City Council

Finance Sub-Committee

~ Agenda ~

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

Gladys Oyola-Lopez
413-787-6096

Monday, March 20, 2023 | **5:30 PM** | **Virtual Meeting (Zoom)**

I. Call to Order

5:30 PM Meeting called to order on March 20, 2023 at Virtual Meeting (Zoom) , Virtual Meeting, N/A, NA.

II. Public Portion

III. Orders

1. Order (ID # 7300)

Department of Mental Health Jail/Arrest Diversion Program - No Match Required - $110,000

ATTACHMENTS:

- Jail Diversion Program-Request for Grant Set-Up (PDF)

2. Order (ID # 7299)

COPS Anti-Heroin Task Force Program Grant - No Match Required - $10,000 (Increase)

ATTACHMENTS:

- Request for Grant Set-Up Anti-Heroin Task Force Grant (amendment) (PDF)

3. Order (ID # 7282)

Order Authorizing Expenditure of FY24 Chapter 90 Funds ($3,611,100.60)

ATTACHMENTS:

- DPW - Chapter 90 (PDF)
- FY2024 Chapter 90 Roadway Listing for City Council (PDF)

4. Order (ID # 7283)

Bills of Prior Year - Department of Public Works (DPW) - $4,065.00

ATTACHMENTS:

- CAFO CERT - DPW BOPY (PDF)

5. Order (ID # 7303)

Elders Donation - $125.00

ATTACHMENTS:

- Donation to RAJ SR. Ctr-125.00_Redacted (PDF)

6. Order (ID # 7298)

Order of Taking of Permanent and Temporary Easements For "St. James Avenue and Tapley Street" Project ($132,950) Mayor Sarno)

7. Order (ID # 7297)

Appropriation Order for St. James Avenue at Tapley Street Intersection Improvement Project

ATTACHMENTS:

- Ex. A Appropriation Order (PDF)

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
03/14/2023

Department Requesting Grant Setup
Office of Management and Budget

Department Phone # (Please include extension)
413-784-4883

Name and Title of Person to Contact in Case of Questions
Sean Pham; Senior Budget Analyst

Was this Grant previously setup for a prior fiscal year?
No; please use JDP23

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) 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:
Jail Diversion/Arrest Co-Response Program

Total Grant Amount Awarded: **$110,000.00**

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

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

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

Actual Award Date

Board Approval Date

Start Date **03/01/2023**

Expiration Date **06/30/2023**

Renewal Action Date (optional)

If there are any Matching Funds:
Type
Percent
Amount

Comments re: Description/Purpose of Grant
Police/Clinician Co-Response

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:

530105 - $110,000.00 (BHN)

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

Signature _____ 3/13/23
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.

Revised June 4, 2018

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

Procurement:	BD-18-1022-DMH08-8210B-21306	**Contract ID:**	SCDMH822023088310000
Contractor Name:	City of Springfield Police Department Sean Pham SPham@springfieldcityhall.com		
DMH Sponsor Name:	Director of Jail and Arrest Diversion Initiatives: Joanne Barros		

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

From:	1-Mar-23	To:	30-Jun-23

Cost Estimate

Proposed Hours:	N/A	Hourly Rate:	N/A
Total (not to exceed) Cost:	$110,000		

Scope and Payment

Scope of Engagement

Co-Response Jail/Arrest Diversion Program:
The City of Springfield will use grant funds for a co-response jail/arrest diversion program. Grant funds will be used to have a co-responding clinician respond with Springfield police to crisis and follow-up calls. The City of Springfield will subcontract clinical co-response staff (3 FTE) and a clinical supervisor (0.6 FTE) with a human service provider. Co-response will be an integrated and extended approach of Springfield's response to crisis calls and follow-ups. The co-responder will ride with Springfield Police officers to behavioral health crisis calls when possible or otherwise safely parallel respond with police as described here: "During non-ride along calls, clinicians will respond to the call after dispatched officers have arrived at the scene. The safety of the Co-Response clinician is maintained by officers making the scene safe prior to the arrival of the clinician. When officers are dispatched to calls that require a co-response, the Springfield Emergency Communications Dispatch will dispatch officers and a clinician. Co-Response clinicians are provided department radios and monitor calls for service. Upon hearing a call that may require a Co-Response clinician, the clinician will also proceed to the call location in a separate vehicle and await instructions. During this time any useful information developed regarding the incident can be provided to the responding clinician by radio. Upon officers' arrival, they will secure the scene and notify the clinician that it is safe to enter the scene. Officers will remain on scene until it is determined there is no longer a threat." The co-responders will have an office and desk at the Springfield PD. Grant funds may also be used to pay for time spent to input data into the DMH statewide JDP database. Funds may be used for necessary equipment for the co-responder, including office equipment, cell phone, computer, office supplies, and outreach. The Springfield PD will participate in the hiring and approval of any of the clinical co-responders. The co-responders will attend mandatory training at the CR-TTAC when available. The co-responders will attend police-based trainings when appropriate and provide behavioral health trainings to police through roll call, etc. The grant will also fund the travel and attendance at co-response or CIT conferences for the co-responder and/or police as approved by the DMH grant manager, and other behavioral health trainings for Springfield police or co-responders as approved by the DMH grant manager. The City of Springfield may use funds to subcontract the supervision of the clinician to the provider through this grant. The grant may also support officer time at relevant community (external) or police-based (internal) meetings regarding co-response.

