Total Grant Amount Awarded: \$ 600,000 (FOR 2 years)
(\$300,000 FY 2022)
(\$300,000 FY 2023)

Is this a Reimbursable Grant?

(Y/N) YES

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

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

Entity Name	MASS DEPT OF PUBLIC HEALTH
Contact Person	Lilia Laitouti
Street Address	250 Washington Street, Boston, MA 02108
Telephone	617-624-5781
Fax	
E-Mail	lilia.laitouti2@mass.gov

Actual Award Date 8/17/2021

Board Approval Date

Start Date

Expiration Date 6/30/2022 / 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

COVID-19 INVESTIGATION & CONTRACT TRACING

Comments re: Conditions/Restrictions of Grant

SEE BUDGET

If this is a Federal Grant, enter CFDA#: CFDA#93.323

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) QUARTERLY

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

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

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

Org Code:

Object Codes: 501000/506000/530105/535200/551700/578700/531020/571106

517010/ 517020 /542010 *over*
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

8/18/21
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 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: 08/17/2021

To: CITY OF SPRINGFIELD

Re: Contract # INTF5264P01223127056

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 Lilia Laitouti at 617-624-5781

A scanned copy of the contract package must be completed by 08/23/2021 and emailed to my attention.



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Infectious Disease and Laboratory Sciences
 305 South Street, Jamaica Plain, MA 02130

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

August 15, 2021

Soloe Dennis
 City of Springfield Department of Health
 311 State Street
 Springfield MA 01105
sdennis@springfieldcityhall.com

Contract number#: INTF5264P01223127056

RE: RFR 223127 - Local health support for COVID-19 case investigation and contact tracing
 CFDA# 93.323

The Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences is pleased to inform you that your organization is being awarded funding for the application submitted through the Request for Response for Local health support for COVID-19 case investigation and contact tracing. The start date of your contract will be the date it is executed by the Department. The awarded grant contract amount is indicated below:

FY 2022 Award Start Date – June 30, 2022	\$300,000.00
FY 2023 Award July 1, 2022 – June 30, 2023	\$300,000.00
Total Maximum Obligation (All Years)	\$600,000.00

Additional contract conditions:

None

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

Sincerely,

Kevin Cranston, MDiv
 Assistant Commissioner
 Director, Bureau of Infectious Disease and Laboratory Sciences
 Massachusetts Department of Public Health

Attachment: FY22 HHS COVID-19 INVESTIGATION & CONTACT TRACING-\$600,000.00 (6380 : COVID-19 Case Investigation and Contact



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.mass.gov/lists/osd-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: Soloe Dennis	Phone: 413-787-6761	Billing Address (if different):	
E-Mail: sdennis@springfieldcityhall.com	Fax:	Contract Manager: Lilia Laitouli	Phone: 617-624-5781
Contractor Vendor Code: VC6000192140		E-Mail: lilia.laitouli2@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): INTF5264P01223127056	
		RFR/Procurement or Other ID Number: 223127	
☒ 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). \$ 600,000.00			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ____% PPD; Payment issued within 15 days ____% PPD; Payment issued within 20 days ____% PPD; Payment issued within 30 days ____% PPD. If PPD percentages are left blank, identify reason: ☐ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ☒ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Grants To Non-Public Entities Local health support for COVID-19 case investigation and contact tracing			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☒ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ☐ 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of _____, 20____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <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: Sharon Dyer Print Title: Director, Purchase of Service Office	



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 08/11/2021

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? 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) Y 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: Construction Grant (Outreach Van)

Total Grant Amount Awarded: \$50,000

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 08/11/2021

Board Approval Date

Start Date 08/01/2021

Expiration Date 09/30/2022

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)

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

08/11/2021

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/mblc

August 11, 2021

Molly Fogarty
Springfield City Library
220 State St.
Springfield, MA 01103

Dear Ms. Fogarty,

The Massachusetts Board of Library Commissioners is offering a provisional grant in the amount of \$50,000 to the Springfield City Library for the purchase of a Library Outreach Van. This grant is being supported with American Rescue Plan Act (ARPA) funds from the Institute of Museum and Library Services that are being made available to public libraries in the 20 communities that were designated by Governor Baker as being hard hit by COVID-19.

