Health Resources in Action - INTF2900M04500824112

Line Item Amendment Justification

Hi Thea,

Here is the justification for it.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Monday, July 15, 2024 3:21 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2900M04500824112

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Health Resources in Action

Provider Email address: [redacted]

Contract Maximum Obligation: $120,132.90

Current Capacity Limit: New Capacity Limit:

Reason : HRiA is requesting a line-item amendment for Contract ID INTF2900M04500824112. The amendment request is to cover staff time for administering the survey with the Berkshire Housing

Development Corporation in Q4. During the amendment process in April, we discussed that more staff time would be necessary than originally planned because of the time it took to do recruiting, build partnership, draft, and administer the survey. The request is to move funding allocated from the subcontract line to staff to cover those costs. The purpose of this amendment is to increase.
101 Program Manager ($21,536.81) by $776.21, new total $22,313.02 (FTE remains .12, as minimal hours were added) additional staff time.
138 Program Support ($27,466.69) by $3,010.82, new total $30,477.51 (FTE is adjusted from .37 to .40) allocated organizational expense costs which were increased as a result of the additional staff time.
151 Fringe Benefits ($8,893.80) by $957.01, new total $9,850.81 to cover additional fringe benefit.
216 Program Support ($1,104.67) by $500.00, new total $1,604.67 organizational expense costs
390 Facilities Operations ($537.76) by $100.00, new total $637.76. organizational expense costs
Decrease line 206 due to not being able to find appropriate subcontractor. Funds on this line noted as TBD would not be used and will be leave unspent.

The total amount of HRiA's line-item amendment request is $5,344.04 or approximately 4.45% of the maximum obligation.

Budget Number: 1

Budget Maximum Obligation: $120,132.90

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$21,536.81	$776.21	$22,313.02
138-Program Support,	$27,466.69	$3,010.82	$30,477.51
150-Payroll Taxes	$4,594.99	$0.00	$4,594.99
151-Fringe Benefits	$8,893.80	$957.01	$9,850.81
203-Provider Reimbur	$5,000.00	$0.00	$5,000.00
204-Staff Training	$1,055.37	$0.00	$1,055.37
205-Staff Mileage/Tr	$2,000.00	$0.00	$2,000.00
206-Subcontracted Di	$30,000.00	($5,344.04)	$24,655.96
215-Program Supplies	$548.80	$0.00	$548.80

216-Program Support	$1,104.67	$500.00	$1,604.67
301-Program Faciliti	$1,724.50	$0.00	$1,724.50
390-Facilities Opera	$537.76	$100.00	$637.76
410-Agency and Progr	$15,669.51	$0.00	$15,669.51

Budget Total: $120,132.90

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824112 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2900M04500824112		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	20	EIM Version Number:	220

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$47,910.93	17	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$120,132.90
Line Item Budget Total:	$120,132.90
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/23/2024 10:45 AM
Created By:	Emily Santilli
Created Date:	06/26/2023 10:21 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.19	Original Amount:	$28,658.70
Expended Amount:	$20,236.00	Balance:	$2,076.71
Deficiency Amount:	$0.00		
Reimbursable Cost:	$22,313.02	Status:	Final

Current FTE:	0.12	Current Amount:	22313.02
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.29	Original Amount:	$20,458.29
Expended Amount:	$26,671.00	Balance:	$3,806.17
Deficiency Amount:	$0.00		

Reimbursable Cost:	$30,477.51	Status:	Final

Current FTE:	0.4	Current Amount:	30477.51
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$4,297.74
Expended Amount:	$3,899.00	Balance:	$695.70
Deficiency Amount:	$0.00		
Reimbursable Cost:	$4,594.99	Status:	Final

Current FTE:	0	Current Amount:	4594.99
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$8,094.70
Expended Amount:	$8,704.00	Balance:	$1,146.11
Deficiency Amount:	$0.00		
Reimbursable Cost:	$9,850.81	Status:	Final

Current FTE:	0	Current Amount:	9850.81
Offset:	0	Source:	
	Delete		

203 - Provider Reimbursement/Stipends (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,000.00
Expended Amount:	$0.00	Balance:	$5,000.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$5,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	5000
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$720.24
Expended Amount:	$108.00	Balance:	$946.55
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,055.37	Status:	Final

Current FTE:	N/A	Current Amount:	1055.37
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,000.00
Expended Amount:	$60.00	Balance:	$1,939.67
Deficiency Amount:	$0.00		
Reimbursable Cost:	$2,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	2000
Offset:	0	Source:	

Delete

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$30,000.00
Expended Amount:	$0.00	**Balance:**	$24,655.96
Deficiency Amount:	$0.00		
Reimbursable Cost:	$24,655.96	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	24655.96
Offset:	0	**Source:**	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$54.23
Expended Amount:	$26.00	**Balance:**	$522.71
Deficiency Amount:	$0.00		
Reimbursable Cost:	$548.80	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	548.8
Offset:	0	**Source:**	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$743.45
Expended Amount:	$1,104.00	**Balance:**	$500.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,604.67	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1604.67
Offset:	0	**Source:**	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$1,677.02
Expended Amount:	$1,507.00	**Balance:**	$216.92
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,724.50	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1724.5
Offset:	0	**Source:**	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$513.02
Expended Amount:	$482.00	**Balance:**	$155.18
Deficiency Amount:	$0.00		
Reimbursable Cost:	$637.76	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	637.76
Offset:	0	**Source:**	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$9,782.61
Expended Amount:	$9,420.00	**Balance:**	$6,249.25
Deficiency Amount:	$0.00		
Reimbursable Cost:	$15,669.51	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	15669.51
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2900M04500824112

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Health Resources in Action, Inc.

DPH Program Name: Massachusetts Tobacco Cessation and Prevention Program

Submitted by: DocuSigned by: [redacted] 95A20B7DC74A431...
Provider/Vendor Authorized Signature

Date: 7/22/2024 Phone: 617-279-2234

[redacted]
Print Name

Approved by:
DPH Program Manager

Date: 07/23/2024 Phone: 617-549-3420

Alex Gomez
Print Name

INSTRUCTIONS:
Providers/vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors/providers are added or deleted**. (Including line item adjustments).This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
Berkshire Housing Development Corporation	04-2483322	$ 10,000	Administer landlord survey to Section 8 and other housing assistance/voucher program landlords	☐
TBD		$ 14,655.96	TBD	☒
		$		☐
		$		☐
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 07/01/2020

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824112

☐ **Sub-Recipient**

Vendor Name: HEALTH RESOURCES IN ACTION, INC.

Vendor Code: VC6000158359

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:

Anticipated Start Date*:

End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2014

Current End Date: 06/30/2024

New End Date:

Current Total Engagement Maximum Obligation $828,497.88

Engagement Amendment Amount (+ or -) $45,132.90

New Total Engagement Maximum Obligation $873,630.78

☑ **RFQ** **RFQ500824BCHAP05** ☐ **NOI** _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)*.** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment**.**

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

DocuSigned by: **Vendor Authorized Signature**

4/10/2024

83C42F4818CD4E6...

Authorized Vendor Signature and Date

Mitzi Fennel Chief Financial Officer

Print Name and Title

Department Authorized Signatures

Jacqueline Doane 4/10/24

Authorized **DPH Bureau Representative** Signature and Date

Jacqueline Doane MTCP Program Director

Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	2024
Vendor Name:	**Health Resources in Action**
Contract ID:	INTF2900M04500824112
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The vendor will conduct a housing voucher survey which will Improve our understanding of involuntarily exposure to secondhand smoke and interest in/willingness to implement smoke-free housing policies in the Section 8 housing stock in Massachusetts. It will also provide healthy housing resources to decisionmakers for properties where Section-8 vouchers holders live.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.12	$18,330.86	$3,205.95	0.14	$21,536.81			$21,536.81	Valerie Polletta (0.02FTE) senior advisor on survey questions and data analysis, Kathleen McCabe (0.19 FTE) senior advisor on program strategy and approach
138 Program Support	0.37	$27,466.69			$27,466.69			$27,466.69	Arielle Wilson-Dodard (0.29 FTE) project support through October 2023 then Edgar Duran Elmudesi beginning November 2023 for the rest of the fiscal year
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	9.38%	$4,294.37	$300.62		$4,594.99			$4,594.99	Calculated @9.38% of salary costs
151 Fringe Benefits	18.15%	$8,311.94	$581.86		$8,893.80			$8,893.80	Calculated @18.15% of salary; includes health/dental/life insurance, retirement, and LTD.
Total Program Staff	**0.49**	**$58,403.86**	**$4,088.43**		**$62,492.29**	**$0.00**		**$62,492.29**	
301 Program Facilities		$1,646.22	$78.28		$1,724.50			$1,724.50	Facilities lease and depreciation (calculated @$3,321/on-site FTE)
390 Facilities Operations		$513.35	$24.41		$537.76			$537.76	Includes allocated costs associated with depreciation, utilities, office maintenance, equipment rental, and insurance. (calculated @$1,036/FTE)
Total Occupancy		**$2,159.57**	**$102.69**		**$2,262.26**	**$0.00**		**$2,262.26**	
201 Consultant		$0.00			$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends			$5,000.00		$5,000.00			$5,000.00	Gift cards for survey participants (10 gift cards at $500/card)
204 Staff Training		$1,052.86	$2.51		$1,055.37			$1,055.37	Includes allocated @$107/FTE
205 Staff mileage/travel		$2,000.00			$2,000.00			$2,000.00	
206 Subcontract		$0.00	$30,000.00		$30,000.00			$30,000.00	Up to three housing voucher administrators will receive up to $10,000 each for working with HRiA on the administration of a landlord survey to Section 8 landlords.
207 Meals					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies		$546.58	$2.22		$548.80			$548.80	Includes shared general office supplies allocated @$94/FTE
Total Non Personal Exp.		**$3,599.44**	**$35,004.73**		**$38,604.17**	**$0.00**		**$38,604.17**	
216 Program Support		$1,054.52	$50.15		$1,104.67			$1,104.67	Includes shared program support expenses such as service fees, Tel. & Internet, equipment rental, insurance, etc. calculated at $1,971 per FTE
Total Direct Administrative Exp.		**$1,054.52**	**$50.15**		**$1,104.67**	**$0.00**		**$1,104.67**	
SUBTOTAL PROGRAM COSTS		**$65,217.39**	**$39,246.00**		**$104,463.39**	**$0.00**		**$104,463.39**	
410 Agency Admin. Support Allocation		$9,782.61	$5,886.90		$15,669.51			$15,669.51	HRiA's current indirect rate is 15% of Program Support. This includes a proportionate share of salaries for staff who are not directly involved in programmatic activities (Finance Dept., IT Staff, President, Vice Presidents, Marketing, etc.)
PROGRAM TOTAL		**$75,000.00**	**$45,132.90**		**$120,132.90**	**$0.00**		**$120,132.90**	

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2900M04500824

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Health Resources in Action
Name: Massachusetts Tobacco Cessation and Prevention Program

DPH BCHAP

Program Tobacco

Submitted by: DocuSigned by: [redacted] Date: 4/2/2024 Phone: 617-279-2212
Provider/Vendor Authorized Signature
[redacted]
Print Name

Approved by: Date: 04/03/2024 Phone: 617-549-3420
DPH Program Manager
Alex Gomez
Print Name

INSTRUCTIONS:
Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
TBD		$10,000	Administer landlord survey to Section 8 landlords	☒
TBD		$10,000	Administer landlord survey to Section 8 landlords	☒
TBD		$10,000	Administer landlord survey to Section 8 landlords	☒
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Vendors may use a standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 9/25/2020

		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4
BOSTON, MA 02116-4737

[redacted]

R/E: Contract #: INTF2900M04500824112

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 - Smoke Free housing Mobilization Capacity Building. The engagement contract will be in effect through 06/30/2024.

Enclosed please find an Engagement Contract package for you to review, sign and return via email scan. Please take note of the following:

- **NEW ENGAGEMENT CONTRACT/AMENDMENT/RENEWAL FORM**

  This form must be signed with an **authorized signature**, dated, and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

If you have programmatic questions about your engagement **contract package,** please contact your Bureau Program Manager **Alex Gomez at** **alex.gomez@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Linda Baptiste at** **Linda.Baptiste@mass.gov.** **,** no later than close of business on **04/15/2024.**

Sincerely,

Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
    a. Hand drawn using a mouse or finger if working from a touch screen device;
    b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:
The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824112

☐ **Sub-Recipient**

Vendor Name: HEALTH RESOURCES IN ACTION, INC.

Vendor Code: VC6000158359

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:

Anticipated Start Date*:

End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2014

Current End Date: 06/30/2024

New End Date:

Current Total Engagement Maximum Obligation $828,497.88

Engagement Amendment Amount (+ or -) $45,132.90

New Total Engagement Maximum Obligation $873,630.78

☑ **RFQ** **RFQ500824BCHAP05** ☐ **NOI** _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)*.** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment**.**

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

DocuSigned by: **Vendor Authorized Signature**

4/10/2024

83C42F4818CD4E6...

Authorized Vendor Signature and Date

Mitzi Fennel Chief Financial Officer

Print Name and Title

Department Authorized Signatures

Jacqueline Doane 4/10/24

Authorized **DPH Bureau Representative** Signature and Date

Jacqueline Doane MTCP Program Director

Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	2024
Vendor Name:	**Health Resources in Action**
Contract ID:	INTF2900M04500824112
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The vendor will conduct a housing voucher survey which will Improve our understanding of involuntarily exposure to secondhand smoke and interest in/willingness to implement smoke-free housing policies in the Section 8 housing stock in Massachusetts. It will also provide healthy housing resources to decisionmakers for properties where Section-8 vouchers holders live.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.12	$18,330.86	$3,205.95	0.14	$21,536.81			$21,536.81	Valerie Polletta (0.02FTE) senior advisor on survey questions and data analysis, Kathleen McCabe (0.19 FTE) senior advisor on program strategy and approach
138 Program Support	0.37	$27,466.69			$27,466.69			$27,466.69	Arielle Wilson-Dodard (0.29 FTE) project support through October 2023 then Edgar Duran Elmudesi beginning November 2023 for the rest of the fiscal year
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	9.38%	$4,294.37	$300.62		$4,594.99			$4,594.99	Calculated @9.38% of salary costs
151 Fringe Benefits	18.15%	$8,311.94	$581.86		$8,893.80			$8,893.80	Calculated @18.15% of salary; includes health/dental/life insurance, retirement, and LTD.
Total Program Staff	**0.49**	**$58,403.86**	**$4,088.43**		**$62,492.29**	**$0.00**		**$62,492.29**	
301 Program Facilities		$1,646.22	$78.28		$1,724.50			$1,724.50	Facilities lease and depreciation (calculated @$3,321/on-site FTE)
390 Facilities Operations		$513.35	$24.41		$537.76			$537.76	Includes allocated costs associated with depreciation, utilities, office maintenance, equipment rental, and insurance. (calculated @$1,036/FTE)
Total Occupancy		**$2,159.57**	**$102.69**		**$2,262.26**	**$0.00**		**$2,262.26**	
201 Consultant		$0.00			$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends			$5,000.00		$5,000.00			$5,000.00	Gift cards for survey participants (10 gift cards at $500/card)
204 Staff Training		$1,052.86	$2.51		$1,055.37			$1,055.37	Includes allocated @$107/FTE
205 Staff mileage/travel		$2,000.00			$2,000.00			$2,000.00	
206 Subcontract		$0.00	$30,000.00		$30,000.00			$30,000.00	Up to three housing voucher administrators will receive up to $10,000 each for working with HRiA on the administration of a landlord survey to Section 8 landlords.
207 Meals					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies		$546.58	$2.22		$548.80			$548.80	Includes shared general office supplies allocated @$94/FTE
Total Non Personal Exp.		**$3,599.44**	**$35,004.73**		**$38,604.17**	**$0.00**		**$38,604.17**	
216 Program Support		$1,054.52	$50.15		$1,104.67			$1,104.67	Includes shared program support expenses such as service fees, Tel. & Internet, equipment rental, insurance, etc. calculated at $1,971 per FTE
Total Direct Administrative Exp.		**$1,054.52**	**$50.15**		**$1,104.67**	**$0.00**		**$1,104.67**	
SUBTOTAL PROGRAM COSTS		**$65,217.39**	**$39,246.00**		**$104,463.39**	**$0.00**		**$104,463.39**	
410 Agency Admin. Support Allocation		$9,782.61	$5,886.90		$15,669.51			$15,669.51	HRiA's current indirect rate is 15% of Program Support. This includes a proportionate share of salaries for staff who are not directly involved in programmatic activities (Finance Dept., IT Staff, President, Vice Presidents, Marketing, etc.)
PROGRAM TOTAL		**$75,000.00**	**$45,132.90**		**$120,132.90**	**$0.00**		**$120,132.90**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824112 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2900M04500824112		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	20	EIM Version Number:	218

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$71,698.57	17	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$120,132.90
Line Item Budget Total:	$120,132.90
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	04/17/2024 10:11 AM
Created By:	Emily Santilli
Created Date:	06/26/2023 10:21 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.19	Original Amount:	$28,658.70
Expended Amount:	$13,507.34	Balance:	$8,029.47
Reimbursable Cost:	$21,536.81	Status:	Final

Current FTE:	0.12	Current Amount:	21536.81
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.29	Original Amount:	$20,458.29
Expended Amount:	$18,121.18	Balance:	$9,345.51
Reimbursable Cost:	$27,466.69	Status:	Final

Current FTE:	0.37	Current Amount:	27466.69
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$4,297.74
Expended Amount:	$2,654.00	Balance:	$1,940.99
Reimbursable Cost:	$4,594.99	Status:	Final

Current FTE:	0	Current Amount:	4594.99
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$8,094.70
Expended Amount:	$5,730.21	Balance:	$3,163.59
Reimbursable Cost:	$8,893.80	Status:	Final

Current FTE:	0	Current Amount:	8893.8
Offset:	0	Source:	
	Delete		

203 - Provider Reimbursement/Stipends (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,000.00
Expended Amount:	$0.00	Balance:	$5,000.00
Reimbursable Cost:	$5,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	5000
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$720.24
Expended Amount:	$59.82	Balance:	$995.55
Reimbursable Cost:	$1,055.37	Status:	Final

Current FTE:	N/A	Current Amount:	1055.37
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,000.00
Expended Amount:	$29.58	Balance:	$1,970.42
Reimbursable Cost:	$2,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	2000
Offset:	0	Source:	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$30,000.00
Expended Amount:	$0.00	Balance:	$30,000.00
Reimbursable Cost:	$30,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	30000
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$54.23
Expended Amount:	$22.68	Balance:	$526.12
Reimbursable Cost:	$548.80	Status:	Final

Current FTE:	N/A	Current Amount:	548.8
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$743.45
Expended Amount:	$615.76	Balance:	$488.91
Reimbursable Cost:	$1,104.67	Status:	Final

Current FTE:	N/A	Current Amount:	1104.67
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$1,677.02
Expended Amount:	$1,062.35	Balance:	$662.15
Reimbursable Cost:	$1,724.50	Status:	Final

Current FTE:	N/A	Current Amount:	1724.5
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$513.02
Expended Amount:	$313.89	Balance:	$223.87
Reimbursable Cost:	$537.76	Status:	Final

Current FTE:	N/A	Current Amount:	537.76
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$9,782.61
Expended Amount:	$6,317.52	Balance:	$9,351.99
Reimbursable Cost:	$15,669.51	Status:	Final

Current FTE:	N/A	Current Amount:	15669.51
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2900M04500824

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Health Resources in Action
Name: Massachusetts Tobacco Cessation and Prevention Program

DPH BCHAP

Program Tobacco

Submitted by: [redacted] Date: 4/2/2024 Phone: 617-279-2212
Provider/Vendor Authorized Signature

[redacted]
Print Name

Approved by: _____ Date: 04/03/2024 Phone: 617-549-3420
DPH Program Manager

Alex Gomez
Print Name

INSTRUCTIONS:
Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
TBD		$10,000	Administer landlord survey to Section 8 landlords	☒
TBD		$10,000	Administer landlord survey to Section 8 landlords	☒
TBD		$10,000	Administer landlord survey to Section 8 landlords	☒
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Vendors may use a standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 9/25/2020

		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4
BOSTON, MA 02116-4737

[redacted]

R/E: Contract #: INTF2900M04500824112

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 - Smoke Free housing Mobilization Capacity Building. The engagement contract will be in effect through 06/30/2024.

Enclosed please find an Engagement Contract package for you to review, sign and return via email scan. Please take note of the following:

- **NEW ENGAGEMENT CONTRACT/AMENDMENT/RENEWAL FORM**

  This form must be signed with an **authorized signature**, dated, and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

If you have programmatic questions about your engagement **contract package,** please contact your Bureau Program Manager **Alex Gomez at** **alex.gomez@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Linda Baptiste at** **Linda.Baptiste@mass.gov.** **,** no later than close of business on **04/15/2024.**

Sincerely,

Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
    a. Hand drawn using a mouse or finger if working from a touch screen device;
    b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:
The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

Health Resources in Action – Line Item Amendment - INTF2900M04500824112

Gomez, Alex (DPH)
To: Baptiste, Linda (DPH)

Wed 10/11/2023 2:27 PM

HRiA 112 Line Amendment.pdf
293 KB

Hi Linda,

Hope you are doing well, this is approved, please let me know if you need anything else.

Thanks,

Alex

-----Original Message-----
From: [redacted]
Sent: Thursday, October 5, 2023 5:59 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2900M04500824112
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Health Resources in Action
Contract Maximum Obligation: $75,000.00
Current Capacity Limit: New Capacity Limit:
Reason : HRiA is requesting a line item amendment to contract #INTF2900M04500824112. This Amendment is being requested to move funds from 101 Program Manager to 138 Program Support and 205 Staff mileage/travel. Funds were shifted to 138 Program Support to account for additional support staff time needs vs. project oversight and management. The updated FTE for 101 Program Manager is .12 FTE and for 138 Program Support is .37 FTE. Funds were added to 205 Staff mileage/travel to account for travel for Professional development. Funds were added to 204 Staff Training to account for increased costs for Professional Development opportunities. Funds were added to 215 Program Supplies to account for meeting materials supplies. Additionally, other lines were adjusted to account for tax and fringe changes and allocated expense cost changes due to the decrease in Personnel costs. The total line item amendment request is for $10,362.02 or 13.82% of the maximum obligation.

Budget Number: 1
Budget Maximum Obligation: $75,000.00

Existing UFR Components: Old Amount: Change: New Amount:

101-Program Function	$28,658.70	($10,327.84)	$18,330.86
138-Program Support,	$20,458.29	$7,008.40	$27,466.69
150-Payroll Taxes	$4,297.74	($3.37)	$4,294.37
151-Fringe Benefits	$8,094.70	$217.24	$8,311.94
204-Staff Training	$720.24	$332.62	$1,052.86
215-Program Supplies	$54.23	$492.35	$546.58
216-Program Support	$743.45	$311.07	$1,054.52
301-Program Faciliti	$1,677.02	($30.80)	$1,646.22
390-Facilities Opera	$513.02	$0.33	$513.35
410-Agency and Progr	$9,782.61	$0.00	$9,782.61

New UFR Components:	FTE:	Offset:	Source:	New Amount:
205-Staff Mileage/Tr		$0.00		$2,000.00

Budget Total: $75,000.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824112 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2900M04500824112		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	19	EIM Version Number:	208

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$67,387.46	17	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$75,000.00
Line Item Budget Total:	$75,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	10/11/2023 02:22 PM
Created By:	Emily Santilli
Created Date:	06/26/2023 10:21 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.19	Original Amount:	$28,658.70
Expended Amount:	$1,782.05	Balance:	$16,548.81
Reimbursable Cost:	$18,330.86	Status:	Final

Current FTE:	0.19	Current Amount:	18330.86
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.29	Original Amount:	$20,458.29
Expended Amount:	$3,152.95	Balance:	$24,313.74
Reimbursable Cost:	$27,466.69	Status:	Final

Current FTE:	0.29	Current Amount:	27466.69
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$4,297.74
Expended Amount:	$402.67	Balance:	$3,891.70
Reimbursable Cost:	$4,294.37	Status:	Final

Current FTE:	0	Current Amount:	4294.37
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$8,094.70
Expended Amount:	$904.49	Balance:	$7,407.45
Reimbursable Cost:	$8,311.94	Status:	Final

Current FTE:	0	Current Amount:	8311.94
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$720.24
Expended Amount:	$52.61	Balance:	$1,000.25
Reimbursable Cost:	$1,052.86	Status:	Final

Current FTE:	N/A	Current Amount:	1052.86
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,000.00
Expended Amount:	$0.00	Balance:	$2,000.00
Reimbursable Cost:	$2,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	2000
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$54.23
Expended Amount:	$2.37	Balance:	$544.21
Reimbursable Cost:	$546.58	Status:	Final

Current FTE:	N/A	Current Amount:	546.58
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$743.45
Expended Amount:	$81.33	Balance:	$973.19
Reimbursable Cost:	$1,054.52	Status:	Final

Current FTE:	N/A	Current Amount:	1054.52
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$1,677.02
Expended Amount:	$184.95	Balance:	$1,461.27
Reimbursable Cost:	$1,646.22	Status:	Final

Current FTE:	N/A	Current Amount:	1646.22
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$513.02
Expended Amount:	$56.18	Balance:	$457.17
Reimbursable Cost:	$513.35	Status:	Final

Current FTE:	N/A	Current Amount:	513.35
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$9,782.61
Expended Amount:	$992.94	Balance:	$8,789.67
Reimbursable Cost:	$9,782.61	Status:	Final

Current FTE:	N/A	Current Amount:	9782.61
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

Contract# INTF2900M04500824112 - 2023 - CT - Health Resources in Action

Line Item

Gomez, Alex (DPH)
To: Baptiste, Linda (DPH)
Mon 7/17/2023 8:25 AM

This is approved.