Deliverables and Payment

Grantee completes a Commonwealth Payment Voucher to invoice DMH for payment.
Grantee provides documentation of actual expenses corresponding to line items represented in the Attachment D Budget Sheet.
Grantee provides a copy of all training Certificates of Completion.
Grantee provides quarterly report data including:
1. Number of police officers in the Springfield Police Department.
2. Number of police officers (and other first responders/dispatch) trained, type of training, and total hours of training received via this SOW
3. Number of behavioral health-related calls per year by the Springfield Police Department, beginning at award.
4. Number of behavioral health-related calls per year with a trained officer responding, beginning at award.
5. Number of co-response calls vs. number of parallel response calls involving clinicians
6. Number of co-response clinician hours received
7. Number of behavioral health-related outreach contacts by the police, with or without a clinician
8. Number of Jail/Arrest or E.D. diversions made and actual destination or specific diversion made.
9. Number of internal and external stakeholder meetings hosted by and or attended by the Springfield PD, related to the Jail/Arrest Diversion Program

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

Contractor		Department of Mental Health	
Authorized Signatory Name:	Lindsay Hackett	Authorized Signatory Name:	
Date:	3/3/23	Date:	
Signature:		Signature:	

Attachment: Jail Diversion Program-Request for Grant Set-Up (7300 : Department of Mental Health Jail/Arrest Diversion Program - No Match

REQUEST FOR GRANT SETUP

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

All fields are mandatory.

Date of Request
03/14/2023
Department Requesting Grant Setup
Office of Management and Budget
Department Phone # (Please include extension)
413-784-4883
Name and Title of Person to Contact in Case of Questions
Sean Pham; Senior Budget Analyst

Was this Grant previously setup for a prior fiscal year?
If yes, please indicate your previous project number:
Yes, please continue to use AHO22
If this is a new Grant, have you filled out the "Approval to apply for a grant" Form?
(Y/N) N If yes, please attach a copy of the Approved Form.

Grant Type:

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

Grant Name:

U.S. Department of Justice COPS Anti-Heroin Task Force Program MOU with State Police

Total Grant Amount Awarded: **$10,000 (increase) new total is $30,000**

Is this a Reimbursable Grant? (Y/N)

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

Yes

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

Entity Name	**Department of State Police**
Contact Person	**Melissa Comeau**
Street Address	**470 Worcester Road**
City, State, Zip Code	**Framingham, MA 01702**
Telephone	**508-820-2137**
Fax	**508-820-2165**
E-Mail	**melissa.comeau@pol.state.ma.us**

Actual Award Date **02/08/2021**
Board Approval Date
Start Date **02/08/2021**
Expiration Date **06/30/2023**
Renewal Action Date (optional)
If there are any Matching Funds: NO
Type
Percent
Amount

Comments re: Description/Purpose of Grant
Reimbursement of overtime costs associated with local police participation in the Anti-Heroin Task Force.

