



# Finance Committee

Regular

~ Agenda ~

<http://www.springfieldcityhall.com>

Susan Kacoyannakis  
413-787-6170

Monday, September 12, 2016

5:30 PM

City Hall -- Room 200

## Call to Order

5:30 PM Meeting called to order on September 12, 2016 at City Hall -- Room 200, 36 Court Street, Springfield, MA.

## Orders

### 2. Order (ID # 3649)

Byrne JAG Grant - No Match - \$147,456

#### ATTACHMENTS:

- JAG Grant Award Letter (PDF)
- JAG Grant Set-Up (PDF)

### 3. Order (ID # 3640)

Grant Acceptance - No Match - \$1,000,000

#### ATTACHMENTS:

- SSYI Funding Information (PDF)
- SSYI Grant Set-Up (PDF)

### 4. Order (ID # 3639)

Clean Energy Resiliency Grant - No Match - \$2,790,099

The City applied for and received this grant for the purpose of providing partial funding for the Baystate Medical Center combined heat and power plant.

#### ATTACHMENTS:

- Clean Energy Resilience Grant Set-Up & Contract(PDF)

### 5. Order (ID # 3638)

Transfer from Self Insurance Stabilization Fund to Law Settlement Claims Account (\$97,364.87)

#### ATTACHMENTS:

- CAFO Certification - Settlements Transfer (PDF)

### 6. Order (ID # 3636)

TJO License Plate Grant - No Match Required \$12,000

**ATTACHMENTS:**

- License Plate Grant (PDF)

**7. Order (ID # 3635)**

Science on the Go Grant - No Match Required \$1,000.00

**ATTACHMENTS:**

- Science on the Go (PDF)

**8. Order (ID # 3634)**

Library Trust Income - Annual Amount - \$135,000

**ATTACHMENTS:**

- Library Trusts & Endowments (PDF)

**9. Order (ID # 3633)**

Read / Write/ Now Grant - No Match Required \$230,944.00

**ATTACHMENTS:**

- ABE Grant (PDF)

**10. Order (ID # 3632)**

FY17 Elders Council on Aging Grant - No Match Required \$238,840.00

**ATTACHMENTS:**

- COA(PDF)

**11. Order (ID # 3627)**

Bills of Prior Year - School Department

**ATTACHMENTS:**

- FY17 CAFO Certification BOPY- School Transportation (DOCX)

**12. Order (ID # 3626)**

Bills of Prior Year - Various Departments

**ATTACHMENTS:**

- FY17 CAFO Certification BOPY (DOCX)
- 9-12-16 Prior Years Bill Schedule 1 (XLSX)

**13. Order (ID # 3622)**

Police Department Donations - \$39,941.85

**ATTACHMENTS:**

- Police Donations (PDF)

**14. Order (ID # 3620)**

FY17 MassCALL II Grant- \$100,000.00

**ATTACHMENTS:**

- Mass Call II (PDF)

**15. Order (ID # 3619)**

Massachusetts Substance Abuse Collaborative - No Match Required \$100,000

**ATTACHMENTS:**

- Mass Substance Abuse Grant (PDF)

**16. Order (ID # 3618)**

Mason Square Library Grant - \$145,394.12

**ATTACHMENTS:**

- Mason Square Library Grant (PDF)

**17. Order (ID # 3617)**

FY17 GSSSI Grant Acceptance - in Kind Match (\$92,400)

**ATTACHMENTS:**

- GSSSI-REQUEST GRANT SETUP FY17 (PDF)

**18. Order (ID # 3612)**

Jail Diversion Program Grant - No Match Required - \$80,000

**ATTACHMENTS:**

- Jail Diversion Grant Award (PDF)
- Jail Diversion Grant Set-Up (PDF)

## Reports

**19. Status/update of Internal Audit Report**



# City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Christopher Fraser  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3649

## **Byrne JAG Grant - No Match - \$147,456 (Mayor Sarno)**

**WHEREAS**, the Police Department has been awarded an Edward Byrne Memorial Justice Assistance Grant (JAG) for \$147,456 from the U.S. Department of Justice; and

**WHEREAS**, the grant is intended to support a broad range of activities to prevent and control crime; and

**WHEREAS**, the Department intends to use the grant funds for information technology upgrades and new protective equipment for police officers; and

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

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

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

**Edward Byrne Memorial Justice Assistance Grant - \$147,456**



U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Assistance

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Office of Justice Programs

Washington, D.C. 20531

August 15, 2016

The Honorable Domenic J. Sarno  
City of Springfield  
36 Court Street  
City Hall  
Springfield, MA 01103-1698

Dear Mayor Sarno:

On behalf of Attorney General Loretta Lynch, it is my pleasure to inform you that the Office of Justice Programs has approved your application for funding under the FY 16 Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation in the amount of \$147,456 for City of Springfield.

Enclosed you will find the Grant Award and Special Conditions documents. This award is subject to all administrative and financial requirements, including the timely submission of all financial and programmatic reports, resolution of all interim audit findings, and the maintenance of a minimum level of cash-on-hand. Should you not adhere to these requirements, you will be in violation of the terms of this agreement and the award will be subject to termination for cause or other administrative action as appropriate.

If you have questions regarding this award, please contact:

- Program Questions, Zafra Stork, Program Manager at (202) 598-1483; and
- Financial Questions, the Office of the Chief Financial Officer, Customer Service Center (CSC) at (800) 458-0786, or you may contact the CSC at [ask.ocfo@usdoj.gov](mailto:ask.ocfo@usdoj.gov).

Congratulations, and we look forward to working with you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denise O'Donnell".

Denise O'Donnell  
Director

Enclosures

Attachment: JAG Grant Award Letter (3649 : Byrne JAG Grant - No Match - \$147,456)



### REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request	9/7/2016
Department Requesting Grant Setup	Police
Department Phone # (Please include extension)	787-6385
Name and Title of Person to Contact in Case of Questions	Lisa Willis

Was this Grant previously setup for a prior fiscal year? YES  
If yes, please indicate your previous project number: 62416 and 6241B – Requesting this be 62417

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: FY 2016 JAG Equipment and Technology Upgrade

Total Grant Amount Awarded: \$ 147,456

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

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

Entity Name	Executive Office of Public Safety and Security
Contact Person	Corine Pryme
Street Address	10 Park Plaza Suite 3720
City, State, Zip Code	Boston, MA
Telephone	(617)725-3370
Fax	(617)725-0267
E-Mail	corine.pryme@MassMail.State.MA.US

Actual Award Date  
Board Approval Date  
Start Date  
Expiration Date  
Renewal Action Date (optional)  
If there are any Matching Funds:  
    Type  
    Percent  
    Amount

Comments re: Description/Purpose of Grant  
Grant is for Police Department Technology

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:  
If applicable enter the State ID #

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

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

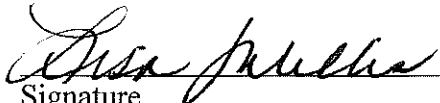
Please list all object codes needed for the grant.  
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code:    26242100

Object Codes: 580600 -\$147,456.00

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

9/7/2016  
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.

Beth,

This is still in the application process. I started the paperwork so it will be ready when it goes to Council. There has been so many grant items lately that I just want to try to stay on top of the stuff when I find out about it – which is always after the fact anyway.

Technically, this would have been the 62416 project code. Maybe a letter can be assigned after the number?

Whatever you decide is fine. Again, I don't even have the award letter or contract yet.

Thanks!

Lisa



# City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Christopher Fraser  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3640

## **Grant Acceptance - No Match - \$1,000,000 (Mayor Sarno)**

**WHEREAS**, the Police Department ("Department") has been awarded an increase of \$500,000 to the "Safe and Successful Youth Initiative" Grant from the Executive Office of Health and Human Services, bringing the total grant award to \$1,000,000; and

**WHEREAS**, the grant's purpose is to fund a multi-faceted strategy for reducing youth violence in the Commonwealth; and

**WHEREAS**, the Department intends to use the grant funds to implement a coordinated intervention strategy focused on "proven risk youth" identified as the highest risk individuals for being perpetrators or victims of shootings or stabbing violence; and

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

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

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

### **Safe and Successful Youth Initiative Grant - \$1,000,000**

Fraser, Christopher

**From:** Elliott, Brian <BElliott@springfieldpolice.net>  
**Sent:** Wednesday, August 31, 2016 8:04 AM  
**To:** Fraser, Christopher  
**Cc:** Winkler, Jennifer; Lisa Willis; Gokey, Beth  
**Subject:** FW: SSYI FY17 Funding  
**Attachments:** Safe and Successful Youth Initiative FINAL - Springfield.pdf

Good morning:

Below please review the email correspondence from the finance point of contact for SSYI. Due to the way that they run things at the state level, we have not been receiving grant award notifications as we typically do by means of a notice of funding letter. I will continue to search my correspondence in the event that something came out and I missed it or it went elsewhere.

Essentially, we received \$500K for FY2016 and \$500K for FY17 due to the protracted budget process at the state level.

Thank you in advance.

B.E.

SERGEANT BRIAN W. ELLIOTT  
 SPRINGFIELD POLICE DEPARTMENT  
 OFFICE OF GRANTS & PLANNING  
 O. 413-787-6318  
 C. 413-244-4614

---

**From:** Comey, Iva (EHS) [<mailto:Iva.Comey@MassMail.State.MA.US>]  
**Sent:** Friday, August 12, 2016 12:07 PM  
**To:** [maria.cheevers@pd.boston.gov](mailto:maria.cheevers@pd.boston.gov); Julie Byrne ([julie.byrne@pd.boston.gov](mailto:julie.byrne@pd.boston.gov)); Fine, Catherine; [RMartin@bphc.org](mailto:RMartin@bphc.org); Jason Whyte ([jason.whyte@pd.boston.gov](mailto:jason.whyte@pd.boston.gov)); Tim Lynch <[TLynch@oldcolonyymca.org](mailto:TLynch@oldcolonyymca.org)> ([TLynch@oldcolonyymca.org](mailto:TLynch@oldcolonyymca.org)); Michele Thibeault; [fvardaro@brocktonpolice.com](mailto:fvardaro@brocktonpolice.com); Monziona, Pam ([PMonziona@chelseama.gov](mailto:PMonziona@chelseama.gov)); Lili Elkins ([Lili\\_Elkins@rocainc.com](mailto:Lili_Elkins@rocainc.com)); [DBatchelor@chelseama.gov](mailto:DBatchelor@chelseama.gov); John Fleming ([John\\_Fleming@rocainc.com](mailto:John_Fleming@rocainc.com)); [jsmith@frpd.org](mailto:jsmith@frpd.org); Jamison Souza ([jamisonsouza@me.com](mailto:jamisonsouza@me.com)); Christian McCloskey; Neiswanger, James M.; Jacqueline Lozada; Captain Matthew Moriarty; Sgt. John Hart; Amanda Wall ([awall@lawpd.com](mailto:awall@lawpd.com)); Paul Heithaus ([PHeithaus@LFDEF.ORG](mailto:PHeithaus@LFDEF.ORG)); Ellen (Police) Carter ([ECarter@lowellma.gov](mailto:ECarter@lowellma.gov)); Maryann Ballotta Ballotta ([Mballotta@lowellma.gov](mailto:Mballotta@lowellma.gov)); [mayala@lawpd.com](mailto:mayala@lawpd.com); [alyskowsy@lawrenceyouth.com](mailto:alyskowsy@lawrenceyouth.com); [zkakli@utec-lowell.org](mailto:zkakli@utec-lowell.org); Holey, Peter ([peholey@lynnpolice.org](mailto:peholey@lynnpolice.org)); [joseph.cordeiro@newbedfordpd.com](mailto:joseph.cordeiro@newbedfordpd.com); Lt. Amos Melo ([amancio.melo@newbedfordpd.com](mailto:amancio.melo@newbedfordpd.com)); Margaret Gregory - Bilotta ([mgregory@pittsfieldpd.org](mailto:mgregory@pittsfieldpd.org)); Jon Schnauber ([jschnauber.pcc@outlook.com](mailto:jschnauber.pcc@outlook.com)); Wynn, Michael; Melissa Liodice; [christine\\_judd@rocainc.com](mailto:christine_judd@rocainc.com); [Anthony\\_Falvo@rocainc.com](mailto:Anthony_Falvo@rocainc.com); Elliott, Brian; Lopez, Miguel; Norrman, Cheryl  
**Cc:** Kennedy, Robyn (EHS); Daly, Glenn (EHS); Susan Lange ([slange@commcorp.org](mailto:slange@commcorp.org)); Sam Williams ([SWilliams@commcorp.org](mailto:SWilliams@commcorp.org)); Zachary Rich ([ZRich@commcorp.org](mailto:ZRich@commcorp.org))  
**Subject:** SSYI FY17 Funding

Good afternoon all. Now that the state budget process is complete, we are able to confirm that SSYI cities will be level funded in Fiscal Year 2017. Since your 2-year grant agreements already include equal amounts for FY16 and FY17, we do not need to process amendments in order for you to continue to operate and receive funding.

In addition to your fund allocations for FY17, you will be able to continue to use any remaining balances you reported at the end of FY16. Thus, the funds that will be available to you in FY17 will be a combination of your remaining FY16 funds and your new FY17 allocations.

As a general guideline, the payment schedule for FY17 will include 4 payments to be disbursed on or about September 20, 2016, December 20, 2016, March 20, 2017 and June 20, 2017. This schedule is for information purposes only, and is subject to change, in accordance with the terms of your grant agreements.

If there are any open items, conditions or special circumstances related to your specific program that may result in changes or delays in payment, EOHHS will notify you promptly so you can work to address those issues. The sites that have been verbally notified of such items with respect to the September 20, 2016 payment, will receive an email later today clarifying next steps (If you do not receive another email from me today, your site will receive its next payment as scheduled.)