Thanks,

Alex

-----Original Message-----
From: [redacted]
Sent: Friday, July 14, 2023 8:12 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2900M04500824112
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Health Resources in Action Contract Maximum Obligation: $110,247.88
Current Capacity Limit: New Capacity Limit:
Reason : HRiA is requesting a line-item amendment for Contract ID INTF2900M04500824112. The purpose of this amendment is to add funds to 101 Program Manager and 216 Program Support.

101 Program Manager ($24,938.76): Increase line by $2636.23, new total $27,574.99. Additional time was needed from the Program Manager to complete project work. The FTE has been adjusted from .2 to .22 with this change. Savings from Program Support (138) and Program Facilities (301) will be used to cover this increase.

138 Program Support ($43,226.88): Decrease line by $2,650.21, new total $40,576.67. Decrease in staff time due to less support needed by Program staff than anticipated. The FTE has been adjusted from .66 to .62 with this change. Savings on this line will be used to cover the increases on Program Manager (101).

216 Program Support ($1,477.93): Increase line by $1,300, new total $2,777.93. Actual organization shared allocated expenses were higher than originally projected. Additionally, funds were added for membership to Tobacco Free Mass. Savings from Program Facilities (301) will be used to cover the increase.

301 Program Facilities ($4,319.38): Decrease line by $1,286.02, new total $3,033.36. Shared organization allocated Program Facilities expenses were less than originally projected. Savings on this line will be used to cover the increases on Program Manager (101) and Program Support (216).

The total amount of HRiA?s line-item amendment request is $3,936.23 or approximately 4% of the maximum obligation.

Budget Number: 1
Budget Maximum Obligation: $110,247.88

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$24,938.76	$2,636.23	$27,574.99
138-Program Support,	$43,226.88	($2,650.21)	$40,576.67
150-Payroll Taxes	$5,964.06	$0.00	$5,964.06
151-Fringe Benefits	$12,767.51	$0.00	$12,767.51
201-Direct Care Prog	$0.00	$0.00	$0.00
204-Staff Training	$40.86	$0.00	$40.86
205-Staff Mileage/Tr	$323.00	$0.00	$323.00
215-Program Supplies	$323.60	$0.00	$323.60
216-Program Support	$1,477.93	$1,300.00	$2,777.93
301-Program Faciliti	$4,319.38	($1,286.02)	$3,033.36
390-Facilities Opera	$1,508.35	$0.00	$1,508.35
410-Agency and Progr	$15,357.55	$0.00	$15,357.55

Budget Total: $110,247.88

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824112 - 2023 - CT - Health Resources in Action

Master Contract Number:	INTF2900M04500824112		
Fiscal Year:	2023	Contract Type:	COST
MMARS Version Number:	19	EIM Version Number:	204

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$14,144.05	16	1	45131112	07/01/2022	06/30/2023

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$110,247.88
Line Item Budget Total:	$110,247.88
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/17/2023 08:24 AM
Created By:	Beth Harrington
Created Date:	07/06/2022 03:31 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.14	Original Amount:	$16,699.00
Expended Amount:	$24,938.76	Balance:	$2,636.23
Reimbursable Cost:	$27,574.99	Status:	Final

Current FTE:	0.2	Current Amount:	27574.99
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.47	Original Amount:	$28,266.00
Expended Amount:	$37,568.61	Balance:	$3,008.06
Reimbursable Cost:	$40,576.67	Status:	Final

Current FTE:	0.66	Current Amount:	40576.67
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$3,934.00
Expended Amount:	$5,408.92	Balance:	$555.14
Reimbursable Cost:	$5,964.06	Status:	Final

Current FTE:	0	Current Amount:	5964.06
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$8,479.00
Expended Amount:	$11,080.96	Balance:	$1,686.55
Reimbursable Cost:	$12,767.51	Status:	Final

Current FTE:	0	Current Amount:	12767.51
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:	0	Original Amount:	$0.00
Expended Amount:	$0.00	Balance:	$0.00
Reimbursable Cost:	$0.00	Status:	Final

Current FTE:	N/A	Current Amount:	0
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$40.86
Expended Amount:	$0.00	Balance:	$40.86
Reimbursable Cost:	$40.86	Status:	Final

Current FTE:	N/A	Current Amount:	40.86
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:	0	Original Amount:	$323.00
Expended Amount:	$0.22	Balance:	$322.78
Reimbursable Cost:	$323.00	Status:	Final

Current FTE:	N/A	Current Amount:	323
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:	0	Original Amount:	$299.00
Expended Amount:	$56.89	Balance:	$266.71

Reimbursable Cost:	$323.60	Status:	Final

Current FTE:	N/A	Current Amount:	323.6
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:	0	Original Amount:	$1,195.00
Expended Amount:	$1,261.72	Balance:	$1,516.21
Reimbursable Cost:	$2,777.93	Status:	Final

Current FTE:	N/A	Current Amount:	2777.93
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:	0	Original Amount:	$3,861.00
Expended Amount:	$2,356.61	Balance:	$676.75
Reimbursable Cost:	$3,033.36	Status:	Final

Current FTE:	N/A	Current Amount:	3033.36
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:	0	Original Amount:	$1,184.00
Expended Amount:	$895.87	Balance:	$612.48
Reimbursable Cost:	$1,508.35	Status:	Final

Current FTE:	N/A	Current Amount:	1508.35
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:	0	Original Amount:	$10,760.00
Expended Amount:	$12,535.27	Balance:	$2,822.28
Reimbursable Cost:	$15,357.55	Status:	Final

Current FTE:	N/A	Current Amount:	15357.55
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824112

☐ **Sub-Recipient**

Vendor Name: HEALTH RESOURCES IN ACTION, INC.

Vendor Code: VC6000158359

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:
Anticipated Start Date*:
End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual @** approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____ attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2014
Current End Date: 06/30/2023
New End Date: 06/30/2024

Current Total Engagement Maximum Obligation $753,497.88

Engagement Amendment Amount (+ or -) $75,000.00

New Total Engagement Maximum Obligation $828,497.88

☑ **RFQ** RFQ500824BCHAP05 ☐ **NOI** _____

☐ **Travel reimbursement for Individual @** approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with deliverables and key dates for the entire duration must be attached. Expenditures must be made in accordance with the **approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.**

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA **M04/M78** Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and **conditions of the procuring agency's RFR and contract. Payments will be** processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM).*** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature

DocuSigned by: Steven Ridini 5/10/2023

Authorized Vendor Signature and Date

Steven Ridini President & CEO

Print Name and Title

Department Authorized Signatures

5/10/23

Authorized **DPH Bureau Representative** Signature and Date

Jacqueline Doane, Acting Director

Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2024
Vendor Name:	**Health Resources in Action, Inc.**
Contract ID:	INTF2900M04500824112
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

FY24 renewal:The goal of this program is to increase awareness of the dangers of secondhand smoke, for both adults and children, and to develop and promote smoke-free homes in both the public and private markets in an effort to reduce overall levels of exposure to secondhand smoke within the state.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.19	$28,658.70			$28,658.70			$28,658.70	Kathleen McCabe (.19 FTE)
138 Program Support	0.29	$20,458.29			$20,458.29			$20,458.29	Arielle Wilson-Dodard (.29 FTE)
137 Secretarial/Clerical					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$4,297.74			$4,297.74			$4,297.74	Calculated at 8.75% of Personnel costs
151 Fringe Benefits		$8,094.70			$8,094.70			$8,094.70	Calculated at 16.48% of Personnel costs; includes health/dental/life insruance, retirement, and LTD
Total Program Staff		**$61,509.43**	**$0.00**		**$61,509.43**	**$0.00**		**$61,509.43**	
301 Program Facilities		$1,677.02			$1,677.02			$1,677.02	Facilities lease and depreciation allocated costs (calculated @ $3,526.43/FTE)
390 Facilities Operations		$513.02			$513.02			$513.02	Includes allocated costs associated with depreciation, utilities, office maintenance, equipment rental, and insurance (calculated @ $936.88/FTE)
Total Occupancy		**$2,190.04**	**$0.00**		**$2,190.04**	**$0.00**		**$2,190.04**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$720.24			$720.24			$720.24	Includes direct professional development costs for staff and shared professional development allocated costs (calculated @ $67.78FTE)
205 Staff mileage/travel					$0.00			$0.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$54.23			$54.23			$54.23	Includes allocated costs associated with program supplies (calculated @ $114.04/FTE)
Total Non Personal Exp.		**$774.47**	**$0.00**		**$774.47**	**$0.00**		**$774.47**	
216 Program Support		$743.45			$743.45			$743.45	Shared program support expenses including services fees, tel. & internet, equipment rental, and insurance (calculated at $1,563.32/FTE)
Total Direct Administrative Exp.		**$743.45**	**$0.00**		**$743.45**	**$0.00**		**$743.45**	
SUBTOTAL PROGRAM COSTS		**$65,217.39**	**$0.00**		**$65,217.39**	**$0.00**		**$65,217.39**	
410 Agency Admin. Support Allocation		$9,782.61			$9,782.61			$9,782.61	HRiA's current indirect rate is 15% of total program costs. This includes a proportionate share of salaries for staff who are not directly involved in programmatic activities (i.e. finance, IT, leadership, marketing, etc.)
PROGRAM TOTAL		**$75,000.00**	**$0.00**		**$75,000.00**	**$0.00**		**$75,000.00**	

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824115

☐ **Sub-Recipient**

Vendor Name: PUBLIC HLTH ADVOCACY INSTITUTE, INC.

Vendor Code: VC6000165630

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ *New*	☑ *Amendment*
Dates of Service:	**Original Start Date:** 07/01/2014
Anticipated Start Date*:	**Current End Date:** 06/30/2023
End Date:	**New End Date:** 06/30/2024
Total Engagement Maximum Obligation _____	**Current Total Engagement Maximum Obligation** $972,250.00
☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____	**Engagement Amendment Amount** (+ or -) $170,000.00
☐ **No RFQ**	**New Total Engagement Maximum Obligation** $1,142,250.00
☐ **RFQ** _____ attached **Vendor response**	☑ **RFQ** **500824BCHAP05** ☐ **NOI** _____
☐ **NOI** _____	☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____
☐ **Confidentiality Agreement**	☐ **Line Item Adjustment >25% of current fiscal year budget** Vendor line item email request with program manager approval attached
	☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM).*** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.

Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.

Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature	**Department Authorized Signatures**
Mark A. Gottlieb 05/04/2023	05/04/23
Authorized Vendor Signature and Date	Authorized **DPH Bureau Representative** Signature and Date
Mark A. Gottlieb, Executive Director	Jacqueline Doane, Acting Director
Print Name and Title	Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY24
Vendor Name:	**Public Health Advocacy Institute Inc.**
Contract ID:	INTF2900M04500824115
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The goal of this program is to increase awareness of the dangers of secondhand smoke, for both adults and children, and to develop and promote smoke-free homes in both the public and private markets in an effort to reduce overall levels of exposure to secondhand smoke within the state.
The primary goal of this initiative is to increase both the demand and supply for smoke-free housing. Supply increases will result from the passage of voluntary smoke-free policies by individual landlords or management companies.
Work will primarily be conducted in communities' selected based on factors such as disproportionate impact of tobacco on populations, smoking rates, amount of rental housing and existing infrastructure that supports smoke-free housing

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.55	$78,194.00			$78,194.00			$78,194.00	**This line item covers the salary for .55 FTE of Chris Banthin to deliver services listed in the scope of services. Chris Banthin provides technical assistance to residents, landlords, condominium owners, municipal officials and other state and private stakeholder who are dealing with exposure to secondhand smoke or wish to implement a smoke-free policy. Chris will also provide technical assistance in the development and implemetnation of other tobacco control policies including but not limtied to reducing retailer density.**
102 Program Director					$0.00			$0.00	
103 Asistant Prog Dir					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$2,737.00			$2,737.00			$2,737.00	**This line item covers payroll taxes.**
151 Fringe Benefits		$11,338.00			$11,338.00			$11,338.00	This line item covers the standard fringe benefits.
Total Program Staff		**$92,269.00**	**$0.00**		**$92,269.00**	**$0.00**		**$92,269.00**	
301 Program Facilities					$0.00			$0.00	
390 Facilities Operations		$0.00			$0.00			$0.00	
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help		$27,250.00			$27,250.00			$27,250.00	This line item covers a Northeastern University co-op researcher to assist in the research and development of policies to reduce the clustering of tobacco retailers.
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$2,000.00			$2,000.00			$2,000.00	**This line item covers travel-related costs for Chris Banthin for in-person meetings with Massachusetts Boards of Health, other municipal officials, and other policy stakeholders.**
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources		$2,950.00			$2,950.00			$2,950.00	**This line item covers malpractice insurance for Chris Banthin, a licensed attorney in MA. While Chris Banthin is careful to clarify that he is functioning in an educational capacity under this engagement, the scope of services necessitates insurance coverage for claims of malpractice.**
215 Program Supplies		$2,650.00			$2,650.00			$2,650.00	This line item covers standard office supplies and a computer required to provide services under this scope of services.
Total Non Personal Exp.		**$34,850.00**	**$0.00**		**$34,850.00**	**$0.00**		**$34,850.00**	
216 Program Support					$0.00			$0.00	
Total Direct Administrative Exp.		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
SUBTOTAL PROGRAM COSTS		**$127,119.00**	**$0.00**		**$127,119.00**	**$0.00**		**$127,119.00**	
410 Agency Admin. Support Allocation		$22,881.00			$22,881.00			$22,881.00	**This line item represents 18% overhead charged by PHAI.**
PROGRAM TOTAL		**$150,000.00**	**$0.00**		**$150,000.00**	**$0.00**		**$150,000.00**	

MASSACHUSETTS MUNICIPAL ASSOCIATION
INTF2900M04500824133

Thu 4/4/2024 2:44 PM

Copy of FY24 MMA Amendment budget.pdf
275 KB

Hello Linda,

This is approved, please let me know if you have any questions.

Thanks,
Alex Gomez
In office: M, T, W, Th.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Monday, April 1, 2024 12:16 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Budget reallocation: Most boards of health continue to meet virtually or hybrid, so the amount allocated for mileage is not reflective of my current travel. There are trainings and reference materials that would improve my ability to provide high quality legal technical assistance, therefore I would like to reallocate money from mileage to program support.

Reduce line 205 by 2,000.00 as not much travel was needed since we meeting mostly virtually and funding is needed to be reallocated for professional development.

Increase line 216 program support as reference material is needed to enhance technical assistance.

Contract Number: INTF2900M04500824133

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Massachusetts Municipal Association

Provider Email address: [redacted]

Contract Maximum Obligation: $100,800.00

Current Capacity Limit: New Capacity Limit:

Reason : Line item reallocation

Budget Number: 1

Budget Maximum Obligation: $100,800.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$83,200.00	$0.00	$83,200.00
150-Payroll Taxes	$13,200.00	$0.00	$13,200.00
205-Staff Mileage/Tr	$3,200.00	($2,000.00)	$1,200.00
216-Program Support	$1,200.00	$2,000.00	$3,200.00

Budget Total: $100,800.00

Contract
- » Contract Summary
- » Fund Allocations
- » Amendments
- » Line Item Budgets
- » Affiliates
- » Activities
- » Participating Organizations
- » Account Mapping Rules

Contract# INTF2900M04500824133 - 2024 - CT - Massachusetts Municipal Association

Master Contract Number:	INTF2900M04500824133		
Fiscal Year:	2024	**Contract Type:**	COST
MMARS Version Number:	11	**EIM Version Number:**	75

Budget Number	Activity Code	Activity Name
1	4771	Tobacco Control Statewide Capacity Bldg

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$29,159.01	12	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$100,800.00
Line Item Budget Total:	$100,800.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	04/04/2024 02:39 PM
Created By:	Beth Harrington
Created Date:	06/22/2023 08:02 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	1	**Original Amount:**	$80,000.00
Expended Amount:	$59,999.94	**Balance:**	$23,200.06
Reimbursable Cost:	$83,200.00	**Status:**	Final

Current FTE:	1	**Current Amount:**	83200
Offset:	0	**Source:**	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$13,200.00
Expended Amount:	$9,900.00	**Balance:**	$3,300.00
Reimbursable Cost:	$13,200.00	**Status:**	Final

Current FTE:	0	**Current Amount:**	13200

Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,200.00
Expended Amount:	$646.62	Balance:	$553.38
Reimbursable Cost:	$1,200.00	Status:	Final

Current FTE:	N/A	Current Amount:	1200
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,200.00
Expended Amount:	$1,094.43	Balance:	$2,105.57
Reimbursable Cost:	$3,200.00	Status:	Final

Current FTE:	N/A	Current Amount:	3200
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824133 ☐ **Sub-Recipient**

Vendor Name: MASSACHUSETTS MUNICIPAL ASSOCIATION **Vendor Code:** VC6000159021

Master Agreement Id: CAPACITYBLD500824M04 **Procurement No:** 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:
Anticipated Start Date*:
End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual @** approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____ attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2017
Current End Date: 06/30/2024
New End Date:

Current Total Engagement Maximum Obligation $807,945.00

Engagement Amendment Amount (+ or -) $3,200.00

New Total Engagement Maximum Obligation $811,145.00

☑ **RFQ** 185008241024 ☐ **NOI** _____

☐ **Travel reimbursement for Individual @** approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM).*** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature

9/13/2023
Authorized Vendor Signature and Date

Adam Chapdelaine Executive Director
Print Name and Title

Department Authorized Signatures

10/31/23
Authorized **DPH Bureau Representative** Signature and Date

Jacqueline Doane, Acting Director
Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	24
Vendor Name:	**Mass Municipal Association**
Contract ID:	INTF2900M04500824133
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communities. The selected vendor will provide support, technical assistance, and training to develop tobacco control, chronic disease prevention, health promotion, wellness and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing tobacco-free living.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$80,000.00	$3,200.00	1	$83,200.00			$83,200.00	Cost of Living/Merit raise, Equal to the amount provided by MMA to all employees this fiscal year (4%)
102 Program Director					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes					$0.00			$0.00	
151 Fringe Benefits					$0.00			$0.00	
Total Program Staff		**$80,000.00**	**$3,200.00**		**$83,200.00**	**$0.00**		**$83,200.00**	
301 Program Facilities		$13,200.00			$13,200.00			$13,200.00	
390 Facilities Operations		$0.00			$0.00			$0.00	
Total Occupancy		**$13,200.00**	**$0.00**		**$13,200.00**	**$0.00**		**$13,200.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$3,200.00			$3,200.00			$3,200.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies					$0.00			$0.00	
Total Non Personal Exp.		**$3,200.00**	**$0.00**		**$3,200.00**	**$0.00**		**$3,200.00**	
216 Program Support		$1,200.00			$1,200.00			$1,200.00	
Total Direct Administrative Exp.		**$1,200.00**	**$0.00**		**$1,200.00**	**$0.00**		**$1,200.00**	
SUBTOTAL PROGRAM COSTS		**$97,600.00**	**$3,200.00**		**$100,800.00**	**$0.00**		**$100,800.00**	
410 Agency Admin. Support Allocation					$0.00			$0.00	
PROGRAM TOTAL		**$97,600.00**	**$3,200.00**		**$100,800.00**	**$0.00**		**$100,800.00**	

Mass Municipal - INTF2900M04500824133 - Line Item

Good morning Linda,

This is approved, please let me know if you need anything else.

Thanks,

Alex

Thank you for the approval.

-----Original Message-----
From: [redacted]
Sent: Tuesday, June 13, 2023 4:17 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2900M04500824133
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Massachusetts Municipal Association Contract Maximum Obligation: $97,600.00
Current Capacity Limit: New Capacity Limit:
Reason : Due to decreased travel and increased in office time, money from mileage needs to be reallocated to program support.