Comments re: Conditions/Restrictions of Grant

If this is a Federal Grant, enter CFDA#:

If applicable enter the State ID # :

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

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

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

Org Code:

Object Codes: **506000 - $10,000 (new total $30,000)**

Budget Roll-Up Codes:

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

Signature

3/14/23
Date

Please attach the following documents:

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

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

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: City of Springfield Police Department (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Department of State Police MMARS Department Code: POL	
Legal Address: (W-9, W-4): 36 Court St, Springfield, MA		Business Mailing Address: 470 Worcester Road, Framingham, MA 01702	
Contract Manager:	Phone:	Billing Address (if different): same	
E-Mail:	Fax:	Contract Manager: Melissa Comeau	Phone: 508-820-2137
Contractor Vendor Code: VC6000192140		E-Mail: Melissa.comeau@pol.state.ma.us	Fax: 508-820-2165
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): RFR/Procurement or Other ID Number: COPS Award 2020-HPWX-004	

__ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

__X__ CONTRACT AMENDMENT

Enter Current Contract End Date *Prior* to Amendment: 06/30, 2023.
Enter Amendment Amount: $ 10,000.00. (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
__X__ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or *new* total if Contract is being amended). $ 30,000.00

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

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s), and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Reimbursement of overtime costs associated with local police participation in the anti-heroin task force. Mass State Police received federal funding for this project from federal COPS Award 2020-HPWX-004. Amendment is to increase the maximum obligation to $30,000.

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

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

CONTRACT END DATE: Contract performance shall terminate as of June 30, 2023, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Cheryl C. Clapprood Date: 2/13/23
(Signature and Date Must Be Handwritten at Time of Signature)
Print Name: Cheryl Clapprood
Print Title: Police Superintendent

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ Date: _____
(Signature and Date Must Be Handwritten at Time of Signature)
Print Name: Michelle Small
Print Title: Chief Administrative Officer

REQUEST FOR GRANT SETUP

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All fields are mandatory.

Date of Request 3/08/2023

Department Requesting Grant Setup Public Works

Department Phone # (Please include extension) 750-2728

Name and Title of Person to Contact in Case of Questions Peg Merrill
Contract Administrator
Was this Grant previously setup for a prior fiscal year? No
If yes, please indicate your previous project number:

If this is a new Grant, have you filled out the "Approval to apply for a grant" Form
(Y/N) Y Refer to: City Contract #20170622

Grant Type:

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

Grant Name: 2024 Chapter 90

Total Grant Amount Awarded: $3,611,100.60
Is this a Reimbursable Grant? (Y/N) Y

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

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

Entity Name Mass. Highway Dept. District #2
Contact Person Patricia Leavenworth, District Highway Director
Street Address 811 North King Street
City, State, Zip Code Northampton, MA. 01060
Telephone (857) 368-2217
Fax
E-Mail Patricia.Leavenworth@dot.state.ma.us

Actual Award Date 2/28,2023
Board Approval Date 3/20/2023
Start Date 7/1/2023
Expiration Date 6/30/2027
Renewal Action Date (optional) N/A
If there are any Matching Funds: No
Type
Percent
Amount $

Comments re: Description/Purpose of Grant: MHD Chapter 90 Local Transportation Aid to maintain and upgrade roadway system.

Comments re: Conditions/Restrictions of Grant N/A

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

If applicable enter the State ID # :

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

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

Please list all object codes needed for the grant.

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

Org Code:

Object Codes: 501000,506000,530105, 531730,543200,576400,530600,580800

Budget Roll-Up Codes:

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

Signature

3-8-23
Date

Please attach the following documents:

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

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

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

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

February 28, 2023

Domenic Sarno
Springfield Mayor
36 Court Street
Springfield, MA 01103

Dear Mayor Sarno,

We are pleased to announce that under the new administration of Governor Maura Healey and Lieutenant Governor Kim Driscoll, a total of $400 million for Fiscal Year 2024 and Fiscal Year 2025 has been filed for the MassDOT Chapter 90 Program to support local infrastructure across the Commonwealth's 351 cities and towns over the next two years.

While transition and planning are underway, this filing demonstrates the Administration's continued support in strengthening municipal partnerships and providing financial resources that support transportation improvements at the local level.

This letter certifies that, contingent upon legislative approval of the $200 million annual bond authorization, Springfield's Chapter 90 apportionment for Fiscal Year 2024 is $3,611,100.60.

Once the bill is enacted, this apportionment will automatically be incorporated into your existing Chapter 90 contract with MassDOT with no further action needed by the municipality. Apportionments for all communities are available online at www.mass.gov/chapter-90-program. Please note that while the bill enacting these funds has been filed, the funds are not available for municipal use until final legislative approval is obtained.