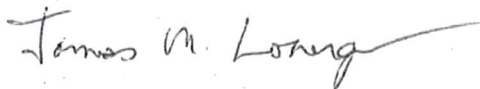
To achieve the ARPA's purposes with respect to Grants to States, this funding is to be used by September 30, 2022, in helping communities respond directly and immediately to the pandemic, as well as to related economic and community needs through equitable approaches. This award is contingent on your return of the required contract and agreement to its conditions.

Your project is scheduled to begin no earlier than August 1, 2021. Any public announcement of the grant prior to the return of a signed contract to us should include language that this grant is provisional.

Please feel free to discuss any questions you have about your project or the process with Lyndsay Forbes, your grant consultant. You may also consult the [ARPA Grant Management Guide](#), which offers additional guidance for carrying out your grant project.

We are pleased that we can make ARPA funding available to assist you in responding to the pandemic via improved library services to your community.

Sincerely yours,



James M. Lonergan
Director

90 Canal Street, Suite 500, Boston, MA 02114

Attachment: Libraries MBLC ARPA \$50K Outreach Van (6379 : FY22 Massachusetts Board of Library Commissioners (MBLC) Grant- No Match



REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request **08/13/2021**

Department Requesting Grant Setup **SHHS/Homeless_IBHS extension**

Department Phone # (Please include extension) **#6822**

Name and Title of Person to Contact in Case of Questions **T. Dupre-
Estime/ L. Leembruggen**

Was this Grant previously setup for a prior fiscal year?

If yes, please indicate your previous project number: **Sr. Fiscal Analyst / Fiscal
Manager**

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

Grant Name: Health Services for the Homeless_ IBHS extension services

Attachment: SHHS Homeless (6369 : Health Services for the Homeless Grant Increase - No Match Required - \$69,543.00)

Total Grant Amount Awarded: \$ **69,543.00**

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 **HRSA**
 Contact Person **Andrew Westrum**
 Street Address
 City, State, Zip Code **202-469-0877**
 Telephone
 Fax
 E-Mail **awestrum@hrsa.gov**

Actual Award Date 08/10/2021

Board Approval Date

Start Date **09/01/2021**

Expiration Date **01/31/2022**

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

Health Services for the Homeless_ IBHS extension

Comments re: Conditions/Restrictions of Grant

See Budget

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

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) Monthly

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

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

Attachment: SHHS Homeless (6369 : Health Services for the Homeless Grant Increase - No Match Required - \$69,543.00)

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

Org Code: 26775205

Object Codes: 501000-506000-517010-517020-530105-531020-551700-569300-571100-578700

Budget Roll-Up Codes:

Yes

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

Signature

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.



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8000001
Federal Award Date: 08/10/2021

Recipient Information

1. **Recipient Name**
CITY OF SPRINGFIELD, MASSACHUSETTS
95 State St
Springfield, MA 01103-2091
2. **Congressional District of Recipient**
01
3. **Payment System Identifier (ID)**
1046001415A2
4. **Employer Identification Number (EIN)**
046001415
5. **Data Universal Numbering System (DUNS)**
198910523
6. **Recipient's Unique Entity Identifier**
7. **Project Director or Principal Investigator**
HELEN R CAULTON-HARRIS
Director
hcaulton@springfieldcityhall.com
(413)787-6456
8. **Authorized Official**
Tiana M Davis
tmdavis@springfieldcityhall.com
(413)750-2067

Federal Agency Information

9. **Awarding Agency Contact Information**
Sara E Rhoades
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
srhoades@hrsa.gov
(301) 443-0246
10. **Program Official Contact Information**
Andrew T Westrum
Project Officer
Bureau of Primary Health Care (BPHC)
awestrum@hrsa.gov
(301) 443-0418

