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

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

03/28/2024

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: Funding Increase

The contract total maximum obligation is $889,375.00.

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 Years	07/01/2017	06/30/2023	$648,575.00
Current Year	07/01/2023	06/30/2024	$135,400.00
Future Years	07/01/2024	06/30/2025	$105,400.00

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 **04/04/2024.**

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: 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 25.
Amendment: Enter **Amendment Amount:** $ 30,000.00. (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). $ 889,375.00

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.)

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: [signature] Date: 04/09/2024	X: [signature] Date: 4/11/2024
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Guy Fish	Print Name: Sharon Dyer
Print Title: President & CEO	Print Title: Director, Purchase of Service

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 INC	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 (Apr [redacted], 2024 09:15 EDT)	President & CEO	[redacted]	[redacted]
Maria Coppenrath	Maria Coppenrath (April [redacted] 2024 10:17 EDT)	CFO		

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 (Apr [redacted], 2024 09:15 EDT)	04/09/2024
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.

FY: 2024 **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 ☐ 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	$95,000.00	2024	$135,400.00	2025	$105,400.00
2019	$95,000.00				
2020	$95,000.00				
2021	$120,000.00				
2022	$138,175.00				
2023	$105,400.00				
Total:	$648,575.00	Total:	$135,400.00	Total:	$105,400.00
				Multi Years Total:	$889,375.00

Current Max Obligation: $_____ **Unit Rate: $**_____ **per** _____ **# Billable Units:** _____

Additional Payment or Price Specifications:

Scope of Services

Contract ID #: INTF2902M04180725085

Contract Amendment - Increase

FY24 Amendment: Will fund a community-based upstream project to address social determinants of health related to tobacco use in vulnerable populations. This budget also includes updates to line items to account for correct FTE and administrative costs.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	FY24
Vendor Name:	**Greater Lawrence Family Health Center, Inc.**
Contract ID:	INTF2902M04180725085
Budget #	**1**

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

This updated budget includes additional funding for a community-based upstream project to address social determinants of health related to tobacco use in vulnerable populations. This budget also includes updates to line items to account for correct FTE and administrative costs.

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	-$3,535.95	0.10	$8,250.05			$8,250.05	Time for program supervision & oversight. Supports Program Director by providing technical assistance and capacity building. Repomsible for budget and budget ammendments.
102 Program Director	1	$65,000.00		1.00	$65,000.00			$65,000.00	Reviews the work plan and progress, new initiatives, meetings, works with coalitions and the lesgilative delegation.
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$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	$45.48		$5,420.50			$5,420.50	Payroll taxes are calculated at 7.4%
151 Fringe Benefits		$8,446.08	-$5,200.42		$3,245.66			$3,245.66	Fringe benefits are calculated at 1.7%
Total Program Staff	**1.15**	**$90,607.10**	**-$8,690.89**	**1.10**	**$81,916.21**	**$0.00**		**$81,916.21**	
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		$1,000.00	$500.00		$1,500.00			$1,500.00	Funds to pay for registration to racial justice, health equity, community engagement, and tobacco trainings.
205 Staff mileage/travel		$500.00	$0.00		$500.00			$500.00	Reinburses program staff for travel in the Northeast CP region acording to policy.
206 Subcontract		$0.00	$22,062.00		$22,062.00			$22,062.00	Upstram Project for Suenos Basketball and GroundWork Lawrence. Scholarships will be offered to students who cannot afford to participate in tournaments and several events out of the community .Specialized workshops aimed at improving body and mental well-being. Individuals lacking financial resources are eligible to receive brand new sneakers. The funds obtained will allow for an increase in the number of program participants. The Quit line bags provided will be provided to parents and youth, containing informational materials and resources from the clearing house. Acess to community garders will be provided as well as Vouchers for local fresh fruits and vegetables to aid in food insecurities.
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	$500.00		$1,500.00			$1,500.00	Funding will be used for supplies needed to promote the program and connect to community organizations.
Total Non Personal Exp.		**$2,500.00**	**$23,062.00**		**$25,562.00**	**$0.00**		**$25,562.00**	
216 Program Support		$1,000.00	$14,612.70		$15,612.70			$15,612.70	Upstram project for GLFHC Re-Entry Program. Quit line bags provided will serve as a startup kit for a healthier life, containing a one-year gym membership to promote healthy habits and offer a variety of classes such as strength training, conditioning, and yoga to benefit both the body and mind. As an additional incentive, new sneakers will be provided to mark the beginning of their healthy journey Costs directly associated with the program, such as office supplies and other costs associated with specialized program needs Costs directly assoicated with the program ($200.00), such as office suppliesand other costs associated with specialized program needs.
Total Direct Administrative Exp.		**$1,000.00**	**$14,612.70**		**$15,612.70**	**$0.00**		**$15,612.70**	
SUBTOTAL PROGRAM COSTS		**$94,107.10**	**$28,983.81**		**$123,090.91**	**$0.00**		**$123,090.91**	
410 Agency Admin. Support Allocation	12.0%	$11,292.90	$1,016.19	10%	$12,309.09			$12,309.09	GLFHC uses the 10% de minimus federal indirect cost rate for Admin Support on all grant awards as of FY24
PROGRAM TOTAL		**$105,400.00**	**$30,000.00**		**$135,400.00**	**$0.00**		**$135,400.00**	

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:	9	EIM Version Number:	93

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
☐	$74,016.29	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:	$135,400.00
Line Item Budget Total:	$135,400.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	04/24/2024 02:48 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:	$5,346.48	Balance:	$2,903.57
Reimbursable Cost:	$8,250.05	Status:	Final

Current FTE:	0.1	Current Amount:	8250.05
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$65,000.00
Expended Amount:	$43,750.00	Balance:	$21,250.00
Reimbursable Cost:	$65,000.00	Status:	Final

Current FTE:	1	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:	$3,583.01	Balance:	$1,837.49
Reimbursable Cost:	$5,420.50	Status:	Final

Current FTE:	0	Current Amount:	5420.5
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$8,446.08
Expended Amount:	$2,000.41	Balance:	$1,245.25
Reimbursable Cost:	$3,245.66	Status:	Final

Current FTE:	0	Current Amount:	3245.66
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$135.00	Balance:	$1,365.00
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:	$500.00
Expended Amount:	$139.39	Balance:	$360.61
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:	$22,062.00
Expended Amount:	$0.00	Balance:	$22,062.00
Reimbursable Cost:	$22,062.00	Status:	Final

Current FTE:	N/A	Current Amount:	22062
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:	$266.33	Balance:	$1,233.67
Reimbursable Cost:	$1,500.00	Status:	Final

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

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

Original FTE:		Original Amount:	$1,000.00
Expended Amount:	$312.36	Balance:	$15,300.34
Reimbursable Cost:	$15,612.70	Status:	Final

Current FTE:	N/A	Current Amount:	15612.7
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$11,292.90
Expended Amount:	$5,850.73	Balance:	$6,458.36
Reimbursable Cost:	$12,309.09	Status:	Final

Current FTE:	N/A	Current Amount:	12309.09
Offset:	0	Source:	
	Delete		

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

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	24
Contract ID	INTF 2902M04180725085

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: Greater Lawrence Family Health Center **DPH Program Name:** Massachusetts Tobacco Cessations and Prevention

Submitted by: Guy Fish (Feb 19, 2024 09:47 EST) Date: 02/19/2024 Phone: [redacted]
Provider/Vendor Authorized Signature
Guy Fish, MD
Print Name

Approved by: Date: 03/1/2024 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
Suenos Basketball	47-4540840	$12,000	By providing financial support for specialized workshops, we aim to assist the Suenos Basketball in improving the physical and mental well-being of individuals. These workshops offer valuable opportunities for young people who turn to tobacco and nicotine products as a means of dealing with	☐

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

			stress caused by their circumstances, particularly those who are financially constrained. Moreover, these workshops educate young individuals on effective stress management techniques, ultimately helping them reduce their reliance on tobacco.	
GroundWork Lawrence	04-3546770	$$10,172.48	Groundwork Lawrence plays a crucial role in addressing food insecurities faced by members of the Re-Entry Program. They provide healthy food vouchers that can be used to purchase locally grown fruits and vegetables. This initiative not only ensures access to nutritious food but also promotes the utilization of community gardens for sustainable food sources.	☐
		$		☐
		$		☐
		$		☐

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.

Health Resources in Action - INTF2902M04180725086

Line Item Amendment

From: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Sent: Tuesday, July 23, 2024 3:23 PM
To: Baptiste, Linda (DPH) <linda.baptiste@mass.gov>
Subject: FW: Request Amendment

Hi Linda,

This is approved.

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

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Monday, July 22, 2024 3:28 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725086

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Health Resources in Action

Provider Email address: [redacted]

Contract Maximum Obligation: $160,000.00

Current Capacity Limit: New Capacity Limit:

Reason : HRiA is requesting a line-item amendment for Contract ID INTF2902M04180725086. The purpose of this amendment is to increase
216 Program Support ($2,126.66) by $1,500, new total $3,626.66. This line is being increased to cover costs associated with the annual Tobacco Free Mass Membership. ($500) and additional Program Support costs

associated with HRiA's allocated expenses.
Allocated Expenses are budgeted at a percentage and actual costs incurred are billed, these expenses are trending higher than originally anticipated.
Decrease line 101 Program Manager (FTE adjusted from .98 to .95 this is due as less Staff time was needed to complete project work then originally anticipated

The total amount of HRiA's line-item amendment request is $1,500.00 or less than 1% of the maximum obligation.

Budget Number: 1

Budget Maximum Obligation: $160,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$67,245.25	($1,500.00)	$65,745.25
138-Program Support,	$1,107.43	$0.00	$1,107.43
150-Payroll Taxes	$6,409.33	$0.00	$6,409.33
151-Fringe Benefits	$12,405.53	$0.00	$12,405.53
201-Direct Care Prog	$3,900.00	$0.00	$3,900.00
204-Staff Training	$706.61	$0.00	$706.61
205-Staff Mileage/Tr	$350.00	$0.00	$350.00
206-Subcontracted Di	$45,000.00	$0.00	$45,000.00
207-Meals	$1,000.00	$0.00	$1,000.00
215-Program Supplies	$393.95	$0.00	$393.95
216-Program Support	$2,126.66	$1,500.00	$3,626.66
301-Program Faciliti	$3,319.95	$0.00	$3,319.95
390-Facilities Opera	$1,035.29	$0.00	$1,035.29
410-Agency and Progr	$15,000.00	$0.00	$15,000.00

Budget Total: $160,000.00

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

Contract# INTF2902M04180725086 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2902M04180725086		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	12	EIM Version Number:	131

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
☐	$58,813.49	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:	$160,000.00
Line Item Budget Total:	$160,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/23/2024 10:56 AM
Created By:	Miriam Clementi
Created Date:	07/03/2023 02:46 PM
Comments:	

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

Original FTE:	0	Original Amount:	$68,945.22
Expended Amount:	$52,719.00	Balance:	$13,025.94
Deficiency Amount:	$0.00		
Reimbursable Cost:	$65,745.25	Status:	Final

Current FTE:	0.95	Current Amount:	65745.25
Offset:	0	Source:	
	Delete		

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

Original FTE:	0.02	Original Amount:	$1,107.43
Expended Amount:	$735.00	Balance:	$371.91
Deficiency Amount:	$0.00		

Reimbursable Cost:	$1,107.43	Status:	Final

Current FTE:	0.02	Current Amount:	1107.43
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$6,032.71
Expended Amount:	$4,351.00	Balance:	$2,057.56
Deficiency Amount:	$0.00		
Reimbursable Cost:	$6,409.33	Status:	Final

Current FTE:	0	Current Amount:	6409.33
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$11,362.48
Expended Amount:	$9,784.00	Balance:	$2,621.45
Deficiency Amount:	$0.00		
Reimbursable Cost:	$12,405.53	Status:	Final

Current FTE:	0	Current Amount:	12405.53
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$3,900.00
Expended Amount:	$900.00	Balance:	$3,000.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$3,900.00	Status:	Final

Current FTE:	N/A	Current Amount:	3900
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$61.34
Expended Amount:	$94.00	Balance:	$612.56
Deficiency Amount:	$0.00		
Reimbursable Cost:	$706.61	Status:	Final

Current FTE:	N/A	Current Amount:	706.61
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$350.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$350.00	Status:	Final

Current FTE:	N/A	Current Amount:	350
Offset:	0	Source:	

	Delete		

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

Original FTE:		**Original Amount:**	$20,600.00
Expended Amount:	$15,000.00	**Balance:**	$30,000.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$45,000.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	45000
Offset:	0	**Source:**	
	Delete		

207 - Meals (Category 2. Other Direct Care/Program Resources)

Original FTE:		**Original Amount:**	$1,000.00
Expended Amount:	$829.00	**Balance:**	$170.75
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,000.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1000
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:**	$103.21
Expended Amount:	$152.00	**Balance:**	$241.47
Deficiency Amount:	$0.00		
Reimbursable Cost:	$393.95	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	393.95
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$1,414.81
Expended Amount:	$2,126.00	**Balance:**	$1,500.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$3,626.66	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	3626.66
Offset:	0	**Source:**	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$3,191.41
Expended Amount:	$2,467.00	**Balance:**	$852.49
Deficiency Amount:	$0.00		
Reimbursable Cost:	$3,319.95	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	3319.95
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$976.30
Expended Amount:	$784.00	**Balance:**	$251.09
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,035.29	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	1035.29
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$16,956.52
Expended Amount:	$11,241.00	**Balance:**	$3,758.27
Deficiency Amount:	$0.00		
Reimbursable Cost:	$15,000.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	15000
Offset:	0	**Source:**	
	Delete		

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

Health Resources in Action - **INTF2902M04180725086 – Line Item Amendment**

□

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

Tue 2/27/2024 3:26 PM

Hello Linda,

This is approved. Let me know if you have any questions.

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

-----Original Message-----
From: [redacted]
Sent: Wednesday, February 21, 2024 11:47 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725086
Contracting Agency Name: DPH-Tobacco Control Program Contracting Provider Name: Health Resources in Action Contract Maximum Obligation: $160,000.00
Current Capacity Limit: New Capacity Limit:
Reason : HRiA is requesting a line item amendment for Contract # INTF2902M04180725086. HRiA is requesting to move $1,000 from 215 Program Supplies as we won't be using all the funds here due to less supplies needed to 207 Meals. We are requesting this change to cover costs of the CBPR Celebration (held on 10/12/23) and for other future events were meals are required. The total amount of HRiA?s line item request is $1,000 or less than 1% of the maximum obligation.

Budget Number: 1
Budget Maximum Obligation: $160,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$67,245.25	$0.00	$67,245.25
138-Program Support,	$1,107.43	$0.00	$1,107.43
150-Payroll Taxes	$6,409.33	$0.00	$6,409.33
151-Fringe Benefits	$12,405.53	$0.00	$12,405.53
201-Direct Care Prog	$3,900.00	$0.00	$3,900.00
204-Staff Training	$706.61	$0.00	$706.61
205-Staff Mileage/Tr	$350.00	$0.00	$350.00
206-Subcontracted Di	$45,000.00	$0.00	$45,000.00
215-Program Supplies	$1,393.95	($1,000.00)	$393.95

216-Program Support	$2,126.66	$0.00	$2,126.66
301-Program Faciliti	$3,319.95	$0.00	$3,319.95
390-Facilities Opera	$1,035.29	$0.00	$1,035.29
410-Agency and Progr	$15,000.00	$0.00	$15,000.00

New UFR Components:	FTE:	Offset:	Source:	New Amount:
207-Meals		$0.00		$1,000.00

Budget Total: $160,000.00

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

Contract# INTF2902M04180725086 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2902M04180725086		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	128

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
☐	$89,313.86	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:	$160,000.00
Line Item Budget Total:	$160,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	02/27/2024 03:24 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 02:46 PM
Comments:	

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

Original FTE:	0	Original Amount:	$68,945.22
Expended Amount:	$34,499.14	Balance:	$32,746.11
Reimbursable Cost:	$67,245.25	Status:	Final

Current FTE:	0.98	Current Amount:	67245.25
Offset:	0	Source:	
	Delete		

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

Original FTE:	0.02	Original Amount:	$1,107.43
Expended Amount:	$735.52	Balance:	$371.91
Reimbursable Cost:	$1,107.43	Status:	Final

Current FTE:	0.02	Current Amount:	1107.43
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$6,032.71
Expended Amount:	$2,801.75	Balance:	$3,607.58
Reimbursable Cost:	$6,409.33	Status:	Final

Current FTE:	0	Current Amount:	6409.33
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$11,362.48
Expended Amount:	$6,225.59	Balance:	$6,179.94
Reimbursable Cost:	$12,405.53	Status:	Final

Current FTE:	0	Current Amount:	12405.53
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$3,900.00
Expended Amount:	$900.00	Balance:	$3,000.00
Reimbursable Cost:	$3,900.00	Status:	Final

Current FTE:	N/A	Current Amount:	3900
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$61.34
Expended Amount:	$87.15	Balance:	$619.46
Reimbursable Cost:	$706.61	Status:	Final

Current FTE:	N/A	Current Amount:	706.61
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$350.00
Reimbursable Cost:	$350.00	Status:	Final

Current FTE:	N/A	Current Amount:	350
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$15,000.00	Balance:	$30,000.00
Reimbursable Cost:	$45,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	45000
Offset:	0	Source:	
	Delete		

207 - Meals (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		

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

Original FTE:		Original Amount:	$103.21
Expended Amount:	$145.35	Balance:	$248.60
Reimbursable Cost:	$393.95	Status:	Final

Current FTE:	N/A	Current Amount:	393.95
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,414.81
Expended Amount:	$970.29	Balance:	$1,156.37
Reimbursable Cost:	$2,126.66	Status:	Final

Current FTE:	N/A	Current Amount:	2126.66
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,191.41
Expended Amount:	$1,591.25	Balance:	$1,728.70
Reimbursable Cost:	$3,319.95	Status:	Final

Current FTE:	N/A	Current Amount:	3319.95
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$976.30
Expended Amount:	$466.68	Balance:	$568.61
Reimbursable Cost:	$1,035.29	Status:	Final

Current FTE:	N/A	Current Amount:	1035.29
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$16,956.52
Expended Amount:	$7,263.42	Balance:	$7,736.58

Reimbursable Cost:	$15,000.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	15000
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

12/19/2023

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

[redacted]

R/E: Contract #: INTF2902M04180725086

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 $1,120,160.53.

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	$830,160.53
Current Year	07/01/2023	06/30/2024	$160,000.00
Future Years	07/01/2024	06/30/2025	$130,000.00

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 **12/29/2023.**

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: HEALTH RESOURCES IN ACTION, INC.	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 2 BOYLSTON ST FLOOR 4 BOSTON, MA 02116-4737	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Stacey Chacker **Phone**: [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax**:	**Contract Manager**: Deandra Russo **Phone**: 857-363-0475
Contractor Vendor Code: VC6000158359	**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)**: INTF2902M04180725086 **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**: $ 30,000.00 . (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.)
__ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). $ 1,120,160.53

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 , 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:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
DocuSigned by: X: Steven Ridini 95A20B7DC74A431... **Date:** 12/19/2023	X: Sharon Dyer **Date:** 12/20/2023
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Steven Ridini	**Print Name:** Sharon Dyer
Print Title: President & CEO	**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: HEALTH RESOURCES IN ACTION, INC.	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725086
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 95 BERKLEY STREET	**MMARS Program Code:** 4770
City/State/Zip: BOSTON MA 02116	**Other Reference Information (Information Purposes Only):**
Contact Person: Stacey Chacker **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	$160,000.00	2025	$130,000.00
2019	$90,000.00				
2020	$90,000.00				
2021	$120,000.00				
2022	$130,000.00				
2023	$310,160.53				
Total:	$830,160.53	Total:	$160,000.00	Total:	$130,000.00
			Multi Years Total:		$1,120,160.53

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)
Health Resources in Action, Inc.	VC6000158359

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
Steven Ridini	DocuSigned by: Steven Ridini 95A20B7DC74A431...	President & CEO	[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 DocuSigned by: C3C42F4812CD4E6...	Date 12/20/2023
Print Name Mitzi Fennel	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.