Budget Number: 1
Budget Maximum Obligation: $97,600.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$79,200.00	$0.00	$79,200.00
201-Direct Care Prog	$1,500.00	$0.00	$1,500.00
205-Staff Mileage/Tr	$2,500.00	($2,200.00)	$300.00
216-Program Support	$1,200.00	$2,200.00	$3,400.00
301-Program Faciliti	$13,200.00	$0.00	$13,200.00

Budget Total: $97,600.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824133 - 2023 - CT - Massachusetts Municipal Association

Master Contract Number:	INTF2900M04500824133		
Fiscal Year:	2023	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	67

Budget Number	Activity Code	Activity Name
1	4771	Tobacco Control Statewide Capacity Bldg

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$7,961.27	11	1	45131112	07/01/2022	06/30/2023

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$97,600.00
Line Item Budget Total:	$97,600.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	06/21/2023 09:20 AM
Created By:	Beth Harrington
Created Date:	08/01/2022 09:25 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	1	Original Amount:	$79,200.00
Expended Amount:	$74,648.70	Balance:	$4,551.30
Reimbursable Cost:	$79,200.00	Status:	Final

Current FTE:	1	Current Amount:	79200
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,500.00
Expended Amount:	$1,500.00	Balance:	$0.00
Reimbursable Cost:	$1,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	1500

Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$4,000.00
Expended Amount:	$208.34	Balance:	$91.66
Reimbursable Cost:	$300.00	Status:	Final

Current FTE:	N/A	Current Amount:	300
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,200.00
Expended Amount:	$1,181.69	Balance:	$2,218.31
Reimbursable Cost:	$3,400.00	Status:	Final

Current FTE:	N/A	Current Amount:	3400
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$13,200.00
Expended Amount:	$12,100.00	Balance:	$1,100.00
Reimbursable Cost:	$13,200.00	Status:	Final

Current FTE:	N/A	Current Amount:	13200
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824133

☐ **Sub-Recipient**

Vendor Name: MASSACHUSETTS MUNICIPAL ASSOCIATION

Vendor Code: VC6000159021

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ *New*	☑ *Amendment*
Dates of Service:	**Original Start Date:** 07/01/2017
Anticipated Start Date*:	**Current End Date:** 06/30/2023
End Date:	**New End Date:** 06/30/2024
Total Engagement Maximum Obligation _____	**Current Total Engagement Maximum Obligation** $710,345.00
☐ **Travel reimbursement for Individual @** approved State rate Travel Budgeted amount _____	**Engagement Amendment Amount** (+ or -) $97,600.00
☐ **No RFQ**	**New Total Engagement Maximum Obligation** $807,945.00
☐ **RFQ** _____ attached **Vendor response**	☑ **RFQ** 185008241024 ☐ **NOI** _____
☐ **NOI** _____	☐ **Travel reimbursement for Individual @** approved State rate Travel Budgeted amount _____
☐ **Confidentiality Agreement**	☐ **Line Item Adjustment >25% of current fiscal year budget** Vendor line item email request with program manager approval attached
	☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)***. A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature	**Department Authorized Signatures**
5/25/23	5/25/23
Authorized Vendor Signature and Date	Authorized **DPH Bureau Representative** Signature and Date
Geoffrey C. Beckwith, Executive Director + CEO	Jacqueline Doane, Acting
Print Name and Title	Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	24
Vendor Name:	**Mass Municipal Association**
Contract ID:	INTF2900M04500824133
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communities. The selected vendor will provide support, technical assistance, and training to develop tobacco control, chronic disease prevention, health promotion, wellness and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing tobacco-free living.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$80,000.00			$80,000.00			$80,000.00	
102 Program Director	0.05				$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes					$0.00			$0.00	
151 Fringe Benefits					$0.00			$0.00	
Total Program Staff		**$80,000.00**	**$0.00**		**$80,000.00**	**$0.00**		**$80,000.00**	
301 Program Facilities		$13,200.00			$13,200.00			$13,200.00	
390 Facilities Operations		$0.00			$0.00			$0.00	
Total Occupancy		**$13,200.00**	**$0.00**		**$13,200.00**	**$0.00**		**$13,200.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$3,200.00			$3,200.00			$3,200.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies					$0.00			$0.00	
Total Non Personal Exp.		**$3,200.00**	**$0.00**		**$3,200.00**	**$0.00**		**$3,200.00**	
216 Program Support		$1,200.00			$1,200.00			$1,200.00	
Total Direct Administrative Exp.		**$1,200.00**	**$0.00**		**$1,200.00**	**$0.00**		**$1,200.00**	
SUBTOTAL PROGRAM COSTS		**$97,600.00**	**$0.00**		**$97,600.00**	**$0.00**		**$97,600.00**	
410 Agency Admin. Support Allocation					$0.00			$0.00	
PROGRAM TOTAL		**$97,600.00**	**$0.00**		**$97,600.00**	**$0.00**		**$97,600.00**	

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824134

☑ **Sub-Recipient** M78

Vendor Name: MASS ASSOC OF HEALTH BOARDSINC

Vendor Code: VC6000168494

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***	☑ ***Amendment***
Dates of Service:	**Original Start Date:** 07/01/2017
Anticipated Start Date*:	**Current End Date:** 06/30/2024
End Date:	**New End Date:**
Total Engagement Maximum Obligation _____	**Current Total Engagement Maximum Obligation** $1,985,523.25
☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____	**Engagement Amendment Amount** (+ or -) $80,000.00
☐ **No RFQ**	**New Total Engagement Maximum Obligation** $2,065,523.25
☐ **RFQ** _____ attached **Vendor response**	☑ **RFQ** 185008241224 ☐ **NOI** _____
☐ **NOI** _____	☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____
☐ **Confidentiality Agreement**	☐ **Line Item Adjustment >25% of current fiscal year budget** Vendor line item email request with program manager approval attached
	☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM).*** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature	**Department Authorized Signatures**
Marcia Testa Simonson 11/20/2023	Jacqueline Doane
Authorized Vendor Signature and Date	Authorized **DPH Bureau Representative** Signature and Date
Marcia Testa Simonson, President	Jacqueline Doane Acting Director 11/20/23
Print Name and Title	Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	FY24
Vendor Name:	**MASS ASSOC OF HEALTH BOARDSINC**
Contract ID:	INTF2900M04500824134
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

Amendment (Scope Change): Extra funds are to provide evaluation and analysis of local tobacco policies and to provide additional program support for agency work such as obtaining and analyzing Neilson data and to do ROI analysis. obtaining Neilson data to support evaluation of POS policy efficacy and programming surveillance and ROI analysis consultation to understand POS policy impact and to provide program support for MTCP contract

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.5	$88,000.00			$88,000.00			$88,000.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$7,176.00			$7,176.00			$7,176.00	
151 Fringe Benefits		$9,000.00			$9,000.00			$9,000.00	
Total Program Staff	**0.5**	**$104,176.00**	**$0.00**		**$104,176.00**	**$0.00**		**$104,176.00**	
301 Program Facilities		$9,000.00			$9,000.00			$9,000.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$9,000.00**	**$0.00**		**$9,000.00**	**$0.00**		**$9,000.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$5,180.00			$5,180.00			$5,180.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies		$1,000.00			$1,000.00			$1,000.00	
Total Non Personal Exp.		**$6,180.00**	**$0.00**		**$6,180.00**	**$0.00**		**$6,180.00**	
216 Program Support		$3,894.00	$76,000.00		$79,894.00			$79,894.00	Extra funds to be used for Neilson data to support evaluation of POS policy efficacy and programming surveillance and ROI analysis consultation to understand POS policy impact and to provide program support for MTCP contract
Total Direct Administrative Exp.		**$3,894.00**	**$76,000.00**		**$79,894.00**	**$0.00**		**$79,894.00**	
SUBTOTAL PROGRAM COSTS		**$123,250.00**	**$76,000.00**		**$199,250.00**	**$0.00**		**$199,250.00**	
410 Agency Admin. Support Allocation		$21,750.00	$4,000.00		$25,750.00			$25,750.00	adjusted to fully run program with extra duties added on line 216
PROGRAM TOTAL		**$145,000.00**	**$80,000.00**		**$225,000.00**	**$0.00**		**$225,000.00**	

Sub Recipient Notification

The purpose of this communication is to fulfill the requirement established in 2 CFR 200. 331 (a) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Your organization is receiving this communication because it receives federal funds from DPH in the form of a sub-award, and DPH's relationship with your organization is defined as a sub-recipient relationship.

A sub recipient is defined as a non-federal entity that receives a sub-award from a pass-thru-entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency.

The attached report identifies information that DPH is required to provide to all entities that meet the description of a sub-recipient.

This communication will be sent:

1. *Whenever federal sub-awards are a part of the contractual relationship between DPH and the entities that it contracts with to provide services; and*
2. *Whenever the amount of those federal sub-awards change during the course of the contractual relationship.*

Your organization may have other contracts with DPH that are not sub-awards because they do not include federal funds. This communication does not pertain to any state funds your organization may have received from DPH.

*Your organization's contract may be a combination of federal and state funds. In this case, this communication **only** pertains to the federal funds portion of your contract.*

For a list of other requirements and information that your organization is required to adhere to as a sub-recipient of DPH, please see:

1. *Commonwealth of Massachusetts Standard Contract form;*
2. *Purchase of Service – Attachment 3 - Fiscal Year Program Budget (if applicable);*
3. *The appropriate Commonwealth Terms and Conditions; and*
4. *The Request for Response (RFR) and related documents.*

Please be advised that DPH should have access to your organization's records and financial statements as is necessary to meet the requirements of this sub-award.

Contract Number: INTF2900M04500824134

Vendor Name - FEIN: MASS ASSOC OF HEALTH BOARDSINC - 042774252

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2018	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	10/16/2017	06/30/2018	$6,900.00
2018	93.305	4570-1560	TOBACCO CONTROL PROGRAM	CDC	07/01/2017	03/28/2018	$70,000.00
				Grand Total of 2018			**$76,900.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	07/01/2018	06/30/2019	$33,068.25
2019	93.305	4570-1560	TOBACCO CONTROL PROGRAM	CDC	07/01/2018	03/28/2019	$70,000.00
2019	93.758	4500-1001	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	CDC	07/01/2018	09/30/2018	$13,750.00
				Grand Total of 2019			**$116,818.25**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2020	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	02/01/2020	06/30/2020	$34,500.00
				Grand Total of 2020			**$34,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	07/01/2020	06/30/2021	$51,650.00
				Grand Total of 2021			**$51,650.00**

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4
BOSTON, MA 02116-4737

[redacted]

R/E: Contract #: INTF2900M04500824112

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 - Smoke Free housing Mobilization Capacity Building. The engagement contract will be in effect through 06/30/2024.

Enclosed please find an Engagement Contract package for you to review, sign and return via email scan. Please take note of the following:

- **NEW ENGAGEMENT CONTRACT/AMENDMENT/RENEWAL FORM**

  This form must be signed with an **authorized signature**, dated, and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

If you have programmatic questions about your engagement **contract package,** please contact your Bureau Program Manager **Alex Gomez at** **alex.gomez@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Linda Baptiste at** **Linda.Baptiste@mass.gov.** **,** no later than close of business on **04/15/2024.**

Sincerely,

Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
    a. Hand drawn using a mouse or finger if working from a touch screen device;
    b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:
The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824134

☑ **Sub-Recipient** M78

Vendor Name: MASS ASSOC OF HEALTH BOARDSINC

Vendor Code: VC6000168494

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***	☑ ***Amendment***
Dates of Service:	**Original Start Date:** 07/01/2017
Anticipated Start Date*:	**Current End Date:** 06/30/2024
End Date:	**New End Date:**
Total Engagement Maximum Obligation _____	**Current Total Engagement Maximum Obligation** $1,985,523.25
☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____	**Engagement Amendment Amount** (+ or -) $80,000.00
☐ **No RFQ**	**New Total Engagement Maximum Obligation** $2,065,523.25
☐ **RFQ** _____ attached **Vendor response**	☑ **RFQ** 185008241224 ☐ **NOI** _____
☐ **NOI** _____	☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____
☐ **Confidentiality Agreement**	☐ **Line Item Adjustment >25% of current fiscal year budget** Vendor line item email request with program manager approval attached
	☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM).*** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature	**Department Authorized Signatures**
Marcia Testa Simonson 11/20/2023	Jacqueline Doane
Authorized Vendor Signature and Date	Authorized **DPH Bureau Representative** Signature and Date
Marcia Testa Simonson, President	Jacqueline Doane Acting Director 11/20/23
Print Name and Title	Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	FY24
Vendor Name:	**MASS ASSOC OF HEALTH BOARDSINC**
Contract ID:	INTF2900M04500824134
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

Amendment (Scope Change): Extra funds are to provide evaluation and analysis of local tobacco policies and to provide additional program support for agency work such as obtaining and analyzing Neilson data and to do ROI analysis. obtaining Neilson data to support evaluation of POS policy efficacy and programming surveillance and ROI analysis consultation to understand POS policy impact and to provide program support for MTCP contract

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
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					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
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301 Program Facilities		$9,000.00			$9,000.00			$9,000.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$9,000.00**	**$0.00**		**$9,000.00**	**$0.00**		**$9,000.00**	
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Total Non Personal Exp.		**$6,180.00**	**$0.00**		**$6,180.00**	**$0.00**		**$6,180.00**	
216 Program Support		$3,894.00	$76,000.00		$79,894.00			$79,894.00	Extra funds to be used for Neilson data to support evaluation of POS policy efficacy and programming surveillance and ROI analysis consultation to understand POS policy impact and to provide program support for MTCP contract
Total Direct Administrative Exp.		**$3,894.00**	**$76,000.00**		**$79,894.00**	**$0.00**		**$79,894.00**	
SUBTOTAL PROGRAM COSTS		**$123,250.00**	**$76,000.00**		**$199,250.00**	**$0.00**		**$199,250.00**	
410 Agency Admin. Support Allocation		$21,750.00	$4,000.00		$25,750.00			$25,750.00	adjusted to fully run program with extra duties added on line 216
PROGRAM TOTAL		**$145,000.00**	**$80,000.00**		**$225,000.00**	**$0.00**		**$225,000.00**	

Sub Recipient Notification

The purpose of this communication is to fulfill the requirement established in 2 CFR 200. 331 (a) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

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*Your organization's contract may be a combination of federal and state funds. In this case, this communication **only** pertains to the federal funds portion of your contract.*

For a list of other requirements and information that your organization is required to adhere to as a sub-recipient of DPH, please see:

1. *Commonwealth of Massachusetts Standard Contract form;*
2. *Purchase of Service – Attachment 3 - Fiscal Year Program Budget (if applicable);*
3. *The appropriate Commonwealth Terms and Conditions; and*
4. *The Request for Response (RFR) and related documents.*

Please be advised that DPH should have access to your organization's records and financial statements as is necessary to meet the requirements of this sub-award.

Contract Number: INTF2900M04500824134

Vendor Name - FEIN: MASS ASSOC OF HEALTH BOARDSINC - 042774252

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2018	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	10/16/2017	06/30/2018	$6,900.00
2018	93.305	4570-1560	TOBACCO CONTROL PROGRAM	CDC	07/01/2017	03/28/2018	$70,000.00
				Grand Total of 2018			**$76,900.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	07/01/2018	06/30/2019	$33,068.25
2019	93.305	4570-1560	TOBACCO CONTROL PROGRAM	CDC	07/01/2018	03/28/2019	$70,000.00
2019	93.758	4500-1001	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	CDC	07/01/2018	09/30/2018	$13,750.00
				Grand Total of 2019			**$116,818.25**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2020	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	02/01/2020	06/30/2020	$34,500.00
				Grand Total of 2020			**$34,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021	93.184	4570-1549	MASSACHUSETTS HEALTH AND DISABILITY PROGRAM	CDC	07/01/2020	06/30/2021	$51,650.00
				Grand Total of 2021			**$51,650.00**

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4
BOSTON, MA 02116-4737

[redacted]

R/E: Contract #: INTF2900M04500824112

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 - Smoke Free housing Mobilization Capacity Building. The engagement contract will be in effect through 06/30/2024.

Enclosed please find an Engagement Contract package for you to review, sign and return via email scan. Please take note of the following:

- **NEW ENGAGEMENT CONTRACT/AMENDMENT/RENEWAL FORM**

  This form must be signed with an **authorized signature**, dated, and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

If you have programmatic questions about your engagement **contract package,** please contact your Bureau Program Manager **Alex Gomez at** **alex.gomez@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Linda Baptiste at** **Linda.Baptiste@mass.gov.** **,** no later than close of business on **04/15/2024.**

Sincerely,

Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
    a. Hand drawn using a mouse or finger if working from a touch screen device;
    b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:
The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824134 ☑ **Sub-Recipient** M78

Vendor Name: MASS ASSOC OF HEALTH BOARDSINC **Vendor Code:** VC6000168494

Master Agreement Id: CAPACITYBLD500824M04 **Procurement No:** 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:

Anticipated Start Date*:

End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____ attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2017

Current End Date: 06/30/2024

New End Date:

Current Total Engagement Maximum Obligation $1,930,523.25

Engagement Amendment Amount (+ or -) $55,000.00

New Total Engagement Maximum Obligation $1,985,523.25

☑ **RFQ** 185008241224 ☐ **NOI** _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)***. A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature

Marcia Testa Simonson 8.16.23
Authorized Vendor Signature and Date

Marcia Testa Simonson, President
Print Name and Title MAHB

Department Authorized Signatures

Jessica del Rosario 8/16/2023
Authorized **DPH Bureau Representative** Signature and Date

Jessica del Rosario, Director, DCPHE
Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

Massachusetts Association of Health Boards

Health Equity and Chronic Disease Prevention

FY 24 Scope of Service

August 16, 2023 – June 30, 2024

INTF2900M04500824134

NEW CL – 4513-111 - $55,000.00 – July 1, 2023 – June 30, 2024

FY 24 Scope

Build capacity within municipalities/local boards of health and public health excellence collaboratives to implement policy, systems, and environmental change to promote healthier communities. Activities may include, but are not limited to:

1. Support, legal education, technical assistance, and training to appointed and elected members of municipal boards of health and other municipal officials to develop chronic disease prevention, health promotion, wellness, physical activity, local healthy food initiatives, and other public health strategies with a focus on local intervention and reducing health disparities.
2. Increase active living and healthy eating.

MAHB staff and consultant time will be spent on the above activities and will include legal research and writing.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2024
Vendor Name:	**Massachusetts Association of Health Boards**
Contract ID:	INTF2900M04500824134
Budget #	**2**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

Build capacity withing municipalities/local boards of health to implement policy, systems and environmental change to promote healthier communities.
Activities may include:
1.Support, technical assistance, and training to appointed and elected members of municipal boards of health to develop chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reduce health disparities.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes					$0.00			$0.00	
151 Fringe Benefits					$0.00			$0.00	
Total Program Staff	**0**	**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
301 Program Facilities					$0.00			$0.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel					$0.00			$0.00	
206 Subcontract					$0.00			$0.00	
207 Meals									
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies					$0.00			$0.00	
Total Non Personal Exp.		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
216 Program Support			$46,750.00		$46,750.00			$46,750.00	Expenses needed to meet need of specific program.
Total Direct Administrative Exp.		**$0.00**	**$46,750.00**		**$46,750.00**	**$0.00**		**$46,750.00**	
SUBTOTAL PROGRAM COSTS		**$0.00**	**$46,750.00**		**$46,750.00**	**$0.00**		**$46,750.00**	
410 Agency Admin. Support Allocation			$8,250.00		$8,250.00			$8,250.00	Overhead costs
PROGRAM TOTAL		**$0.00**	**$55,000.00**		**$55,000.00**	**$0.00**		**$55,000.00**	

Massachusetts Association of Health Boards Inc - INTF2900M04500824134

Line Item Amendment

Good morning Linda,

This is approved.

Thanks,

Alex

-----Original Message-----
From: [redacted]
Sent: Friday, June 30, 2023 1:09 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2900M04500824134
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Massachusetts Association of Health Boards Inc Contract Maximum Obligation: $223,000.00
Current Capacity Limit: New Capacity Limit:
Reason : Cost of fringe benefits decreased.

Budget Number: 1
Budget Maximum Obligation: $223,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$78,000.00	$0.00	$78,000.00
150-Payroll Taxes	$6,240.00	$0.00	$6,240.00
151-Fringe Benefits	$12,000.00	($5,919.77)	$6,080.23
201-Direct Care Prog	$25,000.00	$0.00	$25,000.00
205-Staff Mileage/Tr	$5,180.00	$0.00	$5,180.00
215-Program Supplies	$2,000.00	$0.00	$2,000.00
216-Program Support	$51,580.00	$5,919.77	$57,499.77
301-Program Faciliti	$10,000.00	$0.00	$10,000.00
410-Agency and Progr	$33,000.00	$0.00	$33,000.00

Budget Total: $223,000.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824134 - 2023 - CT - Massachusetts Association of Health Boards Inc

Master Contract Number:	INTF2900M04500824134		
Fiscal Year:	2023	Contract Type:	COST
MMARS Version Number:	16	EIM Version Number:	118

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$13,209.77	19	1	45131112	07/01/2022	06/30/2023
☐	$55,000.00	20	1	45131112	08/17/2022	06/30/2023

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$223,000.00
Line Item Budget Total:	$223,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/06/2023 09:25 AM
Created By:	Beth Harrington
Created Date:	06/23/2022 10:37 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	1	Original Amount:	$78,000.00
Expended Amount:	$71,500.00	Balance:	$6,500.00
Reimbursable Cost:	$78,000.00	Status:	Final

Current FTE:	1	Current Amount:	78000
Offset:	0	Source:	
Delete			

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,240.00
Expended Amount:	$5,720.00	Balance:	$520.00
Reimbursable Cost:	$6,240.00	Status:	Final

Current FTE:	0	Current Amount:	6240
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$12,000.00
Expended Amount:	$6,080.23	Balance:	$0.00
Reimbursable Cost:	$6,080.23	Status:	Final

Current FTE:	0	Current Amount:	6080.23
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$25,000.00
Expended Amount:	$22,931.31	Balance:	$2,068.69
Reimbursable Cost:	$25,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	25000
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,180.00
Expended Amount:	$2,075.86	Balance:	$3,104.14
Reimbursable Cost:	$5,180.00	Status:	Final

Current FTE:	N/A	Current Amount:	5180
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,000.00
Expended Amount:	$0.00	Balance:	$2,000.00
Reimbursable Cost:	$2,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	2000
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$37,476.75
Expended Amount:	$14,465.83	Balance:	$43,033.94
Reimbursable Cost:	$57,499.77	Status:	Final

Current FTE:	N/A	Current Amount:	57499.77
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$10,000.00
Expended Amount:	$8,160.00	Balance:	$1,840.00

Reimbursable Cost:	$10,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	10000
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$30,000.00
Expended Amount:	$23,857.00	Balance:	$9,143.00
Reimbursable Cost:	$33,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	33000
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824134

☑ **Sub-Recipient** M78

Vendor Name: MASS ASSOC OF HEALTH BOARDSINC

Vendor Code: VC6000168494

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:

Anticipated Start Date*:

End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____ attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2017

Current End Date: 06/30/2023

New End Date: 06/30/2024

Current Total Engagement Maximum Obligation $1,762,523.25

Engagement Amendment Amount (+ or -) $168,000.00

New Total Engagement Maximum Obligation $1,930,523.25

☑ **RFQ** 185008241224 ☐ **NOI** _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM).*** A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature

Marcia Vista Simonson

Authorized Vendor Signature and Date 5.17.23

Marcia Vista Simonson

Print Name and Title President, HAHB

Department Authorized Signatures

5/17/23

Authorized **DPH Bureau Representative** Signature and Date

Jacqueline Doane, Acting Director

Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY 23
Vendor Name:	**Massachusetts Association of Health Boards**
Contract ID:	INTF2900M04500824134
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

FY 23: Gather retail tobacco sales data to analyze impact of new state tobacco law. Build capacity within municipalities/local boards of health to implement policy, systems and environmental change to promote healthier communities. Activities may include: Support, technical assistance, legal education and training to appointed and elected members of boards of health to develop tobacco contro, chronic diesase prevention, health promotion and other public health strategies with a focus on local interventions and reduce health disparities and systemic racism.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.5	$78,000.00			$78,000.00			$78,000.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$6,240.00			$6,240.00			$6,240.00	
151 Fringe Benefits		$12,000.00			$12,000.00			$12,000.00	
Total Program Staff		**$96,240.00**	**$0.00**		**$96,240.00**	**$0.00**		**$96,240.00**	
301 Program Facilities		$10,000.00			$10,000.00			$10,000.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$10,000.00**	**$0.00**		**$10,000.00**	**$0.00**		**$10,000.00**	
201 Consultant		$25,000.00			$25,000.00			$25,000.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$5,180.00			$5,180.00			$5,180.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$2,000.00			$2,000.00			$2,000.00	
Total Non Personal Exp.		**$32,180.00**	**$0.00**		**$32,180.00**	**$0.00**		**$32,180.00**	
216 Program Support		$31,580.00	$20,000.00		$51,580.00			$51,580.00	Additional gathering of retail tobacco sales data to analyze law.
Total Direct Administrative Exp.		**$31,580.00**	**$20,000.00**		**$51,580.00**	**$0.00**		**$51,580.00**	
SUBTOTAL PROGRAM COSTS		**$170,000.00**	**$20,000.00**		**$190,000.00**	**$0.00**		**$190,000.00**	
410 Agency Admin. Support Allocation		$30,000.00	$3,000.00		$33,000.00			$33,000.00	Increase admin about to reflect increase in program support line item.
PROGRAM TOTAL		**$200,000.00**	**$23,000.00**		**$223,000.00**	**$0.00**		**$223,000.00**	

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY 24
Vendor Name:	**Massachusetts Association of Health Boards**
Contract ID:	INTF2900M04500824134
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

FY 24: Gather retail tobacco sales data to analyze impact of new state tobacco law. Build capacity within municipalities/local boards of health to implement policy, systems and environmental change to promote healthier communities. Activities may include: Support, technical assistance, legal education and training to appointed and elected members of boards of health to develop tobacco control, chronic diesase prevention, health promotion and other public health strategies with a focus on local interventions and reduce health disparities and systemic racism.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.5	$88,000.00			$88,000.00			$88,000.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$7,176.00			$7,176.00			$7,176.00	
151 Fringe Benefits		$9,000.00			$9,000.00			$9,000.00	
Total Program Staff		**$104,176.00**	**$0.00**		**$104,176.00**	**$0.00**		**$104,176.00**	
301 Program Facilities		$9,000.00			$9,000.00			$9,000.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$9,000.00**	**$0.00**		**$9,000.00**	**$0.00**		**$9,000.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$5,180.00			$5,180.00			$5,180.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$1,000.00			$1,000.00			$1,000.00	
Total Non Personal Exp.		**$6,180.00**	**$0.00**		**$6,180.00**	**$0.00**		**$6,180.00**	
216 Program Support		$3,894.00			$3,894.00			$3,894.00	
Total Direct Administrative Exp.		**$3,894.00**	**$0.00**		**$3,894.00**	**$0.00**		**$3,894.00**	
SUBTOTAL PROGRAM COSTS		**$123,250.00**	**$0.00**		**$123,250.00**	**$0.00**		**$123,250.00**	
410 Agency Admin. Support Allocation		$21,750.00			$21,750.00			$21,750.00	
PROGRAM TOTAL		**$145,000.00**	**$0.00**		**$145,000.00**	**$0.00**		**$145,000.00**	

FY23/FY24 Scope:

Gather retail tobacco sales data to analyze impact of new state tobacco law. Build capacity within municipalities/local boards of health to implement policy, systems, and environmental change to promote healthier communities. Activities may include: Support, technical assistance, legal education and training to appointed and elected members of boards of health to develop tobacco control, chronic disease prevention, health promotion and other public health strategies with a focus on local interventions and reduce health disparities and systemic racism.