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

Sincerely,

GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

RECEIVED
MAR 06 2023

City of Springfield Department of Public Works
Fiscal Year 2024 Paving Program

Base Bid City Bond Funding – 2” Milling and Paving of Arterial Streets				
Street Name	**Begins**	**Ends**	**Street Length (LF) +/-**	**Street Area (SY) +/-**
PINE STREET	Walnut Street	Central Street	2161	7970
BRECKWOOD BLVD.	Boston Road	Wilbraham Rd.	5122	25758
ISLAND POND ROAD	Allen Street	Roosevelt Ave.	4600	24450
		Totals	11883	58178

Base Bid City Bond Funding – 2” Paving of Residential Streets				
Street Name	**Begins**	**Ends**	**Street Length (LF) +/-**	**Street Area (SY) +/-**
TIMBER LANE	Valley Road	Old Farm Road	975	2798
CAMBRIDGE STREET	Bay Street	Burr Street	1570	5304
BEVIER STREET	Armory Street	NE’ly 1035’	1035	3123
DEXTER STREET	George Street	Knox Street	634	2291
SAWMILL ROAD	150’ S’ly of Baird Road	S’ly 600’	485	1508
ANNIVERSARY STREET	Price Street	Higgins Street	1003	2973
THORNFELL STREET	Hartley street	Newbury Street	1050	3282
VALLEY ROAD	Bradley Road	111’ E’ly of Timber Lane	1380	3680
		Totals	8132	24959

Base Bid City Bond Funding – 2” Paving of Private Way Residential Streets				
Street Name	**Begins**	**Ends**	**Street Length (LF) +/-**	**Street Area (SY) +/-**
WEST BRUNDRETH STREET	Bay Street	N’ly 400’ +/-	400	960
BLUNT PARK ROAD	State Street	Roosevelt Avenue	1584	5375
ATWATER PLACE	Green Lane	Rt. I91 / Atwater Terr.	950	1680
BATTERY STREET IO	Page Blvd.	N’ly 462’	462	1314
HUMBERT STREET	Peer Street	Fisher Street	739	2411
FAIRHAVEN DRIVE IO	Berkshire Avenue	N’ly 880’	880	2189
OVERLAND AVENUE	Sawmill Road	150’ W’ly of Regal Street	880	2189
SHUMWAY STREET	Boston Road	S’ly 1126’	1237	2723

City of Springfield Department of Public Works
Fiscal Year 2024 Paving Program

BRUNO STREET	Longhill Street	East Columbus Avenue	321	856
MARINE STREET	Mallowhill Road	S'ly 300'	300	733
PATRICK STREET	Treetop Avenue	Corcoran Street	264	921
SEYMOUR AVENUE	100' N/O Grape Street	Gerald Street	250	1456
BALTIMORE STREET	Boston Road	End	528	1218
PINETREE ROAD	Feltham Road	Allen Park Road	800	2093
PUTTING GREEN CIRCLE	Dwight Road	E. Longmeadow T/L	350	2258
FILMER STREET	Fieldston Street	Easterly	200	529
		Totals	9725	28146

Base Bid Gaming Comm. Bond / City Bond Funding – 2" Milling and Paving of Arterial Streets				
Street Name	**Begins**	**Ends**	**Street Length (LF) +/-**	**Street Area (SY) +/-**
HALL OF FAME AVE.	Boland Way	South Street	7000	36690
E. COLUMBUS AVENUE	South Street	Gridiron Street	7350	32160
		Totals	14350	68850

Base Bid City Bond Funding – Private Way Construction		
Street Name	**Begins**	**Street Length (LF) +/-**
DESROSIERS STREET	From end of public way	300'
HAMBURG STREET	South of Bevier Street	250'
STERLING STREET	East of Hamburg Street	350'
ABERDEEN STREET	From Ambrose Street to Penrose Street	850'
BURDETTE STREET	Tiffany Street to end	650'
VAN BUREN AVENUE AND PORTION OF WORTHY STREET		1200'
		8132

Total Length of Paving Program 47,690 Linear feet = 9.03 miles

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: **March 20, 2023**

Re: **Order for Council Meeting – 03/20/23**

Cc: **Mayor Domenic J. Sarno**

Purpose: The purpose of this memo is to provide an explanation of the order sponsored by the Mayor for the March 20, 2023 Council meeting, which authorizes the City to pay $4,065.00 towards the Department of Public Works (DPW) bill for services rendered in prior years.

Background: This is a request to allow the department listed below to pay a previous year's bill from the current year (FY23) operating budget. Listed below is the department invoice, due date, reason and amount.

03/20/23 Council Meeting Council Meeting

Department	Invoice #	Vendor	Date	Reason	Amount
DPW	58502176928	Clean Earth	6/22/2022	FY19 Services Rendered	$ 4,065.00
Total					**$ 4,065.00**

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.