Scope of Services

Contract ID #: INTF2902M04180725086

Contract Amendment - Increase

FY24 increase will be used to find 2-3 community based organizations that work with the Asian American and Pacific Islander communities in the Metro Boston region. Each organization will be tasked with gathering information from the community about what topic areas they prioritize and the types of solutions they would like to see while still promoting tobacco cessation and focusing in on a social determinant of health.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY

Fiscal Year:	2024
Vendor Name:	**Health Resources in Action, Inc.**
Contract ID:	INTF2902M04180725086
Budget #	

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

The additional $30,000 will be used to find 2-3 community based organizations that work with the Asian American and Pacific Islander communities in the Metro Boston region. Each organization will be tasked with gathering information from the communtiy about what topic areas they prioritize and the types of solutions they would like to see while still promoting tobacco cessation and focusing in on a social determinant of health.

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	$68,945.22	-$49,057.16	$0.27	$19,888.06			$19,888.06	Adjusted to be Edgar Duran Elmudesi only at .27 FTE over the fiscal year as he transitions out of the role.
101 Program Manager	0		$47,357.19	$0.71	$47,357.19			$47,357.19	Lex Vazquez, at .71 FTE over the fiscal year as he transitions into the role.
138 Program Support	0	$0.00	$1,107.43	$0.02	$1,107.43			$1,107.43	Webpage Development/IT Team at .02 FTE
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$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		$6,032.71	$376.62		$6,409.33			$6,409.33	Payroll Tax calculated at 9.38%
151 Fringe Benefits		$11,362.48	$1,043.05		$12,405.53			$12,405.53	Fringe calculated at 18.15%
Total Program Staff	**0**	**$86,340.41**	**$827.13**		**$87,167.54**	**$0.00**		**$87,167.54**	
301 Program Facilities		$3,191.41	$128.54		$3,319.95			$3,319.95	Facilities lease and depreciation allocated costs (calculated by FTE)
390 Facilities Operations		$976.30	$58.99		$1,035.29			$1,035.29	Includes allocated costs associated with depreciation, utilities, office maintenance, equipment rental, and insurance (calculated by FTE)
Total Occupancy		**$4,167.71**	**$187.53**		**$4,355.24**	**$0.00**		**$4,355.24**	
201 Consultant			$3,900.00		$3,900.00			$3,900.00	Artists/Consultant
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$61.34	$645.27		$706.61			$706.61	Includes shared professional development allocated costs (calculated by FTE) and direct staff training expenses
205 Staff mileage/travel		$356.00	-$6.00		$350.00			$350.00	Local travel for presentations, community events, and in-person meetings in the Metro Boston region
206 Subcontract		$20,600.00	$24,400.00		$45,000.00			$45,000.00	Grant Awards (3, $5,000 grants already paid plus additional 3 new awards of up to 10k)
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		$103.21	$1,290.74		$1,393.95			$1,393.95	Includes allocated costs associated with program supplies (calculated by FTE) and direct supplies necessary for programming
Total Non Personal Exp.		**$21,120.55**	**$30,230.01**		**$51,350.56**	**$0.00**		**$51,350.56**	
216 Program Support		$1,414.81	$711.85		$2,126.66			$2,126.66	Shared program support expenses including services fees, tel. & internet, equipment rental, and insurance (calculated by FTE)
Total Direct Administrative Exp.		**$1,414.81**	**$711.85**		**$2,126.66**	**$0.00**		**$2,126.66**	
SUBTOTAL PROGRAM COSTS		**$113,043.48**	**$31,956.52**		**$145,000.00**	**$0.00**		**$145,000.00**	
410 Agency Admin. Support Allocation		$16,956.52	-$1,956.52		$15,000.00			$15,000.00	Indirect calculated at 15% (not charged to subgrants)
PROGRAM TOTAL		**$130,000.00**	**$30,000.00**		**$160,000.00**	**$0.00**		**$160,000.00**	

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

Contract# INTF2902M04180725086 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2902M04180725086		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	125

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
☐	$160,000.00	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:	$160,000.00
Line Item Budget Total:	$160,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	12/27/2023 01:33 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 02:46 PM
Comments:	

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

Original FTE:	0	Original Amount:	$68,945.22
Expended Amount:	$0.00	Balance:	$67,245.25
Reimbursable Cost:	$67,245.25	Status:	Final

Current FTE:	0.98	Current Amount:	67245.25
Offset:	0	Source:	
	Delete		

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

Original FTE:	0.02	Original Amount:	$1,107.43
Expended Amount:	$0.00	Balance:	$1,107.43
Reimbursable Cost:	$1,107.43	Status:	Final

Current FTE:	0.02	Current Amount:	1107.43
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$6,032.71
Expended Amount:	$0.00	Balance:	$6,409.33
Reimbursable Cost:	$6,409.33	Status:	Final

Current FTE:	0	Current Amount:	6409.33
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$11,362.48
Expended Amount:	$0.00	Balance:	$12,405.53
Reimbursable Cost:	$12,405.53	Status:	Final

Current FTE:	0	Current Amount:	12405.53
Offset:	0	Source:	
	Delete		

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

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		

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

Original FTE:		Original Amount:	$61.34
Expended Amount:	$0.00	Balance:	$706.61
Reimbursable Cost:	$706.61	Status:	Final

Current FTE:	N/A	Current Amount:	706.61
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$350.00
Reimbursable Cost:	$350.00	Status:	Final

Current FTE:	N/A	Current Amount:	350
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$45,000.00
Reimbursable Cost:	$45,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	45000
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:	$103.21
Expended Amount:	$0.00	Balance:	$1,393.95
Reimbursable Cost:	$1,393.95	Status:	Final

Current FTE:	N/A	Current Amount:	1393.95
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,414.81
Expended Amount:	$0.00	Balance:	$2,126.66
Reimbursable Cost:	$2,126.66	Status:	Final

Current FTE:	N/A	Current Amount:	2126.66
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$3,191.41
Expended Amount:	$0.00	Balance:	$3,319.95
Reimbursable Cost:	$3,319.95	Status:	Final

Current FTE:	N/A	Current Amount:	3319.95
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$976.30
Expended Amount:	$0.00	Balance:	$1,035.29
Reimbursable Cost:	$1,035.29	Status:	Final

Current FTE:	N/A	Current Amount:	1035.29
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$16,956.52
Expended Amount:	$0.00	Balance:	$15,000.00
Reimbursable Cost:	$15,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	15000
Offset:	0	Source:	
	Delete		

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

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	24
Contract ID	INTF29024M04180725086

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

(206) Subcontracted Direct Care: Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

Provider Name: Health Resources in Action, Inc.

DPH Program Name: MTCP Tobacco Free Community Partnership

Submitted by: DocuSigned by: Steve Ridini 95A20B7DC74A431... Date: 12/13/2023 Phone: [redacted]
Provider/Vendor Authorized Signature
Steven Ridini
Print Name

Approved by: Date: 01/08/2023 Phone: 617-549-3420
DPH Program Manager
Alex Gomez
Print Name

INSTRUCTIONS:
Providers/vendors must complete and submit to DPH at the time of **initial contract execution** for each fiscal year 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).

- Providers are to complete this form for each fiscal year when subcontracted $ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- 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, they belong in UFR Code 201 consultants)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
Cape Verdean Association of Boston	30-0774430	$5,000	Completion of the CBPE work and distribution through September.	☐
Dudley Street Neighborhood Initiative	04-2859066	$5,000	Completion of the CBPE work and distribution through September.	☐
Project RIGHT	04-3265420	$5,000	Completion of the CBPE work and distribution through September.	☐
TBD	TBD	$30,000	2-3 community based organizations who work with, and are trusted by, AAPI communities in	☒
		$		☐
		$		☐
	TOTAL:	$45,000	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

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. 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: 3/5/20

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

05/09/2023

HEALTH RESOURCES IN ACTION, INC.
2 BOYLSTON ST FLOOR 4

[redacted]

R/E: Contract #: INTF2902M04180725086

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 $1,090,160.53.

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	$520,000.00
Current Year	07/01/2022	06/30/2023	$310,160.53
Future Years	07/01/2023	06/30/2025	$260,000.00

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 **05/19/2023.**

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: HEALTH RESOURCES IN ACTION, INC.	COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4): 2 BOYLSTON ST FLOOR 4 BOSTON, MA 02116-4737	Business Mailing Address: 250 Washington Street, Boston MA 02108
Contract Manager: / Phone: [redacted]	Billing Address (if different):
E-Mail: [redacted] / Fax:	Contract Manager: / Phone: 857-363-0475
Contractor Vendor Code: VC6000158359	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): INTF2902M04180725086 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:** $ 266,900.53 . (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). $ 1,090,160.53

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.)
Maximum Obligation and Duration 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________, 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:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: DocuSigned by: Steven Ridini 95A20B... Date: 6/7/2023	X: Lisa Mustacchio . Date: 6/26/2023 .
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Steven Ridini	Print Name: Lisa Mustacchio
Print Title: President & CEO	Print Title: Deputy Director, POS

FY: 2023 **Amendment # (if Applicable):** _____ **If Federal Funds,**

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: HEALTH RESOURCES IN ACTION, INC.	**Department Name:** **Massachusetts Department of Public Health**
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725086
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 95 BERKLEY STREET	**MMARS Program Code:** 4770
City/State/Zip: BOSTON MA 02116	**Other Reference Information (Information Purposes Only):**
Contact Person: **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** 6/30/2023

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	$310,160.53	2024	$130,000.00
2019	$90,000.00			2025	$130,000.00
2020	$90,000.00				
2021	$120,000.00				
2022	$130,000.00				
Total:	$520,000.00	Total:	$310,160.53	Total:	$260,000.00

Multi Years Total: $1,090,160.53

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:
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000158359

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
Steven Ridini	President & CEO
Mitzi Fennel	Vice President & CFO
Jeremy Holman	Vice President
Michele Courton Brown	Board Chair
Charlie Lord	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.

DocuSigned by:
Steven Ridini
95A20B7DC74A431...
Signature

Date: 6/7/2023

Title: President & CEO

Telephone: [redacted]

Fax: [redacted]

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 #: INTF2902M04180725086

Contract Amendment - Increase

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.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets) - NO CHANGE IN SCOPE

Fiscal Year:	FY23
Vendor Name:	**Health Resources in Action**
Contract ID:	INTF2902M04180725086
Budget #	**1**

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

Scope: Additional work to prioritize Community Based Participatory Research project's video and celebration.

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	0.09	$9,627.06	-$5,088.51	0.04	$4,538.55			$4,538.55	decreased staff time to allow for activity costs
138 Program Support	1.11	$77,842.77	-$4,806.39	1.04	$73,036.38			$73,036.38	decreased staff time to allow for activity costs
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$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		$7,653.62	-$840.44		$6,813.18			$6,813.18	Calculated @8.75% of salary costs
151 Fringe Benefits		$16,377.62	-$3,320.13		$13,057.49			$13,057.49	Calculated @18.48% of salary; includes health/dental/life
Total Program Staff		**$111,501.07**	**-$14,055.47**		**$97,445.60**	**$0.00**		**$97,445.60**	
301 Program Facilities		$8,599.33	-$4,805.03		$3,794.30			$3,794.30	Includes shared org program costs (facilities lease/depreciation)
390 Facilities Operations		$2,982.00	-$1,771.27		$1,210.73			$1,210.73	Includes shared org program expenses (utilities, office maintenance, equipment rental, and insurance)
Total Occupancy		**$11,581.33**	**-$6,576.30**		**$5,005.03**	**$0.00**		**$5,005.03**	
201 Consultant			$7,861.00		$7,861.00			$7,861.00	Consultant for Community Based Participatory Research project comics
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends		$3,000.00	-$2,500.00		$500.00			$500.00	Decreased to allow for activity costs as less was needed.
204 Staff Training			$72.93		$72.93			$72.93	Includes shared org program expenses associated with staff professional development
205 Staff mileage/travel		$149.00	-$148.52		$0.48			$0.48	decreased to match actual travel spent to date
206 Subcontract		$155,000.00	$0.00		$155,000.00			$155,000.00	Includes subcontracts for three Smoke-Free housing mini-grants and three CBPR grants
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		$336.76	-$199.06		$137.70			$137.70	Includes shared org program supplies
Total Non Personal Exp.		**$158,485.76**	**$5,086.35**		**$163,572.11**	**$0.00**		**$163,572.11**	
216 Program Support		$1,641.62	$2,040.46		$3,682.08			$3,682.08	Includes shared program support expenses (service fees, Tel. & Internet, equipment rental, insurance, etc.) and expenses associated with Celebration event
Total Direct Administrative Exp.		**$1,641.62**	**$2,040.46**		**$3,682.08**	**$0.00**		**$3,682.08**	
SUBTOTAL PROGRAM COSTS		**$283,209.78**	**-$13,504.96**		**$269,704.82**	**$0.00**		**$269,704.82**	
410 Agency Admin. Support Allocation		$20,050.23	$20,405.49		$40,455.71			$40,455.71	Indirect at 15%
PROGRAM TOTAL		**$303,260.01**	**$6,900.53**		**$310,160.54**	**$0.00**		**$310,160.54**	
POS USE ONLY					$ -			$ -	

*If mulitiple funding sources, please indicate "various" on the column and provide backup listing all funding sources.
If any funds allocated to UFR# **206** Subcontract, a Subcontractor Identification List must be completed and submit to DPH by the provider/vendor

Revised 08/17/2022

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

Contract# INTF2902M04180725086 - 2023 - CT - Health Resources in Action

Master Contract Number:	INTF2902M04180725086		
Fiscal Year:	2023	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	118

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
☐	$46,535.12	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:	$310,160.53
Line Item Budget Total:	$310,160.53
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	07/17/2023 02:47 PM
Created By:	Beth Harrington
Created Date:	06/06/2022 04:27 PM
Comments:	Decreased UFR Line 410 by $0.01 to equal Max Ob.

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

Original FTE:	0.05	Original Amount:	$7,174.75
Expended Amount:	$3,927.35	Balance:	$611.20
Reimbursable Cost:	$4,538.55	Status:	Final

Current FTE:	0.04	Current Amount:	4538.55
Offset:	0	Source:	
	Delete		

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

Original FTE:	0.86	Original Amount:	$49,264.88
Expended Amount:	$66,446.94	Balance:	$6,589.44
Reimbursable Cost:	$73,036.38	Status:	Final

Current FTE:	1.04	Current Amount:	73036.38
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$4,929.72
Expended Amount:	$5,878.38	Balance:	$934.80
Reimbursable Cost:	$6,813.18	Status:	Final

Current FTE:	0	Current Amount:	6813.18
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$10,623.37
Expended Amount:	$11,961.60	Balance:	$1,095.89
Reimbursable Cost:	$13,057.49	Status:	Final

Current FTE:	0	Current Amount:	13057.49
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$7,861.00
Expended Amount:	$0.00	Balance:	$7,861.00
Reimbursable Cost:	$7,861.00	Status:	Final

Current FTE:	N/A	Current Amount:	7861
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$3,000.00
Expended Amount:	$0.00	Balance:	$500.00
Reimbursable Cost:	$500.00	Status:	Final

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

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

Original FTE:		Original Amount:	$72.93
Expended Amount:	$0.00	Balance:	$72.93
Reimbursable Cost:	$72.93	Status:	Final

Current FTE:	N/A	Current Amount:	72.93
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$149.00
Expended Amount:	$0.48	Balance:	$0.00
Reimbursable Cost:	$0.48	Status:	Final

Current FTE:	N/A	Current Amount:	0.48
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$155,000.00
Expended Amount:	$155,000.00	Balance:	$0.00
Reimbursable Cost:	$155,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	155000
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:	$255.05
Expended Amount:	$114.32	Balance:	$23.38
Reimbursable Cost:	$137.70	Status:	Final

Current FTE:	N/A	Current Amount:	137.7
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,327.51
Expended Amount:	$1,449.18	Balance:	$2,232.90
Reimbursable Cost:	$3,682.08	Status:	Final

Current FTE:	N/A	Current Amount:	3682.08
Offset:	0	Source:	
	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$6,123.27
Expended Amount:	$3,478.63	Balance:	$315.67
Reimbursable Cost:	$3,794.30	Status:	Final

Current FTE:	N/A	Current Amount:	3794.3
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$2,149.18
Expended Amount:	$1,199.98	Balance:	$10.75
Reimbursable Cost:	$1,210.73	Status:	Final

Current FTE:	N/A	Current Amount:	1210.73
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$13,103.27

Expended Amount:	$14,168.55	**Balance:**	$26,287.16
Reimbursable Cost:	$40,455.71	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	40455.71
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:	**Health Resources in Action, Inc.**
Contract ID:	INTF2902M04180725086
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	0.91	$68,945.22			$68,945.22			$68,945.22	
102 Program Director					$0.00			$0.00	
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		$6,032.71			$6,032.71			$6,032.71	
151 Fringe Benefits		$11,362.48			$11,362.48			$11,362.48	
Total Program Staff		**$86,340.41**	**$0.00**		**$86,340.41**	**$0.00**		**$86,340.41**	
301 Program Facilities		$3,191.41			$3,191.41			$3,191.41	
390 Facilities Operations		$976.30			$976.30			$976.30	
Total Occupancy		**$4,167.71**	**$0.00**		**$4,167.71**	**$0.00**		**$4,167.71**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$61.34			$61.34			$61.34	
205 Staff mileage/travel		$356.00			$356.00			$356.00	
206 Subcontract		$20,600.00			$20,600.00			$20,600.00	
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		$103.21			$103.21			$103.21	
Total Non Personal Exp.		**$21,120.55**	**$0.00**		**$21,120.55**	**$0.00**		**$21,120.55**	
216 Program Support		$1,414.81			$1,414.81			$1,414.81	
Total Direct Administrative Exp.		**$1,414.81**	**$0.00**		**$1,414.81**	**$0.00**		**$1,414.81**	
SUBTOTAL PROGRAM COSTS		**$113,043.48**	**$0.00**		**$113,043.48**	**$0.00**		**$113,043.48**	
410 Agency Admin. Support Allocation	13.50%	$16,956.52			$16,956.52			$16,956.52	
PROGRAM TOTAL		**$130,000.00**	**$0.00**		**$130,000.00**	**$0.00**		**$130,000.00**	

Contract
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Contract# INTF2902M04180725086 - 2024 - CT - Health Resources in Action

Master Contract Number:	INTF2902M04180725086		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	114

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
☐	$130,000.00	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$130,000.00
Line Item Budget Total:	$130,000.00
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 03:36 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 02:46 PM
Comments:	

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

Original FTE:	0	Original Amount:	$68,945.22
Expended Amount:	$0.00	Balance:	$68,945.22
Reimbursable Cost:	$68,945.22	Status:	Pending

Current FTE:	0	Current Amount:	68945.22
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$6,032.71
Expended Amount:	$0.00	Balance:	$6,032.71
Reimbursable Cost:	$6,032.71	Status:	Pending

Current FTE:	0	Current Amount:	6032.71
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$11,362.48
Expended Amount:	$0.00	Balance:	$11,362.48
Reimbursable Cost:	$11,362.48	Status:	Pending

Current FTE:	0	Current Amount:	11362.48
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$61.34
Expended Amount:	$0.00	Balance:	$61.34
Reimbursable Cost:	$61.34	Status:	Pending

Current FTE:	N/A	Current Amount:	61.34
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$356.00
Reimbursable Cost:	$356.00	Status:	Pending