From: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Sent: Tuesday, July 9, 2024 11:18 AM
To: Baptiste, Linda (DPH) <linda.baptiste@mass.gov>
Subject: FW: Request Amendment

Hi Linda,

This is approved, please let me know if you have any questions.

Thanks,
Alex Gomez
In office: M, T, W, Th.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Wednesday, July 3, 2024 9:43 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

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101 is being increased by $4,467.00 due to an annual raise
138 is being decreased by $3,742.00 due to reduced hours needed to complete deliverables
150 is being decreased by $4,315.00 due to decrease in funds spent in 138
151 is being increased by $1,590.00 to reflect actual cost
205 is being decreased by $3,600.00 to reflect reduced mileage needed to complete deliverables
215 was increased by $3,100.00 to replace laptop, tablet and purchase office supplies
216 was increased by $2,500.00 due to inaccurate request for amendment in contract for POST

Total change $11, 657.00, about 4.31%

Contract Number: INTF2900M04500824135

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Mass Health Officers Association

Provider Email address: [redacted]

Contract Maximum Obligation: $270,235.00

Current Capacity Limit: New Capacity Limit:

Reason : Staff raises, increase in fringe, purchase of laptop, tablet and office supplies

Budget Number: 1

Budget Maximum Obligation: $270,235.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$85,033.00	$4,467.00	$89,500.00
138-Program Support,	$12,242.00	($3,742.00)	$8,500.00
150-Payroll Taxes	$14,515.00	($4,315.00)	$10,200.00
151-Fringe Benefits	$9,151.00	$1,590.00	$10,741.00
205-Staff Mileage/Tr	$5,000.00	($3,600.00)	$1,400.00
215-Program Supplies	$2,500.00	$3,100.00	$5,600.00
216-Program Support	$103,359.00	$2,500.00	$105,859.00
410-Agency and Progr	$38,435.00	$0.00	$38,435.00

Budget Total: $270,235.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824135 - 2024 - CT - Mass Health Officers Association

Master Contract Number:	INTF2900M04500824135		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	16	EIM Version Number:	141

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$0.00	23	1	45129069	07/01/2023	06/30/2024
☐	$0.00	22	1	45131112	07/01/2023	06/30/2024
☐	$22,423.49	24	1	12010400	03/18/2024	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$270,235.00
Line Item Budget Total:	$270,235.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/09/2024 11:17 AM
Created By:	Miriam Clementi
Created Date:	06/15/2023 09:32 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$85,033.00
Expended Amount:	$79,696.00	Balance:	$9,803.44
Deficiency Amount:	$0.00		
Reimbursable Cost:	$89,500.00	Status:	Final

Current FTE:	1	Current Amount:	89500
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$12,242.00
Expended Amount:	$6,899.00	Balance:	$1,601.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$8,500.00	Status:	Final

Current FTE:	0.4	Current Amount:	8500
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$14,514.00
Expended Amount:	$9,112.00	Balance:	$1,087.29
Deficiency Amount:	$0.00		
Reimbursable Cost:	$10,200.00	Status:	Final

Current FTE:	0	Current Amount:	10200
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$9,151.00
Expended Amount:	$9,151.00	Balance:	$1,590.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$10,741.00	Status:	Final

Current FTE:	0	Current Amount:	10741
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,000.00
Expended Amount:	$905.00	Balance:	$494.61
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,400.00	Status:	Final

Current FTE:	N/A	Current Amount:	1400
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,500.00
Expended Amount:	$2,172.00	Balance:	$3,427.24
Deficiency Amount:	$0.00		
Reimbursable Cost:	$5,600.00	Status:	Final

Current FTE:	N/A	Current Amount:	5600
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$103,359.00
Expended Amount:	$103,359.00	Balance:	$2,500.00
Deficiency Amount:	$0.00		

Reimbursable Cost:	$105,859.00	Status:	Final

Current FTE:	N/A	Current Amount:	105859
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$22,931.00
Expended Amount:	$36,515.00	Balance:	$1,919.91
Deficiency Amount:	$0.00		
Reimbursable Cost:	$38,435.00	Status:	Final

Current FTE:	N/A	Current Amount:	38435
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824135

☑ **Sub-Recipient** M78

Vendor Name: MASSACHUSETTS HEALTH OFFICERS ASSOC INC

Vendor Code: VC6000166316

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ *New*	☑ *Amendment*
Dates of Service:	**Original Start Date:** 07/01/2017
Anticipated Start Date*:	**Current End Date:** 06/30/2023
End Date:	**New End Date:** 06/30/2024
Total Engagement Maximum Obligation _____	**Current Total Engagement Maximum Obligation** $1,590,441.91
☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____	**Engagement Amendment Amount** (+ or -) $271,473.55
☐ **No RFQ**	**New Total Engagement Maximum Obligation** $1,861,915.46
☐ **RFQ** _____ attached **Vendor response**	☑ **RFQ** 185008241124 ☐ **NOI** _____
☐ **NOI** _____	☐ **Travel reimbursement for Individual** @ approved State rate Travel Budgeted amount _____
☐ **Confidentiality Agreement**	☐ **Line Item Adjustment >25% of current fiscal year budget** Vendor line item email request with program manager approval attached
	☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)***. A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature	**Department Authorized Signatures**
5/17/23	5/17/23
Authorized Vendor Signature and Date	Authorized **DPH Bureau Representative** Signature and Date
Teresa Woodkett, executive director	Jacqueline Doane, Acting Director
Print Name and Title	Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2023
Vendor Name:	**Massachusetts Health Officers Association**
Contract ID:	INTF2900M045000824135
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

Purchase of material goods - POST system. The scope of this work is to build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communites. The selected vendor will provide support, technical assistance, and training to municipal health officers and health department employees to develop tobacco control, chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing active living, healthy eating, and tobacco-free living.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$75,456.41			$75,456.41			$75,456.41	
138 Program Support	0.4	$12,300.00			$12,300.00			$12,300.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$9,226.26			$9,226.26			$9,226.26	
151 Fringe Benefits		$4,500.00			$4,500.00			$4,500.00	
Total Program Staff		**$101,482.67**	**$0.00**		**$101,482.67**	**$0.00**		**$101,482.67**	
301 Program Facilities					$0.00			$0.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$9,017.33			$9,017.33			$9,017.33	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods			$104,437.00		$104,437.00			$104,437.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$5,000.00			$5,000.00			$5,000.00	
Total Non Personal Exp.		**$14,017.33**	**$104,437.00**		**$118,454.33**	**$0.00**		**$118,454.33**	
216 Program Support					$0.00			$0.00	
Total Direct Administrative Exp.		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
SUBTOTAL PROGRAM COSTS		**$115,500.00**	**$104,437.00**		**$219,937.00**	**$0.00**		**$219,937.00**	
410 Agency Admin. Support Allocation		$19,500.00	$15,665.55		$35,165.55			$35,165.55	
PROGRAM TOTAL		**$135,000.00**	**$120,102.55**		**$255,102.55**	**$0.00**		**$255,102.55**	

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2024
Vendor Name:	**Massachusetts Health Officers Association**
Contract ID:	INTF2900M045000824135
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

FY24 Renweal: The scope of this work is to build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communites. The selected vendor will provide support, technical assistance, and training to municipal health officers and health department employees to develop tobacco control, chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing active living, healthy eating, and tobacco-free living.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$85,033.00			$85,033.00			$85,033.00	
138 Program Support	0.4	$12,242.00			$12,242.00			$12,242.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$14,514.00			$14,514.00			$14,514.00	
151 Fringe Benefits		$9,151.00			$9,151.00			$9,151.00	
Total Program Staff		**$120,940.00**	**$0.00**		**$120,940.00**	**$0.00**		**$120,940.00**	
301 Program Facilities					$0.00			$0.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$5,000.00			$5,000.00			$5,000.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$2,500.00			$2,500.00			$2,500.00	
Total Non Personal Exp.		**$7,500.00**	**$0.00**		**$7,500.00**	**$0.00**		**$7,500.00**	
216 Program Support					$0.00			$0.00	
Total Direct Administrative Exp.		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
SUBTOTAL PROGRAM COSTS		**$128,440.00**	**$0.00**		**$128,440.00**	**$0.00**		**$128,440.00**	
410 Agency Admin. Support Allocation		$22,931.00			$22,931.00			$22,931.00	
PROGRAM TOTAL		**$151,371.00**	**$0.00**		**$151,371.00**	**$0.00**		**$151,371.00**	

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF2900M04500824135

☑ **Sub-Recipient** M78

Vendor Name: MASSACHUSETTS HEALTH OFFICERS ASSOC INC

Vendor Code: VC6000166316

Master Agreement Id: CAPACITYBLD500824M04

Procurement No: 500824

Procurement Name: STATEWIDE CAPACITY BUILDING

☐ ***New***

Dates of Service:

Anticipated Start Date*:

End Date:

Total Engagement Maximum Obligation _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **No RFQ**

☐ **RFQ** _____ attached **Vendor response**

☐ **NOI** _____

☐ **Confidentiality Agreement**

☑ ***Amendment***

Original Start Date: 07/01/2017

Current End Date: 06/30/2024

New End Date:

Current Total Engagement Maximum Obligation $1,861,915.46

Engagement Amendment Amount (+ or -) $118,864.00

New Total Engagement Maximum Obligation $1,980,779.46

☑ **RFQ** 185008241124 ☐ **NOI** _____

☐ **Travel reimbursement for Individual** @ approved State rate
Travel Budgeted amount _____

☐ **Line Item Adjustment >25% of current fiscal year budget**
Vendor line item email request with program manager approval attached

☐ **FPP Scope of Services and Budget Form Amendment**

☐ **Fixed Price Project (FPP)**

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with **deliverables and key dates for the entire duration** must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

☐ **Sub Recipient Cost Reimbursement Budget Attached (H78 only):** A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

☑ **DPH MA M04/M78 Budget**

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the ***Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)***. A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.
Changes to Scope and /or Terms: Any changes to this engagement must be agreed upon in writing by both parties.
Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature

Teresa Kett 3/12/24
Authorized Vendor Signature and Date

Teresa Kett executive director
Print Name and Title

Department Authorized Signatures

Jacqueline Doane
Authorized **DPH Bureau Representative** Signature and Date

Jacqueline Doane, Director 3/12/24
Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

Massachusetts Health Officers Association - INTF2900M04500824135

Change of Scope

FY24 Amendment:

The amendment is requested to add payment for a statewide inspection/compliance check database to support ongoing tobacco control and prevention work throughout the Commonwealth.

FY24 Renewal:

The scope of this work is to build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communities. The selected vendor will provide support, technical assistance, and training to municipal health officers and health department employees to develop tobacco control, chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing active living, healthy eating, and tobacco-free living.

FY23 Scope:

Purchase of material goods - POST system. The scope of this work is to build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communities. The selected vendor will provide support, technical assistance, and training to municipal health officers and health department employees to develop tobacco control, chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing active living, healthy eating, and tobacco-free living.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	2024
Vendor Name:	**Massachusetts Healthe Officers Association**
Contract ID:	INTF2900MO45000824135
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The amendment is requested to add payment for a statewide inspection/compliance check database to support ongoing tobacco control and prevention work throughout the Commonwealth.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$85,033.00			$85,033.00			$85,033.00	
138 Program Support	0.4	$12,242.00			$12,242.00			$12,242.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$14,515.00			$14,515.00			$14,515.00	
151 Fringe Benefits		$9,151.00			$9,151.00			$9,151.00	
Total Program Staff	**1.4**	**$120,941.00**	**$0.00**		**$120,941.00**	**$0.00**		**$120,941.00**	
301 Program Facilities					$0.00			$0.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training					$0.00			$0.00	
205 Staff mileage/travel		$5,000.00			$5,000.00			$5,000.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies		$2,500.00			$2,500.00			$2,500.00	
Total Non Personal Exp.		**$7,500.00**	**$0.00**		**$7,500.00**	**$0.00**		**$7,500.00**	
216 Program Support		$0.00	$103,359.00		$103,359.00			$103,359.00	Annual subscription for statewide inspection/compliance check database
Total Direct Administrative Exp.		**$0.00**	**$103,359.00**		**$103,359.00**	**$0.00**		**$103,359.00**	
SUBTOTAL PROGRAM COSTS		**$128,441.00**	**$103,359.00**		**$231,800.00**	**$0.00**		**$231,800.00**	
410 Agency Admin. Support Allocation		$22,930.00	$15,505.00		$38,435.00			$38,435.00	Administrative fee for facilitation of statewide database
PROGRAM TOTAL		**$151,371.00**	**$118,864.00**		**$270,235.00**	**$0.00**		**$270,235.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2900M04500824135 - 2024 - CT - Mass Health Officers Association

Master Contract Number:	INTF2900M04500824135		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	16	EIM Version Number:	139

Budget Number	Activity Code	Activity Name
1	4725	Tobacco Control Contract Management

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$57,778.86	23	1	45129069	07/01/2023	06/30/2024
☐	$43,864.00	22	1	45131112	07/01/2023	06/30/2024
☐	$75,000.00	24	1	12010400	03/18/2024	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$270,235.00
Line Item Budget Total:	$270,235.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	03/20/2024 09:28 AM
Created By:	Miriam Clementi
Created Date:	06/15/2023 09:32 AM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$85,033.00
Expended Amount:	$56,852.62	Balance:	$28,180.38
Reimbursable Cost:	$85,033.00	Status:	Final

Current FTE:	1	Current Amount:	85033
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$12,242.00

Expended Amount:	$5,507.66	Balance:	$6,734.34
Reimbursable Cost:	$12,242.00	Status:	Final

Current FTE:	0.4	Current Amount:	12242
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$14,514.00
Expended Amount:	$6,788.44	Balance:	$7,726.56
Reimbursable Cost:	$14,515.00	Status:	Final

Current FTE:	0	Current Amount:	14515
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$9,151.00
Expended Amount:	$6,727.67	Balance:	$2,423.33
Reimbursable Cost:	$9,151.00	Status:	Final

Current FTE:	0	Current Amount:	9151
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,000.00
Expended Amount:	$781.81	Balance:	$4,218.19
Reimbursable Cost:	$5,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	5000
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,500.00
Expended Amount:	$1,574.66	Balance:	$925.34
Reimbursable Cost:	$2,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	2500
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$103,359.00
Expended Amount:	$0.00	Balance:	$103,359.00
Reimbursable Cost:	$103,359.00	Status:	Final

Current FTE:	N/A	Current Amount:	103359
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$22,931.00
Expended Amount:	$15,359.28	**Balance:**	$23,075.72
Reimbursable Cost:	$38,435.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	38435
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

Sub Recipient Notification

The purpose of this communication is to fulfill the requirement established in 2 CFR 200. 331 (a) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Your organization is receiving this communication because it receives federal funds from DPH in the form of a sub-award, and DPH's relationship with your organization is defined as a sub-recipient relationship.

A sub recipient is defined as a non-federal entity that receives a sub-award from a pass-thru-entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency.

The attached report identifies information that DPH is required to provide to all entities that meet the description of a sub-recipient.

This communication will be sent:

1. *Whenever federal sub-awards are a part of the contractual relationship between DPH and the entities that it contracts with to provide services; and*
2. *Whenever the amount of those federal sub-awards change during the course of the contractual relationship.*

Your organization may have other contracts with DPH that are not sub-awards because they do not include federal funds. This communication does not pertain to any state funds your organization may have received from DPH.

*Your organization's contract may be a combination of federal and state funds. In this case, this communication **only** pertains to the federal funds portion of your contract.*

For a list of other requirements and information that your organization is required to adhere to as a sub-recipient of DPH, please see:

1. *Commonwealth of Massachusetts Standard Contract form;*
2. *Purchase of Service – Attachment 3 - Fiscal Year Program Budget (if applicable);*
3. *The appropriate Commonwealth Terms and Conditions; and*
4. *The Request for Response (RFR) and related documents.*

Please be advised that DPH should have access to your organization's records and financial statements as is necessary to meet the requirements of this sub-award.

Contract Number: INTF2900M04500824135

Vendor Name - FEIN: MASSACHUSETTS HEALTH OFFICERS ASSOC INC - 042695256

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2018	93.305	4570-1560	TOBACCO CONTROL PROGRAM	CDC	11/17/2017	03/28/2018	$21,000.00
2018	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2017	06/30/2018	$81,500.00
				Grand Total of 2018			**$102,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.305	4570-1560	TOBACCO CONTROL PROGRAM	CDC	07/01/2018	03/28/2019	$21,000.00
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$56,500.00
				Grand Total of 2019			**$77,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount

2020	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2019	06/30/2020	$81,500.00
				Grand Total of 2020			**$81,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2020	06/30/2021	$81,500.00
				Grand Total of 2021			**$81,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2022	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2021	06/30/2022	$81,500.00
				Grand Total of 2022			**$81,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2023	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2022	06/30/2023	$81,500.00
				Grand Total of 2023			**$81,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$81,500.00
				Grand Total of 2024			**$81,500.00**

Bay State Community Svcs Inc - INTF2902M04180725082

Line Item Amendment

Good morning Linda,

This is approved, please let me know if you need anything else.

Thanks,
Alex Gomez
In office: M, T, W, Th.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Saturday, July 13, 2024 3:43 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725082

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Bay State Community Svcs Inc

Provider Email address: [redacted]

Contract Maximum Obligation: $172,935.00

Current Capacity Limit: New Capacity Limit:

Reason : This is the final amendment for FY24.

The amount change is $3,330.00 about 1.92 % of the total award.

Line 103 - Increase is due to immaterial difference in projection of cost this line for the full year.
Line 138 - Increase is due to more hours due to availability in the budget; time was utilized to improve DEI initiatives at BSCS.

Line 201 - Decrease is due to cancelling our contract with PACC. We also attempted to do a contract with the Center for Black Health and Equity; however, they were unable to make the dates work.
Line 216 - Increase is mainly due to inflationary increase in IT costs.
Line 390 - Increase is due to moving to larger space and the allocated cost of repairs being higher than anticipated.

Budget Number: 1

Budget Maximum Obligation: $172,935.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$22,081.45	$0.00	$22,081.45
103-Assistant Progra	$24,963.33	$130.00	$25,093.33
138-Program Support,	$15,600.00	$1,600.00	$17,200.00
150-Payroll Taxes	$6,264.48	$0.00	$6,264.48
151-Fringe Benefits	$7,204.15	$0.00	$7,204.15
201-Direct Care Prog	$56,050.00	($3,330.00)	$52,720.00
204-Staff Training	$1,177.10	$0.00	$1,177.10
205-Staff Mileage/Tr	$500.00	$0.00	$500.00
206-Subcontracted Di	$1,500.00	$0.00	$1,500.00
215-Program Supplies	$10,800.00	$0.00	$10,800.00
216-Program Support	$2,218.48	$400.00	$2,618.48
301-Program Faciliti	$1,720.00	$0.00	$1,720.00
390-Facilities Opera	$3,325.00	$1,200.00	$4,525.00
410-Agency and Progr	$19,531.01	$0.00	$19,531.01

Budget Total: $172,935.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725082 - 2024 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	13	EIM Version Number:	149

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$9,656.95	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$172,935.00
Line Item Budget Total:	$172,935.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/15/2024 08:34 AM
Created By:	Deandra Russo
Created Date:	06/28/2023 08:47 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.2	Original Amount:	$21,806.80
Expended Amount:	$21,953.00	Balance:	$127.75
Deficiency Amount:	$0.00		
Reimbursable Cost:	$22,081.45	Status:	Final

Current FTE:	0.2	Current Amount:	22081.45
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.4	Original Amount:	$24,483.26
Expended Amount:	$24,963.00	Balance:	$130.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$25,093.33	Status:	Final

Current FTE:	0.4	Current Amount:	25093.33
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.13	Original Amount:	$15,600.00
Expended Amount:	$15,600.00	Balance:	$1,600.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$17,200.00	Status:	Final

Current FTE:	0.13	Current Amount:	17200
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,189.01
Expended Amount:	$5,804.00	Balance:	$460.40
Deficiency Amount:	$0.00		
Reimbursable Cost:	$6,264.48	Status:	Final

Current FTE:	0	Current Amount:	6264.48
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,117.36
Expended Amount:	$7,115.00	Balance:	$88.16
Deficiency Amount:	$0.00		
Reimbursable Cost:	$7,204.15	Status:	Final

Current FTE:	0	Current Amount:	7204.15
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$32,500.00
Expended Amount:	$49,045.00	Balance:	$3,675.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$52,720.00	Status:	Final

Current FTE:	N/A	Current Amount:	52720
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$793.00	Balance:	$383.59
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,177.10	Status:	Final

Current FTE:	N/A	Current Amount:	1177.1
Offset:	0	Source:	

	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$1,000.00
Expended Amount:	$0.00	**Balance:**	$500.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$500.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	500
Offset:	0	**Source:**	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$50,000.00
Expended Amount:	$1,500.00	**Balance:**	$0.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,500.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1500
Offset:	0	**Source:**	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$5,000.00
Expended Amount:	$10,488.00	**Balance:**	$311.40
Deficiency Amount:	$0.00		
Reimbursable Cost:	$10,800.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	10800
Offset:	0	**Source:**	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$3,518.48
Expended Amount:	$2,218.00	**Balance:**	$400.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$2,618.48	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	2618.48
Offset:	0	**Source:**	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$720.00
Expended Amount:	$1,558.00	**Balance:**	$161.60
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,720.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1720
Offset:	0	**Source:**	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$3,325.00
Expended Amount:	$3,325.00	**Balance:**	$1,200.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$4,525.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	4525
Offset:	0	**Source:**	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$18,125.09
Expended Amount:	$18,911.00	**Balance:**	$619.05
Deficiency Amount:	$0.00		
Reimbursable Cost:	$19,531.01	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	19531.01
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

Bay State Community Svcs Inc - INTF2902M04180725082

Justification

Good morning Linda,

This is approved, please let me know if you need anything else.

Thanks,
Alex Gomez
In office: M, T, W, Th.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Friday, April 19, 2024 8:39 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725082

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Bay State Community Svcs Inc

Provider Email address: [redacted]

Contract Maximum Obligation: $172,935.00

Current Capacity Limit: New Capacity Limit:

Reason : Line 201 - Increase is for utilizing Eric Hall for financial literacy game tournament and for the Center for Black Health and Equity to conduct presentations in MA.

Line 206 - Decrease is due to no longer contracting with PACC. We have ended our subcontract with PACC due to their inability to adhere to the contract, specifically they were not able to submit sufficient invoices. Line 215 - Increase is for the food, financial literacy program supplies, and gift cards for seniors participating in the financial literacy program. The financial literacy program supplies include items such as notebooks, pencils, construction paper, monopoly games, easels, poster board, etc.

Line 216 - Decrease is due to less funds needed for general office supplies for staff such as copy paper, toner, etc. and lower costs for cell phones due to incentive received from vendor.

Line 301 - Increase is for rental space at New Life Temple to host June financial literacy program for youth and caregivers. New Life Temple staff work closely with our case study and have good relationships with the school, youth, and community. They are trusted in the community.

Line 410 - The budgeted agency admin is 11.28% which was budgeted too low. BSCS's actual admin is currently 13.0% which is consistent with our approved federal rate. This increase brings the percentage to 12.73%.