Attached to this email is a **budget form** we need you to complete for FY17. Please make sure that you add your FY16 balances to your new FY17 funding to determine your total budget for FY17. Please email the completed budget form, along with a **budget narrative**, to me ([Iva.Comey@State.MA.US](mailto:Iva.Comey@State.MA.US)), Robyn Kennedy ([Robyn.Kennedy@State.MA.US](mailto:Robyn.Kennedy@State.MA.US)), and your CommCorp contact (Zac Rich [ZRich@commcorp.org](mailto:ZRich@commcorp.org) or Sam Williams [SWilliams@commcorp.org](mailto:SWilliams@commcorp.org)) **by August 31, 2016**.

We will address any questions related to FY17 funding at our meeting on August 18, 2016. We are looking forward to seeing you then!

Iva Comey  
Asst. Director  
Office of Children, Youth and Families  
Executive Office of Health and Human Services  
One Ashburton Place, 11<sup>th</sup> fl.  
Boston, MA 02108  
(617) 573-1631



## 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	January 5, 2016
Department Requesting Grant Setup	Police
Department Phone # (Please include extension)	787-6385
Name and Title of Person to Contact in Case of Questions	Lisa Willis

Was this Grant previously setup for a prior fiscal year?  
If yes, please indicate your previous project number: Yes SY15

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

Grant Type:

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

XX

Grant Name: Safe and Successful Youth Initiative

Total Grant Amount Awarded: \$ 1,000,000.00

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

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

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

Grantor is already in the customer file:

Entity Name	EOHHS
Contact Person	Robyn Kennedy
Street Address	One Ashburton Place
City, State, Zip Code	Boston, MA 02108
Telephone	617-573-1666
Fax	617-573-1890
E-Mail	Robyn.Kennedy@state.ma.us

Actual Award Date 12/28/2015

Board Approval Date

Start Date 12/28/2015

Expiration Date 6/30/2017

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Comments re: Description/Purpose of Grant

Reduce youth violence

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

What is the required drawdown frequency?

(Ex: Monthly, Quarterly)

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: 28952100

Object Codes: 501000 - \$44,870  
530105 - \$955,130  
542300 - \$

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

1/5/2016  
Date

Please attach the following documents:

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

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



## City Council

SCHEDULED

Meeting: 09/12/16 05:30 PM  
Initiator: Christopher Fraser  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3639 A

4

### **Clean Energy Resiliency Grant - No Match - \$2,790,099 (Mayor Sarno)**

**WHEREAS**, the Office of Community Development ("Department") has been awarded a "Clean Energy Resiliency Grant" of \$2,790,099 From the Massachusetts Department of Energy Resources; and

**WHEREAS**, the purpose of the grant program is to provide partial funding for the construction of a combined heat and power plant for Baystate Medical Center; and

**WHEREAS**, pursuant to the Grant, the Department intends to award the grant funds to Baystate Medical Center for the construction of the cogeneration plant, which will produce 80% of Baystate Health's annual energy consumption. In addition, the upgraded utility system will extend the facility's operational usage after a disaster from 96 hours to at least 30 days; and

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

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

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

#### **Clean Energy Resiliency Grant - No Match - \$2,790,099**

The City applied for and received this grant for the purpose of providing partial funding for the Baystate Medical Center combined heat and power plant.



## 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	8/31/2016
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: no

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

Grant Type:

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

Grant Name: Clean Energy Resilience Initiative

Total Grant Amount Awarded: \$2,790,099.00

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	DOER
Contact Person	Kara Sergeant
Street Address	100 Cambridge Street
City, State, Zip Code	Boston, MA 02114
Telephone	617-626-7392
Fax	617-727-0030
E-Mail	kara.sergeant@state.ma.us

Actual Award Date 2/12/2016

Board Approval Date

Start Date

Expiration Date 12/31/2017

Renewal Action Date (optional)

If there are any Matching Funds:

Type
Percent
Amount

Is there any Leverage? HUD FUNDING ONLY

Source
Amount

Comments re: Description/Purpose of Grant  
Funding for the Baystate Co-gen project

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code:

Object Codes: 530105;530600;531500;580200;580400;580500;580800

Budget Roll-Up Codes:

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

Larry Belmont  
Signature

8-31-16  
Date

Please attach the following documents:

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

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



# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

<b>CONTRACTOR LEGAL NAME:</b> (and d/b/a): <u>City of Springfield</u>	<b>COMMONWEALTH DEPARTMENT NAME:</b> Dept. of Energy Resources <b>MMARS Department Code:</b> ENE
<b>Legal Address: (W-9, W-4, T&amp;C):</b> <u>36 Court St. Springfield, MA 01103</u>	<b>Business Mailing Address:</b> 100 Cambridge Street, Suite 1010 Boston, MA 02114
<b>Contract Manager:</b> <u>Dexter Garvey, Capital Asset Construction Director</u>	<b>Billing Address (if different):</b>
<b>E-Mail:</b> <u>dgarvey@springfieldcityhall.com</u>	<b>Contract Manager:</b> Kara Sergeant
<b>Phone:</b> <u>413-787-6445</u> <b>Fax:</b> <u>413-787-6770</u>	<b>E-Mail:</b> <u>kara.sergeant@state.ma.us</u>
<b>Contractor Vendor Code:</b> <u>VC6000192140</u>	<b>Phone:</b> 617-626-7392 <b>Fax:</b> 617-727-0030
<b>Vendor Code Address ID (e.g. "AD001"):</b> <u>AD001</u> (Note: The Address ID Must be set up for EFT payments.)	<b>MMARS Doc ID(s):</b> <u>CT ENE 2016ENEP01SPRI067056</u>
<input checked="" type="checkbox"/> <b>NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE:</b> (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification, scope and budget)	<input type="checkbox"/> <b>CONTRACT AMENDMENT</b> Enter Current Contract End Date <u>Prior</u> to Amendment: _____. Enter Amendment Amount: \$ _____. (or "no change") <b>AMENDMENT TYPE:</b> (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other:</u> (Attach authorizing language/justification and updated scope and budget)
The following <b>COMMONWEALTH TERMS AND CONDITIONS (T&amp;C)</b> has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> <u>Commonwealth Terms and Conditions</u> <input type="checkbox"/> <u>Commonwealth Terms and Conditions For Human and Social Services</u>	
<b>COMPENSATION:</b> (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. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or <u>new Total</u> if Contract is being amended). \$ <u>2,790,099</u>	
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% 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: <input checked="" type="checkbox"/> <u>agree to standard 45 day cycle</u> ___ <u>statutory/legal or Ready Payments (G.L. c. 29, § 23A)</u> ; ___ <u>only initial payment</u> (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <u>Prompt Pay Discounts Policy</u> .)	
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (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 Contract is to award a grant to the City of Springfield to fund the installation of 4.6 MW combined heat and power system at Baystate Health located at 759 Chestnut Street, Springfield, MA, with a gas turbine generator system, a heat recovery steam generator, an absorption chiller, a black start diesel generator, and a load management system.	
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> <u>1. may be incurred as of the Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> <u>2. may be incurred as of</u> ____, 20__, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> <u>3. were incurred as of</u> ____, 20__, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of <u>December 31</u> , 20 <u>17</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.	
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X: <u>[Signature]</u> Date: <u>12/1/16</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Domenic J. Brown</u> Print Title: <u>Mayor</u>	<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X: <u>[Signature]</u> Date: <u>2/12/16</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Stephen A. White</u> Print Title: <u>Chief Financial Officer DOER</u>

Attachment: Clean Energy Resiliency Grant - No Match - \$2,790,099



# City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Jennifer Whisher  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3638

## **Transfer from Self Insurance Stabilization Fund to Law Settlement Claims Account (\$97,364.87) (Mayor Sarno)**

**WHEREAS**, to meet the expenses of the City of Springfield, pursuant to Mass. Gen. Laws Ch. 40, Section 5B, Ch. 59, Section 23 and Chapter 468 of the Acts of 2008, the Chief Administrative and Financial Officer and his Honor the Mayor have requested authorization from the City Council to transfer the sum of \$97,364.87 from Self Insurance Stabilization - Other Financing Use to the Law Department Settlement Account for a settlement against the City.

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

**NOW THEREFORE BE IT ORDERED**, that the City Council approves the transfer of the sum of \$97,364.87 from Self Insurance Stabilization Fund to the Law Department Settlement Account.

**From: Self Insurance Stabilization Fund - Other Financing Use**

8219-00-00-0000-0000-0010-000000-0000000-701000      **\$97,364.87**

**To: Law Department - Settlement Claims**

0100-10-151-0000-0000-0010-000000-0000000-576400      **\$97,364.87**

**This order requires a 2/3 Vote**

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 7, 2016  
**Re:** Order for Council Meeting – September 12, 2016  
**Cc:** Mayor Sarno

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**Purpose:** The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the September 12, 2016 Council meeting that requests a transfer of \$97,364.87 from Self Insurance – Other Financing Use to the Law Department Settlement Claims line item.

**Background:** The City is required to pay a judgment in the amount of \$97,364.87. This transfer will increase the Settlement Claims line item and fully fund the amount owed by the City.

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

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



## City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3636

6

### **TJO License Plate Grant - No Match Required \$12,000 (Mayor Sarno)**

**WHEREAS**, the Thomas J. O'Connor Animal Control and Adoption Center has been awarded a "Massachusetts Animal Coalition's License Plate" Grant of \$12,000.00 from the Massachusetts Animal Coalition for the grant period July 1, 2016 through June 30, 2017; and

**WHEREAS**, the mission of the MAC grant is to decrease the number of homeless, neglected, displaced and abused animals in Massachusetts; and

**WHEREAS**, the Department intends to use the grant funds to spay and neuter animals; and

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

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

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

**TJO License Plate Grant - No Match Required \$12,000**



### REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request *8/16/16*

Department Requesting Grant Setup *Animal Control 292*

Department Phone # (Please include extension)

*781-1022*

Name and Title of Person to Contact in Case of Questions

*Pam Peebles - Director*

Was this Grant previously setup for a prior fiscal year?

If  yes, please indicate your previous project number: *19516*

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: *License plate Grant*

Total Grant Amount Awarded: \$ *12,000.00*

Is this a Reimbursable Grant?

(Y/N) 0

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

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

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

Actual Award Date 7/12/16  
 Board Approval Date  
 Start Date 8/1/16  
 Expiration Date 6/30/17  
 Renewal Action Date (optional)

If there are any Matching Funds:

- Type
- Percent
- Amount

Comments re: Description/Purpose of Grant

SPAY/NEUTER OF SHELTER ANIMALS done at Dakin Humane Society

Comments re: Conditions/Restrictions of Grant

ATTN'S N/A

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # N/A

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) N/A

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

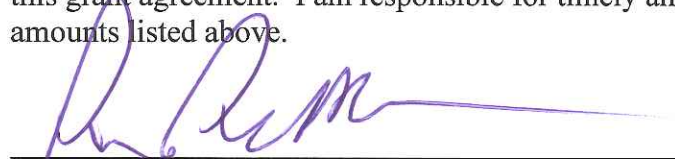
Please list all object codes needed for the grant.  
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 0129235

Object Codes: 530105

Budget Roll-Up Codes:

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

  
\_\_\_\_\_  
Signature

8/16/16  
\_\_\_\_\_  
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.



*Working together to decrease the number of neglected, displaced & abused animals in Massachusetts.*

7/12/2016

Pam Peebles  
 Thomas J. O'Connor Animal Control and Adoption Center  
 627 Cottage Street  
 Springfield, MA 1104

Dear Pam Peebles,

We are pleased to inform you that the Massachusetts Animal Coalition's "I'm Animal Friendly" License Plate Program will grant you \$12000 in funding for spay and neuter services. The grant period will run from August 1, 2016 through June 30, 2017.

Successful grant applicants had applications that detailed a clearly defined plan with attention to efficient use of funds, impacted overpopulation in their targeted areas, negotiated lower cost spay/neuter surgeries, and demonstrated collaborative partnerships with other organizations.

Unfortunately, as is always the case, there were not enough funds available to fully fund all requests.

As a condition of accepting these funds, you must agree to:

- Submit an interim and final report, detailing expenditures and project results, on a form MAC has updated for the new grant year. We will send you the form to be filled out for both of the above reports. You will need to set up your email to accept messages from [info@massanimalcoalition.org](mailto:info@massanimalcoalition.org) and [info@massanimalcoalition.com](mailto:info@massanimalcoalition.com). If you do not receive a form prior to the due date of the interim and final reports please check your spam folder and/or contact us. It is your responsibility to contact us if you have not received this email. If we do not receive reports by the due date you may be ineligible for the next grant cycle. We reserve the right to request documentation, such as receipts. Interim reports will be due on January 15, 2017. Final reports will be due upon completion of your project or by July 15, 2017, whichever comes first. We will email a reminder and the 2016 grant award report forms will also be available on the MAC website.
- Use funds from the license plate grant for **spay/neuter services for Massachusetts animals only**. Ineligible use of license plate grant funds includes, for example, purchases of items and/or services such as equipment, vaccines, flea and tick treatment, microchipping and wellness exams.
- Advertise the "I'm Animal Friendly" License Plate in your facility, newsletter, on social media, at events, at local businesses, etc. Additionally, you/your organization agrees to help staff general information booths about the "I'm Animal Friendly" License Plate and/or display License Plate Program materials in your organization's booth at special events. You will be contacted by our marketing consultant who will provide marketing and press release templates, and opportunities to promote the license plate. Please contact us if you have specific ideas for how you would like to market the plates so we can coordinate efforts with you.