Current FTE:	N/A	Current Amount:	356
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$20,600.00
Reimbursable Cost:	$20,600.00	Status:	Pending

Current FTE:	N/A	Current Amount:	20600
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:	$103.21
Expended Amount:	$0.00	Balance:	$103.21
Reimbursable Cost:	$103.21	Status:	Pending

Current FTE:	N/A	Current Amount:	103.21
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,414.81
Expended Amount:	$0.00	Balance:	$1,414.81
Reimbursable Cost:	$1,414.81	Status:	Pending

Current FTE:	N/A	Current Amount:	1414.81
Offset:	0	Source:	

	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$3,191.41
Expended Amount:	$0.00	**Balance:**	$3,191.41
Reimbursable Cost:	$3,191.41	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	3191.41
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$976.30
Expended Amount:	$0.00	**Balance:**	$976.30
Reimbursable Cost:	$976.30	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	976.3
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$16,956.52
Expended Amount:	$0.00	**Balance:**	$16,956.52
Reimbursable Cost:	$16,956.52	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	16956.52
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:	**Health Resources in Action, Inc.**
Contract ID:	INTF2902M04180725086
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	0.91	$68,945.22			$68,945.22			$68,945.22	
102 Program Director					$0.00			$0.00	
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		$6,032.71			$6,032.71			$6,032.71	
151 Fringe Benefits		$11,362.48			$11,362.48			$11,362.48	
Total Program Staff		**$86,340.41**	**$0.00**		**$86,340.41**	**$0.00**		**$86,340.41**	
301 Program Facilities		$3,191.41			$3,191.41			$3,191.41	
390 Facilities Operations		$976.30			$976.30			$976.30	
Total Occupancy		**$4,167.71**	**$0.00**		**$4,167.71**	**$0.00**		**$4,167.71**	
201 Consultant					$0.00			$0.00	
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training		$61.34			$61.34			$61.34	
205 Staff mileage/travel		$356.00			$356.00			$356.00	
206 Subcontract		$20,600.00			$20,600.00			$20,600.00	
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		$103.21			$103.21			$103.21	
Total Non Personal Exp.		**$21,120.55**	**$0.00**		**$21,120.55**	**$0.00**		**$21,120.55**	
216 Program Support		$1,414.81			$1,414.81			$1,414.81	
Total Direct Administrative Exp.		**$1,414.81**	**$0.00**		**$1,414.81**	**$0.00**		**$1,414.81**	
SUBTOTAL PROGRAM COSTS		**$113,043.48**	**$0.00**		**$113,043.48**	**$0.00**		**$113,043.48**	
410 Agency Admin. Support Allocation	13.50%	$16,956.52			$16,956.52			$16,956.52	
PROGRAM TOTAL		**$130,000.00**	**$0.00**		**$130,000.00**	**$0.00**		**$130,000.00**	

Contract
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» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725086 - 2025 - CT - Health Resources in Action

Master Contract Number:	INTF2902M04180725086		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	114

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
☐	$130,000.00	8	1	45131112	07/01/2024	06/30/2025

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$130,000.00
Line Item Budget Total:	$130,000.00
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 03:48 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 03:38 PM
Comments:	

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

Original FTE:	0	Original Amount:	$68,945.20
Expended Amount:	$0.00	Balance:	$68,945.22
Reimbursable Cost:	$68,945.22	Status:	Pending

Current FTE:	0	Current Amount:	68945.22
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$6,032.71
Expended Amount:	$0.00	Balance:	$6,032.71
Reimbursable Cost:	$6,032.71	Status:	Pending

Current FTE:	0	Current Amount:	6032.71
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$11,362.48
Expended Amount:	$0.00	Balance:	$11,362.48
Reimbursable Cost:	$11,362.48	Status:	Pending

Current FTE:	0	Current Amount:	11362.48
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$61.34
Expended Amount:	$0.00	Balance:	$61.34
Reimbursable Cost:	$61.34	Status:	Pending

Current FTE:	N/A	Current Amount:	61.34
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$356.00
Expended Amount:	$0.00	Balance:	$356.00
Reimbursable Cost:	$356.00	Status:	Pending

Current FTE:	N/A	Current Amount:	356
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$20,600.00
Expended Amount:	$0.00	Balance:	$20,600.00
Reimbursable Cost:	$20,600.00	Status:	Pending

Current FTE:	N/A	Current Amount:	20600
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:	$103.21
Expended Amount:	$0.00	Balance:	$103.21
Reimbursable Cost:	$103.21	Status:	Pending

Current FTE:	N/A	Current Amount:	103.21
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,414.81
Expended Amount:	$0.00	Balance:	$1,414.81
Reimbursable Cost:	$1,414.81	Status:	Pending

Current FTE:	N/A	Current Amount:	1414.81
Offset:	0	Source:	

	Delete		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$3,191.41
Expended Amount:	$0.00	**Balance:**	$3,191.41
Reimbursable Cost:	$3,191.41	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	3191.41
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$976.30
Expended Amount:	$0.00	**Balance:**	$976.30
Reimbursable Cost:	$976.30	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	976.3
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$16,956.52
Expended Amount:	$0.00	**Balance:**	$16,956.52
Reimbursable Cost:	$16,956.52	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	16956.52
Offset:	0	**Source:**	
	Delete		

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

From: Doane, Jacqueline (DPH)
To: Mustacchio, Lisa (DPH)
Cc: Gomez, Alex (DPH); An, Sokonthea (DPH)
Subject: subcontract approval
Date: Monday, June 26, 2023 9:46:29 AM

Good Morning Lisa,

FY24 Subcontractor Form
I, Jacqueline Doane, Program Manager (Bureau of Community Health and Prevention) of contract id: INTF2902M04180725086 approve the identified sub-contractors, dollar amounts, and services Listed (TBD) on the submitted supportive SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES totaling $20,600.

And

FY25 Subcontractor Form
I, Jacqueline Doane, Program Manager (Bureau of Community Health and Prevention) of contract id:
INTF2902M04180725086 approve the identified sub-contractors, dollar amounts, and services listed (TBD) on the submitted supportive SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES totaling $20,600.

Best,
Jackie

Jackie Doane, she/her
Acting Director
Massachusetts Tobacco Cessation and Prevention Program
Massachusetts Department of Public Health
250 Washington Street, Boston, MA 02108
e: jacqueline.doane@mass.gov
c: 617.571.5819

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2902M04180725086

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

(206) Subcontracted Direct Care: Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

Provider Name: Health Resources in Action, Inc.

DPH Program Name: MTCP Tobacco Free Community Partnership

Submitted by: DocuSigned by: Steven Ridini 95A20B7DC74A431... Date: 4/10/2023 Phone: [redacted]
Provider/Vendor Authorized Signature
Steven Ridini
Print Name

Approved by: Date: 04/10/2023 Phone: 617-549-3420
DPH Program Manager
Alex gomez
Print Name

INSTRUCTIONS:
Providers/vendors must complete and submit to DPH at the time of **initial contract execution** for each fiscal year 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).

- Providers are to complete this form for each fiscal year when subcontracted $ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- 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, they belong in UFR Code 201 consultants)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
Abundant Life Church	04-3292781	$6,900	Continuation and building upon work completed in FYs '21, '22, and '23 through a community led	☐
Sociedad Latina	04-2678255	$6,900	Continuation and building upon work completed in FYs '21, '22, and '23 through a community led	☐
Cape Verdean Association of Boston	30-0774430	$6,800	Continuation and building upon work completed in FYs '21, '22, and '23 through a community led effort.	☐
		$		☐
		$		☐
		$		☐
TOTAL:		$20,600	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

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. 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: 3/5/20

Seven Hills Behavioral Health Inc - INTF2902M04180725087

Line Item Request

From: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Sent: Tuesday, July 30, 2024 10:00 AM
To: An, Sokonthea (DPH) <sokonthea.an@mass.gov>; Baptiste, Linda (DPH) <linda.baptiste@mass.gov>
Subject: FW: Request Amendment

Hi Thea,

This is the line amendment I was missing. I really appreciate it.
Thanks,
Alex Gomez
In office: M, T, W, Th.

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Tuesday, July 9, 2024 10:11 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725087

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Seven Hills Behavioral Health Inc

Provider Email address: [redacted]

Contract Maximum Obligation: $136,000.00

Current Capacity Limit: New Capacity Limit:

Reason : The following amendment is being requested for the final billing of FY24:

Increase line #101 – Program Manager by $85 – To adjust for actual payroll expense for the program manager for the end of the fiscal year. This increase was due to a mid-year rate increase.

Increase line #102 – Program Director by $250 – To adjust for actual payroll expense for the program director for the end of the fiscal year. This increase was due to a mid-year rate increase.

Increase line 150 – Payroll Taxes by $400 – This expense was slightly higher than originally budgeted due to the rate increases mentioned above.

Decrease line #151 – Fringe by $1,185 – To adjust for actual fringe expenses which were lower than expected.

Decrease line #216 – Program Support by $300 – Actual expenses ran slightly lower than originally budgeted. This decrease did not impact programming.

Increase line #390 – FOMF by $750 – Expense ran a little higher than budgeted due to increased costs of utilities, etc. This amount will be used to cover the following expenses:

Utilities - $ 200
Insurance - $300
Copier lease - $100
Janitorial - $100
Maintenance/Repairs - $50

Total amount being change is $1,485, a total of 1.1% approximately.

Budget Number: 1

Budget Maximum Obligation: $136,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$2,800.00	$85.00	$2,885.00
102-Program Director	$68,000.00	$250.00	$68,250.00
150-Payroll Taxes	$5,810.00	$400.00	$6,210.00
151-Fringe Benefits	$8,428.00	($1,185.00)	$7,243.00
201-Direct Care Prog	$30,000.00	$0.00	$30,000.00
205-Staff Mileage/Tr	$500.00	$0.00	$500.00
215-Program Supplies	$250.00	$0.00	$250.00
216-Program Support	$1,500.00	($300.00)	$1,200.00

301-Program Faciliti	$900.00	$0.00	$900.00
390-Facilities Opera	$5,900.00	$750.00	$6,650.00
410-Agency and Progr	$11,912.00	$0.00	$11,912.00

Budget Total: $136,000.00

Contract
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» Participating Organizations
» Account Mapping Rules

Contract# INTF2902M04180725087 - 2024 - CT - Seven Hills Behavioral Health Inc

Master Contract Number:	INTF2902M04180725087		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	11	EIM Version Number:	118

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
☐	$12,046.68	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:	$136,000.00
Line Item Budget Total:	$136,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	07/30/2024 09:57 AM
Created By:	Miriam Clementi
Created Date:	07/03/2023 12:09 PM
Comments:	

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

Original FTE:	0	Original Amount:	$2,800.00
Expended Amount:	$2,601.00	Balance:	$283.39
Deficiency Amount:	$0.00		
Reimbursable Cost:	$2,885.00	Status:	Final

Current FTE:	0.03	Current Amount:	2885
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$68,000.00
Expended Amount:	$60,264.00	Balance:	$7,985.90
Deficiency Amount:	$0.00		
Reimbursable Cost:	$68,250.00	Status:	Final

Current FTE:	1	Current Amount:	68250
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$5,810.00
Expended Amount:	$5,651.00	Balance:	$558.99
Deficiency Amount:	$0.00		
Reimbursable Cost:	$6,210.00	Status:	Final

Current FTE:	0	Current Amount:	6210
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$8,428.00
Expended Amount:	$6,444.00	Balance:	$798.55
Deficiency Amount:	$0.00		
Reimbursable Cost:	$7,243.00	Status:	Final

Current FTE:	0	Current Amount:	7243
Offset:	0	Source:	
	Delete		

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

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

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

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

Original FTE:		Original Amount:	$500.00
Expended Amount:	$393.00	Balance:	$106.91
Deficiency Amount:	$0.00		
Reimbursable Cost:	$500.00	Status:	Final

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:	$250.00
Expended Amount:	$89.00	Balance:	$160.96
Deficiency Amount:	$0.00		
Reimbursable Cost:	$250.00	Status:	Final

Current FTE:	N/A	Current Amount:	250
Offset:	0	Source:	
	Delete		

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

Original FTE:		**Original Amount:**	$1,500.00
Expended Amount:	$899.00	**Balance:**	$300.54
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,200.00	**Status:**	Final

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

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$900.00
Expended Amount:	$797.00	**Balance:**	$102.21
Deficiency Amount:	$0.00		
Reimbursable Cost:	$900.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	900
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$5,900.00
Expended Amount:	$5,900.00	**Balance:**	$750.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$6,650.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	6650
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$11,912.00
Expended Amount:	$10,912.00	**Balance:**	$999.23
Deficiency Amount:	$0.00		
Reimbursable Cost:	$11,912.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	11912
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

SEVEN HILLS BEHAVIORAL HEALTH, INC.
589 S 1ST ST
NEW BEDFORD, MA 02740-5716

[redacted]

R/E: Contract #: INTF2902M04180725087

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 $934,000.00.

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	$526,000.00
Current Year	07/01/2022	06/30/2023	$136,000.00
Future Years	07/01/2023	06/30/2025	$272,000.00

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: SEVEN HILLS BEHAVIORAL HEALTH, INC.	COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4): 589 S 1ST ST NEW BEDFORD, MA 02740-5716	Business Mailing Address: 250 Washington Street, Boston MA 02108
Contract Manager: Colleen Kennedy-Mello — Phone: [redacted]	Billing Address (if different):
E-Mail: [redacted] — Fax:	Contract Manager: Deandra Russo — Phone: 857-363-0475
Contractor Vendor Code: VC6000157894	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): INTF2902M04180725087 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: $ 272,000.00 (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). $ 934,000.00

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

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)
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: [signature] Date: 5/8/23	X: [signature] Date: 6/8/2023
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: [illegible]	Print Name: Sharon Dyer
Print Title: Sr. VP of Business & Finance	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: SEVEN HILLS BEHAVIORAL HEALTH, INC.	**Department Name:** Massachusetts Department of Public Health
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725087
Program Name: Tobacco Cessation Program	**UFR Program:**
Program Address: 589 South First St	**MMARS Program Code:** 4770
City/State/Zip: NEW BEDFORD MA 02740-5716	**Other Reference Information (Information Purposes Only):**
Contact Person: Colleen Kennedy-Mello **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	$136,000.00	2024	$136,000.00
2019	$90,000.00			2025	$136,000.00
2020	$90,000.00				
2021	$120,000.00				
2022	$136,000.00				
Total:	$526,000.00	Total:	$136,000.00	Total:	$272,000.00
				Multi Years Total:	$934,000.00

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)
SEVEN HILLS BEHAVIORAL HEALTH, INC.	VC6000157894

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
David Jordan	David Jordan	[illegible]	[redacted]	[redacted]
Michael Mathews EVP	[illegible]	Sr. VP of Business/Fin		

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
Danielle Rainchaud	6/1/23
Print Name	**Phone Number**
Danielle Rainchaud	[redacted]
Title	**Email Address**
Assistant Clerk	[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 #: INTF2902M04180725087

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:	**Seven Hills Behavioral Health, Inc**
Contract ID:	INTF2902M04180725087
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	0.03	$2,800.00			$2,800.00			$2,800.00	
102 Program Director	1	$68,000.00			$68,000.00			$68,000.00	
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	
					$0.00			$0.00	
150 Payroll Taxes		$5,810.00			$5,810.00			$5,810.00	
151 Fringe Benefits		$8,428.00			$8,428.00			$8,428.00	
Total Program Staff		**$85,038.00**	**$0.00**		**$85,038.00**	**$0.00**		**$85,038.00**	
301 Program Facilities		$900.00			$900.00			$900.00	
390 Facilities Operations		$5,900.00			$5,900.00			$5,900.00	
Total Occupancy		**$6,800.00**	**$0.00**		**$6,800.00**	**$0.00**		**$6,800.00**	
201 Consultant		$30,000.00			$30,000.00			$30,000.00	
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		$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		$250.00			$250.00			$250.00	
Total Non Personal Exp.		**$30,750.00**	**$0.00**		**$30,750.00**	**$0.00**		**$30,750.00**	
216 Program Support		$1,500.00			$1,500.00			$1,500.00	
Total Direct Administrative Exp.		**$1,500.00**	**$0.00**		**$1,500.00**	**$0.00**		**$1,500.00**	
SUBTOTAL PROGRAM COSTS		**$124,088.00**	**$0.00**		**$124,088.00**	**$0.00**		**$124,088.00**	
410 Agency Admin. Support Allocation	9.60%	$11,912.00			$11,912.00			$11,912.00	
PROGRAM TOTAL		**$136,000.00**	**$0.00**		**$136,000.00**	**$0.00**		**$136,000.00**	

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

Contract# INTF2902M04180725087 - 2024 - CT - Seven Hills Behavioral Health Inc

Master Contract Number:	INTF2902M04180725087		
Fiscal Year:	2024	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
☐	$136,000.00	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$136,000.00
Line Item Budget Total:	$136,000.00
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 12:29 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 12:09 PM
Comments:	

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

Original FTE:	0	Original Amount:	$2,800.00
Expended Amount:	$0.00	Balance:	$2,800.00
Reimbursable Cost:	$2,800.00	Status:	Pending

Current FTE:	0	Current Amount:	2800
Offset:	0	Source:	
	Delete		

102 - Program Director (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		

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

Original FTE:	0	Original Amount:	$5,810.00
Expended Amount:	$0.00	Balance:	$5,810.00
Reimbursable Cost:	$5,810.00	Status:	Pending

Current FTE:	0	Current Amount:	5810
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$8,428.00
Expended Amount:	$0.00	Balance:	$8,428.00
Reimbursable Cost:	$8,428.00	Status:	Pending

Current FTE:	0	Current Amount:	8428
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (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:	Pending

Current FTE:	N/A	Current Amount:	30000
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:	$250.00
Expended Amount:	$0.00	Balance:	$250.00
Reimbursable Cost:	$250.00	Status:	Pending

Current FTE:	N/A	Current Amount:	250
Offset:	0	Source:	
	Delete		

216 - Program Support (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		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		**Original Amount:**	$900.00
Expended Amount:	$0.00	**Balance:**	$900.00
Reimbursable Cost:	$900.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	900
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$5,900.00
Expended Amount:	$0.00	**Balance:**	$5,900.00
Reimbursable Cost:	$5,900.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	5900
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$11,912.00
Expended Amount:	$0.00	**Balance:**	$11,912.00
Reimbursable Cost:	$11,912.00	**Status:**	Pending

Current FTE:	N/A	**Current Amount:**	11912
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:	**Seven Hills Behavioral Health, Inc**
Contract ID:	INTF2902M04180725087
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	0.03	$2,800.00			$2,800.00			$2,800.00	
102 Program Director	1	$68,000.00			$68,000.00			$68,000.00	
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	
					$0.00			$0.00	
150 Payroll Taxes		$5,810.00			$5,810.00			$5,810.00	
151 Fringe Benefits		$8,428.00			$8,428.00			$8,428.00	
Total Program Staff		**$85,038.00**	**$0.00**		**$85,038.00**	**$0.00**		**$85,038.00**	
301 Program Facilities		$900.00			$900.00			$900.00	
390 Facilities Operations		$5,900.00			$5,900.00			$5,900.00	
Total Occupancy		**$6,800.00**	**$0.00**		**$6,800.00**	**$0.00**		**$6,800.00**	
201 Consultant		$30,000.00			$30,000.00			$30,000.00	
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		$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		$250.00			$250.00			$250.00	
Total Non Personal Exp.		**$30,750.00**	**$0.00**		**$30,750.00**	**$0.00**		**$30,750.00**	
216 Program Support		$1,500.00			$1,500.00			$1,500.00	
Total Direct Administrative Exp.		**$1,500.00**	**$0.00**		**$1,500.00**	**$0.00**		**$1,500.00**	
SUBTOTAL PROGRAM COSTS		**$124,088.00**	**$0.00**		**$124,088.00**	**$0.00**		**$124,088.00**	
410 Agency Admin. Support Allocation	9.60%	$11,912.00			$11,912.00			$11,912.00	
PROGRAM TOTAL		**$136,000.00**	**$0.00**		**$136,000.00**	**$0.00**		**$136,000.00**	

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

Contract# INTF2902M04180725087 - 2025 - CT - Seven Hills Behavioral Health Inc

Master Contract Number:	INTF2902M04180725087		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	10	EIM Version Number:	112

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
☐	$136,000.00	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:	$136,000.00
Line Item Budget Total:	$136,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	07/05/2023 03:12 PM
Created By:	Deandra Russo
Created Date:	07/05/2023 03:07 PM
Comments:	

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

Original FTE:	0.03	Original Amount:	$2,800.00
Expended Amount:	$0.00	Balance:	$2,800.00
Reimbursable Cost:	$2,800.00	Status:	Final

Current FTE:	0.03	Current Amount:	2800
Offset:	0	Source:	
	Delete		

102 - Program Director (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		

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

Original FTE:	0	Original Amount:	$5,810.00
Expended Amount:	$0.00	Balance:	$5,810.00
Reimbursable Cost:	$5,810.00	Status:	Final

Current FTE:	0	Current Amount:	5810
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$8,428.00
Expended Amount:	$0.00	Balance:	$8,428.00
Reimbursable Cost:	$8,428.00	Status:	Final

Current FTE:	0	Current Amount:	8428
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (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		

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		

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

Original FTE:		Original Amount:	$250.00
Expended Amount:	$0.00	Balance:	$250.00
Reimbursable Cost:	$250.00	Status:	Final

Current FTE:	N/A	Current Amount:	250
Offset:	0	Source:	
	Delete		

216 - Program Support (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		

301 - Program Facilities (Category 3. Occupancy)

Original FTE:		Original Amount:	$900.00
Expended Amount:	$0.00	Balance:	$900.00
Reimbursable Cost:	$900.00	Status:	Final

Current FTE:	N/A	Current Amount:	900
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$5,900.00
Expended Amount:	$0.00	Balance:	$5,900.00
Reimbursable Cost:	$5,900.00	Status:	Final

Current FTE:	N/A	Current Amount:	5900
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$11,912.00
Expended Amount:	$0.00	Balance:	$11,912.00
Reimbursable Cost:	$11,912.00	Status:	Final

Current FTE:	N/A	Current Amount:	11912
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

UNIVERSITY OF MASSACHUSETTS
333 SOUTH ST STE 450
SHREWSBURY, MA 01545-7808

[redacted]

R/E: Contract #: INTF2902M04180725088

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 $883,151.40.