Budget Number: 1

Budget Maximum Obligation: $172,935.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$22,081.45	$0.00	$22,081.45
103-Assistant Progra	$24,963.33	$0.00	$24,963.33
138-Program Support,	$15,600.00	$0.00	$15,600.00
150-Payroll Taxes	$6,264.48	$0.00	$6,264.48
151-Fringe Benefits	$7,204.15	$0.00	$7,204.15
201-Direct Care Prog	$53,050.00	$3,000.00	$56,050.00
204-Staff Training	$1,177.10	$0.00	$1,177.10
205-Staff Mileage/Tr	$500.00	$0.00	$500.00
206-Subcontracted Di	$12,000.00	($10,500.00)	$1,500.00
215-Program Supplies	$5,000.00	$5,800.00	$10,800.00
216-Program Support	$3,518.48	($1,300.00)	$2,218.48
301-Program Faciliti	$720.00	$1,000.00	$1,720.00
390-Facilities Opera	$3,325.00	$0.00	$3,325.00
410-Agency and Progr	$17,531.01	$2,000.00	$19,531.01

Budget Total: $172,935.00

Attendee panel closed

Contract
- » Contract Summary
- » Fund Allocations
- » Amendments
- » Line Item Budgets
- » Affiliates
- » Activities
- » Participating Organizations
- » Account Mapping Rules

Contract# INTF2902M04180725082 - 2024 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2024	**Contract Type:**	COST
MMARS Version Number:	12	**EIM Version Number:**	147

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$63,354.12	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$172,935.00
Line Item Budget Total:	$172,935.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	04/22/2024 08:09 AM
Created By:	Deandra Russo
Created Date:	06/28/2023 08:47 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.2	**Original Amount:**	$21,806.80
Expended Amount:	$15,939.28	**Balance:**	$6,142.17
Reimbursable Cost:	$22,081.45	**Status:**	Final

Current FTE:	0.2	**Current Amount:**	22081.45
Offset:	0	**Source:**	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.4	**Original Amount:**	$24,483.26
Expended Amount:	$18,295.94	**Balance:**	$6,667.39
Reimbursable Cost:	$24,963.33	**Status:**	Final

Current FTE:	0.4	**Current Amount:**	24963.33

Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.13	Original Amount:	$15,600.00
Expended Amount:	$15,600.00	Balance:	$0.00
Reimbursable Cost:	$15,600.00	Status:	Final

Current FTE:	0.13	Current Amount:	15600
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,189.01
Expended Amount:	$4,434.15	Balance:	$1,830.33
Reimbursable Cost:	$6,264.48	Status:	Final

Current FTE:	0	Current Amount:	6264.48
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,117.36
Expended Amount:	$5,232.70	Balance:	$1,971.45
Reimbursable Cost:	$7,204.15	Status:	Final

Current FTE:	0	Current Amount:	7204.15
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$32,500.00
Expended Amount:	$29,145.00	Balance:	$26,905.00
Reimbursable Cost:	$56,050.00	Status:	Final

Current FTE:	N/A	Current Amount:	56050
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$72.01	Balance:	$1,105.09
Reimbursable Cost:	$1,177.10	Status:	Final

Current FTE:	N/A	Current Amount:	1177.1
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$50,000.00
Expended Amount:	$1,500.00	Balance:	$0.00
Reimbursable Cost:	$1,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	1500
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,000.00
Expended Amount:	$2,510.42	Balance:	$8,289.58
Reimbursable Cost:	$10,800.00	Status:	Final

Current FTE:	N/A	Current Amount:	10800
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,518.48
Expended Amount:	$1,554.25	Balance:	$664.23
Reimbursable Cost:	$2,218.48	Status:	Final

Current FTE:	N/A	Current Amount:	2218.48
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$720.00
Expended Amount:	$519.73	Balance:	$1,200.27
Reimbursable Cost:	$1,720.00	Status:	Final

Current FTE:	N/A	Current Amount:	1720
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,325.00
Expended Amount:	$2,170.75	Balance:	$1,154.25
Reimbursable Cost:	$3,325.00	Status:	Final

Current FTE:	N/A	Current Amount:	3325
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$18,125.09

Expended Amount:	$12,606.65	**Balance:**	$6,924.36
Reimbursable Cost:	$19,531.01	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	19531.01
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2902M04180725082

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Bay State Community Services, Inc.
DPH Program Name: Tobacco Cessation Program

Submitted [redacted] Date: 04/17/2024 Phone: 617-471-8400
~~Provider/V~~ d r n d Signature
[redacted]
Print Name

Approved by: Date: 04/22/2024 Phone: 617-549-3420
DPH Program Manager
Alex Gomez
Print Name

INSTRUCTIONS:
Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
People Affecting Community Change (PACC)	83-1637976	$1,500.00	Site Coordinator	☐
		$		☐
		$		☐
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Vendors may use a standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 9/25/2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4
BOSTON, MA 02116-4737

[redacted]

R/E: Contract #:

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 – Smoke Free housing Mobilization

Amendment Reason: Funding Increase

The contract total maximum obligation is $1,010,521.58.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	07/01/2017	06/30/2023	$685,201.58
Current Year	07/01/2023	06/30/2024	$172,935.00
Future Years	07/01/2024	06/30/2025	$152,385.00

If you have questions about your **award** please contact your program manager **Alex Gomez at alex.gomez@mass.gov.**

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Deandra Russo at Deandra.russo@mass.gov,** no later than close of business **04/15/2024.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

Award Letter Additional Information

Contract ID #: INTF2902M04180725082

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: BAY STATE COMMUNITY SERVICES INC	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 1120 HANCOCK ST QUINCY, MA 02169-4313	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Wanda Nascimento **Phone**: [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax**:	**Contract Manager**: Deandra Russo **Phone**: 857-363-0475
Contractor Vendor Code: VC6000161233	**E-Mail**: Deandra.russo@mass.gov **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 . (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s)**: INTF2902M04180725082 **RFR/Procurement or Other ID Number**: 180725

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☑ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to 06/30 , 20 25 .

Amendment: Enter **Amendment Amount**: $ 20,550.00 , (or "no change")

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

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

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

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

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

☑ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). $ 1,010,521.58

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

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

Maximum Obligation Change

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

- ☑ 1. may be incurred as of the Effective Date (latest signature date below) and **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 06/30 , 2025 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Wanda Nascimento Date: 2/23/24

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Wanda Nascimento

Print Title: Chief Financial Officer

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Sharon Dyer Date: 2/23/2024

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Sharon Dyer

Print Title: Director, Purchase of Service

FY: 2024 Amendment # (if Applicable): _____ If Federal Funds,

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: BAY STATE COMMUNITY SERVICES INC	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725082
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 1120 HANCOCK ST	**MMARS Program Code:** 4770
City/State/Zip: QUINCY MA 02169-4313	**Other Reference Information (Information Purposes Only):**
Contact Person: Wanda Nascimento **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☐ Interim ☐ Amendment **RFR Reference #** 180725 ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2017 to 6/30/2025

INITIAL DURATION: 7/1/2017 to 6/30/2025

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ **OPTION 1: PRICE AGREEMENT (list price)**

$_____

Rate Regulation (if any) N/A

[ ] **OPTION 2: SUMMARY BUDGET ("T" Lines only)**

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ **OPTION 3: COMPLETED BUDGET**

☐ Unit Rate

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	Amount	FY	Amount	FY	Amount
2018	$90,000.00	2024	$172,935.00	2025	$152,385.00
2019	$90,000.00				
2020	$92,931.58				
2021	$120,000.00				
2022	$139,885.00				
2023	$152,385.00				
Total:	$685,201.58	Total:	$172,935.00	Total:	$152,385.00

Multi Years Total: $1,010,521.58

Current Max Obligation: $_____ **Unit Rate:** $_____ **per** _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
BAY STATE COMMUNITY SERVICES INC	VC6000161233

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Daurice Cox	Daurice Cox	President & Chief Excecutive Officer	[redacted]	[redacted]
Wanda Nascimento	Wanda Nascimento	Chief Financial Officer		

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Daurice M Cox	02/21/24
Print Name: Daurice Cox	Phone Number: [redacted]
Title: President & Chief Excecutive Officer	Email Address: [redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2902M04180725082

Contract Amendment - Increase

FY24 - Increase
Increase consultant from 20 hours a week to 40 hours a week to more effectively implement case study. Budget for the Center for Black Health and Equity travel to do training on Black Health and tobacco.

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts. The program focus will be to develop partnerships with local coalitions and community stakeholders working on related issues; build the capacity of communities to implement tobacco policies and interventions; mobilize communities and youth groups to take action; generate earned media; and implement communications initiatives. Programs are responsible for promoting racial and health equity and identifying and addressing health inequities while implementing this scope of service

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	2024
Vendor Name:	**Bay State Community Services**
Contract ID:	INTF2902M04180725082
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.2	$22,081.45			$22,081.45			$22,081.45	
103 Asst. Program Director	0.4	$24,963.33			$24,963.33			$24,963.33	
138 Program Support	0.13	$15,600.00			$15,600.00			$15,600.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$6,264.48			$6,264.48			$6,264.48	
151 Fringe Benefits		$7,204.15			$7,204.15			$7,204.15	
Total Program Staff	**0.73**	**$76,113.41**	**$0.00**		**$76,113.41**	**$0.00**		**$76,113.41**	
301 Program Facilities		$720.00			$720.00			$720.00	
390 Facilities Operations		$3,325.00			$3,325.00			$3,325.00	
Total Occupancy		**$4,045.00**	**$0.00**		**$4,045.00**	**$0.00**		**$4,045.00**	
201 Consultant		$32,500.00	$20,550.00		$53,050.00			$53,050.00	Increase consultant from 20 hours a week to 40 hours a week to more effectively implement case study. Budget for the Center for Black Health and Equity travel to do training on Black Health and tobacco.
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$1,177.10			$1,177.10			$1,177.10	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract		$12,000.00			$12,000.00			$12,000.00	
207 Meals					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies		$5,000.00			$5,000.00			$5,000.00	
Total Non Personal Exp.		**$51,177.10**	**$20,550.00**		**$71,727.10**	**$0.00**		**$71,727.10**	
216 Program Support		$3,518.48			$3,518.48			$3,518.48	
Total Direct Administrative Exp.		**$3,518.48**	**$0.00**		**$3,518.48**	**$0.00**		**$3,518.48**	
SUBTOTAL PROGRAM COSTS		**$134,853.99**	**$20,550.00**		**$155,403.99**	**$0.00**		**$155,403.99**	
410 Agency Admin. Support Allocation		$17,531.01			$17,531.01			$17,531.01	
PROGRAM TOTAL		**$152,385.00**	**$20,550.00**		**$172,935.00**	**$0.00**		**$172,935.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725082 - 2024 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	12	EIM Version Number:	145

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$95,895.86	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$172,935.00
Line Item Budget Total:	$172,935.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	03/01/2024 11:22 AM
Created By:	Deandra Russo
Created Date:	06/28/2023 08:47 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.2	Original Amount:	$21,806.80
Expended Amount:	$12,558.74	Balance:	$9,522.71
Reimbursable Cost:	$22,081.45	Status:	Final

Current FTE:	0.2	Current Amount:	22081.45
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.4	Original Amount:	$24,483.26
Expended Amount:	$14,455.94	Balance:	$10,507.39
Reimbursable Cost:	$24,963.33	Status:	Final

Current FTE:	0.4	Current Amount:	24963.33

Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.13	Original Amount:	$15,600.00
Expended Amount:	$13,297.03	Balance:	$2,302.97
Reimbursable Cost:	$15,600.00	Status:	Final

Current FTE:	0.13	Current Amount:	15600
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,189.01
Expended Amount:	$3,505.14	Balance:	$2,759.34
Reimbursable Cost:	$6,264.48	Status:	Final

Current FTE:	0	Current Amount:	6264.48
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,117.36
Expended Amount:	$4,232.73	Balance:	$2,971.42
Reimbursable Cost:	$7,204.15	Status:	Final

Current FTE:	0	Current Amount:	7204.15
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$32,500.00
Expended Amount:	$14,065.00	Balance:	$38,985.00
Reimbursable Cost:	$53,050.00	Status:	Final

Current FTE:	N/A	Current Amount:	53050
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$61.43	Balance:	$1,115.67
Reimbursable Cost:	$1,177.10	Status:	Final

Current FTE:	N/A	Current Amount:	1177.1
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$50,000.00
Expended Amount:	$1,500.00	Balance:	$10,500.00
Reimbursable Cost:	$12,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	12000
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$5,000.00
Expended Amount:	$1,582.59	Balance:	$3,417.41
Reimbursable Cost:	$5,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	5000
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,518.48
Expended Amount:	$1,138.86	Balance:	$2,379.62
Reimbursable Cost:	$3,518.48	Status:	Final

Current FTE:	N/A	Current Amount:	3518.48
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$720.00
Expended Amount:	$349.34	Balance:	$370.66
Reimbursable Cost:	$720.00	Status:	Final

Current FTE:	N/A	Current Amount:	720
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,325.00
Expended Amount:	$1,429.43	Balance:	$1,895.57
Reimbursable Cost:	$3,325.00	Status:	Final

Current FTE:	N/A	Current Amount:	3325
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$18,125.09

Expended Amount:	$8,862.91	**Balance:**	$8,668.10
Reimbursable Cost:	$17,531.01	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	17531.01
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2902M04180725082

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Bay State Community Services, Inc.
DPH Program Name: Tobacco Cessation Program

Submitted by: Wanda Nascimento Date: 02/21/2024 Phone: [redacted]
Provider/Vendor Authorized Signature
Wanda Nascimento
Print Name

Approved by: Date: 03/04/2024 Phone: 617-549-3420
DPH Program Manager
Alex Gomez
Print Name

INSTRUCTIONS:
Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments).This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
People Affecting Community Change (PACC)	83-1637976	$12,000.00	Site Coordinator	☐
		$		☐
		$		☐
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Vendors may use a standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 9/25/2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

10/05/2023

BAY STATE COMMUNITY SERVICES INC
1120 HANCOCK ST
QUINCY, MA 02169-4313

[redacted]

R/E: Formal Line Item Amendment Contract #: INTF2902M04180725082

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention has amended your contract. This line item you requested exceeded the 25% rule therefore requiring a formal amendment. The revised figures have been entered into the EIM system and left in pending status. Upon execution of this amendment package, the contract amendment will put in active status for billing.

If you have questions about your **award** please contact your program manager **Jacqueline Doane at jacqueline.doane@mass.gov.**

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Deandra Russo at Deandra.russo@mass.gov,** no later than close of business **10/16/2023.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

Award Letter Additional Information

Contract ID #: INTF2902M04180725082

This Amendment doesn't require a scope of service change since the work previously provided by the subcontractor will be delivered by a consultant (under line 201).

COM NWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

and publ by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Ope
s the defa ntract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Com lth deems vo

Contract Form Instructions | Contractor Certifications, | Commonwealth Terms and Conditions, | Commonwealth Terms and Conditions for Human and Social
Commonwealth IT Terms and Conditions,

https://www.macomptroller.org/forms

www.mass.gov/lists/osd-forms,

CONTRACTOR LEGAL NAME	COMMONWEALTH DEPARTMENT NAME MMARS Department Code
	Business Mailing Address
Contract Manager [redacted]	Billing Address
[redacted]	
Vendor Code Address ID	
Employment Status Form	CONTRACT AMENDMENT

Maximum Obligation Contrac

PROMPT PAYMENT DISCOUNTS (PPD):

23A): only initial payment (subsequent payments scheduled to support standard EFT 45 da Prompt Pay Discounts Policy

BRIEF DESCRIPTION OF CONTRACT PER

ANTICIPATED START DATE

or Amen
electroni

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

: Wanda Nascimento Date: 10/6/23
Must At Time of Signature)

Wanda Nascimento
Chief Financial Officer

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH

10/6/2023

Sharon Dyer
Director, Purchase of Service

FY: 2024 **Amendment # (if Applicable):** _____ **If Federal Funds,**

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: BAY STATE COMMUNITY SERVICES INC	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725082
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 1120 HANCOCK ST	**MMARS Program Code:** 4770
City/State/Zip: QUINCY MA 02169-4313	**Other Reference Information (Information Purposes Only):**
Contact Person: Wanda Nascimento **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☐ Interim ☐ Amendment **RFR Reference #** 180725 ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2017 **to** 6/30/2025

INITIAL DURATION: 7/1/2017 **to** 6/30/2025

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ **OPTION 1: PRICE AGREEMENT (list price)**

$_____

Rate Regulation (if any) N/A

[ ] OPTION 2: SUMMARY BUDGET ("T" Lines only)

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ **OPTION 3: COMPLETED BUDGET**

☐ **Unit Rate**

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	**Amount**	**FY**	**Amount**	**FY**	**Amount**
2018	$90,000.00	2024	$152,385.00	2025	$152,385.00
2019	$90,000.00				
2020	$92,931.58				
2021	$120,000.00				
2022	$139,885.00				
2023	$152,385.00				
Total:	$685,201.58	Total:	$152,385.00	Total:	$152,385.00
				Multi Years Total:	$989,971.58

Current Max Obligation: $_____ **Unit Rate: $**_____ **per** _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
BAY STATE COMMUNITY SERVICES INC	VC6000161233

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Daurice Cox	Daurice Cox	President & Chief Excecutive Officer	[redacted]	[redacted]
Wanda Nascimento	Wanda Nascimento	Chief Financial Officer	[redacted]	[redacted]

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Wanda Nascimento	10/06/23
Print Name: Wanda Nascimento	Phone Number: [redacted]
Title: Chief Financial Officer	Email Address: [redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Line Item Amendment - Bay State - INTF2902M04180725082

Good Morning Linda,

I hope you are doing well and had a nice weekend. Attached please find paperwork for Bay State Amendment, please let me know if you need anything else.

Thanks,

Alex

-----Original Message-----
From: [redacted]
Sent: Friday, September 29, 2023 11:14 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725082
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Bay State Community Svcs Inc Contract Maximum Obligation: $152,385.00
Current Capacity Limit: New Capacity Limit:
Reason : This request is to make the following line item changes.
Line 101 - This slight increase is due to cost of living/merit increase for Mary Cole.
Line 103 - This increase is due cost of living/merit increase for Patrick St. Martin.
Line 150 and 151 - These slight increases in payroll taxes and fringe relate directly to the salary increases.
Line 201 - This line is for Cassandra Prophete Consulting services to be provided at $31,500 ($36.25 hourly) and an additional $1,000 for additional facilitators.
Line 206 - This decrease is due to less services to be provided by PACC and to balance the other line items.
Line 215 - This line for Program supplies is at $5000 which will include the following - 1. Focus group supplies include gift cards ($40 an hour) and food/refreshments, and printed materials. We are budgeting for 6 focus groups with up to 10 people in each focus group. The focus groups are meant to inform content & structure of the pilot and get feedback on the pilot.
2. Total Focus Group Gift Cards: $2400.
3. Food & Beverages for each Focus Group: $600 ($100 per focus group).
4. Total Program Supplies for focus groups (flyers, brochures, promotional materials, additional supplies): $100.
5. We also plan to have up to 30 youth in our pilot programs and would compensate them with $50 gift cards.

a. Pilot Program Gift Cards: $1500.
b. Supplies (brochures, promotional materials, printed materials/curriculum, games): $400.
Line 410 - This decrease is to account for expected admin allocation being a lower percentage than originally budgeted.

Budget Number: 1
Budget Maximum Obligation: $152,385.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$21,806.80	$274.65	$22,081.45
103-Assistant Progra	$24,483.26	$480.07	$24,963.33
138-Program Support,	$15,600.00	$0.00	$15,600.00
150-Payroll Taxes	$6,189.01	$75.47	$6,264.48
151-Fringe Benefits	$7,117.36	$86.79	$7,204.15
204-Staff Training	$1,000.00	$177.10	$1,177.10
205-Staff Mileage/Tr	$500.00	$0.00	$500.00
206-Subcontracted Di	$50,000.00	($38,000.00)	$12,000.00
216-Program Support	$3,518.48	$0.00	$3,518.48
301-Program Faciliti	$720.00	$0.00	$720.00
390-Facilities Opera	$3,325.00	$0.00	$3,325.00
410-Agency and Progr	$18,125.09	($594.08)	$17,531.01

New UFR Components:	FTE:	Offset:	Source:	New Amount:
201-Direct Care Prog		$0.00		$32,500.00
215-Program Supplies		$0.00		$5,000.00

Budget Total: $152,385.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725082 - 2024 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	141

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$137,327.61	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$152,385.00
Line Item Budget Total:	$152,385.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	10/02/2023 09:00 AM
Created By:	Deandra Russo
Created Date:	06/28/2023 08:47 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.2	Original Amount:	$21,806.80
Expended Amount:	$3,388.69	Balance:	$18,692.76
Reimbursable Cost:	$22,081.45	Status:	Final

Current FTE:	0.2	Current Amount:	22081.45
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.4	Original Amount:	$24,483.26
Expended Amount:	$3,758.74	Balance:	$21,204.59
Reimbursable Cost:	$24,963.33	Status:	Final

Current FTE:	0.4	Current Amount:	24963.33

Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.13	Original Amount:	$15,600.00
Expended Amount:	$3,310.63	Balance:	$12,289.37
Reimbursable Cost:	$15,600.00	Status:	Final

Current FTE:	0.13	Current Amount:	15600
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,189.01
Expended Amount:	$890.63	Balance:	$5,373.85
Reimbursable Cost:	$6,264.48	Status:	Final

Current FTE:	0	Current Amount:	6264.48
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,117.36
Expended Amount:	$1,150.39	Balance:	$6,053.76
Reimbursable Cost:	$7,204.15	Status:	Final

Current FTE:	0	Current Amount:	7204.15
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$32,500.00
Expended Amount:	$0.00	Balance:	$32,500.00
Reimbursable Cost:	$32,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	32500
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$12.01	Balance:	$1,165.09
Reimbursable Cost:	$1,177.10	Status:	Final

Current FTE:	N/A	Current Amount:	1177.1
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500

Offset:	0	**Source:**	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$50,000.00
Expended Amount:	$0.00	**Balance:**	$12,000.00
Reimbursable Cost:	$12,000.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	12000
Offset:	0	**Source:**	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$5,000.00
Expended Amount:	$0.00	**Balance:**	$5,000.00
Reimbursable Cost:	$5,000.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	5000
Offset:	0	**Source:**	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$3,518.48
Expended Amount:	$390.59	**Balance:**	$3,127.89
Reimbursable Cost:	$3,518.48	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	3518.48
Offset:	0	**Source:**	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$720.00
Expended Amount:	$92.34	**Balance:**	$627.66
Reimbursable Cost:	$720.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	720
Offset:	0	**Source:**	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$3,325.00
Expended Amount:	$331.10	**Balance:**	$2,993.90
Reimbursable Cost:	$3,325.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	3325
Offset:	0	**Source:**	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$18,125.09
Expended Amount:	$1,732.27	**Balance:**	$15,798.74
Reimbursable Cost:	$17,531.01	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	17531.01
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2024
Vendor Name:	**Bay State Community Services**
Contract ID:	INTF2902M04180725082
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.2	$21,806.80	$274.65		$22,081.45			$22,081.45	This slight increase is due to cost of living/merit increase for Mary Cole
103 Asistant Prog Dir	0.4	$24,483.26	$480.07		$24,963.33			$24,963.33	This increase is due cost of living/merit increase for Patrick St. Martin
138 Program Support	0.13	$15,600.00			$15,600.00			$15,600.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	10%	$6,189.01	$75.47		$6,264.48			$6,264.48	These slight increases in payroll taxes and fringe relate directly to the salary increases
151 Fringe Benefits	11.50%	$7,117.36	$86.79		$7,204.15			$7,204.15	These slight increases in payroll taxes and fringe relate directly to the salary increases
Total Program Staff		**$75,196.43**	**$916.98**		**$76,113.41**	**$0.00**		**$76,113.41**	
301 Program Facilities		$720.00			$720.00			$720.00	This line is for Cassandra Prophete Consulting services to be provided at $31,500 ($36.25 hourly) and an additional $1,000 for additional facilitators
390 Facilities Operations		$3,325.00			$3,325.00			$3,325.00	
Total Occupancy		**$4,045.00**	**$0.00**		**$4,045.00**	**$0.00**		**$4,045.00**	
201 Consultant			$32,500.00		$32,500.00			$32,500.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$1,000.00	$177.10		$1,177.10			$1,177.10	Adjust for training cost
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract		$50,000.00	-$38,000.00		$12,000.00			$12,000.00	This decrease is due to less services to be provided by PACC and to balance the other line items
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies			$5,000.00		$5,000.00			$5,000.00	This line for Program supplies is at $5000 which will include the following - 1. Focus group supplies include gift cards ($40 an hour) and food/refreshments, and printed materials. We are budgeting for 6 focus groups with up to 10 people in each focus group. The focus groups are meant to inform content & structure of the pilot and get feedback on the pilot
Total Non Personal Exp.		**$51,500.00**	**-$322.90**		**$51,177.10**	**$0.00**		**$51,177.10**	
216 Program Support		$3,518.48			$3,518.48			$3,518.48	
Total Direct Administrative Exp.		**$3,518.48**	**$0.00**		**$3,518.48**	**$0.00**		**$3,518.48**	
SUBTOTAL PROGRAM COSTS		**$134,259.91**	**$594.08**		**$134,853.99**	**$0.00**		**$134,853.99**	
410 Agency Admin. Support Allocation	13.00%	$18,125.09	-$594.08		$17,531.01			$17,531.01	This decrease is to account for expected admin allocation being a lower percentage than originally budgeted
PROGRAM TOTAL		**$152,385.00**	**$0.00**		**$152,385.00**	**$0.00**		**$152,385.00**	

Contract# INTF2902M04180725082 - 2023 - CT –

BayState Community Svcs Inc - Line Item

Hi Linda,

This is approved, let me know if you have any questions.