Federal Award Information

11. **Award Number**
6 H80CS00001-20-10
12. **Unique Federal Award Identification Number (FAIN)**
H8000001
13. **Statutory Authority**
42 U.S.C. § 254b
14. **Federal Award Project Title**
Health Center Program
15. **Assistance Listing Number**
93.224
16. **Assistance Listing Program Title**
Community Health Centers
17. **Award Action Type**
Administrative
18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 02/01/2021 - End Date 01/31/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$69,543.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,410,984.00
24. Total Approved Cost Sharing or Matching, where applicable	\$2,061,914.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,472,898.00
26. Project Period Start Date 02/01/2019 - End Date 01/31/2023	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$12,954,229.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Elvera Messina on 08/10/2021

30. Remarks

Attachment: SHHS Homeless (6369 : Health Services for the Homeless Grant Increase - No Match Required - \$69,543.00)



Notice of Award
Award Number: 6 H80CS00001-20-10
Federal Award Date: 08/10/2021

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance) ☐ Grant Funds Only ☒ Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
a. Salaries and Wages: \$1,083,211.00 b. Fringe Benefits: \$368,292.00 c. Total Personnel Costs: \$1,451,503.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$189,010.00 g. Travel: \$12,000.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$219,251.00 j. Consortium/Contractual Costs: \$2,458,230.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$4,329,994.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$142,904.00 q. TOTAL APPROVED BUDGET: \$4,472,898.00 i. Less Non-Federal Share: \$2,061,914.00 ii. Federal Share: \$2,410,984.00		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>21</td> <td>\$2,411,110.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	21	\$2,411,110.00
YEAR	TOTAL COSTS						
21	\$2,411,110.00						
		34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00					
		35. FORMER GRANT NUMBER H66CS00329					
		36. OBJECT CLASS 41.51					
		37. BHCMI# 010120					
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$2,410,984.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Award(s) This Budget Period \$2,341,441.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$69,543.00							
38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.							
39. ACCOUNTING CLASSIFICATION CODES							
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	
21 - 398879K	93.527	19H80CS00001	\$69,543.00	\$0.00	HCH	HEALTHCARECENTERS_19	

Attachment: SHHS Homeless (6369 : Health Services for the Homeless Grant Increase - No Match Required - \$69,543.00)

HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

1. This award provides pro-rated ongoing FY 2019 Integrated Behavioral Health Services (IBHS) funding for use through your FY 2021 budget period. This ongoing funding will be annualized in future years in alignment with your budget or project period start dates to support your health center in providing access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and/or substance use disorders (SUDs), including opioid use disorder. Future funding is contingent upon the availability of appropriated funds for the Health Center Program, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.
2. This award includes funding in alignment with your FY 2019 Integrated Behavioral Health Services (IBHS) application, or revisions, if applicable. Your use of IBHS funding must align with the intent of the IBHS funding opportunity and comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. IBHS funding must support your ability to expand access to substance use disorder (SUD) and/or mental health services, and increase patients receiving SUD and/or mental health services.
You are required to request prior approval from HRSA through EHBs if some or all of the funding will be used to purchase unit(s) of equipment exceeding \$5,000 (see 45 CFR § 75.439) or for significant re-budgeting of project costs as defined in the Standard Terms issued previously and as per 45 CFR § 75.308.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Helen R Caulton-Harris	Program Director	hcaulton@springfieldcityhall.com
Tiana M Davis	Authorizing Official	tmdavis@springfieldcityhall.com
Tommy Dupre-Estime	Business Official	tdupre-estime@springfieldcityhall.com

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

Attachment: SHHS Homeless (6369 : Health Services for the Homeless Grant Increase - \$69,543.00)

NONNY BURACK

4274
53-1028/2118

1R July ~~XXI~~
Date

CHICK ANTHONY

Pay to the Order of Springfield Library \$150.00

One hundred fifty and no/100 Dollars

GREENFIELD NORTHAMPTON
Cooperative Bank Cooperative Bank

For William Sagalyn Fund Nonny Burack NP



 MP
Photo
Deposit
Order on back