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	$499,787.85
Current Year	07/01/2022	06/30/2023	$127,787.85
Future Years	07/01/2023	06/30/2025	$255,575.70

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.

MMARS DOCUMENT ID: ISA INTF2902M04180725088 .

COMMONWEALTH OF MASSACHUSETTS
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM

This Form is issued and published by the Office of the Comptroller (CTR) pursuant to 815 CMR 6.00 for use by all Commonwealth Departments. Departments may add non-conflicting additional terms, but changes to the official printed language of this Form shall be void.

BUDGET FISCAL YEAR: 2023	RFR REFERENCE NUMBER ENTER RFR NUMBER: 180725 OR ☐ N/A.
MMARS ALPHA *BUYER/PARENT* DEPARTMENT CODE: DPH	MMARS ALPHA *SELLER/CHILD* DEPARTMENT CODE: UMS VC6000178132 AD001
BUSINESS MAILING ADDRESS: 250 Washington Street, Boston MA 02108	BUSINESS MAILING ADDRESS: 333 SOUTH ST STE 450 SHREWSBURY, MA 01545-7808
ISA MANAGER: Deandra Russo	ISA MANAGER: [redacted]
PHONE: 857-363-0475 FAX:	PHONE: [redacted] FAX: [redacted]
E-MAIL ADDRESS: Deandra.russo@mass.gov	E-MAIL ADDRESS: [redacted]

Purpose of ISA: (Check one option only and complete applicable information) (Attachment A required for New ISAs and all ISA Amendments.)

☐ New ISA. Current Maximum Obligation for total duration of ISA $_____ (Use "N/A" for Non-Financial ISA.) (Complete Attachment B)

☑ Amendment to Existing ISA. What is being amended? (Attachment C required for all Federal and Bond Account Amendments)

- ☑ Amend Budget/Accounts. Change Maximum Obligation from: $ 627,575.70 to New Maximum Obligation $ 883,151.40 (Attachment B)
- ☐ Amend Budget/Accounts. No Change in Maximum Obligation (Attachment B)
- ☑ Amend Dates of Performance. New Dates of Service: Start Date: 07/01/2017 End Date: 06/30/2025 (Subject to execution dates below.)
- ☑ Amend Scope of Services/Performance

BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED:

Renewal with Maximum Obligation Change

WILL SELLER/CHILD DEPARTMENT STATE EMPLOYEES (AA OBJECT CLASS) BE FULLY OR PARTIALLY FUNDED UNDER THIS ISA? ☑ **No** ☐ **Yes.** If Yes, Seller/Child certifies that the ISA is not being used as an alternative funding mechanism for state employees, that the identified personnel in Attachment A are necessary for completion of the ISA due to particular expertise or other factors that can not be obtained through the use of contractors, and that if federal funds are being used, funds shall not be used to supplement the regular salary or compensation of any officer or employee of the Commonwealth for services performed during their regular working hours. M.G.L. c. 29, § 6B.

ACCOUNT INFORMATION. Complete for all new ISAs and Amendments (even if account information is not changing) Check one option, indicate "add", "delete" or "no change" and enter account, fund, major program code and program code.

☐ BGCN – non-subsidiarized (federal, capital, trust). Attachment C required for any new ISA or ISA Amendment involving federal funds.
☐ BGCS – subsidiarized (budgetary)
☑ Other (CT, RPO as authorized by CTR): INTF2902M04180725088
☐ Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child), however, resources are committed to ISA.
☐ Amendment with no Accounting Changes to Budget/Accounts or to Attachments B or C. (Indicate no change below and complete account information.)

☐ ADD ☐ DELETE ☑ NO CHANGE	Account: 4590-0300	Fund: 0010	Major Program Code: N/A	Program Code: N/A
☐ ADD ☐ DELETE ☑ NO CHANGE	Account: 4513-1112	Fund: 0010	Major Program Code: N/A	Program Code: N/A
☐ ADD ☐ DELETE ☐ NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
☐ ADD ☐ DELETE ☐ NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:

ISA ANTICIPATED START DATE: 07/01/2017 , provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations for this ISA is available in the Seller/Child account for expenditure.

TERMINATION DATE OF THIS ISA: This ISA shall terminate on 06/30/2025 unless terminated or properly amended in writing by the parties prior to this date.

BUYER/PARENT AND SELLER/CHILD DEPARTMENT CERTIFICATIONS. IN WITNESS WHEROF, by executing this ISA below, the Buyer/Parent and Seller/Child certify, under the pains and penalties of perjury, that Buyer/Parent and Seller/Child understand and agree that any Buyer/Parent or Seller/Child officer or employee who knowingly violates, authorizes or directs another officer or employee to violate any provision of state finance law relating to the incurring of liability or expenditure of public funds, includng this ISA, may be considered to be in violation of M.G.L. c. 29, § 66, and therefore the Buyer/Parent and the Seller/Child agree to ensure that this ISA complies with, and that all staff or contractors involved with ISA performance are provided with sufficient training and oversight to ensure compliance with 815 CMR 6.00, CTR applicable policies and the ISA Terms and Conditions which are incorporated by reference into this ISA, in addition to the performance requirements identified in Attachment A of this ISA, and that all terms governing performance of this ISA are attached to this ISA or incorporated by reference herein, and the Buyer/Parent and Seller/Child agree to maintain the necessary level of communication (including immediate notification of any amendments to accounting information, program codes or performance needs), coordination, access to reports and other ISA information, and cooperation to ensure the timely execution and successful completion of the ISA, amendments, and state finance law compliance; and that the Buyer/Parent certifies it will ensure that sufficient funds are timely made available in the Seller/Child account(s), with the proper accounting codes, prior to the Seller/Child's need to begin initial or amended performance; and that the Seller/Child will not allow initial or amended performance to begin until the ISA is executed AND the ISA Seller/Child account is sufficiently funded to support encumbrances and payments for performance (including payroll), and the Seller/Child will make encumbrances and payments (including payroll) only from the authorized ISA Seller/Child account(s) and shall not be entitled to transfer charges made from any other account not approved in writing by CTR in advance of expenditures by the Seller/Child.

BUYER/PARENT DEPARTMENT'S AUTHORIZED SIGNATURE:	SELLER/CHILD DEPARTMENT'S AUTHORIZED SIGNATURE:
DATE: 6/8/2023 (Date must be handwritten by signatory at time of signature)	DocuSigned by: 8F6FCB6BB1834F2... DATE: 5/24/2023 (Date must be handwritten by signatory at time of signature)
PRINT NAME: Sharon Dyer	PRINT NAME: Marcy Culverwell
PRINT TITLE: Director, Purchase of Service	PRINT TITLE: Sr. Associate Vice Chancellor Administration & Finance

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM
TERMS AND CONDITIONS

The following terms and conditions are incorporated by reference into any ISA.

Role of the Office of the Comptroller. All ISA fiscal transactions shall be made through the state accounting system as prescribed by the Office of the Comptroller (CTR). CTR will interpret 815 CMR 6.00 and applicable policies and take any fiscal or other actions necessary to ensure ISA compliance with state finance law, including but not limited to correcting accounting transactions, resolving ISA disputes and identifying corrective action by the Buyer/Parent or Seller/Child Departments.

Seller/Child Department Certifications. By executing an ISA the Seller/Child certifies that it is statutorily authorized to provide the type of performance sought by the Buyer/Parent, and shall at all times remain qualified to perform the ISA, that performance shall be timely and meet or exceed ISA standards, that the Seller/Child will not allow initial or amended performance to begin, may not authorize personnel or contractors to work, nor incur any obligation to be funded under an ISA prior to the execution of an ISA AND the availability of ISA funding in the Seller/Child account to support encumbrances and payments for performance. The Seller/Child will make encumbrances and payments (incuding payroll) only from the authorized ISA Seller/Child account(s) and shall not be entitled to transfer charges made from any other account not approved in writing in advance by CTR. The Seller/Child must immediately notify CTR whenever a delay in funding is anticipated for which performance is expected. The Seller/Child is authorized to use ISA funding only for the actual costs of ISA performance and may not use ISA funds to supplement non-ISA related personnel or expenditures.

Buyer/Parent Department Certifications. Signature by the Buyer/Parent certifies that it is statutorily authorized or required to procure the type of performance required under this ISA, that the Buyer/Parent certifies it will ensure that sufficient funds are timely made available in the Seller/Child Seller/Child account(s), with the proper accounting codes, prior to the Seller/Child's need to begin intial or amended performance; that the Buyer/Parent will monitor and reconcile ISA performance in compliance with state appropriation language or federal grant requirements, communicate all fiscal information necessary for the set up of the Seller/Child account(s) including budget information, and if the ISA is funded with federal funds provide accurate accounting information in Attachment C, and immediately notify the Seller/Child of any changes in Attachment C (such as program codes) to ensure the ISA and Seller/Child account can be timely updated to avoid lapses in funding or the inability of the Seller/Child to make timely payroll and other expenditures from the Seller/Child account.

Chief Fiscal Officer. The Chief Fiscal Officer (CFO) for the Buyer/Parent and Seller/Child will be responsible for the fiscal management of ISAs within their Departments in accordance with these ISA Terms and Conditions, 815 CMR 6.00 and policies and procedures published by CTR.

ISA Manager. Both the Buyer/Parent and Seller/Childs are responsible for ensuring that the ISA Manager listed on the ISA, or ISA Amendment, is current and that the ISA Manager is an authorized signatory for the Department supported by the appropriate Security Profile. If the listed ISA Manager changes, the CFO shall be the ISA Manager until a replacement is identified in the same manner as other Written Notice.

Record-keeping and Retention, Inspection of Records. The Buyer/Parent and Seller/Child shall maintain all ISA records in such detail as necessary to support claims for payment, including reimbursement or federal financial participation (FFP), for at least seven (7) years from the last payment under an ISA Seller/Child account, or such longer period as is necessary for the resolution of any litigation, claim, negotiation, audit or other inquiry involving an ISA. In addition to any specific progress, programmatic or expenditure reports specified in Attachment A, the Seller/Child is required to provide the Buyer/Parent (and to CTR, the State Auditor and the House and Senate Ways and Means Committees upon request) with full cooperation and access to all ISA information.

Payments and Compensation. The Seller/Child may accept compensation only for performance delivered and accepted by the Buyer/Parent in accordance with the specific terms and conditions of the ISA. All ISA payments are subject to appropriation pursuant to M.G.L. C. 29, or the availability of sufficient non-appropriated funds for the purposes of an ISA. Overpayments or disallowed expenditures shall be reimbursed by the Seller/Child or may be offset from future ISA payments in accordance with state finance law and instructions from CTR.

ISA Termination or Suspension. An ISA shall terminate on the date specified, unless this date is properly amended prior to this date, or unless terminated or suspended under this Section upon prior written notice to the Seller/Child. The Buyer/Parent may terminate an ISA without cause and without penalty with at least thirty days prior written notice, or may terminate or suspend an ISA with reasonable notice if the Seller/Child breaches any material term or condition or fails to perform or fulfill any material obligation required by an ISA, or in the event of an elimination of an appropriation or availability of sufficient funds for the purposes of an ISA, or in the event of an unforeseen public emergency mandating immediate Buyer/Parent action. Upon immediate notification to the other party, neither the Buyer/Parent nor the Seller/Child shall be deemed to be in breach for failure or delay in performance due to Acts of God or other causes factually beyond their control and without their fault or negligence. Contractor failure to perform or price increases due to market fluctuations or product availability will not be deemed factually beyond the Seller/Child's control.

Written Notice. Any notice shall be deemed delivered and received when submitted in writing in person or when delivered by any other appropriate method evidencing actual receipt by the Buyer/Parent or the Seller/Child. Unless otherwise specified in the ISA, legal notice sent or received by the Buyer/Parent's ISA Manager or the CFO (with confirmation of actual receipt) through the listed fax number(s) or E-Mail address for the ISA Manager will satisfy written notice under the ISA. Any written notice of termination or suspension delivered to the Seller/Child shall state the effective date and period of the notice, the reasons for the termination or suspension, if applicable, any alleged breach or failure to perform, a reasonable period to cure any alleged breach or failure to perform, if applicable, and any instructions or restrictions concerning allowable activities, costs or expenditures by the Seller/Child during the notice period.

Confidentiality. The Seller/Child shall comply with M.G.L. C. 66A if the Seller/Child becomes a "holder" of "personal data". The Seller/Child shall also protect the physical security and restrict any access to personal or other Buyer/Parent data in the Seller/Child's possession, or used by the Seller/Child in the performance of an ISA, which shall include, but is not limited to the Buyer/Parent's public records, documents, files, software, equipment or systems. If the Seller/Child is provided access with any other data or information that triggers confidentiality requirements under FIPA, HIPPA or other federal or state laws, the Seller/Child shall be responsible for protection of this data as instructed by the Buyer/Parent.

Assignment. The Seller/Child may not assign, delegate or transfer in whole or in part any ISA, or any liability, responsibility, obligation, duty or interest under an ISA, to another Department or an outside contractor. Assumption of an ISA by a successor Department due to a legislative change in the Seller/Child or Buyer/Parent's department status shall be accomplished through the execution of a new ISA.

Subcontracting By Seller/Child. Since it is presumed that contracting through the Seller/Child is more cost effective and a better value than the Buyer/Parent directly contracting with an outside contractor(s), any subcontract entered into by the Seller/Child for the purposes of fulfilling the obligations under an ISA must be approved by the Buyer/Parent in advance of the ISA and justified as part of the ISA Attachment A. The Seller/Child is responsible for full state finance law and procurement compliance for all subcontracts, and shall supply a copy of any subcontract to the Buyer/Parent upon request.

Affirmative Action, Non-Discrimination in Hiring and Employment. In performing this ISA, the Seller/Child shall comply with all federal and state laws, rules, regulations and applicable internal state policies and agreements promoting fair employment practices or prohibiting employment discrimination and unfair labor practices and shall not discriminate in the hiring of any applicant for employment nor shall any qualified employee be demoted, discharged or otherwise subject to discrimination in the tenure, position, promotional opportunities, wages, benefits or terms and conditions of their employment because of race, color, national origin, ancestry, age, sex, religion, disability, handicap, sexual orientation or for exercising any rights afforded by law. The Seller/Child commits to, when possible, to purchasing supplies and services from certified minority or women-owned businesses, small businesses or businesses owned by socially or economically disadvantaged persons or persons with disabilities in accordance with the Commonwealth's Affirmative Market Program.

Waivers. Forbearance, indulgence or acceptance by the Seller/Child or Buyer/Parent of any breach or default in any form shall not be construed as a waiver and shall not limit enforcement remedies or allow a waiver of any subsequent default or breach.

Risk of Loss. The Seller/Child shall bear the risk of loss for any materials, deliverables, personal or other data that is in the possession of the Seller/Child or used by the Seller/Child in the performance of an ISA until is accepted by the Buyer/Parent.

Disputes. The Buyer/Parent and Seller/Child agree to take all necessary actions to resolve any dispute arising under the ISA within 30 calendar days including department head and secretariat involvement, but in no event shall a dispute remain unresolved beyond May 30th in any fiscal year, nor may the Buyer/Parent or Seller/Child allow a dispute to create a state finance law or other violation of ISA terms (such as a delay in funding, failure to timely communicate funding or program code changes, or failure to timely process ISA paperwork). Seller/Child and Buyer/Parent must immediately notify CTR to assist in resolution of the dispute and shall implement any actions required by CTR to resolve the dispute, which shall be considered final.

Interpretation, Severability, Conflicts with Law, Integration. Any amendment or attachment to any ISA that contains conflicting language or has the affect of deleting, replacing or modifying any printed language of the ISA shall be interpreted as superseded by the ISA Form as published. If any ISA provision is superseded by state or federal law or regulation, in whole or in part, then both parties shall be relieved of all obligations under that provision to the extent necessary to comply with the superseding law, provided however, that the remaining provisions of the ISA, or portions thereof, shall be enforced to the fullest extent permitted by law. The terms of this ISA shall survive its termination for the purpose of resolving any claim, dispute or other action, or for effectuating any negotiated representations and warranties.

University of Massachusetts Medical School
UMASS

Office of the Chancellor
55 Lake Avenue North, S1-340
Worcester, MA 01655-0002
[redacted]

Michael F. Collins, M.D., F.A.C.P.

Senior Vice President for the Health Sciences
University of Massachusetts

Chancellor
Professor of Quantitative Health Sciences and Medicine
University of Massachusetts Medical School

November 5, 2018

DELEGATION OF SIGNATURE AUTHORITY

I, Michael F. Collins, MD, Chancellor of the University of Massachuestts Medical School delegate signature authority granted to me pursuant to University Board of Trustee Policy Doc. T73-098 to execute all Contracts in which the University of Massachusetts Medical School, Commonwealth Medicine business unit, is selling its services, to each of the following:

Lisa M. Columbo – Executive Vice Chancellor for Commonwealth Medicine
John Lindstedt – Executive Vice Chancellor for Administration and Finance
Marcy Culverwell – Associate Vice Chancellor for Administration and Finance
Patti Onorato – Associate Vice Chancellor for Commonwealth Medicine

Michael F. Collins, MD – Chancellor
University of Massachusetts Medical School

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : University of Massachusetts, Worcester
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: ***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
John C. Lindstedt	Executive Vice Chancellor, Administration & Finance
Lisa M. Colombo	Executive Vice Chancellor, Commonwealth Medicine
Marcy Culverwell	Associate Vice Chancellor, Administration & Finance
Patti Onorato	Managing Director, Commonwealth Medicine

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

Signature

Date: 24 April 2019

Title: Chancellor

Fax: [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.