Thanks,

Alex

-----Original Message-----
From: [redacted]
Sent: Wednesday, July 12, 2023 9:24 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725082
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Bay State Community Svcs Inc Contract Maximum Obligation: $152,385.00
Current Capacity Limit: New Capacity Limit:
Reason : This amendment is to adjust line items to final amounts for FY23. Line 101 - Decrease is due to lower salaries than projected, Line 103 - Decrease is due to lower salaries than projected, Line 138 - Increase is due to staff varying their hours during the year, Line 150, 151 - Decrease in payroll taxes and fringe is due to lower salaries than budgeted, Line 204 - Decrease is due to decision to do less trainings, Line 205 - Decrease is due to less miles driven by staff than anticipated, Line 216 - Increase is mainly due to approved Causemedia, Inc. media for the Quitting campaign, Line 301, 390 - Increases in occupancy related expenses are due to changing to slightly larger office space at same location, Line 410 - Decrease in administrative costs is to balance other line items.

Budget Number: 1
Budget Maximum Obligation: $152,385.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$21,116.00	($2,064.70)	$19,051.30
103-Assistant Progra	$24,483.00	($2,827.03)	$21,655.97
138-Program Support,	$13,120.00	$45.37	$13,165.37
150-Payroll Taxes	$5,872.20	($903.76)	$4,968.44
151-Fringe Benefits	$6,753.04	($892.55)	$5,860.49
204-Staff Training	$2,800.00	($1,373.45)	$1,426.55
205-Staff Mileage/Tr	$323.57	($204.23)	$119.34

206-Subcontracted Di	$58,000.00	$0.00	$58,000.00
207-Meals	$0.00	$0.00	$0.00
216-Program Support	$2,942.22	$7,614.23	$10,556.45
301-Program Faciliti	$438.05	$206.00	$644.05
390-Facilities Opera	$2,686.24	$763.38	$3,449.62
410-Agency and Progr	$13,850.68	($363.26)	$13,487.42

Budget Total: $152,385.00

Contract
- » Contract Summary
- » Fund Allocations
- » Amendments
- » Line Item Budgets
- » Affiliates
- » Activities
- » Participating Organizations
- » Account Mapping Rules

Contract# INTF2902M04180725082 - 2023 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2023	**Contract Type:**	COST
MMARS Version Number:	11	**EIM Version Number:**	136

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$21,414.00	6	1	45131112	07/01/2022	06/30/2023

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$152,385.00
Line Item Budget Total:	$152,385.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/12/2023 11:12 AM
Created By:	Beth Harrington
Created Date:	06/06/2022 04:09 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.1	**Original Amount:**	$6,835.00
Expended Amount:	$16,579.26	**Balance:**	$2,472.04
Reimbursable Cost:	$19,051.30	**Status:**	Final

Current FTE:	0.3	**Current Amount:**	19051.3
Offset:	0	**Source:**	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	1	**Original Amount:**	$57,134.69
Expended Amount:	$18,952.31	**Balance:**	$2,703.66
Reimbursable Cost:	$21,655.97	**Status:**	Final

Current FTE:	0.4	**Current Amount:**	21655.97

Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.12	Original Amount:	$13,119.00
Expended Amount:	$10,922.40	Balance:	$2,242.97
Reimbursable Cost:	$13,165.37	Status:	Final

Current FTE:	0.12	Current Amount:	13165.37
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,077.20
Expended Amount:	$4,201.13	Balance:	$767.31
Reimbursable Cost:	$4,968.44	Status:	Final

Current FTE:	0	Current Amount:	4968.44
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,036.75
Expended Amount:	$5,481.57	Balance:	$378.92
Reimbursable Cost:	$5,860.49	Status:	Final

Current FTE:	0	Current Amount:	5860.49
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$750.00
Expended Amount:	$578.23	Balance:	$848.32
Reimbursable Cost:	$1,426.55	Status:	Final

Current FTE:	N/A	Current Amount:	1426.55
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$2,000.00
Expended Amount:	$0.00	Balance:	$119.34
Reimbursable Cost:	$119.34	Status:	Final

Current FTE:	N/A	Current Amount:	119.34
Offset:	0	Source:	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$58,000.00
Expended Amount:	$58,000.00	Balance:	$0.00
Reimbursable Cost:	$58,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	58000
Offset:	0	Source:	
	Delete		

207 - Meals (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$200.00
Expended Amount:	$0.00	Balance:	$0.00
Reimbursable Cost:	$0.00	Status:	Final

Current FTE:	N/A	Current Amount:	0
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$9,150.26
Expended Amount:	$2,246.14	Balance:	$8,310.31
Reimbursable Cost:	$10,556.45	Status:	Final

Current FTE:	N/A	Current Amount:	10556.45
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$575.00
Expended Amount:	$438.05	Balance:	$206.00
Reimbursable Cost:	$644.05	Status:	Final

Current FTE:	N/A	Current Amount:	644.05
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$2,650.00
Expended Amount:	$2,686.24	Balance:	$763.38
Reimbursable Cost:	$3,449.62	Status:	Final

Current FTE:	N/A	Current Amount:	3449.62
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$12,475.30
Expended Amount:	$10,885.67	Balance:	$2,601.75
Reimbursable Cost:	$13,487.42	Status:	Final

Current FTE:	N/A	Current Amount:	13487.42
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4
BOSTON, MA 02116-4737

[redacted]

R/E: Contract #: INTF2900M04500824112

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 - Smoke Free housing Mobilization

Amendment Reason: Funding Increase

The contract total maximum obligation is $1,010,521.58.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	07/01/2017	06/30/2023	$685,201.58
Current Year	07/01/2023	06/30/2024	$172,935.00
Future Years	07/01/2024	06/30/2025	$152,385.00

If you have questions about your **award** please contact your program manager **Alex Gomez at alex.gomez@mass.gov.**

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Deandra Russo at Deandra.russo@mass.gov,** no later than close of business **04/15/2024.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: BAY STATE COMMUNITY SERVICES INC	COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4): 1120 HANCOCK ST QUINCY, MA 02169-4313	Business Mailing Address: 250 Washington Street, Boston MA 02108
Contract Manager: Wanda Nascimento — Phone: [redacted]	Billing Address (if different):
E-Mail: [redacted] — Fax:	Contract Manager: Deandra Russo — Phone: 857-363-0475
Contractor Vendor Code: VC6000161233	E-Mail: Deandra.russo@mass.gov — Fax: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address Id Must be set up for EFT payments.)	MMARS Doc ID(s): INTF2902M04180725082 RFR/Procurement or Other ID Number: 180725

☐ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☑ CONTRACT AMENDMENT

Enter Current Contract End Date *Prior* to 06/30, 20 23,
Amendment: Enter Amendment Amount: $ 304,770.00 (or "no change")

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

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

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

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

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

X Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). $ 989,971.58

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

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

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

☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

☑ 2. may be incurred as of 07/01, 20 23, 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, 2025, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: Wanda Nascimento Date: 5/31/23 (Signature and Date Must Be Handwritten At Time of Signature)	X: [signature] Date: 6/8/2023 (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Wanda Nascimento	Print Name: Sharon Dyer
Print Title: Chief Financial Officer	Print Title: Director, Purchase of Service

FY: 2023 Amendment # (if Applicable): _____ If Federal Funds,

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: BAY STATE COMMUNITY SERVICES INC	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725082
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 1120 HANCOCK ST	**MMARS Program Code:** 4770
City/State/Zip: QUINCY MA 02169-4313	**Other Reference Information (Information Purposes Only):**
Contact Person: Wanda Nascimento **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☐ Interim ☐ Amendment **RFR Reference #** 180725 ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2023 to 6/30/2025

INITIAL DURATION: 7/1/2017 to 6/30/2023

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ **OPTION 1: PRICE AGREEMENT (list price)**

$_____

Rate Regulation (if any) N/A

[ ] OPTION 2: SUMMARY BUDGET ("T" Lines only)

[ ] Unit Rate
[ ] Cost Reimbursement
[ ] Other _____

☑ **OPTION 3: COMPLETED BUDGET**

☐ Unit Rate
☑ Cost Reimbursement
[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	Amount	FY	Amount	FY	Amount
2018	$90,000.00	2023	$152,385.00	2024	$152,385.00
2019	$90,000.00			2025	$152,385.00
2020	$92,931.58				
2021	$120,000.00				
2022	$139,885.00				
Total:	$532,816.58	Total:	$152,385.00	Total:	$304,770.00
				Multi Years Total:	$989,971.58

Current Max Obligation: $_____ **Unit Rate:** $_____ **per** _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
Bay State Community Services, Inc.	VC6000161233

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Daurice Cox	Daurice Cox	President & CEO	[redacted]	[redacted]
Wanda Nascimento	Wanda Nascimento	Chief Financial Officer		

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Daurice Cox	5/31/23
Print Name Daurice Cox	**Phone Number** [redacted]
Title President & CEO	**Email Address** [redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2902M04180725082

Contract Amendment - Increase

X Increase/Renewal

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts. The program focus will be to develop partnerships with local coalitions and community stakeholders working on related issues; build the capacity of communities to implement tobacco policies and interventions; mobilize communities and youth groups to take action; generate earned media; and implement communications initiatives. Programs are responsible for promoting racial and health equity and identifying and addressing health inequities while implementing this scope of service.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2024
Vendor Name:	**Bay State Community Services**
Contract ID:	INTF2902M04180725082
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	**Current FTE**	**Current Amount**	**Amendment Amount +/-**	**New FTE**	**New Amount**	**Offset Amount**	***Offset Funding Source**	**Amended/New Budget Reimbursement Total**	**Budget Narrative ALT + ENTER for return**
101 Program Manager	0.2	$21,806.80			$21,806.80			$21,806.80	
103 Asistant Prog Dir	0.4	$24,483.26			$24,483.26			$24,483.26	
138 Program Support	0.13	$15,600.00			$15,600.00			$15,600.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	10%	$6,189.01			$6,189.01			$6,189.01	
151 Fringe Benefits	11.50%	$7,117.36			$7,117.36			$7,117.36	
Total Program Staff		**$75,196.43**	**$0.00**		**$75,196.43**	**$0.00**		**$75,196.43**	
301 Program Facilities		$720.00			$720.00			$720.00	
390 Facilities Operations		$3,325.00			$3,325.00			$3,325.00	
Total Occupancy		**$4,045.00**	**$0.00**		**$4,045.00**	**$0.00**		**$4,045.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$1,000.00			$1,000.00			$1,000.00	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract		$50,000.00			$50,000.00			$50,000.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies					$0.00			$0.00	
Total Non Personal Exp.		**$51,500.00**	**$0.00**		**$51,500.00**	**$0.00**		**$51,500.00**	
216 Program Support		$3,518.48			$3,518.48			$3,518.48	
Total Direct Administrative Exp.		**$3,518.48**	**$0.00**		**$3,518.48**	**$0.00**		**$3,518.48**	
SUBTOTAL PROGRAM COSTS		**$134,259.91**	**$0.00**		**$134,259.91**	**$0.00**		**$134,259.91**	
410 Agency Admin. Support Allocation	13.50%	$18,125.09			$18,125.09			$18,125.09	
PROGRAM TOTAL		**$152,385.00**	**$0.00**		**$152,385.00**	**$0.00**		**$152,385.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725082 - 2024 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	122

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$152,385.00	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$152,385.00
Line Item Budget Total:	$152,385.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	06/28/2023 11:00 PM
Created By:	Deandra Russo
Created Date:	06/28/2023 08:47 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.2	Original Amount:	$21,806.80
Expended Amount:	$0.00	Balance:	$21,806.80
Reimbursable Cost:	$21,806.80	Status:	Final

Current FTE:	0.2	Current Amount:	21806.8
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.4	Original Amount:	$24,483.26
Expended Amount:	$0.00	Balance:	$24,483.26
Reimbursable Cost:	$24,483.26	Status:	Final

Current FTE:	0.4	Current Amount:	24483.26

Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.13	Original Amount:	$15,600.00
Expended Amount:	$0.00	Balance:	$15,600.00
Reimbursable Cost:	$15,600.00	Status:	Final

Current FTE:	0.13	Current Amount:	15600
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,189.01
Expended Amount:	$0.00	Balance:	$6,189.01
Reimbursable Cost:	$6,189.01	Status:	Final

Current FTE:	0	Current Amount:	6189.01
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,117.36
Expended Amount:	$0.00	Balance:	$7,117.36
Reimbursable Cost:	$7,117.36	Status:	Final

Current FTE:	0	Current Amount:	7117.36
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$1,000.00
Reimbursable Cost:	$1,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$50,000.00
Expended Amount:	$0.00	Balance:	$50,000.00
Reimbursable Cost:	$50,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	50000
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,518.48
Expended Amount:	$0.00	Balance:	$3,518.48
Reimbursable Cost:	$3,518.48	Status:	Final

Current FTE:	N/A	Current Amount:	3518.48
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$720.00
Expended Amount:	$0.00	Balance:	$720.00
Reimbursable Cost:	$720.00	Status:	Final

Current FTE:	N/A	Current Amount:	720
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,325.00
Expended Amount:	$0.00	Balance:	$3,325.00
Reimbursable Cost:	$3,325.00	Status:	Final

Current FTE:	N/A	Current Amount:	3325
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$18,125.09
Expended Amount:	$0.00	Balance:	$18,125.09
Reimbursable Cost:	$18,125.09	Status:	Final

Current FTE:	N/A	Current Amount:	18125.09
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2902M04180725082

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Bay State Community Services, Inc.
DPH Program Name: Tobacco Cessation Program

Submitted by: Wanda Nascimento Date: 3·22·23 Phone: [redacted]
Provider/Vendor Authorized Signature
Wanda Nascimento
Print Name

Approved by: Date: 04/15/2023 Phone: 617-549-3420
DPH Program Manager
Alex Gomez
Print Name

INSTRUCTIONS:
Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
People Affecting Community Change (PACC)	83-1637976	$50,000.00	Site Coordinator	☐
		$		☐
		$		☐
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Vendors may use a standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 9/25/2020

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2025
Vendor Name:	**Bay State Community Services**
Contract ID:	INTF2902M04180725082
Budget #	1

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# **Program** Component UFR# Codes on Tab below	Current FTE	**Current** Amount	Amendment **Amount** +/-	New FTE	**New Amount**	Offset Amount	*Offset **Funding** Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.2	$21,806.80			$21,806.80			$21,806.80	
103 Asistant Prog Dir	0.4	$24,483.26			$24,483.26			$24,483.26	
138 Program Support	0.13	$15,600.00			$15,600.00			$15,600.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	10%	$6,189.01			$6,189.01			$6,189.01	
151 Fringe Benefits	11.50%	$7,117.36			$7,117.36			$7,117.36	
Total Program Staff		**$75,196.43**	**$0.00**		**$75,196.43**	**$0.00**		**$75,196.43**	
301 Program Facilities		$720.00			$720.00			$720.00	
390 Facilities Operations		$3,325.00			$3,325.00			$3,325.00	
Total Occupancy		**$4,045.00**	**$0.00**		**$4,045.00**	**$0.00**		**$4,045.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$1,000.00			$1,000.00			$1,000.00	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract		$50,000.00			$50,000.00			$50,000.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies					$0.00			$0.00	
Total Non Personal Exp.		**$51,500.00**	**$0.00**		**$51,500.00**	**$0.00**		**$51,500.00**	
216 Program Support		$3,518.48			$3,518.48			$3,518.48	
Total Direct Administrative Exp.		**$3,518.48**	**$0.00**		**$3,518.48**	**$0.00**		**$3,518.48**	
SUBTOTAL PROGRAM COSTS		**$134,259.91**	**$0.00**		**$134,259.91**	**$0.00**		**$134,259.91**	
410 Agency Admin. Support Allocation	13.50%	$18,125.09			$18,125.09			$18,125.09	
PROGRAM TOTAL		**$152,385.00**	**$0.00**		**$152,385.00**	$0.00		**$152,385.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725082 - 2025 - CT - Bay State Community Svcs Inc

Master Contract Number:	INTF2902M04180725082		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	134

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$152,385.00	8	1	45131112	07/01/2024	06/30/2025

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$152,385.00
Line Item Budget Total:	$152,385.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	06/28/2023 11:06 PM
Created By:	Deandra Russo
Created Date:	06/28/2023 11:01 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.2	Original Amount:	$21,806.80
Expended Amount:	$0.00	Balance:	$21,806.80
Reimbursable Cost:	$21,806.80	Status:	Final

Current FTE:	0.2	Current Amount:	21806.8
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.4	Original Amount:	$24,483.26
Expended Amount:	$0.00	Balance:	$24,483.26
Reimbursable Cost:	$24,483.26	Status:	Final

Current FTE:	0.4	Current Amount:	24483.26

Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.13	Original Amount:	$15,600.00
Expended Amount:	$0.00	Balance:	$15,600.00
Reimbursable Cost:	$15,600.00	Status:	Final

Current FTE:	0.13	Current Amount:	15600
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,189.01
Expended Amount:	$0.00	Balance:	$6,189.01
Reimbursable Cost:	$6,189.01	Status:	Final

Current FTE:	0	Current Amount:	6189.01
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$7,117.36
Expended Amount:	$0.00	Balance:	$7,117.36
Reimbursable Cost:	$7,117.36	Status:	Final

Current FTE:	0	Current Amount:	7117.36
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$1,000.00
Reimbursable Cost:	$1,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

206 - Subcontracted Direct Care (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$50,000.00
Expended Amount:	$0.00	Balance:	$50,000.00
Reimbursable Cost:	$50,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	50000
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,518.48
Expended Amount:	$0.00	Balance:	$3,518.48
Reimbursable Cost:	$3,518.48	Status:	Final

Current FTE:	N/A	Current Amount:	3518.48
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$720.00
Expended Amount:	$0.00	Balance:	$720.00
Reimbursable Cost:	$720.00	Status:	Final

Current FTE:	N/A	Current Amount:	720
Offset:	0	Source:	
	Delete		

390 - Facilities Operation, Maintenance, Equipment and Furnishing (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,325.00
Expended Amount:	$0.00	Balance:	$3,325.00
Reimbursable Cost:	$3,325.00	Status:	Final

Current FTE:	N/A	Current Amount:	3325
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$18,125.09
Expended Amount:	$0.00	Balance:	$18,125.09
Reimbursable Cost:	$18,125.09	Status:	Final

Current FTE:	N/A	Current Amount:	18125.09
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	~~2024~~ 2025
Contract ID	INTF2902M04180725082

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name: Bay State Community Services, Inc.
DPH Program Name: Tobacco Cessation Program

Submitted by: Wanda Nascimento Date: 3·22·23 Phone: [redacted]
Provider/Vendor Authorized Signature
Wanda Nascimento
Print Name

Approved by: Date: 04/15/2023 Phone: 617-549-3420
DPH Program Manager
Alex Gomez
Print Name

INSTRUCTIONS:
Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted $ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with $ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
People Affecting Community Change (PACC)	83-1637976	$50,000.00	Site Coordinator	☐
		$		☐
		$		☐
		$		☐

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Vendors may use a standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 9/25/2020

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

05/23/2023

BERKSHIRE AREA HEALTH EDUCATION CTR INC
395 MAIN ST 1A
DALTON, MA 01226-1603

[redacted]

R/E: Contract #: INTF2902M04180725083

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention is amending your contract as indicated below:

Amendment Reason: Renewal

The contract total maximum obligation is $936,130.00.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	07/01/2017	06/30/2022	$508,000.00
Current Year	07/01/2022	06/30/2023	$142,710.00
Future Years	07/01/2023	06/30/2025	$285,420.00

If you have questions about your **award** please contact your program manager **Patricia Henley at patricia.henley@mass.gov.**

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Deandra Russo at Deandra.russo@mass.gov,** no later than close of business **05/31/2023.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:
The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: BERKSHIRE AREA HEALTH EDUCATION CTR INC	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 397 ~~395~~ MAIN ST ~~1A~~ DALTON, MA 01226-1603	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Sheila Dargie [redacted]	**Billing Address** (if different):
E-Mail: [redacted]	**Contract Manager**: Deandra Russo — **Phone**: 857-363-0475
Contractor Vendor Code: VC6000165985	**E-Mail**: Deandra.russo@mass.gov — **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 . (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s)**: INTF2902M04180725083 **RFR/Procurement or Other ID Number**: 180725

☐ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☑ CONTRACT AMENDMENT

Enter **Current Contract End Date** *Prior* to 06/30 , 20 23 ,

Amendment: Enter **Amendment Amount**: $ 285,420.00 . (or "no change")

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

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

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

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

- ☐ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
- ☑ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). $ 936,130.00

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

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

Renewal with Maximum Obligation Change

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

- ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
- ☑ 2. may be incurred as of 07/01, 20 23, 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 , 2025 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ . Date: 6/7/2023 . (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Gena Johnson . Print Title: Executive Director .	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:** X: _____ . Date: 6/15/2023 . (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Sharon Dyer . Print Title: Director, Purchase of Service

FY: 2023 Amendment # (if Applicable): _____ If Federal Funds,

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: BERKSHIRE AREA HEALTH EDUCATION CTR INC	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725083
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 397 Main Street	**MMARS Program Code:** 4770
City/State/Zip: Dalton MA 01226	**Other Reference Information (Information Purposes Only):**
Contact Person: Sheila Dargie **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☐ Interim ☐ Amendment **RFR Reference #** 180725 ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2023 to 6/30/2025

INITIAL DURATION: 7/1/2017 to 6/30/2023

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ OPTION 1: PRICE AGREEMENT (list price)

$_____

Rate Regulation (if any) N/A

[ ] OPTION 2: SUMMARY BUDGET ("T" Lines only)

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ OPTION 3: COMPLETED BUDGET

☐ Unit Rate

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	Amount	FY	Amount	FY	Amount
2018	$87,000.00	2023	$142,710.00	2024	$142,710.00
2019	$87,000.00			2025	$142,710.00
2020	$87,000.00				
2021	$112,000.00				
2022	$135,000.00				
Total:	$508,000.00	Total:	$142,710.00	Total:	$285,420.00
				Multi Years Total:	$936,130.00

Current Max Obligation: $_____ **Unit Rate:** $_____ per _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
BERKSHIRE AREA HEALTH EDUCATION CTR INC	VC6000165985

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Gena Johnson		Executive Director	[redacted]	

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Katrina Mattson	6-7-23
Print Name: Katrina Mattson	Phone Number: [redacted]
Title: Board Co-chair	Email Address: [redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2902M04180725083

Contract Amendment - Increase

Increase/Renewal

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts. The program focus will be to develop partnerships with local coalitions and community stakeholders working on related issues; build the capacity of communities to implement tobacco policies and interventions; mobilize communities and youth groups to take action; generate earned media; and implement communications initiatives. Programs are responsible for promoting racial and health equity and identifying and addressing health inequities while implementing this scope of service.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2024
Vendor Name:	Berkshire Area Health Education Center
Contract ID:	INTF2902M04180725083
Budget #	1