- Work with MAC’s marketing consultant on press releases about your organization’s success stories as a result of using the granted funds.
- In all printed matter, press releases and other local announcements regarding this project, acknowledge the funding support provided by MAC’s “I’m Animal Friendly” License Plate Program.
- Monies not used for the purpose intended shall be returned to MAC promptly at the end of the grant period, July 15, 2017.

The success of this program depends on the sale of the “I’m Animal Friendly” License Plate. We encourage you to promote the plate whenever possible to increase chances of receiving grant funds in the future.

Thank you for the work that you do. We wish you luck with your project. We know it will be challenging, but your obvious commitment will benefit not only your program but also our Massachusetts animals.

Sincerely,

Anne Lindsay  
President of the Massachusetts Animal Coalition

In order to acknowledge these terms and conditions, a signed copy of this letter should be returned within 15 days to: **Massachusetts Animal Coalition, PO Box 766, Westborough, MA 01581** or scanned to [info@massanimalcoalition.org](mailto:info@massanimalcoalition.org). (Please note that this may be a different address from what you may have used in the past.)

Name: Pam Peebles (signature) (printed)

Organization: TJO Animal Control and Adoption Center

Address to which grant award check should be mailed:

627 Cottage St. Springfield, MA 01104



# City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3635

7

## **Science on the Go Grant - No Match Required \$1,000.00 (Mayor Sarno)**

**WHEREAS**, the Library Department ("Department") has been awarded a "Science on the Go Grant" of \$1,000.00 From the Rotary Club of Springfield; and

**WHEREAS**, the grant to promote science and technology exploration and learning with elementary age students; and

**WHEREAS**, the Department intends to use the grant funds to create Science on the Go kits to be used at the library and at community organizations; and

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

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

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

**Science on the Go Grant - No Match Required \$1,000.00**



### REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 8/22/16

Department Requesting Grant Setup Library

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

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

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

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

Grant Type:

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

X Private/Other – Rotary Club of Springfield

Grant Name: Science on the Go

Total Grant Amount Awarded: \$1,000

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 8//2016  
 Board Approval Date  
 Start Date 8/2016  
 Expiration Date 6/30/17Science on

Renewal Action Date (optional)  
 If there are any Matching Funds:  
 Type  
 Percent  
 Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code:

Object Codes: 501000 530105 551700 571100 551300 524020 531040

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

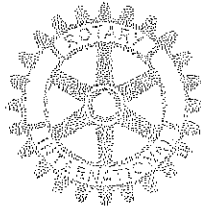
\_\_\_\_6/12/2015\_\_\_\_  
Date

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.

# Rotary



Molly Fogarty, Library Director

Springfield City Library

220 State Street

Springfield MA 01103

Dear Ms. Fogarty,

The Springfield Rotary Club is pleased to award the Springfield City Library a check for \$1000 for the purpose of creating **Science on the Go** kits to be used at the library and at community organizations to promote science and technology exploration and learning with elementary age students.

Your project supports the Springfield Rotary Club's principles and ideals, including supporting education. We are pleased to help you with this endeavor. To participate as a Rotary guest speaker and to give an update on how successful the project went, please contact the below email to schedule a visit!

A handwritten signature in black ink, appearing to read "Alicia Garcia", with a long horizontal flourish extending to the right.

Sincerely,

Alicia Garcia

Service Committee Chairman

[rotaryclubofspringfield@outlook.com](mailto:rotaryclubofspringfield@outlook.com)



**Service Above Self**



## City Council

SCHEDULED

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3634 A

8

### Library Trust Income - Annual Amount - \$135,000 (Mayor Sarno)

**WHEREAS**, the Library Department has been awarded Library Trust Income of 'not to exceed' \$135,000 From the Springfield Library Foundation; and

**WHEREAS**, the income represents the annual payment to be delivered quarterly to the Library for FY2017;

**WHEREAS**, the Department intends to use the trust funds to purchase library materials; and

**WHEREAS**, the Department has accepted the trust funds and requests authorization from the City Council and the Mayor to expend the trust funds listed below for the purposes stated above; and

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

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

**Library Trust Income \$135,000**



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 8/31/16

Department Requesting Grant Setup Library

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

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

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

If yes, please indicate your previous project number: Fund # 8233; 8232; 8229; 8228

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City

State DOE– School

State Other – School

State – City

X Private/Other Springfield Library Foundation

Grant Name: Trusts & Endowments

Total Grant Amount Awarded: \$135,000.00

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

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

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

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

Actual Award Date 8/26/2016

Board Approval Date

Start Date n/a

Expiration Date n/a

Renewal Action Date (optional)

If there are any Matching Funds:

- Type
- Percent
- Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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



8.a

Packet Pg. 37

## SPRINGFIELD LIBRARY FOUNDATION, INC.

220 State Street  
Springfield, MA 01103

August 26, 2016

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

Dear Lee:

The Springfield library Foundation forwarded to the Springfield Library Department for Fiscal Year 2015 a total of \$201,138 for the purchase of library materials from the following four trusts, administered by the Bank of America: the William B. Walker Trust, the James B. Corcoran Trust, the James J. Garvey Trust, and the Horace Moses Trust. In Fiscal Year 2016 we forwarded the trust income from these same four trusts totaling \$143,779.97.

However, based on the projections from Bank of America, the trustee for these accounts, we are estimating that during Fiscal Year 2017 the Foundation will render to the City of Springfield quarterly payments of income from the above named trusts in an approximate annual amount of \$135,000.00 to be used for the purchase of Library Materials.

Sincerely,



Barbara J. Garvey, Treasurer



# City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3633

## **Read / Write/ Now Grant - No Match Required \$230,944.00 (Mayor Sarno)**

**WHEREAS**, the Library Department ("Department") has been awarded an "Adult and Community Learning Services Grant" of \$230,944.00 From the Massachusetts Department of Elementary and Secondary Education; and

**WHEREAS**, the grant is for adult and community learning services; and

**WHEREAS**, the Department intends to use the grant funds for its Read / Write / Now Program; and

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

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

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

**Read / Write / Now - \$230,944.00**



### REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 8/22/16

Department Requesting Grant Setup Library

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

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

Was this Grant previously setup for a prior fiscal year? Yes  
If yes, please indicate your previous project number: 68716

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

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

Grant Name: Adult and Community Learning Services

Total Grant Amount Awarded: \$230,944

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

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

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

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

Actual Award Date 8/10/2016

Board Approval Date

Start Date 9/1/2016

Expiration Date 8/31/2017

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#: 84.002

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: 26876105

Object Codes: 501000; 506000; 530105; 551700; 571100; 551300; 524020; 531040;  
531200; 517010; 517020

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.

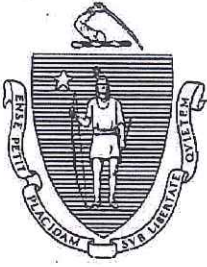
Molly Fogarty  
Signature

8/22/2016  
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 Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000  
TTY: N.E.T. Relay 1-800-439-2370

## Adult and Community Learning Services

August 10, 2016

Ms. Janet Kelly  
Springfield Public Library  
220 State Street  
Springfield, MA 01103

Dear Ms. Kelly,

Enclosed please find a copy of the approved budget for your FY 2017 grant application that was recently funded through Adult and Community Learning Services at the Massachusetts Department of Elementary and Secondary Education for **Springfield Public Library**. Please note the grant project number 340-027-7-2691-R which is included on all correspondence regarding this award. Also, note any budget changes that might have been made by the Department.

Fiscal notifications regarding this grant will be sent to the "Application Agency Contact Person" you have listed on the "Project Expenditures – Detail Information" page of your application. If other members of your staff require notification, it is the responsibility of this contact person to forward award notices and amendment information as needed.

If you have any questions of a financial nature about your grant at any time during the funding cycle, please call your Program Specialist.

Sincerely,

  
Lorraine Domigan  
Office Manager

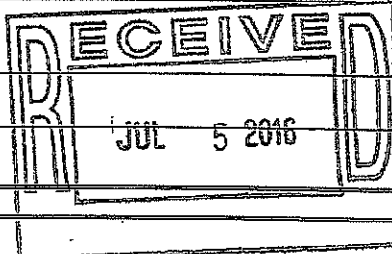
c: File  
Russell Fenton

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS

ENTERED

PART I - GENERAL

A. APPLICANT: Springfield City Library				District Code: 2 6 9 1			
ADDRESS: 220 State Street, Springfield, MA 01103							
TELEPHONE: ( 413 ) 263-6839							



B. APPLICATION FOR PROGRAM FUNDING

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT REQUESTED
		FROM	TO	
FY17	STATE/FEDERAL - CONTINUATION GRANT administered by ADULT AND COMMUNITY LEARNING SERVICES			
345	Community Adult Learning Center (State)	7/1/2016	6/30/2017	
340	Community Adult Learning Center (Federal)	9/1/2016	8/31/2017	\$230,944

C. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS.

AUTHORIZED SIGNATORY: <i>Molly Fogarty</i>	TITLE: Library Director
TYPED NAME: Molly Fogarty	DATE:

**DATES DUE:**  
Fund Code: 345 - Wednesday, June 15, 2016  
Fund Code: 340 - Friday, July 8, 2016  
Proposals must be received at the Department no later than 3:00 p.m. on the date due.

Mail the proposals listed on this signature page to:

Lorraine Domigan  
Office Manager  
Adult and Community Learning Services  
Massachusetts Department of Elementary and Secondary Education  
75 Pleasant Street 3<sup>rd</sup> Floor  
Malden, MA 02148-4906

Number of sets: Submit two (2) sets each with an original signature of the Superintendent / Executive Director / President.

**DO NOT WRITE BELOW THIS LINE**

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION USE ONLY	
GRANTS MANAGEMENT	
For the Department Authorized Signatory:	Date:

FY 2017

PART II-B PROJECT EXPENDITURES - DETAIL INFORMATION				A.	FUND CODE:	340
B. APPLICANT AGENCY				District four-digit code:		2691
Applicant Agency: Springfield City Library		Address: 220 State Street, Springfield, MA				
Contact Person: Janet Kelly		Zip Code: 01103				
Telephone: ( 413 ) 263-6839		E-mail address: jkelly@springfieldlibrary.org				
PLEASE PROVIDE THE INFORMATION REQUESTED ABOVE AND SUBMIT BOTH PAGES OF THE BUDGET DETAIL EVEN THOUGH THERE MAY BE NO LINE ITEM ENTRIES ON THE FIRST PAGE.						
C. ASSIGNMENT THROUGH SCHEDULE A						<input checked="" type="checkbox"/>
Check this box ONLY if this project will be using funds assigned by more than one agency. A completed Schedule A, with signatures and the amount of funds assigned by each participating agency, must be attached to this Budget Narrative.						
D. STAFFING CATEGORIES	E. # of Staff	F. FTE	G. MTRS*	H. AMOUNT	I. TOTAL	
<b>1. ADMINISTRATORS:</b>						
SUPERVISOR/DIRECTOR	1	1	no	✓ 59,738		
PROJECT COORDINATOR						
STIPENDS						
<b>SUB-TOTAL</b>					59,738	
<b>2. INSTRUCTIONAL / PROFESSIONAL STAFF:</b>						
ABE Instructor #1 - 1976 hours	1	1	no	✓ 45,468		
ABE Instructors #2 & #3 - 760 hours each	2	0.78	no	✓ 40,508		
ABE Instructors #4 & #5 & #6- 500 & 480 & 158 hours	3	0.6	no	✓ 28,006		
Program Assistant - 780 hours		0.4	no	✓ 17,948		
<b>SUB-TOTAL</b>					131,930	
<b>3. SUPPORT STAFF:</b>						
AIDES/PARAPROFESSIONALS						
SECRETARY/BOOKKEEPER						
OTHER						
<b>SUB-TOTAL</b>					0	
* Check the MTRS box if the identified employee(s) is/are a member of the MA Teachers' Retirement System. This requirement applies only to federally-funded grant programs.						
<b>4. FRINGE BENEFITS:</b>				AMOUNT	LINE-ITEM SUB-TOTAL	
4-a MA TEACHERS' RETIREMENT SYSTEM (Federally-funded grants only)				0		
4-b OTHER FRINGE BENEFITS (Other retirement systems, health insurance, FICA)				✓ 10,231		
<b>SUB-TOTAL</b>					10,231	

APPLICANT AGENCY: Springfield City Library			FUND CODE:	340
<b>5. CONTRACTUAL SERVICES:</b> Indicate the services to be provided and the rate to be paid per hour or per day.			AMOUNT	LINE ITEM SUB-TOTAL
	RATE	Hour/Day		
CONSULTANTS	\$ 25	64	✓ 1,600	
SPECIALISTS security	\$ 15	468	✓ 7,020	
INSTRUCTORS	\$			
SPEAKERS	\$ 50	6	✓ 300	
OTHER	\$ 15	75	✓ 1,125	
SUBSTITUTES	\$ 23	40	✓ 920	
<b>SUB-TOTAL</b>				10,965
<b>6. SUPPLIES AND MATERIALS:</b> Items costing less than \$5,000 per unit or having a useful life of less than one year.				
TEXTBOOKS AND INSTRUCTIONAL MATERIALS \$80 x 82 slots			✓ 6,560	
INSTRUCTIONAL TECHNOLOGY INCLUDING SOFTWARE for HISET prep and computer upgrades			✓ 3,486	
NON-INSTRUCTIONAL SUPPLIES			✓ 1,500	
<b>SUB-TOTAL</b>				11,546
<b>7. TRAVEL:</b> Mileage, conference registration, hotel, and meals				
SUPERVISORY STAFF			✓ 300	
INSTRUCTIONAL STAFF			✓ 500	
OTHER				
<b>SUB-TOTAL</b>				800
<b>8. OTHER COSTS:</b> Please indicate the amount requested in each category.				
Advertising			\$	
Maintenance/Repairs			\$ ✓ 1,400	
Memberships/Subscriptions			\$ ✓ 200	
Printing/Reproduction			\$ ✓ 500	
Transportation of Students			\$ ✓ 3,634	
Telephone/Utilities			\$	
Rental of Space			\$	
Rental of Equipment			\$	
<b>SUB-TOTAL</b>				5,734
<b>9. INDIRECT COSTS</b>			Approved Rate:	
<b>10. EQUIPMENT:</b> Attach a list with a statement of need and cost of each item. Items costing \$5,000 or more per unit and having a useful life of more than one year.				
INSTRUCTIONAL EQUIPMENT				
NON-INSTRUCTIONAL EQUIPMENT				
<b>SUB-TOTAL</b>				0
<b>TOTAL FUNDS REQUESTED</b>				230,944