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : University of Massachusetts, Worcester
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

Signatory's full legal name (print or type): Michael F. Collins

Title: Chancellor

X Michael F. Collins
Signature as it will appear on contract or other document **(Complete only in presence of notary):**

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

I, Amory Navarro (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

April 24, 20 19.

My commission expires on: 3/21/21

AMORY NAVARRO
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
March 19, 2021

AFFIX NOTARY SEAL

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

_____, 20 _____.

AFFIX CORPORATE SEAL

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : University of Massachusetts, Worcester
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

Signatory's full legal name (print or type): John C. Lindstedt

Title: Executive Vice Chancellor for Administration and Finance

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

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

I, Amory Navarro (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

April 25, 20 19.

My commission expires on: 3/19/21

AMORY NAVARRO
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
March 19, 2021

AFFIX NOTARY SEAL

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

_____, 20 _____.

AFFIX CORPORATE SEAL

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : University of Massachusetts, Worcester
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

Signatory's full legal name (print or type): Lisa M. Colombo

Title: Executive Vice Chancellor, Commonwealth Medicine

X Lisa M. Colombo

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

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

I, Dimitrios Tramboulakis (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

April 25, 2019.

My commission expires on:

DIMITRIOS TRAMBOULAKIS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
November 13, 2020

AFFIX NOTARY SEAL

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

_____, 20 _____.

AFFIX CORPORATE SEAL

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : University of Massachusetts, Worcester
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

Signatory's full legal name (print or type): Patti Onorato

Title: Managing Director, Commonwealth Medicine

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

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

I, Dimitrios Tramboulakis (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

April 25, 2019

My commission expires on:

DIMITRIOS TRAMBOULAKIS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
November 13, 2020

AFFIX NOTARY SEAL

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

_____, 20 _____.

AFFIX CORPORATE SEAL

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : University of Massachusetts, Worcester
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

Signatory's full legal name (print or type): Marcy Culverwell

Title: Associate Vice Chancellor for Administration and Finance

X _____

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

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

I, Cheryl L. Desmarais (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

April 24, 20 19.

My commission expires on:

CHERYL LEA DESMARAIS
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
July 4, 2025

AFFIX NOTARY SEAL

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

_____, 20 _____.

AFFIX CORPORATE SEAL

Scope of Services

Contract ID #: INTF2902M04180725088

Contract Amendment - Increase

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.

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM
TERMS AND CONDITIONS

ATTACHMENT A – TERMS OF PERFORMANCE AND JUSTIFICATIONS:

This Attachment Form must be used. Insert (type or copy and paste) all relevant information using as many pages as necessary. Attach any additional supporting documentation as appropriate. If Amending the ISA, completion of Sections 1, 2 and 3 identifying what is being amended and the reasons for the amendments is required. For sections 4-9 enter only the amended language in the sections being amended.

1. [REQUIRED] Purpose and other performance goals of ISA, or as amended:

2. [REQUIRED] Identify in detail, the responsibilities of the parties, the scope of services and terms of performance under the ISA, or as amended:

3. [REQUIRED] Identify schedule of performance or completion dates or other benchmarks for performance, or as amended:

4. [REQUIRED] Justification that use of ISA is best value vs. contract with outside vendor:

5. Will Seller/Child department state employees (AA Object Class) be fully or partially funded under this ISA? ☐ No ☐ Yes. If Yes, justify necessity to use state employees for the ISA vs. use of contractors (contract employees or outside vendors).

6. Subcontractors. Since it is presumed that contracting through the Seller/Child is more cost effective and a better value than the Buyer/Parent directly contracting with an outside contractor(s), any subcontract entered into by the Seller/Child for the purposes of fulfilling the obligations under an ISA must be approved by the Buyer/Parent in advance of the ISA and justified as part of the ISA Attachment A, as follows: (enter "N/A" if subcontractors will not be funded with ISA funds)

7. Identify any equipment that will be leased or purchased by the Seller/Child using ISA funds: (The Buyer/Parent shall determine ownership of equipment purchased by the Seller/Child with ISA funds. Enter "N/A" if equipment not included in ISA.)

8. [REQUIRED] Identify the format and timing of ISA reports to the Buyer/Parent Department. Include the type of reports (e.g., progress or status, data, etc.), timing of reports (e.g., weekly, monthly, final) and the medium for submission of reports (e.g., e-mail, Excel spreadsheet, paper, telephone):

9. Additional ISA Terms: [Insert Terms here. Do not refer to separate attachment(s)]

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM

ATTACHMENT B - BUDGET

Check one: ☐ Initial ISA Budget

☑ ISA Budget/Account Amendment. Maximum Obligation of ISA before this Amendment: $ 627,575.70 .

PRIOR MMARS DOCUMENT ID: _____ (for reference - if applicable)

CURRENT DOC ID: ISA INTF2902M04180725088 .

[See Instructions for Additional Guidance on completion. Insert as many additional lines as necessary.]

A Budget Fiscal Year	B Seller/Child Account	C Object Class	D Description	E Initial ISA Amount / or Amount Prior to Amendment	F Indicate Add or Reduce +/-	G Amendment Amount	H Enter "YES" if Amount is a prior FY budget reduction or a current FY "Carry-in" authorization for Federal ISA Funds	I New Amount After Amendment
2018	4590-0300	MM	Public Health Services	$ 93,000.00		$ 0.00		$ 93,000.00
2019	4590-0300	MM	Public Health Services	$ 93,000.00		$ 0.00		$ 93,000.00
2020	4590-0300	MM	Public Health Services	$ 93,000.00		$ 0.00		$ 93,000.00
2021	4590-0300	MM	Public Health Services	$ 93,000.00		$ 0.00		$ 93,000.00
2022	4590-0300	MM	Public Health Services	$ 127,788.00		$ 0.00		$ 127,787.85
2023	4513-1112	MM	Public Health Services	$ 127,788.00		$ 0.00		$ 127,787.85
2024	4513-1112	MM	Public Health Services	$ 127,788.00		$ 0.00		$ 127,787.85
2025	4513-1112	MM	Public Health Services	$ 127,788.00		$ 0.00		$ 127,787.85
				$		$		$
				$		$		$
				$		$		$
				$		$		$

FISCAL YEAR SUBTOTALS AND TOTAL MAXIMUM OBLIGATION FOR DURATION OF ISA		
FISCAL YEAR: 2018 - 2022	SUBTOTAL (*or New Subtotal if Fiscal Year Subtotal being amended*	$ 499,787.85
FISCAL YEAR: 2023	SUBTOTAL (*or New Subtotal if Fiscal Year Subtotal being amended*	$ 127,787.85
FISCAL YEAR: 2024 - 2025	SUBTOTAL (*or New Subtotal if Fiscal Year Subtotal being amended*	$ 255,575.70
FISCAL YEAR: _____	SUBTOTAL (*or New Subtotal if Fiscal Year Subtotal being amended*	$
TOTAL MAXIMUM OBGLIGATON FOR DURATION OF ISA (*or New Total Maximum Obligation if amended*)		$ 883,151.40

Additional Budget Specifications:

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM
TERMS AND CONDITIONS

ATTACHMENT A FY24 – TERMS OF PERFORMANCE AND JUSTIFICATIONS:

This Attachment Form must be used. Insert (type or copy and paste) all relevant information using as many pages as necessary. Attach any additional supporting documentation as appropriate. If Amending the ISA, completion of Sections 1, 2 and 3 identifying what is being amended and the reasons for the amendments is required. For sections 4-9 enter only the amended language in the sections being amended.

1. [REQUIRED] Purpose and other performance goals of ISA, or as amended:

   UMASS Medical School provides communication coordination, partnership development and policy/environmental strategies to support MTCP's Tobacco-Free Community Capacity Building Program initiatives.

2. [REQUIRED] Identify in detail, the responsibilities of the parties, the scope of services and terms of performance under the ISA, or as amended:

   No change in scope

3. [REQUIRED] Identify schedule of performance or completion dates or other benchmarks for performance, or as amended:

   All deliverables will be identified based on the needs and in conjunction with MTCP and completed no later than June 30, 2024.

4. [REQUIRED] Justification that use of ISA is best value vs. contract with outside vendor:

   UMass Medical School has had a contract with MTCP for services since FY06 and this work is consistent with the work they have already been doing. It would not be cost effective to start anew with an outside party.

5. Will Seller/Child department state employees (AA Object Class) be fully or partially funded under this ISA? **X** No __Yes. If Yes, justify necessity to use state employees for the ISA vs. use of contractors (contract employees or outside vendors).

6. Subcontractors. Since it is presumed that contracting through the Seller/Child is more cost effective and a better value than the Buyer/Parent directly contracting with an outside contractor(s), any subcontract entered into by the Seller/Child for the purposes of fulfilling the obligations under an ISA must be approved by the Buyer/Parent in advance of the ISA and justified as part of the ISA Attachment A, as follows: (enter "N/A" if subcontractors will not be funded with ISA funds) **N/A**

7. Identify any equipment that will be leased or purchased by the Seller/Child using ISA funds: (The Buyer/Parent shall determine ownership of equipment purchased by the Seller/Child with ISA funds. Enter "N/A" if equipment not included in ISA**.) N/A**

8. [REQUIRED] Identify the format and timing of ISA reports to the Buyer/Parent Department. Include the type of reports (e.g., progress or status, data, etc.), timing of reports (e.g., weekly, monthly, final) and the medium for submission of reports (e.g., e-mail, Excel spreadsheet, paper, telephone):

   Any reporting required by MTCP will be delivered in a timely fashion during this contract period and no later than June 30, 2024. Phone calls will be held as needed.

9. Additional ISA Terms: [Insert Terms here. Do not refer to separate attachment(s)]

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM
TERMS AND CONDITIONS

ATTACHMENT A FY25 – TERMS OF PERFORMANCE AND JUSTIFICATIONS:

This Attachment Form must be used. Insert (type or copy and paste) all relevant information using as many pages as necessary. Attach any additional supporting documentation as appropriate. If Amending the ISA, completion of Sections 1, 2 and 3 identifying what is being amended and the reasons for the amendments is required. For sections 4-9 enter only the amended language in the sections being amended.

1. [REQUIRED] Purpose and other performance goals of ISA, or as amended:

   UMASS Medical School provides communication coordination, partnership development and policy/environmental strategies to support MTCP's Tobacco-Free Community Capacity Building Program initiatives.

2. [REQUIRED] Identify in detail, the responsibilities of the parties, the scope of services and terms of performance under the ISA, or as amended:

   No change in scope

3. [REQUIRED] Identify schedule of performance or completion dates or other benchmarks for performance, or as amended:

   All deliverables will be identified based on the needs and in conjunction with MTCP and completed no later than June 30, 2025.

4. [REQUIRED] Justification that use of ISA is best value vs. contract with outside vendor:

   UMass Medical School has had a contract with MTCP for services since FY06 and this work is consistent with the work they have already been doing. It would not be cost effective to start anew with an outside party.

5. Will Seller/Child department state employees (AA Object Class) be fully or partially funded under this ISA? **X** No __Yes. If Yes, justify necessity to use state employees for the ISA vs. use of contractors (contract employees or outside vendors).

6. Subcontractors. Since it is presumed that contracting through the Seller/Child is more cost effective and a better value than the Buyer/Parent directly contracting with an outside contractor(s), any subcontract entered into by the Seller/Child for the purposes of fulfilling the obligations under an ISA must be approved by the Buyer/Parent in advance of the ISA and justified as part of the ISA Attachment A, as follows: (enter "N/A" if subcontractors will not be funded with ISA funds) **N/A**

7. Identify any equipment that will be leased or purchased by the Seller/Child using ISA funds: (The Buyer/Parent shall determine ownership of equipment purchased by the Seller/Child with ISA funds. Enter "N/A" if equipment not included in ISA**.) N/A**

8. [REQUIRED] Identify the format and timing of ISA reports to the Buyer/Parent Department. Include the type of reports (e.g., progress or status, data, etc.), timing of reports (e.g., weekly, monthly, final) and the medium for submission of reports (e.g., e-mail, Excel spreadsheet, paper, telephone):

   Any reporting required by MTCP will be delivered in a timely fashion during this contract period and no later than June 30, 2025. Phone calls will be held as needed.

9. Additional ISA Terms: [Insert Terms here. Do not refer to separate attachment(s)]

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	FY 24
Vendor Name:	**University of Massachusetts**
Contract ID:	INTF2902M04180725088
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	0.1	$10,139.64			$10,139.64			$10,139.64	
102 Program Director	1	$58,972.25			$58,972.25			$58,972.25	
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		$1,463.10			$1,463.10			$1,463.10	
151 Fringe Benefits		$27,798.88			$27,798.88			$27,798.88	
Total Program Staff		**$98,373.87**	**$0.00**		**$98,373.87**	**$0.00**		**$98,373.87**	
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		$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		$114.45			$114.45			$114.45	
Total Non Personal Exp.		**$614.45**	**$0.00**		**$614.45**	**$0.00**		**$614.45**	
216 Program Support		$14,500.00			$14,500.00			$14,500.00	
Total Direct Administrative Exp.		**$14,500.00**	**$0.00**		**$14,500.00**	**$0.00**		**$14,500.00**	
SUBTOTAL PROGRAM COSTS		**$113,488.32**	**$0.00**		**$113,488.32**	**$0.00**		**$113,488.32**	
410 Agency Admin. Support Allocation	9.60%	$14,299.53			$14,299.53			$14,299.53	
PROGRAM TOTAL		**$127,787.85**	**$0.00**		**$127,787.85**	**$0.00**		**$127,787.85**	

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

Contract# INTF2902M04180725088 - 2024 - CT - University of Massachusetts Chan Medical School

Master Contract Number:	INTF2902M04180725088		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	9	EIM Version Number:	89

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
☐	$127,787.85	7	1	45131112	07/01/2023	06/30/2024

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$127,787.85
Line Item Budget Total:	$127,787.85
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 12:37 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 12:31 PM
Comments:	

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

Original FTE:	0	Original Amount:	$10,139.64
Expended Amount:	$0.00	Balance:	$10,139.64
Reimbursable Cost:	$10,139.64	Status:	Pending

Current FTE:	0	Current Amount:	10139.64
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$58,972.25
Expended Amount:	$0.00	Balance:	$58,972.25
Reimbursable Cost:	$58,972.25	Status:	Pending

Current FTE:	0	Current Amount:	58972.25
Offset:	0	Source:	0
	Delete		

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

Original FTE:	0	Original Amount:	$1,463.10
Expended Amount:	$0.00	Balance:	$1,463.10
Reimbursable Cost:	$1,463.10	Status:	Pending

Current FTE:	0	Current Amount:	1463.1
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$27,798.88
Expended Amount:	$0.00	Balance:	$27,798.88
Reimbursable Cost:	$27,798.88	Status:	Pending

Current FTE:	0	Current Amount:	27798.88
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:	$114.45
Expended Amount:	$0.00	Balance:	$114.45
Reimbursable Cost:	$114.45	Status:	Pending

Current FTE:	N/A	Current Amount:	114.45
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$14,500.00
Expended Amount:	$0.00	Balance:	$14,500.00
Reimbursable Cost:	$14,500.00	Status:	Pending

Current FTE:	N/A	Current Amount:	14500
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$14,299.53
Expended Amount:	$0.00	Balance:	$14,299.53
Reimbursable Cost:	$14,299.53	Status:	Pending

Current FTE:	N/A	Current Amount:	14299.53
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:	**University of Massachusetts**
Contract ID:	INTF2902M04180725088
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	0.1	$10,139.64			$10,139.64			$10,139.64	
102 Program Director	1	$58,972.25			$58,972.25			$58,972.25	
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		$1,463.10			$1,463.10			$1,463.10	
151 Fringe Benefits		$27,798.88			$27,798.88			$27,798.88	
Total Program Staff		**$98,373.87**	**$0.00**		**$98,373.87**	**$0.00**		**$98,373.87**	
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		$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		$114.45			$114.45			$114.45	
Total Non Personal Exp.		**$614.45**	**$0.00**		**$614.45**	**$0.00**		**$614.45**	
216 Program Support		$14,500.00			$14,500.00			$14,500.00	
Total Direct Administrative Exp.		**$14,500.00**	**$0.00**		**$14,500.00**	**$0.00**		**$14,500.00**	
SUBTOTAL PROGRAM COSTS		**$113,488.32**	**$0.00**		**$113,488.32**	**$0.00**		**$113,488.32**	
410 Agency Admin. Support Allocation	9.60%	$14,299.53			$14,299.53			$14,299.53	
PROGRAM TOTAL		**$127,787.85**	**$0.00**		**$127,787.85**	**$0.00**		**$127,787.85**	

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

Contract# INTF2902M04180725088 - 2025 - CT - University of Massachusetts Chan Medical School

Master Contract Number:	INTF2902M04180725088		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	9	EIM Version Number:	89

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
☐	$127,787.85	8	1	45131112	07/01/2024	06/30/2025

Add Accounting Line | Delete Accounting Line

Line Item Budget Components

Budget Maximum Obligation:	$127,787.85
Line Item Budget Total:	$127,787.85
Remaining Amount:	$0.00
Modified By:	Miriam Clementi
Modified Date:	07/03/2023 12:51 PM
Created By:	Miriam Clementi
Created Date:	07/03/2023 12:42 PM
Comments:	

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

Original FTE:	0	Original Amount:	$10,139.64
Expended Amount:	$0.00	Balance:	$10,139.64
Reimbursable Cost:	$10,139.64	Status:	Pending

Current FTE:	0	Current Amount:	10139.64
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$58,972.25
Expended Amount:	$0.00	Balance:	$58,972.25
Reimbursable Cost:	$58,972.25	Status:	Pending

Current FTE:	0	Current Amount:	58972.25
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$1,463.10
Expended Amount:	$0.00	Balance:	$1,463.10
Reimbursable Cost:	$1,463.10	Status:	Pending

Current FTE:	0	Current Amount:	1463.1
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$27,798.88
Expended Amount:	$0.00	Balance:	$27,798.88
Reimbursable Cost:	$27,798.88	Status:	Pending

Current FTE:	0	Current Amount:	27798.88
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:	$114.45
Expended Amount:	$0.00	Balance:	$114.45
Reimbursable Cost:	$114.45	Status:	Pending

Current FTE:	N/A	Current Amount:	114.45
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$14,500.00
Expended Amount:	$0.00	Balance:	$14,500.00
Reimbursable Cost:	$14,500.00	Status:	Pending

Current FTE:	N/A	Current Amount:	14500
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$14,299.53
Expended Amount:	$0.00	Balance:	$14,299.53
Reimbursable Cost:	$14,299.53	Status:	Pending

Current FTE:	N/A	Current Amount:	14299.53
Offset:	0	Source:	
	Delete		

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

Change Amount = $1,200
Percentage = 0.9%

Collaborative for Educational Services - INTF2902M04180725091

Line Item Amendment

Hi Linda,

This is approved.

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

-----Original Message-----
From: donotreply@state.ma.us <donotreply@state.ma.us>
Sent: Tuesday, June 11, 2024 9:29 AM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Contract Number: INTF2902M04180725091

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Collaborative for Educational Services

Provider Email address: [redacted]

Contract Maximum Obligation: $135,000.00

Current Capacity Limit: New Capacity Limit:

Reason : Requesting line item budget amendment to move $1200 from 215 Program Supplies to 201 Direct Care Program Consultants.