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$68,000.00			$68,000.00			$68,000.00	
102 Program Director	0.01	$6,497.00			$6,497.00			$6,497.00	
137 Secretarial/Clerical	0.1	$4,160.00			$4,160.00			$4,160.00	
103 Asistant Prog Dir	0.02	$3,284.00			$3,284.00			$3,284.00	
138 Program Support	0.06	$2,826.00			$2,826.00			$2,826.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	10%	$9,324.00			$9,324.00			$9,324.00	
151 Fringe Benefits	11.50%	$12,715.00			$12,715.00			$12,715.00	
Total Program Staff		**$106,806.00**	**$0.00**		**$106,806.00**	**$0.00**		**$106,806.00**	
301 Program Facilities		$2,400.00			$2,400.00			$2,400.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$2,400.00**	**$0.00**		**$2,400.00**	**$0.00**		**$2,400.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$750.00			$750.00			$750.00	
205 Staff mileage/travel		$1,500.00			$1,500.00			$1,500.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$1,200.00			$1,200.00			$1,200.00	
Total Non Personal Exp.		**$3,450.00**	**$0.00**		**$3,450.00**	**$0.00**		**$3,450.00**	
216 Program Support		$8,644.00			$8,644.00			$8,644.00	
Total Direct Administrative Exp.		**$8,644.00**	**$0.00**		**$8,644.00**	**$0.00**		**$8,644.00**	
SUBTOTAL PROGRAM COSTS		**$121,300.00**	**$0.00**		**$121,300.00**	**$0.00**		**$121,300.00**	
410 Agency Admin. Support Allocation	13.50%	$21,410.00			$21,410.00			$21,410.00	
PROGRAM TOTAL		**$142,710.00**	**$0.00**		**$142,710.00**	**$0.00**		**$142,710.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725083 - 2024 - CT - Berkshire Area Health Education Center Inc

Master Contract Number:	INTF2902M04180725083		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	88

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$142,710.00	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$142,710.00
Line Item Budget Total:	$142,710.00
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 01:40 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 01:17 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$68,000.00
Expended Amount:	$0.00	Balance:	$68,000.00
Reimbursable Cost:	$68,000.00	Status:	Pending

Current FTE:	0	Current Amount:	68000
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,497.00
Expended Amount:	$0.00	Balance:	$6,497.00
Reimbursable Cost:	$6,497.00	Status:	Pending

Current FTE:	0	Current Amount:	6497
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$3,284.00
Expended Amount:	$0.00	**Balance:**	$3,284.00
Reimbursable Cost:	$3,284.00	**Status:**	Pending

Current FTE:	0	**Current Amount:**	3284
Offset:	0	**Source:**	
	Delete		

137 - Program Secretarial, Clerical Staff (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$4,160.00
Expended Amount:	$0.00	**Balance:**	$4,160.00
Reimbursable Cost:	$4,160.00	**Status:**	Pending

Current FTE:	0	**Current Amount:**	4160
Offset:	0	**Source:**	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$2,826.00
Expended Amount:	$0.00	**Balance:**	$2,826.00
Reimbursable Cost:	$2,826.00	**Status:**	Pending

Current FTE:	0	**Current Amount:**	2826
Offset:	0	**Source:**	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$9,324.00
Expended Amount:	$0.00	**Balance:**	$9,324.00
Reimbursable Cost:	$9,324.00	**Status:**	Pending

Current FTE:	0	**Current Amount:**	9324
Offset:	0	**Source:**	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$12,715.00
Expended Amount:	$0.00	**Balance:**	$12,715.00
Reimbursable Cost:	$12,715.00	**Status:**	Pending

Current FTE:	0	**Current Amount:**	12715
Offset:	0	**Source:**	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$750.00
Expended Amount:	$0.00	**Balance:**	$750.00
Reimbursable Cost:	$750.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	750
Offset:	0	**Source:**	

	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$1,500.00
Expended Amount:	$0.00	**Balance:**	$1,500.00
Reimbursable Cost:	$1,500.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	1500
Offset:	0	**Source:**	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$1,200.00
Expended Amount:	$0.00	**Balance:**	$1,200.00
Reimbursable Cost:	$1,200.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	1200
Offset:	0	**Source:**	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$8,644.00
Expended Amount:	$0.00	**Balance:**	$8,644.00
Reimbursable Cost:	$8,644.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	8644
Offset:	0	**Source:**	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$2,400.00
Expended Amount:	$0.00	**Balance:**	$2,400.00
Reimbursable Cost:	$2,400.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	2400
Offset:	0	**Source:**	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$21,410.00
Expended Amount:	$0.00	**Balance:**	$21,410.00
Reimbursable Cost:	$21,410.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	21410
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	2025
Vendor Name:	Berkshire Area Health Education Center
Contract ID:	INTF2902M04180725083
Budget #	1

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$68,000.00			$68,000.00			$68,000.00	
102 Program Director	0.01	$6,497.00			$6,497.00			$6,497.00	
137 Secretarial/Clerical	0.1	$4,160.00			$4,160.00			$4,160.00	
103 Asistant Prog Dir	0.02	$3,284.00			$3,284.00			$3,284.00	
138 Program Support	0.06	$2,826.00			$2,826.00			$2,826.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes	10%	$9,324.00			$9,324.00			$9,324.00	
151 Fringe Benefits	11.50%	$12,715.00			$12,715.00			$12,715.00	
Total Program Staff		**$106,806.00**	**$0.00**		**$106,806.00**	**$0.00**		**$106,806.00**	
301 Program Facilities		$2,400.00			$2,400.00			$2,400.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$2,400.00**	**$0.00**		**$2,400.00**	**$0.00**		**$2,400.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$750.00			$750.00			$750.00	
205 Staff mileage/travel		$1,500.00			$1,500.00			$1,500.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$1,200.00			$1,200.00			$1,200.00	
Total Non Personal Exp.		**$3,450.00**	**$0.00**		**$3,450.00**	**$0.00**		**$3,450.00**	
216 Program Support		$8,644.00			$8,644.00			$8,644.00	
Total Direct Administrative Exp.		**$8,644.00**	**$0.00**		**$8,644.00**	**$0.00**		**$8,644.00**	
SUBTOTAL PROGRAM COSTS		**$121,300.00**	**$0.00**		**$121,300.00**	**$0.00**		**$121,300.00**	
410 Agency Admin. Support Allocation	13.50%	$21,410.00			$21,410.00			$21,410.00	
PROGRAM TOTAL		**$142,710.00**	**$0.00**		**$142,710.00**	**$0.00**		**$142,710.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725083 - 2025 - CT - Berkshire Area Health Education Center Inc

Master Contract Number:	INTF2902M04180725083		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	101

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$142,710.00	8	1	45131112	07/01/2024	06/30/2025

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$142,710.00
Line Item Budget Total:	$142,710.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	07/07/2023 02:45 PM
Created By:	Deandra Russo
Created Date:	07/07/2023 02:37 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	1	Original Amount:	$68,000.00
Expended Amount:	$0.00	Balance:	$68,000.00
Reimbursable Cost:	$68,000.00	Status:	Final

Current FTE:	1	Current Amount:	68000
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.01	Original Amount:	$6,497.00
Expended Amount:	$0.00	Balance:	$6,497.00
Reimbursable Cost:	$6,497.00	Status:	Final

Current FTE:	0.01	Current Amount:	6497

Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.02	Original Amount:	$3,284.00
Expended Amount:	$0.00	Balance:	$3,284.00
Reimbursable Cost:	$3,284.00	Status:	Final

Current FTE:	0.02	Current Amount:	3284
Offset:	0	Source:	
	Delete		

137 - Program Secretarial, Clerical Staff (Category 1. Direct Care / Program Staff)

Original FTE:	0.1	Original Amount:	$4,160.00
Expended Amount:	$0.00	Balance:	$4,160.00
Reimbursable Cost:	$4,160.00	Status:	Final

Current FTE:	0.1	Current Amount:	4160
Offset:	0	Source:	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0.06	Original Amount:	$2,826.00
Expended Amount:	$0.00	Balance:	$2,826.00
Reimbursable Cost:	$2,826.00	Status:	Final

Current FTE:	0.06	Current Amount:	2826
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$9,324.00
Expended Amount:	$0.00	Balance:	$9,324.00
Reimbursable Cost:	$9,324.00	Status:	Final

Current FTE:	0	Current Amount:	9324
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$12,715.00
Expended Amount:	$0.00	Balance:	$12,715.00
Reimbursable Cost:	$12,715.00	Status:	Final

Current FTE:	0	Current Amount:	12715
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$750.00
Expended Amount:	$0.00	Balance:	$750.00
Reimbursable Cost:	$750.00	Status:	Final

Current FTE:	N/A	Current Amount:	750
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,500.00
Expended Amount:	$0.00	Balance:	$1,500.00
Reimbursable Cost:	$1,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	1500
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,200.00
Expended Amount:	$0.00	Balance:	$1,200.00
Reimbursable Cost:	$1,200.00	Status:	Final

Current FTE:	N/A	Current Amount:	1200
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$8,644.00
Expended Amount:	$0.00	Balance:	$8,644.00
Reimbursable Cost:	$8,644.00	Status:	Final

Current FTE:	N/A	Current Amount:	8644
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$2,400.00
Expended Amount:	$0.00	Balance:	$2,400.00
Reimbursable Cost:	$2,400.00	Status:	Final

Current FTE:	N/A	Current Amount:	2400
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$21,410.00
Expended Amount:	$0.00	Balance:	$21,410.00
Reimbursable Cost:	$21,410.00	Status:	Final

Current FTE:	N/A	Current Amount:	21410
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

01/25/2024

BERKSHIRE AREA HEALTH EDUCATION CTR INC
397 ~~395~~ MAIN ST ~~1A~~
DALTON, MA 01226-1603

[redacted]

R/E: Contract #: INTF2902M04180725083

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention is amending your contract as indicated below:

Amendment Reason: Funding Increase

The contract total maximum obligation is $941,130.00.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	07/01/2017	06/30/2023	$650,710.00
Current Year	07/01/2023	06/30/2024	$147,710.00
Future Years	07/01/2024	06/30/2025	$142,710.00

If you have questions about your **award** please contact your program manager **Alex Gomez at alex.gomez@mass.gov.**

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Deandra Russo at Deandra.russo@mass.gov,** no later than close of business **02/01/2024.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: BERKSHIRE AREA HEALTH EDUCATION CTR INC	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 397 main St. ~~395~~ MAIN ST ~~1A~~ DALTON, MA 01226-1603	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Sheila Dargie [redacted]	**Billing Address (if different)**:
E-Mail: [redacted]	**Contract Manager**: Deandra Russo — **Phone**: 857-363-0475
Contractor Vendor Code: VC6000165985	**E-Mail**: Deandra.russo@mass.gov — **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address Id Must be set up for EFT payments.)**	**MMARS Doc ID(s)**: INTF2902M04180725083 **RFR/Procurement or Other ID Number**: 180725

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☑ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to 06/30 , 20 25 ,

Amendment: Enter **Amendment Amount**: $ 5,000.00 . (or "no change")

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

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

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

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

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

☑ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). $ 941,130.00

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

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

Maximum Obligation Change

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

- ☑ 1. may be incurred as of the Effective Date (latest signature date below) and **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 06/30 , 2025 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X: Sheila Dargie . Date: 1/31/2024	X: [signature] . Date: 2/8/2024 .
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: SHEILA DARGIE	Print Name: Sharon Dyer
Print Title: CENTER DIRECTOR	Print Title: Director, Purchase of Service

FY: 2024 Amendment # (if Applicable): _____ If Federal Funds,

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: BERKSHIRE AREA HEALTH EDUCATION CTR INC	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725083
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 397 Main Street	**MMARS Program Code:** 4770
City/State/Zip: Dalton MA 01226	**Other Reference Information (Information Purposes Only):**
Contact Person: Sheila Dargie **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached ☐ Legislative Exception ☐ Emergency ☐ Interim ☐ Amendment **RFR Reference #** 180725 ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2017 to 6/30/2025

INITIAL DURATION: 7/1/2017 to 6/30/2025

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ **OPTION 1: PRICE AGREEMENT (list price)**

$_____

Rate Regulation (if any) N/A

[ ] **OPTION 2: SUMMARY BUDGET ("T" Lines only)**

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ **OPTION 3: COMPLETED BUDGET**

☐ **Unit Rate**

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	**Amount**	**FY**	**Amount**	**FY**	**Amount**
2018	$87,000.00	2024	$147,710.00	2025	$142,710.00
2019	$87,000.00				
2020	$87,000.00				
2021	$112,000.00				
2022	$135,000.00				
2023	$142,710.00				
Total:	$650,710.00	Total:	$147,710.00	Total:	$142,710.00
			Multi Years Total:		$941,130.00

Current Max Obligation: $_____ **Unit Rate:** $_____ per _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
BERKSHIRE AREA HEALTH EDUCATION CTR INC	VC6000165985

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Sheila Dargie		Center Director	[redacted]	

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
	2/1/2024
Print Name	**Phone Number**
Gina Johnson	[redacted]
Title	**Email Address**
Executive Director	[redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2902M04180725083

Contract Amendment - Increase

FY24 Amendment: Additional $5,000 in funds is needed to travel to a conference in Atlanta to support the goals and priorities of the Community Partnership (CP) programs.

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: BERKSHIRE AREA HEALTH EDUCATION CTR INC - INTF2902M04180725083

☐ **New Contract** This form will only be included with packages where a procurement exception (waiver) supports the contract.
Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

☒ **Contract Amendment**

If choosing amendment you must check off one of the three types below and provide explanation

☒ **Increase**

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

FY24 Amendment Increase: Additional $5,000 in funds is needed to travel to a conference in Atlanta to support the goals and priorities of the Community Partnership (CP) programs.

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state

☐ **Decrease**

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

☐ **Other**

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

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	FY2024
Vendor Name:	**Berkshire Area Health Education Center**
Contract ID:	INTF2902M04180725083
Budget #	1

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

Amendment: Additional $5,000 in funds is needed to travel to a conference in Atlanta to support the goals and priorites of the Community Partnership (CP) programs.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$68,000.00	$0.00		$68,000.00			$68,000.00	
102 Program Director	0.01	$6,497.00	$0.00		$6,497.00			$6,497.00	
138 Program Support	0.1	$4,160.00	$0.00		$4,160.00			$4,160.00	
103 Asistant Prog Dir	0.02	$3,284.00	$0.00		$3,284.00			$3,284.00	
138 Program Support	0.01	$508.00	$0.00		$508.00			$508.00	
138 Program Support	0.05	$2,318.00	$0.00		$2,318.00			$2,318.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$9,324.00			$9,324.00			$9,324.00	
151 Fringe Benefits		$12,715.00			$12,715.00			$12,715.00	
Total Program Staff	**1.19**	**$106,806.00**	**$0.00**		**$106,806.00**	**$0.00**		**$106,806.00**	
301 Program Facilities		$2,400.00			$2,400.00			$2,400.00	
390 Facilities Operations					$0.00			$0.00	
Total Occupancy		**$2,400.00**	**$0.00**		**$2,400.00**	**$0.00**		**$2,400.00**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$750.00			$750.00			$750.00	
205 Staff mileage/travel		$1,500.00	$5,000.00		$6,500.00			$6,500.00	Funds added for travel to Atlanta for conference presentation
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
215 Program Supplies		$1,200.00			$1,200.00			$1,200.00	
Total Non Personal Exp.		**$3,450.00**	**$5,000.00**		**$8,450.00**	**$0.00**		**$8,450.00**	
216 Program Support		$8,644.00			$8,644.00			$8,644.00	
Total Direct Administrative Exp.		**$8,644.00**	**$0.00**		**$8,644.00**	**$0.00**		**$8,644.00**	
SUBTOTAL PROGRAM COSTS		**$121,300.00**	**$5,000.00**		**$126,300.00**	**$0.00**		**$126,300.00**	
410 Agency Admin. Support Allocation		$21,410.00			$21,410.00			$21,410.00	
PROGRAM TOTAL		**$142,710.00**	**$5,000.00**		**$147,710.00**	**$0.00**		**$147,710.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725083 - 2024 - CT - Berkshire Area Health Education Center Inc

Master Contract Number:	INTF2902M04180725083		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	107

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$84,847.02	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$147,710.00
Line Item Budget Total:	$147,710.00
Remaining Amount:	$0.00
Modified By:	Jackie Doane
Modified Date:	02/23/2024 12:28 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 01:17 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$68,000.00
Expended Amount:	$32,740.76	Balance:	$35,259.24
Reimbursable Cost:	$68,000.00	Status:	Final

Current FTE:	1	Current Amount:	68000
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$6,497.00
Expended Amount:	$3,128.19	Balance:	$3,368.81
Reimbursable Cost:	$6,497.00	Status:	Final

Current FTE:	0.01	Current Amount:	6497
Offset:	0	Source:	
	Delete		

103 - Assistant Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$3,284.00
Expended Amount:	$1,581.19	**Balance:**	$1,702.81
Reimbursable Cost:	$3,284.00	**Status:**	Final

Current FTE:	0.02	**Current Amount:**	3284
Offset:	0	**Source:**	
	Delete		

137 - Program Secretarial, Clerical Staff (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$4,160.00
Expended Amount:	$2,002.91	**Balance:**	$2,157.09
Reimbursable Cost:	$4,160.00	**Status:**	Final

Current FTE:	0.1	**Current Amount:**	4160
Offset:	0	**Source:**	
	Delete		

138 - Program Support, Housekeeping, Maintenance, Janitorial, Groundskeeper, Driver, Cook (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$2,826.00
Expended Amount:	$1,360.58	**Balance:**	$1,465.42
Reimbursable Cost:	$2,826.00	**Status:**	Final

Current FTE:	0.06	**Current Amount:**	2826
Offset:	0	**Source:**	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$9,324.00
Expended Amount:	$4,358.61	**Balance:**	$4,965.39
Reimbursable Cost:	$9,324.00	**Status:**	Final

Current FTE:	0	**Current Amount:**	9324
Offset:	0	**Source:**	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	**Original Amount:**	$12,715.00
Expended Amount:	$6,122.09	**Balance:**	$6,592.91
Reimbursable Cost:	$12,715.00	**Status:**	Final

Current FTE:	0	**Current Amount:**	12715
Offset:	0	**Source:**	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$750.00
Expended Amount:	$100.00	**Balance:**	$650.00
Reimbursable Cost:	$750.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	750
Offset:	0	**Source:**	

	Delete

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$1,500.00
Expended Amount:	$741.05	**Balance:**	$5,758.95
Reimbursable Cost:	$6,500.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	6500
Offset:	0	**Source:**	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$1,200.00
Expended Amount:	$493.84	**Balance:**	$706.16
Reimbursable Cost:	$1,200.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1200
Offset:	0	**Source:**	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$8,644.00
Expended Amount:	$861.56	**Balance:**	$7,782.44
Reimbursable Cost:	$8,644.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	8644
Offset:	0	**Source:**	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$2,400.00
Expended Amount:	$1,200.00	**Balance:**	$1,200.00
Reimbursable Cost:	$2,400.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	2400
Offset:	0	**Source:**	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$21,410.00
Expended Amount:	$8,172.20	**Balance:**	$13,237.80
Reimbursable Cost:	$21,410.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	21410
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

Gandara Mental Health Center Inc - INTF2902M04180725084

Line Item Amendment

From: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Sent: Monday, May 20, 2024 1:55 PM
To: Baptiste, Linda (DPH) <linda.baptiste@mass.gov>
Subject: FW: Request Amendment

Hi Linda,

This is approved. Please let me know if you have any questions.

Thanks,
Alex Gomez
In office: M, T, W, Th.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Tuesday, April 23, 2024 10:09 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

Line 101 (why being decreased) – This line is being decreased as a result of the staff person in that line being on medical leave for the second part of this fiscal year and the delay in reallocating another staff person into this position. New FTE 0. Position will be vacant for the rest of the fiscal year.

Line 301 (why this is being increased)- This line is being increased because the program moved from Maple st Springfield to 1095 Main Street Springfield. The rent and utilities are slightly higher in the new location.

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725084

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Gandara Mental Health Center Inc

Provider Email address: [redacted]

Contract Maximum Obligation: $91,000.00

Current Capacity Limit: New Capacity Limit:

Reason : There was no one in this position at the beginning of the fiscal year. As a result no funds were expended. The position is now filled.

Budget Number: 1

Budget Maximum Obligation: $91,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$55,680.00	($5,000.00)	$50,680.00
102-Program Director	$3,468.00	$0.00	$3,468.00
150-Payroll Taxes	$5,323.00	$0.00	$5,323.00
151-Fringe Benefits	$5,915.00	$0.00	$5,915.00
201-Direct Care Prog	$3,100.00	$0.00	$3,100.00
204-Staff Training	$500.00	$0.00	$500.00
205-Staff Mileage/Tr	$1,400.00	$0.00	$1,400.00
215-Program Supplies	$500.00	$0.00	$500.00
216-Program Support	$1,800.00	$0.00	$1,800.00
301-Program Faciliti	$3,900.00	$5,000.00	$8,900.00
410-Agency and Progr	$9,414.00	$0.00	$9,414.00

Budget Total: $91,000.00

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725084 - 2024 - CT - Gandara Mental Health Center Inc

Master Contract Number:	INTF2902M04180725084		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	8	EIM Version Number:	103

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$70,470.75	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$91,000.00
Line Item Budget Total:	$91,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	05/20/2024 01:53 PM
Created By:	Deandra Russo
Created Date:	07/12/2023 01:49 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.1	Original Amount:	$55,680.00
Expended Amount:	$8,060.77	Balance:	$42,619.23
Reimbursable Cost:	$50,680.00	Status:	Final

Current FTE:	0	Current Amount:	50680
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.05	Original Amount:	$3,468.00
Expended Amount:	$2,537.47	Balance:	$930.53
Reimbursable Cost:	$3,468.00	Status:	Final

Current FTE:	0.05	Current Amount:	3468

Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,323.00
Expended Amount:	$1,006.02	Balance:	$4,316.98
Reimbursable Cost:	$5,323.00	Status:	Final

Current FTE:	0	Current Amount:	5323
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,915.00
Expended Amount:	$458.17	Balance:	$5,456.83
Reimbursable Cost:	$5,915.00	Status:	Final

Current FTE:	0	Current Amount:	5915
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,100.00
Expended Amount:	$0.00	Balance:	$3,100.00
Reimbursable Cost:	$3,100.00	Status:	Final

Current FTE:	N/A	Current Amount:	3100
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,400.00
Expended Amount:	$0.00	Balance:	$1,400.00
Reimbursable Cost:	$1,400.00	Status:	Final

Current FTE:	N/A	Current Amount:	1400
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$492.24	Balance:	$7.76
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,800.00
Expended Amount:	$1,101.76	Balance:	$698.24
Reimbursable Cost:	$1,800.00	Status:	Final

Current FTE:	N/A	Current Amount:	1800
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,900.00
Expended Amount:	$3,574.15	Balance:	$5,325.85
Reimbursable Cost:	$8,900.00	Status:	Final

Current FTE:	N/A	Current Amount:	8900
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$9,414.00
Expended Amount:	$3,298.67	Balance:	$6,115.33
Reimbursable Cost:	$9,414.00	Status:	Final

Current FTE:	N/A	Current Amount:	9414
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

05/23/2023

GANDARA MENTAL HEALTH CENTER INC CENTER
933 E COLUMBUS AVE
SPRINGFIELD, MA 01105-2509

[redacted]

R/E: Contract #: INTF2902M04180725084

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention is amending your contract as indicated below:

Amendment Reason: Renewal

The contract total maximum obligation is $740,200.00.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	07/01/2017	06/30/2022	$467,200.00
Current Year	07/01/2022	06/30/2023	$91,000.00
Future Years	07/01/2023	06/30/2025	$182,000.00

If you have questions about your **award** please contact your program manager **Patricia Henley at patricia.henley@mass.gov.**

5-31-23

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Deandra Russo at Deandra.russo@mass.gov,** no later than close of business **05/31/2023.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: GANDARA MENTAL HEALTH CENTER INC CENTER	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 933 E COLUMBUS AVE SPRINGFIELD, MA 01105-2509	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Lois Nesci — **Phone**: [redacted]	**Billing Address** (if different):
E-Mail [redacted] — **Fax**:	**Contract Manager**: Deandra Russo — **Phone**: 857-363-0475
Contractor Vendor Code: VC6000164596	**E-Mail**: Deandra.russo@mass.gov — **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 . (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s)**: INTF2902M04180725084 **RFR/Procurement or Other ID Number**: 180725

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☑ **CONTRACT AMENDMENT**

Enter **Current Contract End Date** ***Prior*** to 06/30 , 20 23 ,
Amendment: Enter **Amendment Amount**: $ 182,000.00 . (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). $ 740,200.00

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

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

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

☐ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.
☑ 2. may be incurred as of 07/01, 20 23, 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 , 2025 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Lois Nesci . Date: 6-23-23
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Lois Nesci .
Print Title: CEO .