Read/Write/Now Budget Narrative FY 17		Direct Funds 340		
	Total Hrs	Rate	Sub-Total	TOTAL
<b>ADMINISTRATION</b>				
Supervisor/Director	2080	\$28.72	\$59,729	✓ \$59,738
The Director is responsible for providing educational leadership, administrative, fiscal and personnel oversight and for communicating all ESE requirements to staff. Additionally, the Director writes, submits and maintains accurate and timely reports to ESE. The Director also attends Advisory Council meetings, community planning meetings and coordinates Program and Staff Development activities. Director is also the primary Education and Career Advisor for students.				
Refer to Staffing Chart and Project Staff Salary Report in SMARTT for additional information				
Sub-Total				✓ \$59,738
One full-time and five part-time ABE teachers teach 3 day and 4 evening classes.				
<b>2. INSTRUCTIONAL/PROFESSIONAL STAFF</b>				
	Total Hrs	Rate		
ABE teacher #1 - teaches day and evening 4 - 6 level students	1976	\$23.01	\$45,468	✓ 45,468
Teaches 16.5 hours per week, 37 weeks per year, 3 weeks pre- and post-planning, pro-rated vacation, sick time				
responsible for tracking and following up on student goals, shares in doing intakes, responsible for ADA coordination; shares tech coordination; teaches STAR in day class				
ABE teacher #2 - teaches 10.5 hours per week, 37 weeks per year, day 6-8 level students, also a STAR class. Shares tech coordination. Position is 19 hours per week, 40 weeks per year including 3 pre- and post-weeks	760	\$26.65	\$20,254	✓ 20,254
ABE teacher #3 - 19 hrs/wk teaches day class, 0 - 3 level students, 10.5 hrs/wk, 37 wks/yr, 3 weeks pre- and post-planning,	760	\$26.65	\$20,254	✓ 20,254
ABE teacher #4 - 12 hrs/wk teaches evening class, 0 - 3 level students, 6 hours per week, 37 wks/yr, 3 weeks pre- and post-planning; also facilitates student leadership group for 20 hrs	500	\$26.65	\$13,325	✓ 13,325
ABE teacher #5 - teaches evening class, 6 - 9 level students, 6 hrs/wk, 35 wks/yr, 2 weeks pre- and post-planning, 1 week program/staff development; started in December 2014.	480	\$23.01	\$11,045	✓ 11,045
ABE teacher #6 - teaches computer-based Hi-SET preparation class, 2 hrs/wk, 37 wks/yr	158	\$23.01	\$3,636	✓ 3,636
Program assistant, 15 hrs/wk, 52 wks/yr. Assists other staff and students, helps with career/ed plans; also works 15 hrs/wk as library's volunteer coordinator	780	\$23.01	\$17,948	✓ 17,948
Sub-Total				✓ 131,930
	Total Hrs	Rate		

FRINGE BENEFITS	Benefit Rate	Total Salaries		
Benefits - Retirement 9%, + 1.45% Medicare T #1	10.45	\$45,468		✓ 4,751
1.45% Medicare for T. #2, #3, #4 & #5 & #6 + 25% prog ass't = \$4,487	1.45	68,514/17,597	\$993	✓ \$5,480
<b>Sub-Total</b>				✓ 10,231
<b>5. CONTRACTUAL SERVICES</b>	<b>Total Hrs</b>	<b>Rate</b>		
Custodial services for classrooms, program space				
Specialists - stipends for student council members(leadership)	75	\$15.00	✓	\$1,125
Security for evening classes	468	\$15.00	✓	\$7,020
Substitute teachers for 6 ABE classes	40	\$23.00	✓	\$920
Speakers	6	\$50.00	✓	\$300
Consultants	64	\$25.00	✓	\$1,600
<b>Sub-Total</b>				✓ \$10,965
<b>6. SUPPLIES AND MATERIALS</b>	<b>Slots</b>	<b>Rate</b>		
Textbooks & instructional materials	82	\$80.00	✓	\$6,560
Instructional Technology including HiSET software & computer upgrades			✓	\$3,486
Non-instructional supplies			✓	\$1,500
<b>Sub-Total</b>				✓ 11,546
<b>7. TRAVEL: Mileage, Conference registration, hotel &amp; meals</b>	<b>Miles</b>	<b>Rate</b>		
Supervisory staff	556	\$0.54	✓	\$300
Instructional staff & program assistant	926	\$0.54	✓	\$500
Other				
<b>Sub-Total</b>				✓ \$800
<b>8. OTHER COSTS</b>	<b>Slots</b>	<b>Rate</b>		
Advertising				
Maintenance/repairs			✓	\$1,400
Printing/reproduction - handbooks, student writings, ABE directory			✓	\$500
Memberships/subscriptions			✓	\$200
Student transportation - 3160 bus tokens @ \$1.15 ea			✓	\$3,634
Telephone/utilities/ISDN lines				
Space rental				
Rental of equipment				
<b>Sub-Total</b>				✓ \$5,734
<b>9. INDIRECT COST</b>	<b>%</b>	<b>Total lines 1-8</b>		\$0
<b>10. EQUIPMENT</b>				\$0
				\$0
<b>TOTAL REQUESTED FUNDS</b>				✓ \$230,944

### Match Narrative – FY '17

#### Springfield City Library – Read/Write/Now

✓ 4. Fringe Benefits - \$17,796, health insurance, retirement benefits, Medicare for R/W/N Program Director, paid by Springfield City Library

✓ 5. Contractual Services – \$6,400

\$5,400 for custodial services, paid by Springfield City Library

Information Technical Services - \$1,000 for 40 hours of computer consultation and maintenance @ \$25.00 per hour, paid by Springfield City Library

✓ 8. Space - \$50,100 for use of 3,340 square feet @ \$15 per square foot for three classrooms, tutoring space, meeting space, office, storage, work space and computer lab, provided by the Springfield City Library and the City of Springfield.

✓ Total: \$74,296

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION  
STANDARD APPLICATION FOR PROGRAM GRANTS**

**SCHEDULE B**

(Cost Sharing or Matching Schedule)

- |    |  |   |
|----|--|---|
| 1. | Schedule B is to be included with and supplements the information provided on the Standard Application for Program Grants, and must be completed for any grant projects that contain a cost sharing or matching funds requirement.   |   |
| 2. | <b>Applicant:</b><br>(Legal Name of Agency)  | Springfield City Library - Read/Write/Now Adult Learning Center |
| 3. | <b>Name of grant program/<br/>Source of funds:</b>   | Community Adult Learning Center                                 |
| 4. | Cost Sharing or Matching means the value of third-party contributions and that portion of a grant-supported project or program not supported by the federal or state government. (See CFR 34 s80-24 and the relevant program regulations for additional requirements and information.) |   |
| 5. | Complete the summary budget below:   |   |

	LINE ITEM	COLUMN A* Amount of Project's Contribution	COLUMN B Applicant's Contribution	COLUMN C Total of Columns A & B
1.	Administrators	✓ 59,738		✓ 59738
2.	Instructional/Direct Service Staff	✓ 131,930		✓ 131930
3.	Non-Instructional/Support Staff	✓ 0		✓ 0
4.	Fringe Benefits	✓ 10,231	✓ 17,796	✓ 28027
5.	Contractual Services	✓ 10,965	✓ 6400	✓ 17365
6.	Supplies	✓ 11,546		✓ 11546
7.	Travel	✓ 800		✓ 800
8.	Other	✓ 5734	✓ 50,100	✓ 55834
9.	Indirect Costs	✓ 0		✓ 0
10.	Equipment	✓ 0		✓ 0
11.	<b>TOTAL</b>	✓ 230944	✓ 74296	✓ 305240
* The amounts under this column must agree with the corresponding subtotals included under the line items of the Standard Application for Program Grants.				

Revised 3/2008



### Part III Read/Write/Now Responses to Narrative Items

#### A. Curriculum

1. In FY 17 we will build on our curriculum which is based on the College and Career Readiness Standards for Adult Education. We need to expand our curriculum to include the HiSET preparation level (9 – 12) as well as incorporate the feedback from SABES on our 2015 submission. SABES suggested that our curriculum map should be called our scope and sequence. Other suggestions were to rewrite Purpose for this Unit with unit goals and assessments from a thematically integrated perspective and to consider formative assessments throughout units. We will be adding a unit goal statement and a culminating project will connect to the unit assessment. We will continue to develop materials for each level. We will work on curriculum revisions this summer, as well as throughout the fall. We are committed to getting each teacher's input although Carla Grimaldi, our only full-time teacher, is doing the bulk of the work with input from the director.

#### B. Integrate Math into higher level ESOL classes

We do not offer ESOL classes but math is well integrated into our ABE and HiSET Distance Learning classes.

#### C. Administer pre- and post-assessments to ASE level students using both the MAPT for Math and the MAPT for Reading

1. During fiscal year 2016, we began using both MAPT tests for our new HiSET Distance Learning class. The MAPT score reports were made available to teachers who shared them with learners. The score reports are useful along with our in-program math and reading assessments to inform curriculum and lesson planning. In order to manage the pre- and post-testing process, we are starting the fall classes with a week of conferences that will include pre-testing. This will inform curriculum decisions and grouping for various skills. We will be sure to give both MAPT tests to higher level students in FY 17.

#### D. Integrate Digital Literacy – defined as “the skills associated with using technology to enable users to find, evaluate, organize, create, and communicate information.”

1. During FY 16, we offered a weekly computer clinic for students who could stay after their day class. One teacher was always available to assist students with whatever task they needed to accomplish in our computer

lab. Digital tasks included online applications, searching the web, typing resumes, and many others. Each class has a designated period each day for use of the computer lab. Students use the Internet, typing programs, Word, and Lexia, a phonics program, as well as Kahn Academy and Free Rice for math and vocabulary. Each classroom has WiFi, a desktop computer, and access to 5 laptops. Our Distance Learning class used computers for 3/5 of their work on HiSET preparation, both on and off site. All of our students now have email addresses and some of them started to use email to do their dialogue journals with teachers.

The Springfield Library, our parent organization, offers regular Hi Tech classes in most locations. This year, after we were settled in our newly renovated building, the library offered two series of Hi Tech classes in our building. The majority of people who signed up for classes were our students, taking workshops on Computer Basics, Beyond the Basics, Introduction to the Web, and Continuing with the Web, and finally, Introduction to Word.

2. This series and others will be offered in our building again in FY 17. Our students get first dibs on signing up for those HiTech classes. One way we will expand the integration of digital literacy for our students in FY 17 is to offer consistent practice in keyboarding, Internet searching and research projects. We will also continue our D.L. class with some new HiSET preparation software or web-based curriculum as yet to be determined. We plan to take better advantage of the Library's databases, which include materials for test preparation, career exploration, practice for taking the driver's permit test, and online live tutoring in various subjects.

#### **E. EFL Completion**

It appears that our program needs to improve EFL completion at all levels. We are perhaps at somewhat of a disadvantage as we serve the lowest levels of ABE learners and it tends to take longer to go through the beginning literacy and beginning ABE levels than it does to complete the higher levels. The majority of our students start with us reading below a 5<sup>th</sup> grade level equivalency. Especially among those who attended school for some years, there is a high proportion of learning disabled students. We address learning disabilities in a variety of ways, but it may take a bit longer for LD learners to move all the way through an EFL. We believe that our deeper attention to integrating the curriculum standards and organizing units thematically has already provided better connections between the class levels, which will hopefully improve the rate that our learners complete EFLs.

## **F. Out of School Youth**

Read/Write/Now has always accepted younger students although the vast majority of our learners are between 25 and 55. We regularly refer younger students to several programs in Springfield whose funding is for out of school youth, 16 - 24, as well as putting them on our wait list. We are now sharing a building with the Springfield School Department's adult education program, OWL, which does HiSET pre-testing and testing. They tend to get younger people and refer students to us if they need ABE classes. Some of our younger students are the children of students we are serving now or have served in the past.

## **G. Collaborate with Workforce Partners**

**1.** The Regional Employment Board of Hampden County convened the first meeting in early June of workforce partners who will be coordinating services to adult learners and jobseekers in our area. Attendees included adult basic education providers, one-stop career center staff, as well as representatives from community colleges, senior employment programs, unemployment insurance, DTA, Mass Rehab and others. There was a preliminary discussion of how we could work more closely together and an interim MOU was signed. The REB will convene subsequent meetings but are not driving the agenda; all partners have a voice in the process.

**2.** We will build on our years of nourishing the Springfield Adult Basic Education Partnership where we have shared information, learned about each others' services in order to make better referrals, and kept our ABE Directory up to date. The MOU partnership includes the ABE Partners and adds others which are more oriented to career pathways and services for job seekers. There are two Adult Career Pathways programs in our county and we can presumably join their ABE Adult Career Pathways Working Group. We have had experience sharing "customers" in terms of referring our students to training opportunities and for HiSET prep which we didn't offer until this fiscal year. We have former students who have gotten their HiSETs, gone on to community college and graduated with a certificate or Associates degree and have come back to tell current students about their pathway. The increased emphasis on cooperation and shared "customers" can only improve the odds of success for adults who are seeking literacy, further education or training, and careers in Hampden County.