RICHARD S. PAIGE
ANNA PAIGE
[redacted]

1900
53-7169/2118
1314

Feb 24, 2023
Date

CHECK ARMOR

Pay to the Order of Raymond Jordan Sr. Ctr. $125.00/100

One Hundred & Twenty-five 00/100 Dollars

Photo Safe Deposit® Details on back.

BerkshireBank

For [redacted]

Anna M. Paige

Please use as needed.
Wish it were more!

With great appreciation!

Ms. Anna Paige
[redacted]

EXHIBIT A

Damages for Permanent Partial Takings:

PARCEL / ADDRESS /Parcel No.		OWNER	AREA	AWARD OF DAMAGES
1-C	600 St. James Ave. 111700078	Floyd Collins and Karen Collins	42 S.F.	$850
3-C	25 Tapley St. 111700078	Payless Mass, LLC	126 S.F.	$2,200
5-C	615-617 St. James Ave. 111700078	Sprague Operating Resources LLC	3,742 S.F.	$48,200
E-1-C	Martone Pl.	Estates of Victor A. Martone, Ralph R. Martone and Peter Sherman Meltzer	2 S.F.	$25
E-2-C	11-13 Tapley St. 111700078	PMG SLB I, LLC	1,027 S.F.	$18,000
			Total for Permanent Partial Takings:	**$69,275**

Damages for Permanent Highway Lighting Easements:

PARCEL / ADDRESS/Parcel No.		OWNER	AREA	AWARD OF DAMAGES
HL-1-C	11-13 Tapley St. 111700078	PMG SLB I, LLC	30 S.F.	$525
HL-2-C	11-13 Tapley St. 111700078	PMG SLB I, LLC	30 S.F.	$525
HL-3-C	615-617 St. James Ave. 111700078	Sprague Operating Resources LLC	24 S.F.	$325
			Total for Permanent Highway Lighting Easements:	**$1,375**

Damages for Permanent Highway Sign Easements:

PARCEL / ADDRESS		OWNER	AREA	AWARD OF DAMAGES
HS-1-C	11-13 Tapley St. 111700078	PMG SLB I, LLC	16 S.F.	$275
HS-2-C	11-13 Tapley St. 111700078	PMG SLB I, LLC	16 S.F.	$275
			Total for Permanent Highway Sign Easements:	**$550**

Damages for Temporary Easements:

PARCEL / ADDRESS/ Parcel No.		OWNER	AREA	AWARD OF DAMAGES
TE-1	600 St. James Ave. 111700078	Floyd Collins and Karen Collins	1,019 S.F.	$5,100
TE-2	559 St. James Ave. 111700078	St. James Place Properties, LLC	1,681 S.F.	$6,550
TE-4	11-13 Tapley St. 111700078	PMG SLB I, LLC	3,582 S.F.	$19,925
TE-6	25 Tapley St. 111700078	Payless Mass, LLC	1,600 S.F.	$7,000
TE-7	615-617 St. James Ave. 111700078	Sprague Operating Resources LLC	5,471 S.F.	$5,100
TE-9	426 Bay St. 010850079	Oak Grove Cemetery of Springfield, Inc.	387 S.F.	$300
TE-10	545 St. James Ave. 111700315	DCR Properties of Massachusetts, LLC	122 S.F.	$500
TE-11	556-562 St. James Ave. 111700068	556 MJ Real Estate LLC	547 S.F.	$2,175
TE-12	572 St. James Ave. 111700071	572 St. James Avenue LLC	955 S.F.	$4,175
TE-13	576 St. James Ave. 111700073	David P. Cortelli	470 S.F.	$2,350
TE-14	580 St. James Ave. 111700074	Jack B. Beaudry, Jr., Trustee of the St. James Nominee Trust	274 S.F.	$1,375
TE-16	5-7 Porter St. 098450029	Richard J. Coughlin	459 S.F.	$700
TE-17	24 Merrimac Ave. 085700005	Anita Rivera	140 S.F.	$250
TE-18	23 Merrimac Ave. 085700107	Jerry Serrano	167 S.F.	$300
TE-19	Martone Pl.	Estates of Victor A. Martone, Ralph R. Martone and Peter Sherman Meltzer	611 S.F.	$1,825
TE-20	575 St. James Ave. 111700314	PMG SLB I, LLC	743 S.F.	$4,000
TE-21	706-708 St. James Ave. 111700088	Carlos D. Martinez Mendoza	86 S.F.	$125
			Total for Temporary Easements:	**$61,750**

TOTAL DAMAGES $132,950