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Sharon Dyer . Date: 6/22/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Sharon Dyer .
Print Title: Director, Purchase of Service

FY: 2023 Amendment # (if Applicable): _____ If Federal Funds,

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: GANDARA MENTAL HEALTH CENTER INC CENTER	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725084
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 147 NORMAN ST	**MMARS Program Code:** 4770
City/State/Zip: W SPRINGFIELD MA 01089-5003	**Other Reference Information (Information Purposes Only):**
Contact Person: Lois Nesci **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached **RFR Reference #** 180725

☐ Legislative Exception ☐ Emergency

☐ Interim ☐ Amendment ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached RFR Info CH257

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2023 to 6/30/2025

INITIAL DURATION: 7/1/2017 to 6/30/2023

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ **OPTION 1: PRICE AGREEMENT (list price)**

$_____

Rate Regulation (if any) N/A

[ ] OPTION 2: SUMMARY BUDGET ("T" Lines only)

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ **OPTION 3: COMPLETED BUDGET**

☐ Unit Rate

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	Amount	FY	Amount	FY	Amount
2018	$85,000.00	2023	$91,000.00	2024	$91,000.00
2019	$85,000.00			2025	$91,000.00
2020	$85,000.00				
2021	$110,000.00				
2022	$102,200.00				
Total:	$467,200.00	Total:	$91,000.00	Total:	$182,000.00
				Multi Years Total:	$740,200.00

Current Max Obligation: $_____ **Unit Rate:** $_____ per _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME: GANDARA MENTAL HEALTH CENTER INC CENTER
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000164596

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: ***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Lois Nesci	CEO
Jeffrey McGeary	COO & Sr. VP
Janine Kent	CFO
James Donnelly	Board President
Sterling Hall	Board Treasurer

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

Lois Nesci
Signature

Date: 5-16-22

Title: CEO

Telephone: [redacted]

Fax:

Email: [redacted]

[Listing can not be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2902M04180725084

Contract Amendment - Increase

Increase/Renewal

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts. The program focus will be to develop partnerships with local coalitions and community stakeholders working on related issues; build the capacity of communities to implement tobacco policies and interventions; mobilize communities and youth groups to take action; generate earned media; and implement communications initiatives. Programs are responsible for promoting racial and health equity and identifying and addressing health inequities while implementing this scope of service.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY24
Vendor Name:	**Gándara Mental Health Center, Inc.**
Contract ID:	INTF2902M04180725084
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$55,680.00			$55,680.00			$55,680.00	
102 Program Director	0.05	$3,468.00			$3,468.00			$3,468.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$5,323.00			$5,323.00			$5,323.00	
151 Fringe Benefits		$5,915.00			$5,915.00			$5,915.00	
Total Program Staff		**$70,386.00**	**$0.00**		**$70,386.00**	**$0.00**		**$70,386.00**	
301 Program Facilities		$3,900.00			$3,900.00			$3,900.00	
390 Facilities Operations		$0.00			$0.00			$0.00	
Total Occupancy		**$3,900.00**	**$0.00**		**$3,900.00**	**$0.00**		**$3,900.00**	
201 Consultant		$3,100.00			$3,100.00			$3,100.00	
202 Temporary Help		$0.00			$0.00			$0.00	
203 Prov. Reimb/Stipends		$0.00			$0.00			$0.00	
204 Staff Training		$500.00			$500.00			$500.00	
205 Staff mileage/travel		$1,400.00			$1,400.00			$1,400.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$500.00			$500.00			$500.00	
Total Non Personal Exp.		**$5,500.00**	**$0.00**		**$5,500.00**	**$0.00**		**$5,500.00**	
216 Program Support		$1,800.00			$1,800.00			$1,800.00	
Total Direct Administrative Exp.		**$1,800.00**	**$0.00**		**$1,800.00**	**$0.00**		**$1,800.00**	
SUBTOTAL PROGRAM COSTS		**$81,586.00**	**$0.00**		**$81,586.00**	**$0.00**		**$81,586.00**	
410 Agency Admin. Support Allocation		$9,414.00			$9,414.00			$9,414.00	
PROGRAM TOTAL		**$91,000.00**	**$0.00**		**$91,000.00**	**$0.00**		**$91,000.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725084 - 2024 - CT - Gandara Mental Health Center Inc

Master Contract Number:	INTF2902M04180725084		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	8	EIM Version Number:	87

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$91,000.00	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$91,000.00
Line Item Budget Total:	$91,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	07/13/2023 12:29 PM
Created By:	Deandra Russo
Created Date:	07/12/2023 01:49 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0.1	Original Amount:	$55,680.00
Expended Amount:	$0.00	Balance:	$55,680.00
Reimbursable Cost:	$55,680.00	Status:	Final

Current FTE:	0.1	Current Amount:	55680
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.05	Original Amount:	$3,468.00
Expended Amount:	$0.00	Balance:	$3,468.00
Reimbursable Cost:	$3,468.00	Status:	Final

Current FTE:	0.05	Current Amount:	3468

Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,323.00
Expended Amount:	$0.00	Balance:	$5,323.00
Reimbursable Cost:	$5,323.00	Status:	Final

Current FTE:	0	Current Amount:	5323
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,915.00
Expended Amount:	$0.00	Balance:	$5,915.00
Reimbursable Cost:	$5,915.00	Status:	Final

Current FTE:	0	Current Amount:	5915
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,100.00
Expended Amount:	$0.00	Balance:	$3,100.00
Reimbursable Cost:	$3,100.00	Status:	Final

Current FTE:	N/A	Current Amount:	3100
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,400.00
Expended Amount:	$0.00	Balance:	$1,400.00
Reimbursable Cost:	$1,400.00	Status:	Final

Current FTE:	N/A	Current Amount:	1400
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,800.00
Expended Amount:	$0.00	Balance:	$1,800.00
Reimbursable Cost:	$1,800.00	Status:	Final

Current FTE:	N/A	Current Amount:	1800
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,900.00
Expended Amount:	$0.00	Balance:	$3,900.00
Reimbursable Cost:	$3,900.00	Status:	Final

Current FTE:	N/A	Current Amount:	3900
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$9,414.00
Expended Amount:	$0.00	Balance:	$9,414.00
Reimbursable Cost:	$9,414.00	Status:	Final

Current FTE:	N/A	Current Amount:	9414
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY25
Vendor Name:	**Gándara Mental Health Center, Inc.**
Contract ID:	INTF2902M04180725084
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	1	$55,680.00			$55,680.00			$55,680.00	
102 Program Director	0.05	$3,468.00			$3,468.00			$3,468.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$5,323.00			$5,323.00			$5,323.00	
151 Fringe Benefits		$5,915.00			$5,915.00			$5,915.00	
Total Program Staff		**$70,386.00**	**$0.00**		**$70,386.00**	**$0.00**		**$70,386.00**	
301 Program Facilities		$3,900.00			$3,900.00			$3,900.00	
390 Facilities Operations		$0.00			$0.00			$0.00	
Total Occupancy		**$3,900.00**	**$0.00**		**$3,900.00**	**$0.00**		**$3,900.00**	
201 Consultant		$3,100.00			$3,100.00			$3,100.00	
202 Temporary Help		$0.00			$0.00			$0.00	
203 Prov. Reimb/Stipends		$0.00			$0.00			$0.00	
204 Staff Training		$500.00			$500.00			$500.00	
205 Staff mileage/travel		$1,400.00			$1,400.00			$1,400.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$500.00			$500.00			$500.00	
Total Non Personal Exp.		**$5,500.00**	**$0.00**		**$5,500.00**	**$0.00**		**$5,500.00**	
216 Program Support		$1,800.00			$1,800.00			$1,800.00	
Total Direct Administrative Exp.		**$1,800.00**	**$0.00**		**$1,800.00**	**$0.00**		**$1,800.00**	
SUBTOTAL PROGRAM COSTS		**$81,586.00**	**$0.00**		**$81,586.00**	**$0.00**		**$81,586.00**	
410 Agency Admin. Support Allocation		$9,414.00			$9,414.00			$9,414.00	
PROGRAM TOTAL		**$91,000.00**	**$0.00**		**$91,000.00**	**$0.00**		**$91,000.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725084 - 2025 - CT - Gandara Mental Health Center Inc

Master Contract Number:	INTF2902M04180725084		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	8	EIM Version Number:	98

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$91,000.00	8	1	45131112	07/01/2024	06/30/2025

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

You have successfully updated the record.

Budget Maximum Obligation:	$91,000.00
Line Item Budget Total:	$91,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	07/13/2023 12:55 PM
Created By:	Deandra Russo
Created Date:	07/13/2023 12:30 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	1	Original Amount:	$55,680.00
Expended Amount:	$0.00	Balance:	$55,680.00
Reimbursable Cost:	$55,680.00	Status:	Final

Current FTE:	1	Current Amount:	55680
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0.05	Original Amount:	$3,468.00
Expended Amount:	$0.00	Balance:	$3,468.00
Reimbursable Cost:	$3,468.00	Status:	Final

Current FTE:	0.05	Current Amount:	3468

Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,323.00
Expended Amount:	$0.00	Balance:	$5,323.00
Reimbursable Cost:	$5,323.00	Status:	Final

Current FTE:	0	Current Amount:	5323
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,915.00
Expended Amount:	$0.00	Balance:	$5,915.00
Reimbursable Cost:	$5,915.00	Status:	Final

Current FTE:	0	Current Amount:	5915
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$3,100.00
Expended Amount:	$0.00	Balance:	$3,100.00
Reimbursable Cost:	$3,100.00	Status:	Final

Current FTE:	N/A	Current Amount:	3100
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,400.00
Expended Amount:	$0.00	Balance:	$1,400.00
Reimbursable Cost:	$1,400.00	Status:	Final

Current FTE:	N/A	Current Amount:	1400
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,800.00
Expended Amount:	$0.00	Balance:	$1,800.00
Reimbursable Cost:	$1,800.00	Status:	Final

Current FTE:	N/A	Current Amount:	1800
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,900.00
Expended Amount:	$0.00	Balance:	$3,900.00
Reimbursable Cost:	$3,900.00	Status:	Final

Current FTE:	N/A	Current Amount:	3900
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		Original Amount:	$9,414.00
Expended Amount:	$0.00	Balance:	$9,414.00
Reimbursable Cost:	$9,414.00	Status:	Final

Current FTE:	N/A	Current Amount:	9414
Offset:	0	Source:	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

05/23/2023

GREATER LAWRENCE FAMILY HEALTH CENTER INC
1 GRIFFIN BROOK DR STE 101
METHUEN, MA 01844-1865

[redacted]

R/E: Contract #: INTF2902M04180725085

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention is amending your contract as indicated below:

Amendment Reason: Renewal

The contract total maximum obligation is $859,375.00.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Year	07/01/2017	06/30/2022	$543,175.00
Current Year	07/01/2022	06/30/2023	$105,400.00
Future Years	07/01/2023	06/30/2025	$210,800.00

If you have questions about your **award** please contact your program manager Jacqueline Doane at jacqueline.doane@mass.gov.

Enclosed please find a Standard Contract package for you to review, sign and return via email scan. Please take note of the following:

- **STANDARD CONTRACT FORM**

  This form must be signed with an **authorized signature**, dated and returned via email scan. Do not use correction fluid anywhere on the forms.

  All attachments must be completed for your contract package to be processed.

- **CONTRACTOR AUTHORIZED SIGNATORY LISTING (CASL)**

  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact Deandra Russo at Deandra.russo@mass.gov.

Please sign with an **authorized signature** and return the contract package via email scan to Deandra Russo at Deandra.russo@mass.gov, no later than close of business 05/31/2023.

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
   b. An uploaded picture of the signatory's hand drawn signature
4. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign

Please Note:

The typed text of a signature even in computer-generated cursive script, or an electronic symbol, **are not acceptable forms** of electronic signature.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: GREATER LAWRENCE FAMILY HEALTH CENTER INC	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 1 GRIFFIN BROOK DR STE 101 METHUEN, MA 01844-1865	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Sandra Silva **Phone**: [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax**:	**Contract Manager**: Deandra Russo **Phone**: 857-363-0475
Contractor Vendor Code: VC6000166708	**E-Mail**: Deandra.russo@mass.gov **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 . (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s):** INTF2902M04180725085 **RFR/Procurement or Other ID Number**: 180725

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☑ **CONTRACT AMENDMENT**

Enter **Current Contract End Date** ***Prior*** to 06/30 , **20** 23 .

Amendment: Enter **Amendment Amount**: $ 210,800.00 . (or "no change")

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

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

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

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

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

✓ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). $ 859,375. 00

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

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

Renewal with Maximum Obligation Change

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

☐ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

☑ 2. may be incurred as of 07/01, **20** 23, 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 25 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Guy Fish (Jun 15, 2023 16:16 EDT) . Date: 06/15/20 23

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Guy Fish .

Print Title: President & CEO .

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: . Date: 6/28/2023 .

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Sharon Dyer .

Print Title: Director, Purchase of Service .

FY: 2023 **Amendment # (if Applicable):** _____ **If Federal Funds,**

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: GREATER LAWRENCE FAMILY HEALTH CENTER INC	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725085
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 1 Griffin Brook Dr. Suite 101	**MMARS Program Code:** 4770
City/State/Zip: Methuen MA 01844	**Other Reference Information (Information Purposes Only):**
Contact Person: Sandra Silva **Telephone:** [redacted]	**Contact Person:** Deandra Russo **Telephone:** 857-363-0475

RFR INFORMATION: ☐ Attached **RFR Reference#** 180725

☐ Legislative Exception ☐ Emergency

☐ Interim ☐ Amendment ☐ Collective Purchase

SCOPE OF SERVICES: ☑ Bidders Response Attached ☐ Description of Services Attached **RFR Info CH257**

TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2023 **to** 6/30/2025

INITIAL DURATION: 7/1/2017 **to** 6/30/2023

OPTIONS TO RENEW: ******Refer to RFR for options to renew and for the years for each option*******

FISCAL TERMS

Price is established through: (Check 1, 2, or 3)

☐ **OPTION 1: PRICE AGREEMENT (list price)**

$_____

Rate Regulation (if any) N/A

[ ] OPTION 2: SUMMARY BUDGET ("T" Lines only)

[ ] Unit Rate

[ ] Cost Reimbursement

[ ] Other _____

☑ **OPTION 3: COMPLETED BUDGET**

☐ **Unit Rate**

☑ Cost Reimbursement

[ ] Other _____

FUNDING SUMMARY

Prior Years		Current Years		Future Years	
FY	**Amount**	**FY**	**Amount**	**FY**	**Amount**
2018	$95,000.00	2023	$105,400.00	2024	$105,400.00
2019	$95,000.00			2025	$105,400.00
2020	$95,000.00				
2021	$120,000.00				
2022	$138,175.00				
Total:	$543,175.00	Total:	$105,400.00	Total:	$210,800.00

Multi Years Total: $859,375.00

Current Max Obligation: $_____ **Unit Rate: $**_____ **per** _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
Greater Lawrence Family Health Center	VC6000166708

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

There are three types of electronic signatures that will be accepted on this form: **1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign.** Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Guy Fish	Guy Fish (Jun 15, 2023 16:16 EDT)	President & CEO	[redacted]	[redacted]
Saifur Rahman	Saifur Rahman (Jun 12, 2023 22:01 EDT)	COO	[redacted]	[redacted]

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Guy Fish (Jun 15, 2023 16:16 EDT)	06/15/2023
Print Name: Guy Fish	Phone Number: [redacted]
Title: President & CEO	Email Address: [redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID#: INTF2902M04180725085

Contract Amendment - Increase

Increase/Renewal
The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts. The program focus will be to develop partnerships with local coalitions and community stakeholders working on related issues; build the capacity of communities to implement tobacco policies and interventions; mobilize communities and youth groups to take action; generate earned media; and implement communications initiatives. Programs are responsible for promoting racial and health equity and identifying and addressing health inequities while implementing this scope of service

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY 24
Vendor Name:	**GREATER LAWRENCE FAMILY HEALTH CENTER INC**
Contract ID:	INTF2902M04180725085
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

UFR# Program Component UFR# Codes on Tab below	Current FTE	Current Amount	Amendment Amount +/-	New FTE	New Amount	Offset Amount	*Offset Funding Source	Amended/New Budget Reimbursement Total	Budget Narrative ALT + ENTER for return
101 Program Manager	0.15	$11,786.00			$11,786.00			$11,786.00	With a budgeted 3% increase
102 Program Director	1	$65,000.00			$65,000.00			$65,000.00	With a budgeted 3% increase
137 Secretarial/Clerical					$0.00			$0.00	
103 Asistant Prog Dir					$0.00			$0.00	
138 Program Support					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$5,375.02			$5,375.02			$5,375.02	8.2% of total payroll
151 Fringe Benefits		$8,446.08			$8,446.08			$8,446.08	11.5% of total payroll
Total Program Staff		**$90,607.10**	**$0.00**		**$90,607.10**	**$0.00**		**$90,607.10**	
301 Program Facilities					$0.00			$0.00	Space
390 Facilities Operations					$0.00			$0.00	Utilities and maintenace
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
201 Consultant					$0.00			$0.00	Funds will be used to support organizations looking to advance the health and wellbeing of BIPOC mothers and their newborn babies.
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$1,000.00			$1,000.00			$1,000.00	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$1,000.00			$1,000.00			$1,000.00	
Total Non Personal Exp.		**$2,500.00**	**$0.00**		**$2,500.00**	**$0.00**		**$2,500.00**	
216 Program Support		$1,000.00			$1,000.00			$1,000.00	
Total Direct Administrative Exp.		**$1,000.00**	**$0.00**		**$1,000.00**	**$0.00**		**$1,000.00**	
SUBTOTAL PROGRAM COSTS		**$94,107.10**	**$0.00**		**$94,107.10**	**$0.00**		**$94,107.10**	
410 Agency Admin. Support Allocation	9.60%	$11,292.90			$11,292.90			$11,292.90	9.6% of total expenses
PROGRAM TOTAL		**$105,400.00**	**$0.00**		**$105,400.00**	**$0.00**		**$105,400.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725085 - 2024 - CT - Greater Lawrence Family Health Ctr

Master Contract Number:	INTF2902M04180725085		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	8	EIM Version Number:	85

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$105,400.00	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$105,400.00
Line Item Budget Total:	$105,400.00
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 04:47 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 04:37 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$11,786.00
Expended Amount:	$0.00	Balance:	$11,786.00
Reimbursable Cost:	$11,786.00	Status:	Pending

Current FTE:	0	Current Amount:	11786
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$65,000.00
Expended Amount:	$0.00	Balance:	$65,000.00
Reimbursable Cost:	$65,000.00	Status:	Pending

Current FTE:	0	Current Amount:	65000
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$5,375.02
Expended Amount:	$0.00	Balance:	$5,375.02
Reimbursable Cost:	$5,375.02	Status:	Pending

Current FTE:	0	Current Amount:	5375.02
Offset:	0	Source:	
	Delete		

151 - Fringe Benefits (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$8,446.08
Expended Amount:	$0.00	Balance:	$8,446.08
Reimbursable Cost:	$8,446.08	Status:	Pending

Current FTE:	0	Current Amount:	8446.08
Offset:	0	Source:	
	Delete		

204 - Staff Training (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$1,000.00
Reimbursable Cost:	$1,000.00	Status:	Pending

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

205 - Staff Mileage/Travel (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$500.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Pending

Current FTE:	N/A	Current Amount:	500
Offset:	0	Source:	
	Delete		

215 - Program Supplies, Materials and Expendable Items of Equipment and Furnishings (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$1,000.00
Reimbursable Cost:	$1,000.00	Status:	Pending

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

216 - Program Support (Category 2. Other Direct Care/Program Resources)

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$0.00	Balance:	$1,000.00
Reimbursable Cost:	$1,000.00	Status:	Pending

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

410 - Agency and Program Administration and Support (Category 4. Administrative Support)

Original FTE:		**Original Amount:**	$11,292.90
Expended Amount:	$0.00	**Balance:**	$11,292.90
Reimbursable Cost:	$11,292.90	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	11292.9
Offset:	0	**Source:**	
	Delete		

Finalize | Save Changes | Delete Line Item Budget | Add Line Item Budget Component

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY 25
Vendor Name:	**GREATER LAWRENCE FAMILY HEALTH CENTER INC**
Contract ID:	INTF2902M04180725085
Budget #	**1**

REASON FOR CONTRACT/ENGAGEMENT AMENDMENT - Enter Below
ALT + ENTER for return

The primary purpose of the Community Partnership (CP) programs is to support MTCP goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and eliminate tobacco-related disparities. Programs will provide technical assistance and capacity building to community groups, local and state decision-makers, schools, healthcare providers, and workplaces on tobacco intervention efforts.

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103 Asistant Prog Dir					$0.00			$0.00	
138 Program Support					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
150 Payroll Taxes		$5,375.02			$5,375.02			$5,375.02	8.2% of total payroll
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Total Program Staff		**$90,607.10**	**$0.00**		**$90,607.10**	**$0.00**		**$90,607.10**	
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390 Facilities Operations					$0.00			$0.00	Utilities and maintenace
Total Occupancy		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
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203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$1,000.00			$1,000.00			$1,000.00	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract					$0.00			$0.00	
207 Meals					$0.00			$0.00	
208A Vehicle					$0.00			$0.00	
208B Vehicle Expenses					$0.00			$0.00	
208C Vehicle Depreciation					$0.00			$0.00	
211 Client Personal Allowances					$0.00			$0.00	
212 Provision of Material Goods					$0.00			$0.00	
213 Data Processing					$0.00			$0.00	
214 Commercial Income Resources					$0.00			$0.00	
215 Program Supplies		$1,000.00			$1,000.00			$1,000.00	
Total Non Personal Exp.		**$2,500.00**	**$0.00**		**$2,500.00**	**$0.00**		**$2,500.00**	
216 Program Support		$1,000.00			$1,000.00			$1,000.00	
Total Direct Administrative Exp.		**$1,000.00**	**$0.00**		**$1,000.00**	**$0.00**		**$1,000.00**	
SUBTOTAL PROGRAM COSTS		**$94,107.10**	**$0.00**		**$94,107.10**	**$0.00**		**$94,107.10**	
410 Agency Admin. Support Allocation	9.60%	$11,292.90			$11,292.90			$11,292.90	9.6% of total expenses
PROGRAM TOTAL		**$105,400.00**	**$0.00**		**$105,400.00**	**$0.00**		**$105,400.00**	

Contract
» Contract Summary
» Fund Allocations
» Amendments
» Line Item Budgets
» Affiliates
» Activities
» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725085 - 2025 - CT - Greater Lawrence Family Health Ctr

Master Contract Number:	INTF2902M04180725085		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	8	EIM Version Number:	85

Budget Number	Activity Code	Activity Name
1	4770	Tobacco Control Community Coalitions

Select Accounting Line	Current Amount	Commodity Line Number	Accounting Line Number	Appropriation Number	Effective From	Effective To
☐	$105,400.00	8	1	45131112	07/01/2024	06/30/2025

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$105,400.00
Line Item Budget Total:	$105,400.00
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 05:02 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 04:30 PM
Comments:	

101 - Program Function Manager (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$11,786.00
Expended Amount:	$0.00	Balance:	$11,786.00
Reimbursable Cost:	$11,786.00	Status:	Pending

Current FTE:	0	Current Amount:	11786
Offset:	0	Source:	
	Delete		

102 - Program Director (Category 1. Direct Care / Program Staff)

Original FTE:	0	Original Amount:	$65,000.00
Expended Amount:	$0.00	Balance:	$65,000.00
Reimbursable Cost:	$65,000.00	Status:	Pending

Current FTE:	0	Current Amount:	65000
Offset:	0	Source:	
	Delete		

150 - Payroll Taxes (Category 1. Direct Care / Program Staff)