<b>Name of Grant Program:</b> Adult Basic Education Instructional Grant Programs	<b>Fund Codes:</b> 340/345/359/285/563/287/669
--	--

**FY2017 ADULT BASIC EDUCATION INSTRUCTIONAL GRANTS  
STATEMENT OF ASSURANCES FOR THE ABOVE LISTED FUND CODES**

**Organization Name:** Springfield City Library

*(The Organization Name must match the Applicant Name on Lines A on the Standard Contract Form and Application for Program Grants, Program Unit Signature - Part I of Required Forms.)*

- 1) The grant recipient hereby assures the Massachusetts Department of Elementary and Secondary Education (The Department, or ESE) that the grant recipient will administer the program covered in the application in accordance with the provisions and conditions of all applicable federal and state statutes, regulations, program plans, and applications.

**FISCAL AND DATA ASSURANCES:**

*The grant recipient assures ESE that:*

- 2) Where a private non-profit organization is the grant recipient:
- a governing board will be significantly independent of the director and will ensure proper and adequate review and approval of the program's expenditure of funds;
  - no Board member, staff member, or other person affiliated with the grant recipient organization will sign any checks or authorize any payments to her/himself without written authorization of another officer of the Board with authority to do so;
  - if the grant recipient allows paid staff to sign checks or to authorize certain payments without the co-signature of the Treasurer or other designated governing Board member, the grant recipient will provide ESE with a letter stipulating the terms and limits of such check writing or payment authorizing authority and will assure ESE that all disbursements will be made consistent with the terms and conditions contained in the letter; and
  - an annual audit will be conducted and provided to ESE.
- 3) Grant award funds will not be used to pay for expenses that have been paid for by any other state or federal award.
- 4) Separate and auditable records will be maintained for each project for which the grant recipient receives funds; time and attendance records will support payrolls; and, time distribution records will support salaries and wages of employees chargeable to more than one grant program.
- 5) The grant recipient will maintain and document an appropriate and auditable matching share of not less than 20% of the grant award. Commitments made in FY2013 to provide matching funds will be maintained in each subsequent year of this multi-year grant award period.
- 6) Where the grant recipient assigns grant funds to one or more subcontractors:
- the grant recipient assumes responsibility for effective management of the entire grant, including any funds committed to subcontractors to purchase student services; and,
  - the grant recipient will monitor contractual services and ensure that all grant funds are fully expended as articulated in a signed Memorandum of Agreement and in a timely manner.
- 7) The grant recipient will notify ESE as soon as possible if funds may be unspent, including funds assigned to subcontractors, and will amend the grant down so that the funds can be reallocated as may be needed to other programs. Programs that return funds above 1% of the grant amount more than once within a funding cycle may trigger a fiscal audit. Programs that inform ACLS in a timely manner regarding funds that need to be returned and submit an amendment will be held harmless. Programs that repeatedly return funds (including under 1%) may get their subsequent award reduced by that amount and may not be eligible for any increases offered during the year.

<b>Name of Grant Program:</b> Adult Basic Education Instructional Grant Programs	<b>Fund Codes:</b> 340/345/359/285/563/287/669
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- 8) The grant recipient will report and return to the state all funds unexpended by the close of the grant period, whether or not it recovers unexpended contracted funds from subcontractors.
- 9) Adults enrolled in the ABE Instructional Grant program shall not be charged tuition, non-refundable fees or any other charges, nor shall they be required to purchase books or any other materials that are needed for participation in the program.
- 10) If the grant recipient chooses to charge a deposit for instructional materials used to review at home, the deposit will be refundable, and the grant recipient will provide to both the student and the Department a written copy of the policies for accepting and refunding deposits, will maintain fully documented and auditable financial records, and will include in each annual report to the Department what percent of deposits were not refunded.
- 11) If the grant recipient operates a fee-based program that provides similar services (i.e., services or instruction in Adult Basic Education, English for Speakers of Other Languages, or Family Literacy services), it will ensure that:
  - a. enrollment will be non-discriminatory; specifically, students will not be directed to either the grant-funded or fee-based program on the basis of skill level or anticipated time to reach goals;
  - b. the resources charged to the ESE grant-funded program, both personnel and non-personnel, will support only the students enrolled in the grant program, and that any services provided to fee-paying students will not be charged to the ESE grant; and,
  - c. fee income from an ABE, ESOL, or Family Literacy program shall not be used as match for the ESE grant-funded program.
- 12) Adults enrolled in the ABE Instructional Grant program will be asked in a neutral manner to provide their Social Security Number and to sign a release of information form for the purpose of facilitating access to appropriate additional and subsequent services, and to follow up on goals attained.
- 13) The grant recipient will ensure that data entry in the System for Managing Accountability and Results Through Technology for ABE (SMARTT ABE), will be brought up to date not less than monthly. The Department reserves the right to deduct funds from the grant award to programs that fail to meet this requirement. The grant recipient is advised that the Department will permanently close off enrollment and attendance data entry for each month by the last day of the second succeeding month, and data may not be allowed to be entered retroactively. If a program misses a data lock-out they can send a hard copy letter to ACLS administrator and copy their PS to request to send their data in after the lock out. Requests will be considered on a case by case basis. Repeated requests may trigger a data and or fiscal audit.
- 14) Fiscal reports and program data will be submitted by the deadlines established by ESE unless the grant recipient acquires a prior written waiver. Failure to submit/transmit timely and accurate reports may result in a suspension of further payments until ESE receives accurate and complete reports. ESE programmatic and fiscal data collection and reporting systems are official records and, as such, any submission of data/information that can reasonably be determined to be known by the grant recipient or that should have been known by the grant recipient to be false is grounds for immediate termination of the grant and the return of all grant funds related to the falsified data/information.

#### **PROGRAMMATIC ASSURANCES:**

##### ***The grant recipient assures ESE that:***

- 15) When staff turnover occurs, the minimum required qualifications presented in the originally approved grant will be retained for replacement staff. The grant recipient is advised that the staff qualifications included in the grant proposal were considered in scoring the original proposal and thus influenced the decision to fund the proposal, and that any subsequent changes to staff minimum requirements during the multi-year grant period require prior Departmental approval.

<b>Name of Grant Program:</b> Adult Basic Education Instructional Grant Programs	<b>Fund Codes:</b> 340/345/359/285/563/287/669
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- 16) The grant recipient is advised that programmatic elements included in the grant proposal and approved grant award, including funded services and location of services, were considered in scoring the original proposal and thus influenced the decision to fund the proposal, and that any subsequent changes during the multi-year grant period to services or their location require prior Departmental approval.
- 17) Student access to computers and technologies described in the proposal will be maintained throughout the multi-year grant period.
- 18) The grant recipient for ABE instruction is prepared to implement a program-wide curriculum aligned with the level-specific standards of the College and Career Readiness Standards for Adult Education.
- 19) The grant recipient for ESOL instruction is prepared to implement a program-wide curriculum that is aligned with the MA ABE Curriculum Framework for ESOL and also incorporates the College and Career Readiness Standards for Adult Education.
- 20) The grant recipient will ensure that all assessment administrators will acquire and maintain the skills necessary to administer and score the required assessments, and that the ABE Instructional Grant program complies with ESE/ACLS assessment policies.
- 21) Where the grant recipient collaborates with other providers in order to provide the required sequence of services, the grant recipient assures ESE that:
  - a. students at all sites have access to advising, technology, and all required services;
  - b. curriculum among collaborating agencies is coordinated with common benchmarks to provide a seamless transition from one level to the next; and,
  - c. services at all sites meet all required standards as outlined in the multi-year Request for Proposals and in the current *Massachusetts Policies for Effective Adult Basic Education*; and,
  - d. the collaboration is documented in a signed Memorandum of Agreement clearly delineating each partner's roles and responsibilities.
- 22) The grant recipient understands that the federal Americans with Disabilities Act, 42 U.S.C. 12101 et seq., places affirmative duties on public and private entities to ensure that individuals with disabilities can access and have equal opportunities to participate in all public services provided by ABE programs. The grant recipient also understands that failure to comply with applicable provisions of the ADA may result in the loss of state and federal ABE funding, and that the Department may inform the federal Office for Civil Rights (OCR) and the Massachusetts Commission Against Discrimination (MCAD) about issues of non-compliance. The grant recipient assures the Department that it understands its obligations under the ADA, and that its ABE program(s) is either ADA compliant or that it has submitted a Transition Plan for barrier removal that will bring the program(s) into compliance.

**PROFESSIONAL DEVELOPMENT ASSURANCES:***The grant recipient assures ESE that:*

- 23) The grant recipient will ensure that:
  - a. each staff person has an individual professional development plan and participates in at least 12 paid hours of professional development annually;
  - b. the total professional development hours generated by the ABE Rates System will be utilized to compensate staff for time spent participating in professional development (i.e., the ABE Rates System provides funds equal to 2.5% of each staff person's total paid hours to support staff participation in professional development on paid time); and,
  - c. any professional development hours (provided in the grant) above the minimum of 12 hours per individual will be used solely to support professional development, and will be

<b>Name of Grant Program:</b> Adult Basic Education Instructional Grant Programs	<b>Fund Codes:</b> 340/345/359/285/563/287/669
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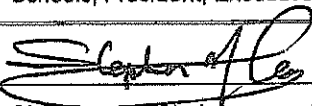
distributed among program staff based on the need to improve student outcomes and support program improvement goals.

- 24) The grant recipient will ensure that all staff participates in state-required trainings as identified in the current *Massachusetts Policies for Effective Adult Basic Education*.
- 25) The grant recipient has adopted and will use effective procedures for acquiring and disseminating to teachers and administrators significant information from the professional development system pertaining to all opportunities for professional development, educational research, demonstrations and similar projects, and for adopting, where appropriate, promising education practices developed through such projects.
- 26) The grant recipient agrees that the Director and staff of the agency will meet all requirements with regard to conference and meeting attendance.

**OTHER ASSURANCES:**

- 27) The grant recipient is advised that the ESE retains an unrestricted and irrevocable right to publish and distribute any materials developed under this grant.
- 28) The grant recipient commits to identifying the ESE in any official correspondence as the entity supporting the delivery of services at the program.
- 29) The grant recipient will notify the ESE should it find any new performance criteria and/or standards implemented after the inception of the grant performance period to be unacceptable or contradictory to its organizational goals. In such a case, the grant recipient, upon written notification to the ESE, may choose to terminate its commitment to provide the services outlined in its application or in its application as amended by the ESE and to relinquish the remainder of its award. In such a case, any unexpended funds, inappropriately expended funds, and/or funds still on hand will be returned to the ESE within ninety (90) days of the termination of these services.
- 30) The grant recipient is advised that failure to fulfill the assurances above at any point during the grant cycle may be cause for withholding of payments and/or termination of the grant. The grant recipient will ensure that the administrative costs do not exceed the 25% cap. compliance.
- 31) The grant recipient commits to ACLS policies mandated by the Workforce Innovation and Opportunity Act (WIOA).
32. To the best of our knowledge and belief, the application made herein is in accordance with the terms of the Massachusetts WIOA Combined State Plan. We agree to comply with all the preceding assurances and statements and Commonwealth Terms and Conditions. We further agree that funds will be used as stipulated in the application and that supporting documents for expenditures shall be made available for audit.

32) We hereby certify all of the above:

Molly Fogarty		4/30/16
Typed Name	Signature of Chief Administrative Officer (Superintendent of Schools, President, Executive Director, or Sheriff)	Date
Stephen Cary		7/1/16
Typed Name	Signature of Chairperson of School Committee, Board, or Other Governing Body	Date



## City Council

SCHEDULED

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3632

10

### **FY17 Elders Council on Aging Grant - No Match Required \$238,840.00 (Mayor Sarno)**

**WHEREAS**, the Elder Affairs Department ("Department") has been awarded a Council on Aging Grant of \$238,840.00 From the Executive Office of Elder Affairs from the period of July 1, 2016 to June 30, 2017; and

**WHEREAS**, the Department intends to use the grant funds to support its Council on Aging activities at senior centers; and

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

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

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

**FY17 COA Grant - No Match Required \$238,840.00**



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request	08/10/2016
Department Requesting Grant Setup	DEA (541)
Department Phone # (Please include extension)	886-5223
Name and Title of Person to Contact in Case of Questions	Carol Gasque

Was this Grant previously setup for a prior fiscal year?  
If yes, please indicate your previous project number: **YES-82416**

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

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

**XX**

Grant Name: **COUNCIL ON AGING FY17**

Total Grant Amount Awarded: **\$238,840.00**

Attachment: COA (3632 : FY17 Elders COA Grant - No Match Required \$238,840.00)

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	<b>MA Executive Office of Elder Affairs</b>
Contact Person	<b>Emmett H. Schmarsow, Program Manager</b>
Street Address	<b>1 Ashburton Place</b>
City, State, Zip Code	<b>Boston, MA 02108</b>
Telephone	<b>617-227-7471</b>
Fax	
E-Mail	<b>Emmett.schmarsow@stste.ma.us</b>

Actual Award Date	<b>07/11/2016</b>	
Board Approval Date		
Start Date	<b>07/01/2016</b>	
Expiration Date	<b>06/30/2017</b>	
Renewal Action Date (optional)		<b>Yes</b>

If there are any Matching Funds:

Type	
Percent	
Amount	

Is there any Leverage? HUD FUNDING ONLY	
Source	
Amount	

Comments re: Description/Purpose of Grant  
**Council on Aging State Formula Grant**

Comments re: Conditions/Restrictions of Grant  
**Per attached contract and budget**

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

Attachment: COA (3632 : FY17 Elders COA Grant - No Match Required \$238,840.00)

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

Org Code: **28245404**

Object Codes:  
Budget Roll-Up Codes: **ALL**  
**Please see attached budget**

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. Jasque  
Signature

8/10/16  
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: COA (3632 : FY17 Elders COA Grant - No Match Required \$238,840.00)

## Gasque, Carol

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**From:** Denney, Janet  
**Sent:** Monday, August 08, 2016 9:42 AM  
**To:** Gasque, Carol  
**Subject:** FW: Federal 2010 Census Figures  
**Attachments:** +++ 2010 FEDERAL CENSUS by Municipality .xls

FYI  
Jan

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**From:** Schmarsow, Emmett (ELD) [<mailto:Emmett.Schmarsow@MassMail.State.MA.US>]  
**Sent:** Wednesday, July 20, 2016 10:27 AM  
**To:** [emmett.schmarsow@state.ma.us](mailto:emmett.schmarsow@state.ma.us); Sore, Sherri (ELD)  
**Cc:** MCOA -- David Stevens; MCOA (Brenda, ofc mgr); MCOA -- Lynn ; MCOA (Kathy Bowler Training, Educ)  
**Subject:** Federal 2010 Census Figures

Dear Colleagues,

As you know, your Formula Grant award is based on the 2010 federal census of persons in your community age 60 or older, as of 1 April 2010.