Line 201 :we will work with Kia Aoki, a Direct Care Program Consultant for a Tobacco-Free equity project at Hampshire Heights. She will facilitate meetings, coordinate activities, and help the group members to purchase supplies for their individual projects.
Line 215 - Supplies line within this budget is being reduced as supplies were over budgeted and funds will be

use for supplies provided by consultant.

Budget Number: 1

Budget Maximum Obligation: $135,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$0.00	$0.00	$0.00
102-Program Director	$74,880.00	$0.00	$74,880.00
151-Fringe Benefits	$7,536.00	$0.00	$7,536.00
201-Direct Care Prog	$1,400.00	$1,200.00	$2,600.00
204-Staff Training	$200.00	$0.00	$200.00
205-Staff Mileage/Tr	$1,000.00	$0.00	$1,000.00
206-Subcontracted Di	$37,500.00	$0.00	$37,500.00
215-Program Supplies	$3,393.00	($1,200.00)	$2,193.00
410-Agency and Progr	$9,091.00	$0.00	$9,091.00

Budget Total: $135,000.00

Attendee panel closed

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

Contract# INTF2902M04180725091 - 2024 - CT - Collaborative for Educational Services

Master Contract Number:	INTF2902M04180725091		
Fiscal Year:	2024	**Contract Type:**	COST
MMARS Version Number:	7	**EIM Version Number:**	81

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
☐	$38,692.34	4	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:	$135,000.00
Line Item Budget Total:	$135,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	06/25/2024 11:43 AM
Created By:	Deandra Russo
Created Date:	06/28/2023 04:29 PM
Comments:	

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

Original FTE:	0.07	**Original Amount:**	$4,000.00
Expended Amount:	$0.00	**Balance:**	$0.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$0.00	**Status:**	Final

Current FTE:	0.05	**Current Amount:**	0
Offset:	0	**Source:**	
	Delete		

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

Original FTE:	1	**Original Amount:**	$54,135.00
Expended Amount:	$58,482.00	**Balance:**	$16,397.60
Deficiency Amount:	$0.00		
Reimbursable Cost:	$74,880.00	**Status:**	Final

Current FTE:	1	Current Amount:	74880
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$12,611.00
Expended Amount:	$5,793.00	Balance:	$1,742.50
Deficiency Amount:	$0.00		
Reimbursable Cost:	$7,536.00	Status:	Final

Current FTE:	0	Current Amount:	7536
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,400.00
Expended Amount:	$0.00	Balance:	$2,600.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$2,600.00	Status:	Final

Current FTE:	N/A	Current Amount:	2600
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,500.00
Expended Amount:	$0.00	Balance:	$200.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$200.00	Status:	Final

Current FTE:	N/A	Current Amount:	200
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$700.00
Expended Amount:	$357.00	Balance:	$642.30
Deficiency Amount:	$0.00		
Reimbursable Cost:	$1,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$31,000.00
Expended Amount:	$23,750.00	Balance:	$13,750.00
Deficiency Amount:	$0.00		
Reimbursable Cost:	$37,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	37500
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:**	$4,046.00
Expended Amount:	$1,277.00	**Balance:**	$915.13
Deficiency Amount:	$0.00		
Reimbursable Cost:	$2,193.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	2193
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$9,008.00
Expended Amount:	$6,646.00	**Balance:**	$2,444.81
Deficiency Amount:	$0.00		
Reimbursable Cost:	$9,091.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	9091
Offset:	0	**Source:**	
	Delete		

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

----Original Message-----
From: Gomez, Alex (DPH)
Sent: Tuesday, April 9, 2024 9:59 AM
To: Baptiste, Linda (DPH) <linda.baptiste@mass.gov>
Subject: FW: Request 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: Monday, April 8, 2024 2:16 PM
To: Gomez, Alex (DPH) <Alex.Gomez@mass.gov>
Subject: Request Amendment

CR- Line Item Budget Change Request

Line 101: Program Director (Susan Cairn) was out on Medical Leave. In her absence. Angela Burke (Director of Professional Services), supervised the Assistant Director and performed the duties of the Program Director in Sue's absence. Ms. Burke was paid through another source so the funds from this grant were not needed for this Fiscal Year.

Line 151: Because the Program Director (Susan Cairn) was out on Medical Leave, the fringe costs associated with her salary were not needed in this fiscal year. The remailing fringe is associated with the Assistant Director position.

Line 201: $1,000 Restorative Practices Mapping Project is a visual assessment (in the form of a video and/or Map) that illustrates the types of work that are currently happening in the region related to Restorative Practices and Restorative Justice. This assessment is directly related to the work that the CP is conducting to support alternatives to suspension and opportunities for cessation when there are nicotine policy violations. The funds pay for a videographer and/or visual mapping consultant. $400 to pay Kia Aoki for facilitation and oversight of the neighborhood Women's Empowerment Group (WEG) that is doing equity work related to addressing Social Drivers of Health that impact nicotine use.

Line 204: Staff were able to access professional development and training through free on-line webinars and free community trainings. Anticipated training needs now through June 30, 2024, total $200.

Line 205: Estimated travel expenses for regional community meetings & MTCP statewide meetings:

Specifically, Tower Hill & Boston x 3 meetings = $260; Hampshire County/Hilltown's x 6 meetings = $100; Greenfield and Francklin County x 4 meetings = $140 for total of $500 in travel.

Line 206: Additional $2,500 Subcontract to support a Health Equity Policy Assembly co-hosted by the Western Mass Health Equity Network and Public Health Institute of WMass. Funds will support assembly expenses such as space, food, printing, name badges, participation and speaker stipends, and parking vouchers.

Line 215: Media subscriptions ($200), laptop for Assistant Director ($5 86 not purchased in FY23), gift card participation incentives ($500), culinary and art supplies for the Women's Empowerment Group for policy and equity showcase event ($1,200), MTCP office supplies ($100)

Contract Number: INTF2902M04180725091

Contracting Agency Name: DPH-Tobacco Control Program

Contracting Provider Name: Collaborative for Educational Services

Provider Email address: [redacted]

Contract Maximum Obligation: $135,000.00

Current Capacity Limit: New Capacity Limit:

Reason : Contract Number: INTF2902M04180725091 - 2024 Contracting Agency Name: Collaborative for Educational Services Contract Maximum Obligation: $135,000.00 Amendment Justification(s):

Increase(s):
Line 201 ? Increase due to Restorative Practices Mapping Project and Facilitation for neighborhood Women's Empowerment Group Line 205 ? Increased estimated travel expenses for regional & MTCP meetings.
Line 206 - Additional $2,500 Subcontract to support a Health Equity Policy Assembly co-hosted by the Western Mass Health Equity Network and Public Health Institute of WMass. Funds will support assembly expenses such as space, food, printing, name badges, participation and speaker stipends, and parking vouchers.
Line 215 - Media subscriptions ($200), laptop for Assistant Director (not purchased in FY23), gift card participation incentives ($500), culinary and art supplies for the Women's Empowerment Group for policy and equity showcase event ($1,200), MTCP office supplies ($100)

Decrease(s):
Line 101 ? Program Manager originally budgeted is no longer working on the contract and the position is vacant.
Line 151 - Decrease due to vacant program manager position.
Line 204 - Reduced need, accessed free training.

Amendment Total: $135,000.00

Budget Number: 1

Budget Maximum Obligation: $135,000.00

Existing UFR Components:	Old Amount:	Change:	New Amount:
101-Program Function	$4,506.00	($4,506.00)	$0.00
102-Program Director	$74,880.00	$0.00	$74,880.00
151-Fringe Benefits	$9,730.00	($2,194.00)	$7,536.00
204-Staff Training	$500.00	($300.00)	$200.00
205-Staff Mileage/Tr	$500.00	$500.00	$1,000.00
206-Subcontracted Di	$35,000.00	$2,500.00	$37,500.00
215-Program Supplies	$793.00	$2,600.00	$3,393.00
410-Agency and Progr	$9,091.00	$0.00	$9,091.00

New UFR Components:	FTE:	Offset:	Source:	New Amount:
201-Direct Care Prog	$1,400.00	101		$1,400.00

Budget Total: $135,000.00

☐ Reply
☐ Forward

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

Contract# INTF2902M04180725091 - 2024 - CT - Collaborative for Educational Services

Master Contract Number:	INTF2902M04180725091		
Fiscal Year:	2024	**Contract Type:**	COST
MMARS Version Number:	6	**EIM Version Number:**	79

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
☐	$83,876.71	4	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:	$135,000.00
Line Item Budget Total:	$135,000.00
Remaining Amount:	$0.00
Modified By:	Alex Gomez
Modified Date:	04/09/2024 09:54 AM
Created By:	Deandra Russo
Created Date:	06/28/2023 04:29 PM
Comments:	

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

Original FTE:	0.07	**Original Amount:**	$4,000.00
Expended Amount:	$0.00	**Balance:**	$0.00
Reimbursable Cost:	$0.00	**Status:**	Final

Current FTE:	0.05	**Current Amount:**	0
Offset:	0	**Source:**	
	Delete		

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

Original FTE:	1	**Original Amount:**	$54,135.00
Expended Amount:	$41,365.60	**Balance:**	$33,514.40
Reimbursable Cost:	$74,880.00	**Status:**	Final

Current FTE:	1	**Current Amount:**	74880

Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$12,611.00
Expended Amount:	$4,059.95	Balance:	$3,476.05
Reimbursable Cost:	$7,536.00	Status:	Final

Current FTE:	0	Current Amount:	7536
Offset:	0	Source:	
	Delete		

201 - Direct Care Program Consultants (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		

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

Original FTE:		Original Amount:	$1,500.00
Expended Amount:	$0.00	Balance:	$200.00
Reimbursable Cost:	$200.00	Status:	Final

Current FTE:	N/A	Current Amount:	200
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$700.00
Expended Amount:	$357.70	Balance:	$642.30
Reimbursable Cost:	$1,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	1000
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$31,000.00
Expended Amount:	$0.00	Balance:	$37,500.00
Reimbursable Cost:	$37,500.00	Status:	Final

Current FTE:	N/A	Current Amount:	37500
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:	$4,046.00
Expended Amount:	$692.42	Balance:	$2,700.58
Reimbursable Cost:	$3,393.00	Status:	Final

Current FTE:	N/A	**Current Amount:**	3393
Offset:	0	**Source:**	
	Delete		

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

Original FTE:		**Original Amount:**	$9,008.00
Expended Amount:	$4,647.62	**Balance:**	$4,443.38
Reimbursable Cost:	$9,091.00	**Status:**	Final

Current FTE:	N/A	**Current Amount:**	9091
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: INTF2902M04180725091

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

(206) Subcontracted Direct Care: Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

Provider Name: Collaborative for Educational Services

DPH Program Name:

Submitted by: Todd H Gazda Date: 4/5/24 Phone: [redacted]

Provider/Vendor Authorized Signature

Print Name: Todd Gazda, ED

Approved by: Date: 04/09/2024 Phone: 617-549-3420

DPH Program Manager

Print Name: Alex Gomez

INSTRUCTIONS:

Providers/vendors must complete and submit to DPH at the time of **initial contract execution** for each fiscal year 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).

- Providers are to complete this form for each fiscal year when subcontracted $ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- 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, they belong in UFR Code 201 consultants)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
Public Health Institute of Western Mass (PHIWM)	**04-3342182**	$2,500	Additional $2,500 Subcontract to support a Health Equity Policy Assembly co-hosted by the Western Mass Health Equity Network and Public Health Institute of WMass. Funds will support Assembly expenses such as space, food, printing, name badges, participation and speaker stipends, and parking vouchers	☐
				☐
TOTAL:		**$2,500.00**	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

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. 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: 3/5/20

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

05/09/2023

COLLABORATIVE FOR EDUCATIONAL SERVICES
97 HAWLEY STREET
NORTHAMPTON, MA 01060

[redacted]

R/E: Contract #: INTF2902M04180725091

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 $655,000.00.

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	07/01/2020	06/30/2022	$250,000.00
Current Year	07/01/2022	06/30/2023	$135,000.00
Future Years	07/01/2023	06/30/2025	$270,000.00

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 **05/19/2023.**

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 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: Collaborative for Educational Services (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: Department of Public Health** **MMARS Department Code: DPH**	
Legal Address: (W-9, W-4): 97 Hawley Street Northampton, MA, 01060		**Business Mailing Address: 250 Washington Street, Boston MA 02108**	
Contract Manager: Heather Warner	[redacted]	**Billing Address (if different):**	
E-Mail: [redacted]	[redacted]	**Contract Manager:** Deandra Russo	**Phone: 857-363-0475**
Contractor Vendor Code: VC6000163378		**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): INTF2902M04180725091** **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)

_X_ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment: **6/30 , 2023 .**
Enter **Amendment Amount:** $ **305,000.00.** (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
_X_ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ **655,000.00** .

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

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

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

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

CONTRACT END DATE: Contract performance shall terminate as of **6/30 , 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, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____ . Date: 5/17/23
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Dr. Todd H. Gazda .
Print Title: Executive Director .

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ . Date: 5/31/2023 .
(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: COLLABORATIVE FOR EDUCATIONAL SERVICES	**Department Name:** **Massachusetts Department of Public Health**
Program Type: Tob Cntl Community Coalitions	**Document ID #:** INTF2902M04180725091
Program Name: MA Tobacco Cessation and Prevention	**UFR Program:**
Program Address: 97 HAWLEY STREET	**MMARS Program Code:** 4770
City/State/Zip: NORTHAMPTON MA 01060	**Other Reference Information (Information Purposes Only):**
Contact Person: Karen Reuter **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: 7/1/2020 **to** 6/30/2025

INITIAL DURATION: 7/1/2020 **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**
2021	$115,000.00	2023	$135,000.00	2024	$135,000.00
2022	$135,000.00			2025	$135,000.00
Total:	$250,000.00	Total:	$135,000.00	Total:	$270,000.00
				Multi Years Total:	$655,000.00

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: Collaborative for Educational Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000163378

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
Dr. Todd H. Gazda	Executive Director

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

Signature

Date: 5/17/23

Title: Executive Director Telephone: [redacted]

Fax: [redacted] 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 #: INTF2902M04180725091

Contract Amendment - Increase

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.

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

Fiscal Year: 2023	Vendor Name:	Collaborative for Educational Services
	Contract ID:	INTF2902M04180725091
	Budget #	1

AMENDMENTS ONLY - NO CHANGE IN SCOPE

REASON FOR 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. 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.

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
102 Program Director	0.07	$5,000.00	-$1,000.00	0.05	$4,000.00			$4,000.00	Director's time on project was reduced
103 Asistant Prog Dir	1	$57,412.00	-$3,277.00	1.00	$54,135.00			$54,135.00	Assistant Director position was vacant for several months. Salary rate for new Assistant Dir is higher
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$0.00			$0.00	
					$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		$26,880.00	-$14,269.00		$12,611.00			$12,611.00	Assistant Director position was vacant for several months and the new Asst Dir has less costly fringe
Total Program Staff		**$89,292.00**	**-$18,546.00**		**$70,746.00**	**$0.00**		**$70,746.00**	
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			$6,000.00		$6,000.00			$6,000.00	Partnership for Youth/Franklin Council of Government and CES Research and Development for tobacco data analysis and crosstabs (see contract for detail)
202 Temporary Help					$0.00			$0.00	
203 Prov. Reimb/Stipends					$0.00			$0.00	
204 Staff Training			$1,500.00		$1,500.00			$1,500.00	Training costs for new Assistant Director, e.g., Racial Equity Institute; GroundWater Institute; others TBD
205 Staff mileage/travel		$700.00			$700.00			$700.00	
206 Subcontract			$31,000.00		$31,000.00			$31,000.00	Center of Racial Justice Youth Engaged Research for staffing/infrastructure at $20,000 (see contract for detail); Partnership for Youth/Franklin Council of Governments for youth leadership at $7,000 (See contract for detail); CP Case Study TBD by May 31, 2023 at $4,000. [Note that the $4,000 for Case Study is funded using unspent staff funds and is not part of the $35,000 New Contract funds]
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	
Resources					$0.00			$0.00	
215 Program Supplies		$1,000.00	$3,046.00		$4,046.00			$4,046.00	Paid media, subscriptions to media platforms, gift card incentives, laptop for new Assistant Director, other program supplies as budgeted
Total Non Personal Exp.		**$1,700.00**	**$41,546.00**		**$43,246.00**	**$0.00**		**$43,246.00**	
216 Program Support			$12,000.00		$12,000.00			$12,000.00	$12,000 to be granted to Trauma Informed Hampshire County for administrator and infrastructure. Note that $8,000 comes from the $35,000 New Contract funds (see contract for details) and $4,000 is a separate contract from the current budget line transfer. $4,000 contract to be signed by May 31, 2023.
Exp.		**$0.00**	**$12,000.00**		**$12,000.00**	**$0.00**		**$12,000.00**	
SUBTOTAL PROGRAM COSTS		**$90,992.00**	**$35,000.00**		**$125,992.00**	**$0.00**		**$125,992.00**	
Allocation		$9,008.00			$9,008.00			$9,008.00	
PROGRAM TOTAL		**$100,000.00**	**$35,000.00**		**$135,000.00**	**$0.00**		**$135,000.00**	

POS USE ONLY

*If mulitiple funding sources, please indicate "various" on the column and provide backup listing all funding sources.
If any funds allocated to UFR# **206** Subcontract, a Subcontractor Identification List must be completed and submit to DPH by the provider/vendor

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

Contract# INTF2902M04180725091 - 2023 - CT - Collaborative for Educational Services

Master Contract Number:	INTF2902M04180725091		
Fiscal Year:	2023	Contract Type:	COST
MMARS Version Number:	6	EIM Version Number:	74

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
☐	$83,047.87	3	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:	$135,000.00
Line Item Budget Total:	$135,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	06/28/2023 08:12 PM
Created By:	Beth Harrington
Created Date:	06/06/2022 03:50 PM
Comments:	FTE changed from .96 to 1.0 as it was enter configured incorrectly by vendor, no amount changed.

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

Original FTE:	0.07	Original Amount:	$5,000.00
Expended Amount:	$2,886.47	Balance:	$1,113.53
Reimbursable Cost:	$4,000.00	Status:	Final

Current FTE:	0.07	Current Amount:	4000
Offset:	0	Source:	
	Delete		

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

Original FTE:	0.94	Original Amount:	$56,180.00
Expended Amount:	$32,915.28	Balance:	$21,219.72
Reimbursable Cost:	$54,135.00	Status:	Final

Current FTE:	1	Current Amount:	54135

Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$26,880.00
Expended Amount:	$10,131.36	Balance:	$2,479.64
Reimbursable Cost:	$12,611.00	Status:	Final

Current FTE:	0	Current Amount:	12611
Offset:	0	Source:	
	Delete		

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

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

Current FTE:	N/A	Current Amount:	6000
Offset:	0	Source:	
	Delete		

204 - Staff Training (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		

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

Original FTE:		Original Amount:	$700.00
Expended Amount:	$342.68	Balance:	$357.32
Reimbursable Cost:	$700.00	Status:	Final

Current FTE:	N/A	Current Amount:	700
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$31,000.00
Expended Amount:	$0.00	Balance:	$31,000.00
Reimbursable Cost:	$31,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	31000
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:	$996.50	Balance:	$3,049.50
Reimbursable Cost:	$4,046.00	Status:	Final

Current FTE:	N/A	Current Amount:	4046
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$12,000.00
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		

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

Original FTE:		Original Amount:	$9,000.00
Expended Amount:	$4,679.84	Balance:	$4,328.16
Reimbursable Cost:	$9,008.00	Status:	Final

Current FTE:	N/A	Current Amount:	9008
Offset:	0	Source:	
	Delete		

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

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	.002023
Contract ID	INTF2902M04180725091

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

(206) Subcontracted Direct Care: Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

Provider Name: Massachusetts Tobacco Cessation and Prevention

DPH Program Name: Hampshire Franklin Tobacco-Free Community Partnership

Submitted by: _____ Date: 3/14/23 Phone: [redacted]
Provider/Vendor Authorized Signature
Todd Gazda
Print Name

Approved by: _____ Date: 03/27/2023 Phone: 617-549-3420
DPH Program Manager
Alex gomez
Print Name

INSTRUCTIONS:
Providers/vendors must complete and submit to DPH at the time of **initial contract execution** for each fiscal year 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).