Please find attached the federal census figure number which serves as the basis for your current Formula Grant (until the next federal census). You may save this spreadsheet for future reference.

The federal population basis is consistent across all municipalities. You may multiply the **census figure** by \$10 per elder (or simply add a "0" to your population figure) to know your **anticipated** Formula Grant amount for this fiscal year (SFY2017). If your calculation shows a figure of **less than \$5,000**, you may request up to \$5,000.

Your Formula Grant contract is reduced by any unexpended balance your agency had on hand as of June 30<sup>th</sup>. Elder Affairs CANNOT issue contracts until **ALL** COA Statements of Grant Balance are received at this office.

If you have any questions/concerns regarding this email, please do not hesitate to contact this office. Thank you.

Sincerely,  
Emmett

Emmett H. Schmarsow  
 Program Manager for Councils on Aging  
 and Senior Centers  
 MA Executive Office of Elder Affairs  
 1 Ashburton Pl., 5<sup>th</sup> Flr.  
 Boston, MA 02108

[Emmett.schmarsow@state.ma.us](mailto:Emmett.schmarsow@state.ma.us)  
 (617) 222-7471  
 1-800-698-9723 (toll-free)

Attachment: COA (3632 : FY17 Elders COA Grant - No Match Required \$238,840.00)

## 2010 Census

Source: U.S. Census Bureau, 2010 Census, Table DP-1, May 2011

City/Town	POPULATION		
	60+	65+ Living Alone	
	Number	Number	Percent
Seekonk	2,955	403	7.9
Sharon	3,401	465	7.5
Sheffield	908	189	13.3
Shelburne	538	126	14.8
Sherborn	819	117	8.1
Shirley	1,041	202	8.9
Shrewsbury	6,588	1,372	10.2
Shutesbury	312	44	6.2
Somerset	5,094	963	13.6
Somerville	9,759	2,661	8.3
South Hadley	4,084	971	14.3
Southampton	1,208	195	8.7
Southborough	1,609	217	6.5
Southbridge	3,265	732	10.7
Southwick	1,982	456	12.3
Spencer	2,438	493	10.4
Springfield	23,884	5,860	10.3
Sterling	1,611	204	7.3
Stockbridge	739	178	19.4
Stoneham	5,370	1,222	13.6
Stoughton	6,166	1,142	11.1
Stow	1,282	184	7.6
Sturbridge	1,946	373	10.3
Sudbury	3,132	393	6.8
Sunderland	557	105	6.4
Sutton	1,606	211	6.6
Swampscott	3,423	671	12.2
Swansea	3,893	618	10.2
Taunton	10,469	2,265	10.1
Templeton	1,597	250	8.7
Tewksbury	6,128	982	9.4
Tisbury	940	255	14.1
Tolland	121	17	8.6
Topsfield	1,483	205	9.8
Townsend	1,412	193	6.0
Truro	744	127	12.9
Tyngsborough	1,629	238	6.0
Tyringham	136	13	9.4

$$23,884 \times 10 = 238,840$$

Executive Office of Elder Affairs		PRELIMINARY REV. ( )		ATTACHMENT B - Council on Aging (COA) Formula Grant - FY 2017 - (pg 1 of 2)	
1 Ashburton Place, 5th Floor Boston MA 02108-1518		Name of COA :			
#	Personnel	Municipal Funding* FY2017 (see below)	(A)	(B)	Notes/Calculations for ELD funded positions Identify hours/week, total hours, rate(s) of pay & fringe (if/as applicable): # \$5000 available, regardless of community size; subject to final appropriation.
			PRELIMINARY x 10.00/elder#	Revision (if applicable)	
	<b>Director/Coordinator</b>				
	Hungry Hill Sr. Ctr. Dtr.		\$34,901	37.50	Salary formula hrly rate *hrs per week *52..2 wks.
	Mayflower Sr. Ctr. Dtr.		\$34,901	37.50	\$17.8293 hrly rate
	Clodo Concepcion Ctr. Dtr.		\$27,646	30.00	\$17.8293 hrly rate
	Forest Park Manor Ctr. Dtr.		\$9,303	10.00	\$17.6538 hrly rate
	Pine Point St. Ctr. Dtr.		\$9,089	7.50	\$17.8218 hrly rate
					\$23.2158 hrly rate
	Fitness Coordinator		\$28,639	37.50	\$14.6303 hrly rate
	Van Driver		\$14,222	21.25	\$12.8212 hrly rate
	Fiscal Manager		\$26,622	18.75	\$27.2000 hrly rate
	Employment Specialist		\$9,227	10.50	\$16.9014 hrly rate
	<b>Fringe Benefits</b>		\$22,000		
	Site Manager				
	Custodian				
	Driver				
	Dispatcher				
	Outreach Worker				
	Outreach Coordinator				
	Social Service Coordinator				
	Other: (incl. instructors, professional services, etc)		\$3,000		
	<b>SUBTOTAL (Page 1)</b>	\$0.00	\$219,550.00		
					2824540-501000-82417

Attachment: COA (3632 : FY17 Elders COA Grant - No Match Required \$238,840.00)

Attachment B - COA Formula Grant -- FY 2017 --

(pg 2 of 2)

Non-Personnel Cost Category	(A)	(B)	NOTES
	PRELIMINARY x 10.00/elder#	Initial if a Revision	
Staff/Volunteer Transport.	\$2,334		Rate determined locally.
Parking/Seniors	\$3,156		Secure & retain contracts/agreements.
Client Transportation			
Rent/Mortgage	\$10,000		Retain quotes/estimates. Note completion date.
Utilities			Specify/itemize and attach to budget.
Renovation/Construction (include estimates)			
Repairs and Maintenance	\$250		
Equipment/Furnishings			
Supplies--Office	\$3,000		Cite representative items, costs.
Facility Maintenance			Cite representative items, costs.
Printing/Copy (non-newsletter)			
Postage	\$550		ELD to be recognized as supporting this activity.
Dues/Licenses			See "The Guide" (section B9)
Newsletter Printing			Note training offered/available.
Conference/Education Training (Board/Staff)			Maximum (meal) recognition is \$16.50 per vol. with Formula \$, minimum service of (20) hours in fiscal year. Indicate YOUR minimum: ____ Thank you.
Volunteer Recognition			
Contractors/Other			
<b>Subtotal (P 2)</b>	<b>\$19,290.00</b>	<b>\$0.00</b>	<b>DATE OF THIS BUDGET:</b>
<b>Sub Total (P 1)</b>	<b>\$219,550.00</b>	<b>\$0.00</b>	<i>Initials of preparer. CG</i>
<b>TOTALS - (P 1 &amp; P 2)</b>	<b>\$238,840.00</b>	<b>\$0.00</b>	

# FY2017 FORMULA GRANT/ALLOCATION -- STATEMENT OF AUTHORIZATION (Affix to your Attachment B budget.)

Department of Elder Affairs-Springfield  
(Name of COA/Agency)

1600 East Columbus Ave  
(Mailing Address)

Springfield, MA      01103  
(ZIP)

\_\_\_\_\_  
(Street Address)

413      750-2654  
(Daytime Phone)

413      886-5286  
(Fax number)

idenney@springfieldcityhall.com  
**E-MAIL**

The persons whose signatures appear below are authorized to commit the Council on Aging to the Attachment B Formula Grant Allocation Budget and hereby agree to its submission to the Executive Office of Elder Affairs (Elder Affairs).

Elder Affairs reserves the right to modify the purposes and/or proposed Attachment B expenditures prior to execution of the contract agreement. The allocation amount is subject to final appropriation by the General Court.

Janet Rodriguez Denney  
(PRINT) Director/Coordinator

(x) *Janet Rodriguez Denney*      8-8-2016  
(signature)      (date)

William Toller  
(PRINT) Chairperson

(x) *William Toller*      8/8/16  
(signature)      (date)

Domenic J. Sarno, Mayor  
(Print) Chair, Board of Selectmen; Mayor;  
Town or City Manager / Administrator;  
Executive Secretary / Administrator;

(x) *Domenic J. Sarno*      8/9/16  
(signature)      (date)

\_\_\_\_\_  
(other title)

For **contract purposes**, please note:

The legal address of the municipality: 36 Court Street, Springfield, MA 01103

The payment remittance address of the municipality (from your W-9): 36 Court Street, Springfield, MA 01103

Attachment: COA (3632 : FY17 Elders COA Grant - No Match Required \$238,840.00)



## City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3627

11

### **Bills of Prior Year - School Department (Mayor Sarno)**

**WHEREAS**, to meet expenses incurred by the City of Springfield, pursuant to Mass. Gen. Laws ch. 44 Section 64 and Chapter 468 of the Acts of 2008, the Chief Administrative and Financial Officer and his Honor the Mayor have requested authorization from the City Council that the Departments listed on the attached Schedule One may pay bills from a previous fiscal year totaling \$739,378.60; and

**WHEREAS**, the departments listed on Schedule One will make payment for unpaid bills of a previous fiscal year from their FY17 General Fund Operating Budgets; and;

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

**NOW THEREFORE BE IT ORDERED**, that the City Council approves the payment of the bills listed on the attached Schedule One from the FY17 General Fund Departmental Operating Budgets for the expenses incurred in a previous fiscal year.

City of Springfield  
36 Court Street  
Springfield, MA 01103



Division of Administration  
and Finance

To: Springfield City Council  
From: TJ Plante, Chief Administrative & Financial Officer  
Date: September 12, 2016  
Re: Order for Council Meeting – September 12, 2016  
Cc: Mayor Sarno

**Purpose:** The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the September 12, 2016 Council meeting, which will pay prior years' invoices totaling \$739,378.60.

**Background:** This is a request to allow the School Department to pay previous years bills from their current year (FY17) budget. Listed below are the department invoices, due dates, reason and amounts.

Department	Invoice #	Vendor	Date	Reason	Amount
School	Various	First Student, Inc.	June	Pay for transportation expenses	\$739,378.60
<b>Total</b>					<b>\$739,378.60</b>

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

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



## City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3626

12

### **Bills of Prior Year - Various Departments (Mayor Sarno)**

**WHEREAS**, to meet expenses incurred by the City of Springfield, pursuant to Mass. Gen. Laws ch. 44 Section 64 and Chapter 468 of the Acts of 2008, the Chief Administrative and Financial Officer and his Honor the Mayor have requested authorization from the City Council that the Departments listed on the attached Schedule One may pay bills from a previous fiscal year totaling \$14,585.62; and

**WHEREAS**, the departments listed on Schedule One will make payment for unpaid bills of a previous fiscal year from their FY17 General Fund Operating Budgets; and;

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

**NOW THEREFORE BE IT ORDERED**, that the City Council approves the payment of the bills listed on the attached Schedule One from the FY17 General Fund Departmental Operating Budgets for the expenses incurred in a previous fiscal year.

City of Springfield  
36 Court Street  
Springfield, MA 01103



Division of Administration  
and Finance

To: Springfield City Council  
From: TJ Plante, Chief Administrative & Financial Officer  
Date: September 12, 2016  
Re: Order for Council Meeting – September 12, 2016  
Cc: Mayor Sarno

**Purpose:** The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the September 12, 2016 Council meeting, which will pay prior years' invoices totaling \$14,585.62.

**Background:** This is a request to allow various City departments to pay previous years bills from the current year (FY17) budget. Listed below are the department invoices, due dates, reason and amounts.

Department	Invoice #	Vendor	Date	Reason	Amount
DPW	9-20165 & 9-25876	Jack Young Company	5/9/2016	FY16 Services Rendered	\$ 600.00
DPW	3023386	The Republican	6/30/2016	FY16 Advertising Expense	\$ 215.55
Facilities	N/A	Pine Point Community Council	6/30/2016	Pine Point Lease	\$ 9,400.00
Facilities	4024358	Home Depot	5/4/2016	FY16 Services Rendered	\$ 14.97
Facilities	1108895	Ivey Industries	6/13/2016	FY16 Services Rendered	\$ 127.18
Facilities	Various	Rest In Peace Pest Control	June	Extermination services in municipal buildings	\$ 126.00
Law	Various	Accurate Court Reporting, Inc.	June	FY16 Services Rendered	\$ 792.10
Law	Various	Essex County Sheriff's Department	June	FY16 Services Rendered	\$ 234.10
Law	Various	Hampden County Sheriff's Department	June	FY16 Services Rendered	\$ 2,140.00
Law	Various	Middlesex County Sheriff's Department	June	FY16 Services Rendered	\$ 98.22
Law	2530601-Q22016	Pacer	6/30/2016	FY16 Services Rendered	\$ 23.70
Law	Various	Veritext	6/16/2016	FY16 Services Rendered	\$ 554.55
Mayor	N/A	Petty Cash Reimbursement	June	Food, Stamps and Travel Reimbursements	\$ 197.80
Mayor	Various	Belmont Standard	June	To pay for bottled water from previous year	\$ 14.45
Police	1204548682	Concentra	5/17/2016	FY16 Services Rendered	\$ 47.00
<b>Total</b>					<b>\$ 14,585.62</b>

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

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

Attachment: FY17 CAFO Certification BOPY (3626 : Bills of Prior Year - Various Departments)

Schedule One  
 Bills of Prior Year  
 September 12, 2016

Department	Invoice #	Vendor	Date
DPW	9-20165 & 9-25876	Jack Young Company	5/9/2016
DPW	3023386	The Republican	6/30/2016
Facilities	N/A	Pine Point Community Council	6/30/2016
Facilities	4024358	Home Depot	5/4/2016
Facilities	1108895	Ivey Industries	6/13/2016
Facilities	Various	Rest In Peace Pest Control	June
Law	Various	Accurate Court Reporting, Inc.	June
Law	Various	Essex County Sheriff's Department	June
Law	Various	Hampden County Sheriff's Department	June
Law	Various	Middlesex County Sheriff's Department	June
Law	2530601-Q22016	Pacer	6/30/2016
Law	Various	Veritext	6/16/2016
Mayor	N/A	Petty Cash Reimbursement	June
Mayor	Various	Belmont Standard	June
Police	1204548682	Concentra	5/17/2016
<b>Total</b>			

Reason	Amount	ORG / Object
FY16 Services Rendered	\$ 600.00	
FY16 Advertising Expense	\$ 215.55	
Pine Point Lease	\$ 9,400.00	
FY16 Services Rendered	\$ 14.97	
FY16 Services Rendered	\$ 127.18	
Extermination services in municipal buildings	\$ 126.00	
FY16 Services Rendered	\$ 792.10	
FY16 Services Rendered	\$ 234.10	
FY16 Services Rendered	\$ 2,140.00	
FY16 Services Rendered	\$ 98.22	
FY16 Services Rendered	\$ 23.70	
FY16 Services Rendered	\$ 554.55	
Food, Stamps and Travel Reimbursements	\$ 197.80	
To pay for bottled water from previous year	\$ 14.45	
FY16 Services Rendered	\$ 47.00	
	<b>\$ 14,585.62</b>	

Attachment: 9-12-16 Prior Years Bill Schedule 1 (3626 : Bills of Prior Year - Various Departments)

Purchase Order



## City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Christopher Fraser  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3622

13

### **Police Department Donations - \$39,941.85 (Mayor Sarno)**

**WHEREAS**, the Springfield Police Department has been awarded donations totaling \$39,941.85 From various individuals and organizations; and

**WHEREAS**, the funds provided by the donors were designated for the Police Department's Donation Fund; and

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

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

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

**Police Department Donations - \$39,941.85**

### SPRINGFIELD POLICE DEPARTMENT FY17 DONATIONS

Date	Donator	Address	Purpose	Amount
7/5/2016	Crack Sealing	Unknown	Admin	\$ 100.00
7/5/2016	C3 Forest Park Sattal	C3 Forest Park	C3 Forest Park	\$ 800.00
42613	Pugliese, Dooley, Skrzniarz	Unknown	Admin	\$ 20.00
8/20/2016	Robert Blake	Love On Blue	Admin	\$ 296.70
9/6/2016	Focus Springfield	95 State Street, Springfield, MA 01103	Roosecelt Tower Upgrades	\$ 38,725.15
<b>Total</b>				<b>\$ 39,941.85</b>

Attachment: Police Donations (3622 : Police Department Donations - \$39,941.85)



## City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3620

14

### **FY17 MassCALL II Grant- \$100,000.00 (Mayor Sarno)**

**WHEREAS**, the Department of Health and Human Services (“Department”) has been awarded an a grant (contract) of \$100,000.00 from the Mass Department of Public Health, Bureau of Substance Abuse Services; and

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

**WHEREAS**, the Department intends to use the funds to provide MassCALL II prevention services during the period July 1, 2016 through June 30, 2017; and

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

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

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

**FY17 MassCALL II Grant- \$100,000.00**



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 8/4/2016

Department Requesting Grant Setup SHHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions Helen Caulton-Harris

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

If yes, please indicate your previous project number: MSAC6

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

Grant Type:

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

Xx

Grant Name: MOAPC

Total Grant Amount Awarded: \$100,000.00

Is this a Reimbursable Grant?

(Y/N) YES

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

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

Grantor is already in the customer file:

Entity Name	DPH
Contact Person	Fernando Perfas
Street Address	250 Washington St, 3 <sup>rd</sup> Floor
City, State, Zip Code	Boston, MA 02108
Telephone	617-624-5142
Fax	617-624-5185
E-Mail	Fernando.Perfas@MassMail.State.MA.US

Actual Award Date

Board Approval Date

Start Date 7/1/2016

Expiration Date 6/30/2017

Renewal Action Date (optional)

If there are any Matching Funds:

Type

Percent

Amount

If there any Leverage? HUD FUNDING ONLY

Source

Amount

Comments re: Description/Purpose of Grant

Mass. Opioids Abuse Prevention Collaborative

Comments re: Conditions/Restrictions of Grant

See Budget

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # : INFT2354M04301822065

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) Monthly

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

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

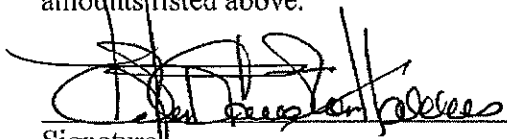
Please list all object codes needed for the grant.  
(Attach additional sheets if additional orgs and roll-ups are needed):

Org Code: 28975200

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

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

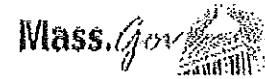
8/4/2016  
Date

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.

Health and Human  
Services



Staff Name : Lorene Leembruggen Organization Name : City of Springfield  Mass.Gov Home  State Government  State  
Online Services

Home Billing Contracts Report Help Logout

Current Location: Billing: Invoice Search > Invoice Summary

Invoice
» Summary
» Personnel Summary
» Invoice Assessment
» Invoice Notes
» CR-Service Delivery Report

Invoice #808781

Update Invoice

Corporate Name:	City of Springfield	State Agency Name:	Bureau of Substance Abuse Services
Vendor Customer Code:	VC0000192140	Invoice Status:	Draft
Service Contract Number:	INTF2354M04301822085	Service Contract Amendment Number:	
Billing Period:	07/01/2016 - 07/31/2016	Invoice Reference Number:	
Supporting Documentation Reference Number:		Supporting Documentation Description:	
Supporting Documentation Type:		Invoice Type:	Regular
Monthly Service Narrative:			

Activity:4940 MOAPC Budget:1

Line Item Budget Component	Category	FTE	Reimbursable Cost	Balance to Date	Invoice Amount	Current Balance
102 Program Director	1-Direct Care / Program Staff	1	\$48,644.00	\$48,644.00	\$0.00	\$48,644.00
150 Payroll Taxes	1-Direct Care / Program Staff	0	\$2,432.00	\$2,432.00	\$0.00	\$2,432.00
151 Fringe Benefits	1-Direct Care / Program Staff	0	\$16,539.00	\$16,539.00	\$0.00	\$16,539.00
201 Direct Care Program Consultants	2-Other Direct Care/Program Resources		\$18,931.00	\$18,931.00	\$0.00	\$18,931.00
204 Staff Training	2-Other Direct Care/Program Resources	0	\$2,250.00	\$2,250.00	\$0.00	\$2,250.00
205 Staff Mileage/Travel	2-Other Direct Care/Program Resources	0	\$2,500.00	\$2,500.00	\$0.00	\$2,500.00
206 Subcontracted Direct Care	2-Other Direct Care/Program Resources	0	\$0.00	\$0.00	\$0.00	\$0.00

207 Meals	2-Other Direct Care/Program Resources	0	\$0.00	\$0.00	\$0.00	\$0.00
216 Program Supplies, Materials and Expendable Items of Equipment and Furnishings	2-Other Direct Care/Program Resources	0	\$2,304.00	\$2,304.00	\$0.00	\$2,304.00
216 Program Support	2-Other Direct Care/Program Resources	0	\$0.00	\$0.00	\$0.00	\$0.00
410 Agency and Program Administration and Support	4-Administrative Support	0	\$6,400.00	\$6,400.00	\$0.00	\$6,400.00
<b>Total</b>		<b>1.00</b>	<b>\$100,000.00</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>

By checking this box, you hereby confirm that by clicking the "Authorize" or "Release" button below, you are providing data that is complete and accurate in all respects, and that you have been given authority by your organization to submit such data through EIM. If after submission of this record you determine that it is incorrect, you can submit a supplemental transaction to correct it. Please see the user guide for instructions on submitting supplemental transactions.

[Edit Invoice](#)   [Release Invoice](#)   [Delete Invoice](#)

[Run CR Invoice Report](#)

Last Modified:	
Authorized By:	
Released By:	
Created By:	Lorene Leambruggan 07/26/2016 03:34 PM



## City Council

SCHEDULED

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3619

15

### **Massachusetts Substance Abuse Collaborative - No Match Required \$100,000 (Mayor Sarno)**

**WHEREAS**, the Springfield Health and Human Services Department has been awarded a Massachusetts Substance Abuse Collaborative Grant of \$100,000.00 from the DPH Bureau of Substance Abuse Services; and

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

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

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

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

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

**Massachusetts Substance Abuse Collaborative - No Match Required  
\$100,000**



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 8/4/2016

Department Requesting Grant Setup SHHS

Department Phone # (Please include extension) 6710

Name and Title of Person to Contact in Case of Questions Helen Caulton-Harris

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

If yes, please indicate your previous project number: MSAC6

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

Grant Type:

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

Xx

Grant Name: SAPC

Total Grant Amount Awarded: \$100,000.00

Is this a Reimbursable Grant?

(Y/N) YES

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

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

Entity Name	DPH
Contact Person	Fernando Perfas
Street Address	250 Washington St, 3 <sup>rd</sup> Floor
City, State, Zip Code	Boston, MA 02108
Telephone	617-624-5142
Fax	617-624-5185
E-Mail	Fernando.Perfas@MassMail.State.MA.US

Actual Award Date

Board Approval Date

Start Date 7/1/2016

Expiration Date 6/30/2017

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  
Substance Abuse Prevention Collaboration

Comments re: Conditions/Restrictions of Grant  
See Budget

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # : INFT2354M04160222094

What is the required drawdown frequency?

(Ex: Monthly, Quarterly) Monthly

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

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

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

Org Code: 28975200

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

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

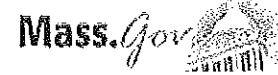
8/3/2016  
Date

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.

Health and Human  
Services



Staff Name : Lorene Leembruggen Organization Name : City of Springfield  Mass.Gov Home  State Government  State Online Services

Home Billing Contracts Report Help Logout

Current Location: Billing: Invoice Search > Invoice Summary

Invoice
» Summary
» Personnel Summary
» Invoice Assessment
» Invoice Notes
» CR-Service Delivery Report

**Invoice #808782**

**Update Invoice**

Corporate Name:	City of Springfield	State Agency Name:	Bureau of Substance Abuse Services
Vendor Customer Code:	VC6000192140	Invoice Status:	Draft
Service Contract Number:	INTF2354M04160222094	Service Contract Amendment Number:	
Billing Period:	07/01/2016 - 07/31/2016	Invoice Reference Number:	
Supporting Documentation Reference Number:		Supporting Documentation Description:	
Supporting Documentation Type:		Invoice Type:	Regular
Monthly Service Narrative:			

**Activity:4941 BSAS Substance Abuse Prevention Budget:1**

Line Item Budget Component	Category	FTE	Reimbursable Cost	Balance to Date	Invoice Amount	Current Balance
102 Program Director	1-Direct Care / Program Staff	0.1	\$6,611.00	\$6,611.00	\$0.00	\$6,611.00
103 Assistant Program Director	1-Direct Care / Program Staff	1	\$21,981.00	\$21,981.00	\$0.00	\$21,981.00
150 Payroll Taxes	1-Direct Care / Program Staff	0	\$2,353.00	\$2,353.00	\$0.00	\$2,353.00
151 Fringe Benefits	1-Direct Care / Program Staff	0	\$9,721.00	\$9,721.00	\$0.00	\$9,721.00
201 Direct Care Program Consultants	2-Other Direct Care/Program Resources		\$15,000.00	\$15,000.00	\$0.00	\$15,000.00
205 Staff Mileage/Travel	2-Other Direct Care/Program Resources		\$5,000.00	\$5,000.00	\$0.00	\$5,000.00
206 Subcontracted	2-Other Direct Care/Program	0	\$14,889.00	\$14,889.00	\$0.00	\$14,889.00

<u>Direct Care</u>	Resources					
<u>215 Program Supplies, Materials and Expendable Items of Equipment and Furnishings</u>	2-Other Direct Care/Program Resources		\$2,000.00	\$2,000.00	\$0.00	\$2,000.00
<u>216 Program Support</u>	2-Other Direct Care/Program Resources		\$15,945.00	\$15,945.00	\$0.00	\$15,945.00
<u>410 Agency and Program Administration and Support</u>	4-Administrative Support		\$6,500.00	\$6,500.00	\$0.00	\$6,500.00
<b>Total</b>		<b>1.10</b>	<b>\$100,000.00</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>

By checking this box, you hereby confirm that by clicking the "Authorize" or "Release" button below, you are providing data that is complete and accurate in all respects, and that you have been given authority by your organization to submit such data through EIM. If after submission of this record you determine that it is incorrect, you can submit a supplemental transaction to correct it. Please see the user guide for instructions on submitting supplemental transactions.