- Providers are to complete this form for each fiscal year when subcontracted $ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- 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, they belong in UFR Code 201 consultants)
- $ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
Partnership for Youth/CTC/FrCog	04-600-1424	$7,000.00	Youth leadership in equity: Camp Anytown Tuition & regional youth-led equity trainings	☐
UMass Center for Racial Justice	04-316-7352	$20,000.00	Infrastructure: staffing for programming and operations; youth gift card incentives; trainings	☐
TBD		$ 4,000.00		☒
		$		☐
		$		☐
		$		☐
	TOTAL:	$ 31,000.00	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

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. 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: 3/5/20

M04 Standard Contract and M04/M78 Engagement Contract Budget Form

AMENDMENTS ONLY (Including renewals and adding new budgets)

Fiscal Year:	**2024**
Vendor Name:	**Collaborative for Educational Services**
Contract ID:	INTF2902M04180725091
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	0.05	$4,506.00			$4,506.00			$4,506.00	
102 Program Director	1	$74,880.00			$74,880.00			$74,880.00	
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	
					$0.00			$0.00	
150 Payroll Taxes	10%				$0.00			$0.00	
151 Fringe Benefits	11.50%	$9,730.00			$9,730.00			$9,730.00	
Total Program Staff		**$89,116.00**	**$0.00**		**$89,116.00**	**$0.00**		**$89,116.00**	
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		$500.00			$500.00			$500.00	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract		$35,000.00			$35,000.00			$35,000.00	
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		$793.00			$793.00			$793.00	
Total Non Personal Exp.		**$36,793.00**	**$0.00**		**$36,793.00**	**$0.00**		**$36,793.00**	
216 Program Support					$0.00			$0.00	
Total Direct Administrative Exp.		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
SUBTOTAL PROGRAM COSTS		**$125,909.00**	**$0.00**		**$125,909.00**	**$0.00**		**$125,909.00**	
410 Agency Admin. Support Allocation	13.50%	$9,091.00			$9,091.00			$9,091.00	
PROGRAM TOTAL		**$135,000.00**	**$0.00**		**$135,000.00**	**$0.00**		**$135,000.00**	

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

Contract# INTF2902M04180725091 - 2024 - CT -

Master Contract Number:	INTF2902M04180725091		
Fiscal Year:	2024	Contract Type:	COST
MMARS Version Number:	6	EIM Version Number:	67

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
☐	$135,000.00	4	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:	$135,000.00
Line Item Budget Total:	$135,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	06/28/2023 04:48 PM
Created By:	Deandra Russo
Created Date:	06/28/2023 04:29 PM
Comments:	

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

Original FTE:	0.07	Original Amount:	$4,000.00
Expended Amount:	$0.00	Balance:	$4,506.00
Reimbursable Cost:	$4,506.00	Status:	Final

Current FTE:	0.05	Current Amount:	4506
Offset:	0	Source:	
	Delete		

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

Original FTE:	1	Original Amount:	$54,135.00
Expended Amount:	$0.00	Balance:	$74,880.00
Reimbursable Cost:	$74,880.00	Status:	Final

Current FTE:	1	Current Amount:	74880
Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$12,611.00
Expended Amount:	$0.00	Balance:	$9,730.00
Reimbursable Cost:	$9,730.00	Status:	Final

Current FTE:	0	Current Amount:	9730
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$1,500.00
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:	$700.00
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:	$31,000.00
Expended Amount:	$0.00	Balance:	$35,000.00
Reimbursable Cost:	$35,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	35000
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:	$4,046.00
Expended Amount:	$0.00	Balance:	$793.00
Reimbursable Cost:	$793.00	Status:	Final

Current FTE:	N/A	Current Amount:	793
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$9,008.00
Expended Amount:	$0.00	Balance:	$9,091.00
Reimbursable Cost:	$9,091.00	Status:	Final

Current FTE:	N/A	Current Amount:	9091

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:	**Collaborative for Educational Services**
Contract ID:	INTF2902M04180725091
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	0.05	$4,506.00			$4,506.00			$4,506.00	
102 Program Director	1	$74,880.00			$74,880.00			$74,880.00	
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	
					$0.00			$0.00	
150 Payroll Taxes	10%				$0.00			$0.00	
151 Fringe Benefits	11.50%	$9,730.00			$9,730.00			$9,730.00	
Total Program Staff		**$89,116.00**	**$0.00**		**$89,116.00**	**$0.00**		**$89,116.00**	
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		$500.00			$500.00			$500.00	
205 Staff mileage/travel		$500.00			$500.00			$500.00	
206 Subcontract		$35,000.00			$35,000.00			$35,000.00	
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		$793.00			$793.00			$793.00	
Total Non Personal Exp.		**$36,793.00**	**$0.00**		**$36,793.00**	**$0.00**		**$36,793.00**	
216 Program Support					$0.00			$0.00	
Total Direct Administrative Exp.		**$0.00**	**$0.00**		**$0.00**	**$0.00**		**$0.00**	
SUBTOTAL PROGRAM COSTS		**$125,909.00**	**$0.00**		**$125,909.00**	**$0.00**		**$125,909.00**	
410 Agency Admin. Support Allocation	13.50%	$9,091.00			$9,091.00			$9,091.00	
PROGRAM TOTAL		**$135,000.00**	**$0.00**		**$135,000.00**	**$0.00**		**$135,000.00**	

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

Contract# INTF2902M04180725091 - 2025 - CT - Collaborative for Educational Services

Master Contract Number:	INTF2902M04180725091		
Fiscal Year:	2025	Contract Type:	COST
MMARS Version Number:	6	EIM Version Number:	63

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
☐	$135,000.00	5	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:	$135,000.00
Line Item Budget Total:	$135,000.00
Remaining Amount:	$0.00
Modified By:	Deandra Russo
Modified Date:	06/28/2023 04:43 PM
Created By:	Deandra Russo
Created Date:	06/28/2023 04:35 PM
Comments:	

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

Original FTE:	0.05	Original Amount:	$4,506.00
Expended Amount:	$0.00	Balance:	$4,506.00
Reimbursable Cost:	$4,506.00	Status:	Final

Current FTE:	0.05	Current Amount:	4506
Offset:	0	Source:	
	Delete		

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

Original FTE:	1	Original Amount:	$74,880.00
Expended Amount:	$0.00	Balance:	$74,880.00
Reimbursable Cost:	$74,880.00	Status:	Final

Current FTE:	1	Current Amount:	74880

Offset:	0	Source:	
	Delete		

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

Original FTE:	0	Original Amount:	$9,730.00
Expended Amount:	$0.00	Balance:	$9,730.00
Reimbursable Cost:	$9,730.00	Status:	Final

Current FTE:	0	Current Amount:	9730
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:	$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:	$35,000.00
Expended Amount:	$0.00	Balance:	$35,000.00
Reimbursable Cost:	$35,000.00	Status:	Final

Current FTE:	N/A	Current Amount:	35000
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:	$793.00
Expended Amount:	$0.00	Balance:	$793.00
Reimbursable Cost:	$793.00	Status:	Final

Current FTE:	N/A	Current Amount:	793
Offset:	0	Source:	
	Delete		

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

Original FTE:		Original Amount:	$9,091.00
Expended Amount:	$0.00	Balance:	$9,091.00
Reimbursable Cost:	$9,091.00	Status:	Final

Current FTE:	N/A	Current Amount:	9091
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# INTF2902M04180725091

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: Massachusetts Tobacco Cessation Prevention Programs

DPH Program Name: CES/Hampshire Franklin Tobacco-Free Community Partnership

Submitted by: _____ Date: 3/22/23 Phone: [redacted]
Provider/Vendor Authorized Signature

Todd Gazda, CES Executive Dir
Print Name

Approved by: _____ Date: 03/27/2023 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
Subcontractor TBD		$35,000	Deliverables 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. 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

05/15/2023

TOWN OF ANDOVER
36 BARTLET ST
ANDOVER, MA 01810-3813

[redacted]

R/E: Contract #: INTF2903P01190128208

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 $965,700.32.

The contract will be in effect through 06/30/2025 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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	07/01/2018	06/30/2022	$535,000.00
Current Year	07/01/2022	06/30/2023	$159,309.22
Future Years	07/01/2023	06/30/2025	$271,391.10

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 **Stephanie Clementi at Stephanie.Clementi@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Stephanie Clementi at Stephanie.Clementi@mass.gov,** no later than close of business **05/23/2023.**

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: TOWN OF ANDOVER	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 36 BARTLET ST ANDOVER, MA 01810-3813	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Ron Beauregard **Phone** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax:**	**Contract Manager:** Stephanie Clementi [redacted]
Contractor Vendor Code: VC6000191696	**E-Mail:** Stephanie.Clementi@mass.gov
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s):** INTF2903P01190128208 **RFR/Procurement or Other ID Number:** 190128

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all grants 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:** $ 271,391.10 . (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). $ 965,700.32

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:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X: _____ Date: 5/16/23 (Signature and Date Must Be Handwritten At Time of Signature)	X: _____ Date: 6/12/2023 (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Andrew P. Flanagan	Print Name: Sharon Dyer
Print Title: Town Manager	Print Title: Director, Purchase of Service

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL:
CONTRACTOR VENDOR/CUSTOMER CODE:
CONTRACT NUMBER:

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
Andrew P. Flanagan	Town Manager

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

Signature

Date: 5/26/2020

Title: Town Manager

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 #: INTF2903P01190128208

Contract Amendment - Increase

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

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
Andover		Tobacco Cessation Program
Vendor Code	Fiscal Year	Service Contract Number
VC6000191696	FY24	INTF2903P01190128208

Note: Please complete this entire form, including all line items. **Please make changes on Column B**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director		$ 76,267.10		$ 76,267.10
Inspector 1		$ -		$ -
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 76,267.10**	**$ -**	**$ 76,267.10**
Fringe Benefits	%	$ 20,200.55	0	$ 20,200.55
Payroll Taxes	%	$ 11,760.39	0	$ 11,760.39
1. Total Direct Care/Program Staff		**$ 108,228.04**	**$ -**	**$ 108,228.04**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 4,200.00		$ 4,200.00
Travel		$ 2,000.00	0	$ 2,000.00
Program Supplies		$ 3,200.00	0	$ 3,200.00
Program Support		$ 3,800.00	0	$ 3,800.00
OPEB		$ 4,267.51	0	$ 4,267.51
		$ -	0	$ -
2. Total Other Direct/Program		**$ 17,467.51**	**$ -**	**$ 17,467.51**
Occupancy				
Program Facility		$ 2,000.00		$ 2,000.00
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ 2,000.00**	**$ -**	**$ 2,000.00**
SUB TOTAL: 1+2+3		$ 127,695.55	$ -	$ 127,695.55
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 8,000.00		$ 8,000.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 135,695.55	$ -	$ 135,695.55
Capital Budget				

Year Award
FY24
Today's Date
4/1/2023
(Proposed changes)
Justification (D)

Item to be purchased	Estimated Unit cost	Estimat

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

ed Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
Andover		Tobacco Cessation Program
Vendor Code	Fiscal Year	Service Contract Number
VC6000191696	FY25	INTF2903P01190128208

Note: Please complete this entire form, including all line items. **Please make changes on Column B**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director		$ 76,267.10		$ 76,267.10
Inspector 1		$ -		$ -
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 76,267.10**	**$ -**	**$ 76,267.10**
Fringe Benefits	%	$ 20,200.55	0	$ 20,200.55
Payroll Taxes	%	$ 11,760.39	0	$ 11,760.39
1. Total Direct Care/Program Staff		**$ 108,228.04**	**$ -**	**$ 108,228.04**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 4,200.00		$ 4,200.00
Travel		$ 2,000.00	0	$ 2,000.00
Program Supplies		$ 3,200.00	0	$ 3,200.00
Program Support		$ 3,800.00	0	$ 3,800.00
OPEB		$ 4,267.51	0	$ 4,267.51
		$ -	0	$ -
2. Total Other Direct/Program		**$ 17,467.51**	**$ -**	**$ 17,467.51**
Occupancy				
Program Facility		$ 2,000.00		$ 2,000.00
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ 2,000.00**	**$ -**	**$ 2,000.00**
SUB TOTAL: 1+2+3		$ 127,695.55	$ -	$ 127,695.55
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 8,000.00		$ 8,000.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 135,695.55	$ -	$ 135,695.55
Capital Budget				

Item to be purchased	Estimated Unit cost	Estimat

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

Year Award
FY25
Today's Date
4/1/2023
(Proposed changes)
Justification (D)

ed Total Cost

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: INTF2903P01190128208

Vendor Name - FEIN: TOWN OF ANDOVER - 046001069

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$71,955.00
				Grand Total of 2019			**$71,955.00**

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	$71,955.00
				Grand Total of 2020			**$71,955.00**

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	$71,955.00

				Grand Total of 2021			**$71,955.00**

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	$71,955.00
				Grand Total of 2022			**$71,955.00**

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	$0.00
				Grand Total of 2023			**$0.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024	93.959	4512-9058	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$30,000.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$67,847.77
				Grand Total of 2024			**$97,847.77**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$48,045.00
				Grand Total of 2025			**$48,045.00**

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

05/15/2023

BOSTON PUBLIC HEALTH COMMIS
1010 MASSACHUSETTS AVE
BOSTON, MA 02118-2600

[redacted]

R/E: Contract #: INTF2903P01190128209

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 $1,205,000.00.

The contract will be in effect through 06/30/2025 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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	07/01/2018	06/30/2022	$790,000.00
Current Year	07/01/2022	06/30/2023	$135,000.00
Future Years	07/01/2023	06/30/2025	$280,000.00

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 **Stephanie Clementi at Stephanie.Clementi@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Stephanie Clementi at Stephanie.Clementi@mass.gov,** no later than close of business **05/23/2023.**

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: BOSTON PUBLIC HEALTH COMMIS	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 1010 MASSACHUSETTS AVE BOSTON, MA 02118-2600	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Nikysha Harding — **Phone:** [redacted]	**Billing Address** (if different):
E-Mail [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000183007	**E-Mail:** Stephanie.Clementi@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):** INTF2903P01190128209 **RFR/Procurement or Other ID Number:** 190128

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all grants 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: $ 280,000.00 . (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). $ 1,205,000.00

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

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

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: PJ McCann , Date: 05/18/2023

(Signature and Date Must Be Handwritten At Time of Signature)

Signature: PJ McCann 05/18/2023

Print Name: PJ McCann

Print Title: Deputy Director

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: [signature] , Date: 5/22/2023

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Sharon Dyer

Print Title: Director, Purchase of Service

General Counsel: [signature]

Name: Batool Rizvi SignNow e-signature ID: 8f70bb8942... 05/18/2023 20:41:23 UTC Date: 05/18/2023

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM

CONTRACTOR LEGAL NAME:
CONTRACTOR VENDOR/CUSTOMER CODE:

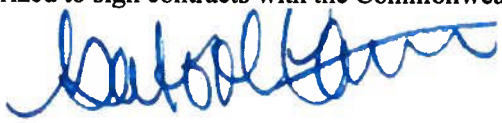
INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: ***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Timothy J. Harrington	Director of Administration & Finance
PJ McCann	Deputy Director of Policy Planning
Bisola Ojikutu MD MPH	Executive Director
Kathryn T. Hall, PhD, MPH	Deputy Commissioner
Michele Clark DrPH, MPH	Deputy Director for Programs and Services

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.



_____ Date: 4/28/2022

Signature

Title: General Counsel

Telephone: [redacted]

Fax: _____

Em[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.

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May 2004

CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

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

Signatory's full legal name (print or type): Bisola Ojikutu MD MPH

Title: __Executive Director _____

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

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

I, Susan Belvis (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

___October 11, 2022_____.

My commission expires on: February 13, 2026

AFFIX NOTARY SEAL

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

_____, 20 _____.

AFFIX CORPORATE SEAL

Scope of Services

Contract ID #: INTF2903P01190128209

Contract Amendment - Increase

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

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
Boston		Tobacco Control Program
Vendor Code	Fiscal Year	Service Contract Number
VC6000183007	FY24	INTF2903P01190128209

Note: Please complete this entire form, including all line items. Please make changes on Column B

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director	0.36	$ 33,958.27		$ 33,958.27
Inspector 1	0.24	$ 16,947.30		$ 16,947.30
Inspector 2	0.25	$ 17,286.30		$ 17,286.30
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5	0.14	$ 9,696.25		$ 9,696.25
		$ -		$ -
SUB TOTAL		$ 77,888.12	$ -	$ 77,888.12
Fringe Benefits	56.3%	$ 43,851.01	0	$ 43,851.01
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		$ 121,739.13	$ -	$ 121,739.13
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends				$ -
Travel			0	$ -
Program Supplies			0	$ -
Program Support		$ -	0	$ -
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		$ -	$ -	$ -
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		$ -	$ -	$ -
SUB TOTAL: 1+2+3		$ 121,739.13	$ -	$ 121,739.13
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support	15%	$ 18,260.87	0	$ 18,260.87
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 140,000.00	$ -	$ 140,000.00
Capital Budget				

	Year Award
	FY24
	Today's Date
	3/17/2023

(Porposed changes)
Justification (D)

Item to be purchased	Estimated Unit cost	Estimat

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

ed Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
Boston		Tobacco Control Program
Vendor Code	Fiscal Year	Service Contract Number
VC6000183007	FY25	INTF2903P01190128209

Note: Please complete this entire form, including all line items. Please make changes on Column B

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director	0.36	$ 33,958.27		$ 33,958.27
Inspector 1	0.24	$ 16,947.30		$ 16,947.30
Inspector 2	0.25	$ 17,286.30		$ 17,286.30
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5	0.14	$ 9,696.25		$ 9,696.25
		$ -		$ -
SUB TOTAL		$ 77,888.12	$ -	$ 77,888.12
Fringe Benefits	56.3%	$ 43,851.01	0	$ 43,851.01
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		$ 121,739.13	$ -	$ 121,739.13
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends				$ -
Travel			0	$ -
Program Supplies			0	$ -
Program Support		$ -	0	$ -
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		$ -	$ -	$ -
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		$ -	$ -	$ -
SUB TOTAL: 1+2+3		$ 121,739.13	$ -	$ 121,739.13
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support	15%	$ 18,260.87	0	$ 18,260.87
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 140,000.00	$ -	$ 140,000.00
Capital Budget				

	Year Award
	FY25
	Today's Date
	3/17/2023

(Porposed changes)
Justification (D)

Item to be purchased	Estimated Unit cost	Estimat

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

:ed Total Cost

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: INTF2903P01190128209

Vendor Name - FEIN: BOSTON PUBLIC HEALTH COMMIS - 043316655

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$50,000.00
				Grand Total of 2019			**$50,000.00**

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	$55,000.00
				Grand Total of 2020			**$55,000.00**

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	$55,000.00

				Grand Total of 2021			**$55,000.00**

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	$55,000.00
				Grand Total of 2022			**$55,000.00**

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	$55,000.00
				Grand Total of 2023			**$55,000.00**

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	$55,000.00
				Grand Total of 2024			**$55,000.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$55,000.00
				Grand Total of 2025			**$55,000.00**

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

05/15/2023

TOWN OF HANOVER
550 HANOVER ST
HANOVER, MA 023392242

[redacted]

R/E: Contract #: INTF2903P01190128210

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 $462,798.00.