[Edit Invoice](#) [Release Invoice](#) [Delete Invoice](#)

[Run CR Invoice Report](#)

Last Modified:	
Authorized By:	
Released By:	
Created By:	Lorene Leembruggen 07/28/2016 03:35 PM



## City Council

**SCHEDULED**

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3618 A

16

### **Mason Square Library Grant - \$145,394.12 (Mayor Sarno)**

**WHEREAS**, the Library Department has been awarded a Donation in the amount of \$145,394.12 from the Springfield Libraries Foundation, Inc ; and

**WHEREAS**, the donation will fund the operational and capital improvements expenses for the Mason Square Library

**WHEREAS**, the Department intends to use the grant funds for Mason Square Library operating expenses

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

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

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

**SPRINGFIELD LIBRARY FOUNDATION - \$145,394.12**



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 7/27/16

Department Requesting Grant Setup Library

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

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

Was this Grant previously setup for a prior fiscal year? Y  
If yes, please indicate your previous project number: MSL16

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

Grant Type:

State – Highway

Federal Pass-Through DOE– School

Federal Direct– School

Federal – City -

State DOE– School

State Other – School

State – City

X Private/Other – Springfield Library Foundation

Grant Name: Mason Square Library

Total Grant Amount Awarded: \$145,394.12

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

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

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

Grantor is already in the customer file:

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

Actual Award Date 7/1/2016

Board Approval Date

Start Date n/a

Expiration Date n/a

Renewal Action Date (optional)

If there are any Matching Funds:

Type  
 Percent  
 Amount

Comments re: Description/Purpose of Grant

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code: 2917610

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

Budget Roll-Up Codes: YES

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

\_\_\_\_Molly Fogarty\_\_\_\_\_  
Signature

\_\_7/27/16\_\_  
Date

Please attach the following documents:

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

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

**SPRINGFIELD LIBRARY FOUNDATION, INC.****220 STATE STREET****SPRINGFIELD, MA 01103****July 27, 2016**

T.J. Plante, CAFO

City of Springfield

36 Court Street

Springfield, MA 01103

Dear Mr. Plante

Recently we heard from Lee Fogarty, the Library Director, who has spelled out the need for a modest increase in our ongoing annual subsidy for the Mason Square Library.

She has requested an increase of \$10,981.12 for the new fiscal year. This would be an increase of \$2,745.28 per quarter. Accordingly we will increase our current annual contribution of \$134,413.00 to \$145,394.12

This is in conformance to the wishes of Annie Curran whose generosity has resulted in the abundance of financial support which she donated so many years ago for this purpose.

The Foundation shall render to the City of Springfield quarterly payments on the 30<sup>th</sup> of July, October, 2016 and January and April of 2017. Each Quarterly payment shall be in the amount of \$36,348.28.

Sincere regards,

Charles V. Ryan, President

Barbara J. Garvey, Treasurer



## City Council

SCHEDULED

Meeting: 09/12/16 05:30 PM  
Initiator: Melanie Acobe  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3617

17

### **FY17 GSSSI Grant Acceptance - in Kind Match (\$92,400) (Mayor Sarno)**

**WHEREAS**, the Department of Elder Affairs ("Department") has been awarded a Title III Grant of \$92,400.00 from the Greater Springfield Senior Services Inc. (GSSSI) from the period of October 1, 2016 to September 30, 2017; and

**WHEREAS**, the grant is to provide outreach, advocacy, information and referral services to seniors;

**WHEREAS**, the Department intends to use the grant funds to encourage senior participation in programs, conduct follow-up home visits, give referrals, provide client advocacy, help the elder or caregiver in receiving or providing quality care, give the community presentations and collaborate with agencies and businesses to assist seniors that are in dept, under-insured, uninsured or homeless; and

**WHEREAS**, the total cost of the program/service is \$108,707; and

**WHEREAS**, the grant will pay for 85% of the total cost, which is \$92,400.00, and requires the City to match 15% (in-kind), totaling \$16,307.00, *to be supported by the City of Springfield Elder Affairs budget/account;*

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

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

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

**FY17 GSSSI Grant Acceptance - \$92,400.00**



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request 7/14/2016 ✓  
 Department Requesting Grant Setup DEA (541)  
 Department Phone # (Please include extension) 886-5223  
 Name and Title of Person to Contact in Case of Questions Carol K. Gasque, Fiscal Mgr.

Was this Grant previously setup for a prior fiscal year? YES  
 If yes, please indicate your previous project number: 81016

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?  
 (Y/N) NO 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

XXXX

Grant Name: Greater Springfield Senior Services, Inc.(GSSSI)

Total Grant Amount Awarded: \$92,400.00

Attachment: GSSSI-REQUEST GRANT SETUP FY17 (3617 : FY17 GSSSI Grant Acceptance in Kind Match (\$92,400))

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

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

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

Entity Name	Greater Springfield Senior Services, Inc.
Contact Person	Mary L. Jenewin-Caplin, Director
Street Address	66 Industry Avenue, Suite 9
City, State, Zip Code	Springfield, MA
Telephone	413-781-8806 ext.162
Fax	
E-Mail	Mary.Jenewin-Caplin@gsssi.org

Actual Award Date	7/7/2016	
Board Approval Date		
Start Date	10/1/2016	
Expiration Date	9/30/2017	
Renewal Action Date (optional)		YES
If there are any Matching Funds:	YES	
Type	INKIND	
Percent	18%	
Amount	16,307	
Is there any Leverage?		
Source		
Amount		

Comments re: Description/Purpose of Grant  
**Outreach and Direct Assistance Services**

Comments re: Conditions/Restrictions of Grant  
**Per attached contract and budget**

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

Attachment: GSSSI-REQUEST GRANT SETUP FY17 (3617 : FY17 GSSSI Grant Acceptance in Kind Match (\$92,400))

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

Org Code: 28105410

Object Codes:

Budget Roll-Up Codes: ALL

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

  
Signature

  
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.



July 7, 2016

Ms. Janet Rodrigues Denney, Director of Elder Affairs  
Springfield Department of Elder Affairs  
1600 East Columbus Avenue  
Springfield, MA 01103

Dear Ms. Denney,

I am pleased to inform you, Greater Springfield Senior Service's Board of Directors has voted to award Springfield Department of Elder Affairs with a Title III grant in the amount of \$92,400 for Outreach Services for the Federal Fiscal Year beginning October 1, 2016 through September 30, 2017. This funding opportunity comes with a renewal for one additional year contingent on satisfactory fulfillment of all terms and conditions of the grant, and available funding to our agency.

Enclosed you will find the Title III grant agreement (2 copies) please sign one (page 3) and return to GSSSI ATTN: MJCaplin.

Monthly invoice/report forms will be sent electronically. Please distribute to the personnel responsible for providing/reporting on this service. These are due on the 15th of the month following the month of service; except for the month of June, which is due on July 10, 2017.

This agreement requires that you identify Greater Springfield Senior Services, Inc. as a funding source in any brochure, newsletter or other publication describing the program funded under this agreement.

Please do not hesitate to call us if you have questions. We look forward to our partnership with your agency in serving older adults in your community.

Sincerely,

Elaine Massery  
Executive Director

Income	2016	2017	Description of Changes
GSSSI Title III Grant	92,400.00	92,400.00	
Matching Dollar			
Donation	250.00	-	
Monthly Parking	3,500.00	3,500.00	
Fringe 15%	-	11,000.00	
DEA Director supervision 2 hours/week	6,240.00	4,552.00	
Fiscal/Manager 2 hours per week	4,746.00	2,774.00	
<b>Total</b>	<b>107,136.00</b>	<b>114,226.00</b>	
<b>Expenses</b>			
2 FTE Outreach Coordinator/Outreach Worker	65,208.00	71,214.00	
Fringe 19%	16,302.00	13,180.00	
Professional Services	1,500.00	500.00	
Other Supplies	500.00	500.00	
Travel	2,000.00	1,000.00	
6.50% Administrative	8,461.00	6,006.00	
<b>Matching Dollar</b>			
Monthly Parking	3,500.00	3,500.00	
Fringe 15%	-	11,000.00	
DEA Director supervision 2 hours per week	6,240.00	4,552.00	0
Fiscal/Manager 2 hours per week	4,746.00	2,774.00	
<b>Total</b>	<b>108,457.00</b>	<b>114,226.00</b>	



## City Council

SCHEDULED

Meeting: 09/12/16 05:30 PM  
Initiator: Christopher Fraser  
Sponsors: Mayor Domenic J. Sarno  
DOC ID: 3612

18

### **Jail Diversion Program Grant - No Match Required - \$80,000 (Mayor Sarno)**

**WHEREAS**, the Springfield Police Department ("Department") has been awarded a Jail Diversion Program grant of \$80,000.00 From the Massachusetts Department of Mental Health; and

**WHEREAS**, the purpose of the grant is to continue expansion of the Crisis Intervention Team during fiscal year 2017; and

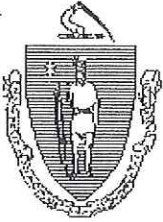
**WHEREAS**, the Department intends to use the grant funds to provide training for applicable police officers; and

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

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

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

**Jail Diversion Program Grant - \$80,000**



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Mental Health  
25 Staniford Street  
Boston, Massachusetts 02114-2575

CHARLES D. BAKER  
Governor  
KARYN E. POLITO  
Lieutenant Governor  
MARYLOU SUDDERS  
Secretary  
JOAN MIKULA  
Commissioner

(617) 626-8000  
www.mass.gov/dmh

**FY 2017  
Approved Contract**

DATE: 7/5/16  
VENDOR: City of Springfield - Police Department  
PROGRAM: Jail Diversion  
SC #: SCDMH822015083450000

.....  
Please find enclosed an approved copy of your FY2017 contract with the Department of Mental Health, Central Office.

If you should have any questions, please feel free to call me @ 617/626-8006.

*Maureen Giacchino*  
Maureen Giacchino  
Contract Manager

*FY17 = \$80,000.00*

Enclosure



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy.

CONTRACTOR LEGAL NAME: City of Springfield/Springfield Police Dept
COMMONWEALTH DEPARTMENT NAME: Mental Health
Legal Address: (W-9, W-4,T&C): 130 Pearl Street, Springfield, MA 01105
Business Mailing Address: 25 Staniford St., Boston, MA 02114
Contract Manager:
Billing Address (if different):
E-Mail:
Contract Manager: Maureen Giacchino
Phone:
Fax:
E-Mail: Maureen.giacchino@state.ma.us
Contractor Vendor Code: VC6000192140
Phone: 617-626-8006 Fax: 617-626-8014
Vendor Code Address ID (e.g. "AD001"): AD\_001
MMARS Doc ID(s): SCDMH822015083450000
RFR/Procurement or Other ID Number: BD151022DMH088220A00000002269

NEW CONTRACT
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)
Statewide Contract (OSD or an OSD-designated Department)
Collective Purchase (Attach OSD approval, scope, budget)
Department Procurement (includes State or Federal grants 815 CMR 2.00)
Emergency Contract (Attach justification for emergency, scope, budget)
Contract Employee (Attach Employment Status Form, scope, budget)
Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)
X CONTRACT AMENDMENT
Enter Current Contract End Date Prior to Amendment: 06/30, 20 16
Enter Amendment Amount: \$ 80,000.00 (or "no change")
AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)
X Amendment to Scope or Budget (Attach updated scope and budget)
Interim Contract (Attach justification for Interim Contract and updated scope/budget)
Contract Employee (Attach any updates to scope or budget)
Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.
Commonwealth Terms and Conditions X Commonwealth Terms and Conditions For Human and Social Services

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ 220,000.00

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: X agree to standard 45 day cycle statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Renewal for FY17

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.
X 2. may be incurred as of 7/1, 2016, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
3. were incurred as of, 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 06/30, 20 17, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, 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: [Signature] Date: 6/22/16
(Print Name: Domenic J. Sarno
Print Title: Mayor, City of Springfield)

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: [Signature] Date: 6/30/16
(Print Name: James Bedasman
Print Title: Director of Account)



## REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request	7/15/2016
Department Requesting Grant Setup	Police
Department Phone # (Please include extension)	X6385
Name and Title of Person to Contact in Case of Questions	Lisa Willis

Was this Grant previously setup for a prior fiscal year? YES  
If yes, please indicate your previous project number: 18936

If this is a new Grant, have you filled out the “Approval to apply for a grant” Form?  
(Y/N) NO If yes, please attach a copy of the Approved Form.

Grant Type:

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

Grant Name: Jail Diversion/CIT RFR

Total Grant Amount Awarded: \$ 60,000FY 2015 / \$80,000 FY 2016/\$80,000  
FY2017

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	Department of Mental Health
Contact Person	Maureen Giacchino
Street Address	25 Staniford Street
City, State, Zip Code	Boston, MA 02114
Telephone	617-626-8006
Fax	617-626-8014
E-Mail	Maureen.giacchino@state.ma.us

Actual Award Date	3/30/2015
Board Approval Date	
Start Date	7/1/2015
Expiration Date	6/30/2016
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

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:

6-16-2016 Budget Amendment

28952100 – 506000 – 1893 \$70,000

289521100 – 530105 – 1893 \$10,000

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

  
Signature

7/15/2016  
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.