The contract will be in effect through 06/30/2025 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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	07/01/2018	06/30/2022	$226,500.00
Current Year	07/01/2022	06/30/2023	$76,098.00
Future Years	07/01/2023	06/30/2025	$160,200.00

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 **Stephanie Clementi at Stephanie.Clementi@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Stephanie Clementi at Stephanie.Clementi@mass.gov,** no later than close of business **05/23/2023.**

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: TOWN OF HANOVER	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 550 HANOVER ST HANOVER, MA 023392242	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Ann Lee — **Phone:** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000191817	**E-Mail:** Stephanie.Clementi@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):** INTF2903P01190128210 **RFR/Procurement or Other ID Number:** 190128

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all grants 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: $ 160,200.00 . (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). $ 462,798.00

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:	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**
X: [signature] Date: 5-26-23	X: [signature] Date: 6/30/2023
(Signature and Date Must Be Handwritten At Time of Signature)	(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Ann Lee	Print Name: Sharon Dyer
Print Title: CDMI Director / Asst. Town Mgr.	Print Title: Director, Purchase of Service

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)
TOWN OF HANOVER	VC6000191817

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
ANN LEE	Ann Lee	Asst. Town mgr. CDMI 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: Ann Lee	Date: 7-6-23
Print Name: Ann Lee	Phone Number: [redacted]
Title: Asst. Town Manager CDMI Director	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 #: INTF2903P01190128210

Contract Amendment - Increase

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

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name	Year Award
Hanover		Tobacco Control Program	FY 24
Vendor Code	**Fiscal Year**	**Service Contract Number**	**Today's Date**
VC60000191817	FY 24	INTF2903P01190128210	

Note: Please complete this entire form, including all line items. **Please make changes on Column B (Porposed changes)**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff					
Tobacco Coordinator	1.00	$ 56,948.52	$ 5,596.93	$ 62,545.45	Went full time and cost of living
Inspector 1		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 56,948.52**	**$ 5,596.93**	**$ 62,545.45**	
Fringe Benefits	%		0	$ -	
Payroll Taxes	%	$ 8,008.76	$ 800.00	$ 8,808.76	More taxes
1. Total Direct Care/Program Staff		**$ 64,957.28**	**$ 6,396.93**	**$ 71,354.21**	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 2,000.00	1100	$ 900.00	Less Inspections
Travel		$ 1,200.00	0	$ 1,200.00	
Program Supplies		$ 2,000.00	$ 700.00	$ 1,300.00	Less Supplies
Phone/Devices/Wifi		$ 1,842.72	800	$ 1,042.72	No new devices, less wi-fi
Education and Enforcement		$ -	0	$ -	
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		**$ 7,042.72**	**$ 2,600.00**	**$ 4,442.72**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		**$ 72,000.00**	**$ 8,996.93**	**$ 75,796.93**	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 8,100.00	$ 3,796.93	$ 4,303.07	Less Admin Support
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		**$ 80,100.00**	**$ 12,793.86**	**$ 80,100.00**	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
Hanover		Tobacco Control Program
Vendor Code	Fiscal Year	Service Contract Number
VC60000191817	FY 25	INTF2903P01190128210

Note: Please complete this entire form, including all line items. **Please make changes on Column B**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Tobacco Coordinator	1.00	$ 56,948.52	$ 5,597.48	$ 62,546.00
Inspector 1		$ -		$ -
		$ -		$ -
		$ -		$ -
		$ -		$ -
		$ -		$ -
		$ -		$ -
SUB TOTAL		$ 56,948.52	$ 5,597.48	$ 62,546.00
Fringe Benefits	%		0	$ -
Payroll Taxes	%	$ 8,008.76	$ 800.00	$ 8,808.76
1. Total Direct Care/Program Staff		$ 64,957.28	$ 6,397.48	$ 71,354.76
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 2,000.00	1100	$ 900.00
Travel		$ 1,200.00	0	$ 1,200.00
Program Supplies		$ 2,000.00	$ 700.00	$ 1,300.00
Phone/Devices/Wifi		$ 1,842.72	800	$ 1,042.72
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		$ 7,042.72	$ 2,600.00	$ 4,442.72
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		$ -	$ -	$ -
SUB TOTAL: 1+2+3		$ 72,000.00	$ 8,997.48	$ 75,797.48
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 8,100.00	$ 3,797.48	$ 4,302.52
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 80,100.00	$ 12,794.96	$ 80,100.00

Capital Budget

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: INTF2903P01190128210

Vendor Name - FEIN: TOWN OF HANOVER - 046001171

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$30,000.00
				Grand Total of 2019			**$30,000.00**

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	$30,000.00
				Grand Total of 2020			**$30,000.00**

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	$30,000.00

				Grand Total of 2021			**$30,000.00**

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	$30,000.00
				Grand Total of 2022			**$30,000.00**

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	$30,000.00
				Grand Total of 2023			**$30,000.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024	93.959	4512-9058	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$30,000.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$40,050.00
				Grand Total of 2024			**$70,050.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$30,000.00
				Grand Total of 2025			**$30,000.00**

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

05/15/2023

TOWN OF LEE TREASURER
32 MAIN ST
LEE, MA 01238-1612

[redacted]

R/E: Contract #: INTF2903P01190128211

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 $551,294.00.

The contract will be in effect through 06/30/2025 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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	07/01/2018	06/30/2022	$285,000.00
Current Year	07/01/2022	06/30/2023	$74,750.00
Future Years	07/01/2023	06/30/2025	$191,544.00

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 **Stephanie Clementi at Stephanie.Clementi@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Stephanie Clementi at Stephanie.Clementi@mass.gov,** no later than close of business **05/22/2023.**

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: TOWN OF LEE TREASURER	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 32 MAIN ST LEE, MA 01238-1612	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Jim Wilusz **Phone:** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax:**	**Contract Manager:** Stephanie Clementi **Phone:**
Contractor Vendor Code: VC6000191849	**E-Mail:** Stephanie.Clementi@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):** INTF2903P01190128211 **RFR/Procurement or Other ID Number:** 190128

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all grants 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: $ 191,544.00 . (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). $ 551,294.00

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 Interest Pay Discounts Below.)

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, 2026, 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: [signature] Date: 5/16/23 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: James Wilusz Print Title: Executive Director	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:** X: [signature] Date: 5/23/2023 (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Sharon Dyer Print Title: Director, Purchase of Service

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)
TOWN OF LEE TREASURER	VC6000191849

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
James J. Wilusz		Executive Director	[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: Jennifer Gagnon	Date: 5/16/23
Print Name: Jennifer Gagnon	Phone Number: [redacted]
Title: Treasurer/Collector	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 #: INTF2903P01190128211

Contract Amendment - Increase

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

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name	Year Award
Town of Lee		Tobacco Control Program	FY24
Vendor Code	Fiscal Year	Service Contract Number	Today's Date
VC6000191049	FY24	INTF2302P01100128211	

Note: Please complete this entire form, including all line items. Please make changes on Column B (Proposed changes)

Program Component	FTE	Current Budget (A)	Rollover spending	Proposed Changes +/- (B)	Proposed New Budget	Justification (C)
Direct Care/Prog. Support Staff						
Director	0.75	$ 51,400.00			$ 51,400.00	meet workplan deliverables
Inspector 1	0.10	$ 3,000.00			$ 3,000.00	meet workplan deliverables
Inspector 2					$ -	meet workplan deliverables
Inspector 3		$ -			$ -	
Inspector 4		$ -			$ -	
Inspector 5		$ -			$ -	
		$ -			$ -	
SUB TOTAL		$ 54,400.00		$ -	$ 54,400.00	
Fringe Benefits %		$ 22,000.00			$ 22,000.00	
Payroll Taxes %		$ -			$ -	
1. Total Direct Care/Program Staff		$ 76,400.00		$ -	$ 76,400.00	
Program Component						
2. Other Direct Care/Program						
Youth Buyer Stipends		$ 1,500.00			$ 1,500.00	
Travel		$ 3,000.00			$ 3,000.00	
Program Supplies					$ -	
Program Support		$ 2,300.00			$ 2,300.00	
Education and Enforcement		$ -			$ -	
Rollover		$ -	$ -		$ -	
2. Total Other Direct/Program		$ 6,800.00		$ -	$ 6,800.00	
Occupancy						
Program Facility		$ -			$ -	
Facility Operations, Maint, and Furn					$ -	
3. Total Occupancy		$ -		$ -	$ -	
SUB TOTAL (1+2+3)		$ 83,200.00		$	$ 83,200.00	
Administrative Support						
Applicable Policy Cap					$	
4. Admin Admin Support		$ 12,482.00			$ 11,482.00	
5. Capital Budget (Attached Schedule)					$ -	
TOTAL 1+2+3+4+5		$ 96,772.00	$	$	$ 96,772.00	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Local Community)		Program Name	Year Award
Town of Lee		Tobacco Control Program	FY25
Vendor Code	Fiscal Year	Service Contract Number	Today's Date
[illegible]	FY25	[illegible]	

Note: Please complete the entire form, including all line items. Please make changes on Column B (Proposed changes)

Program Component	FTE	Current Budget (A)	Rollover spending	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff						
Director	0.73	$ 51,400.00			$ 51,400.00	meet workplan deliverables
Inspector 1	0.10	$ 3,000.00			$ 3,000.00	meet workplan deliverables
Inspector 2					$ -	meet workplan deliverables
Inspector 3		$ -			$ -	
Inspector 4		$ -			$ -	
Inspector 5		$ -			$ -	
		$ -			$ -	
SUB TOTAL		$ 54,400.00		$ -	$ 54,400.00	
Fringe Benefits	%	$ 22,000.00			$ 22,000.00	
Payroll Taxes	%	$ -			$ -	
1. Total Direct Care/Program Staff		$ 76,400.00		$ -	$ 76,400.00	
Program Component						
2. Other Direct Care/Program						
Youth Buyer Stipends		$ 1,000.00			$ 1,000.00	
Travel		$ 2,000.00			$ 2,000.00	
Program Supplies					$ -	
Program Support		$ 2,300.00			$ 2,300.00	
Education and Enforcement		$ -			$ -	
Rollover		$ -	$ -		$ -	
2. Total Other Direct/Program		$ [illegible]		$ -	$ [illegible]	
Occupancy						
Program Facility		$ -			$ -	
Facility Operations, Maint. and Fum					$ -	
3. Total Occupancy		$ -		$ -	$ -	
SUB TOTAL 1+2+3		$ 83,260.00		$ -	$ 83,260.00	
Administrative Support						
Applicable Policy Cap					$	
4. Agency Admin Support		$ 12,[illegible]			$ 12,[illegible]	
5. Capital Budget (attached schedule)					$	
TOTAL 1+2+3+4+5		$ 95,772.00	$	$ -	$ 95,772.00	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

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: INTF2903P01190128211

Vendor Name - FEIN: TOWN OF LEE TREASURER - 046001196

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$19,965.00
				Grand Total of 2019			**$19,965.00**

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	$29,035.00
				Grand Total of 2020			**$29,035.00**

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	$29,035.00

				Grand Total of 2021			**$29,035.00**

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	$29,035.00
				Grand Total of 2022			**$29,035.00**

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	$29,035.00
				Grand Total of 2023			**$29,035.00**

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	$29,035.00
				Grand Total of 2024			**$29,035.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$29,035.00
				Grand Total of 2025			**$29,035.00**

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

05/15/2023

CITY OF LEOMINSTER
25 WEST ST
LEOMINSTER, MA 01453-5699

[redacted]

R/E: Contract #: INTF2903P01190128212

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 $1,360,895.70.

The contract will be in effect through 06/30/2025 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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	07/01/2018	06/30/2022	$776,000.00
Current Year	07/01/2022	06/30/2023	$130,000.00
Future Years	07/01/2023	06/30/2025	$454,895.70

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 **Stephanie Clementi at Stephanie.Clementi@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Stephanie Clementi at Stephanie.Clementi@mass.gov,** no later than close of business **05/22/2023.**

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: CITY OF LEOMINSTER	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 25 WEST ST LEOMINSTER, MA 01453-5699	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Joan Hamlet — **Phone:** [redacted]	**Billing Address (if different):**
E-Mail: [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000192105	**E-Mail:** Stephanie.Clementi@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):** INTF2903P01190128212 **RFR/Procurement or Other ID Number:** 190128

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all grants 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: $ 454,895.70 . (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). $ 1,360,895.70

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: _____
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Dean J. Mazzarella
Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ Date: 6/13/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Sharon Dyer
Print Title: Director, Purchase of Service

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)
CITY OF LEOMINSTER	VC6000192105

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
Dean J. Mazzarella		Mayor	[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: Kaitlyn Huffman	Date: 6/1/2023
Print Name: Katelyn Huffman	Phone Number: [redacted]
Title: City Clerk	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 #: INTF2903P01190128212

Contract Amendment - Increase

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

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)			Year Award
Leominster		MTCP	FY24
Vendor Code	Fiscal Year		Today's Date
VC6000192105	24	INTF2903P01190128212	

Note: Please complete this entire form, including all line items. **Please make changes on Column B (Porposed changes)**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff					
Director	1.00	$ 102,616.00		$ 102,616.00	
Per Diem Inspectors	0.75	$ 55,231.85		$ 55,231.85	
Office Assistant	0.10	$ 4,000.00		$ 4,000.00	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
SUB TOTAL		$ 161,847.85	$ -	$ 161,847.85	
Fringe Benefits	%	$ 9,200.00		$ 9,200.00	
Payroll Taxes	%		0	$ -	
1. Total Direct Care/Program Staff		$ 171,047.85	$ -	$ 171,047.85	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 11,000.00		$ 11,000.00	
Travel		$ 16,000.00		$ 16,000.00	
Program Supplies		$ 4,000.00		$ 4,000.00	
wifi phone		$ 2,500.00		$ 2,500.00	
Program Support		$ 5,200.00	0	$ 5,200.00	
		$ -	0	$ -	
Rollover (estimated)				$ -	
2. Total Other Direct/Program		$ 38,700.00	$ -	$ 38,700.00	
Occupancy					
Program Facility		$ 7,200.00		$ 7,200.00	
Facility Operations, Maint, and Furn		$ 3,000.00		$ 3,000.00	
3. Total Occupancy		$ 10,200.00	$ -	$ 10,200.00	
SUB TOTAL: 1+2+3		$ 219,947.85	$ -	$ 219,947.85	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 7,500.00		$ 7,500.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 227,447.85	$ -	$ 227,447.85	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)			Year Award
Leominster		MTCP	FY25
Vendor Code	Fiscal Year		Today's Date
VC6000192105	25	INTF2903P01190128212	

Note: Please complete this entire form, including all line items. **Please make changes on Column B (Porposed changes)**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff					
Director	1.00	$ 102,616.00		$ 102,616.00	
Per Diem Inspectors	0.75	$ 55,231.85		$ 55,231.85	
Office Assistant	0.10	$ 4,000.00		$ 4,000.00	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
		$ -		$ -	
SUB TOTAL		$ 161,847.85	$ -	$ 161,847.85	
Fringe Benefits	%	$ 9,200.00		$ 9,200.00	
Payroll Taxes	%		0	$ -	
1. Total Direct Care/Program Staff		$ 171,047.85	$ -	$ 171,047.85	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 11,000.00		$ 11,000.00	
Travel		$ 16,000.00		$ 16,000.00	
Program Supplies		$ 4,000.00		$ 4,000.00	
wifi phone		$ 2,500.00		$ 2,500.00	
Program Support		$ 5,200.00	0	$ 5,200.00	
		$ -	0	$ -	
Rollover (estimated)				$ -	
2. Total Other Direct/Program		$ 38,700.00	$ -	$ 38,700.00	
Occupancy					
Program Facility		$ 7,200.00		$ 7,200.00	
Facility Operations, Maint, and Furn		$ 3,000.00		$ 3,000.00	
3. Total Occupancy		$ 10,200.00	$ -	$ 10,200.00	
SUB TOTAL: 1+2+3		$ 219,947.85	$ -	$ 219,947.85	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 7,500.00		$ 7,500.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 227,447.85	$ -	$ 227,447.85	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

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: INTF2903P01190128212

Vendor Name - FEIN: CITY OF LEOMINSTER - 046006004

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$74,000.00
				Grand Total of 2019			**$74,000.00**

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	$74,000.00
				Grand Total of 2020			**$74,000.00**

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	$74,000.00

				Grand Total of 2021			**$74,000.00**

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	$74,000.00
				Grand Total of 2022			**$74,000.00**

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	$0.00
				Grand Total of 2023			**$0.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024	93.959	4512-9058	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$30,000.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$75,369.13
				Grand Total of 2024			**$105,369.13**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$74,000.00
				Grand Total of 2025			**$74,000.00**

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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Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

05/15/2023

CITY OF LOWELL
375 MERRIMACK ST
LOWELL, MA 01852-5909

[redacted]

R/E: Contract #: INTF2903P01190128213

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 $609,327.18.

The contract will be in effect through 06/30/2025 with options for renewal in accordance with RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs through 06/30/2028. 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	07/01/2018	06/30/2022	$330,000.00
Current Year	07/01/2022	06/30/2023	$85,327.18
Future Years	07/01/2023	06/30/2025	$194,000.00

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 **Stephanie Clementi at Stephanie.Clementi@mass.gov.**

Please sign with an **authorized signature** and return the contract package via email scan to **Stephanie Clementi at Stephanie.Clementi@mass.gov,** no later than close of business **05/22/2023.**

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

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CONTRACTOR LEGAL NAME: CITY OF LOWELL	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 375 MERRIMACK ST LOWELL, MA 01852-5909	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Cesar Pungirum **Phone:** [redacted]	**Billing Address (if different):**
E-Mail: [redacted] **Fax:**	**Contract Manager:** Stephanie Clementi **Phone:**
Contractor Vendor Code: VC6000192108	**E-Mail:** Stephanie.Clementi@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):** INTF2903P01190128213 **RFR/Procurement or Other ID Number:** 190128

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all grants 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:** $ 194,000.00 . (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). $ 609,327.18

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: 5/24/23

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Thomas A Golden, Jr

Print Title: City Manager

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ Date: 6/13/2023

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Sharon Dyer

Print Title: Director, Purchase of Service

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME:
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: ***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Conor Baldwin	Chief Financal Officer (CFO)
Alex Baldwin	Deputy Chief Financial Officer
Lisa Golden	Director of Health & Human Services
Cesar Pungirum	Tobacco Control Program Director

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

Signature

Date: 5/24/23

Title: City Manager

Telephone: [redacted]

Fax: [redacted]

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 #: INTF2903P01190128213

Contract Amendment - Increase

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

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)			Year Award
Lowell		MTCP	FY24
Vendor Code	Fiscal Year		Today's Date
VC6000192108	24	INTF2903P01190128213	

Note: Please complete this entire form, including all line items. Please make changes on Column B (Porposed changes)

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff					
Director	1.00	$ 69,501.00	0	$ 69,501.00	
Inspector 1	0.25	$ 10,000.00		$ 10,000.00	
Inspector 2		$ -		$ -	
Inspector 3		$ -		$ -	
Inspector 4		$ -		$ -	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 79,501.00**	**$ -**	**$ 79,501.00**	
Fringe Benefits	%	$ 2,599.00	0	$ 2,599.00	
Payroll Taxes	%	$ -	0	$ -	
1. Total Direct Care/Program Staff		**$ 82,100.00**	**$ -**	**$ 82,100.00**	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 450.00	0	$ 450.00	
Travel		$ 1,100.00	0	$ 1,100.00	
Program Supplies		$ 200.00	0	$ 200.00	
Program Support		$ 3,000.00	0	$ 3,000.00	
Education and Enforcement		$ 450.00	0	$ 450.00	
Rollover		$ -		$ -	
2. Total Other Direct/Program		**$ 5,200.00**	**$ -**	**$ 5,200.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		$ 87,300.00	$ -	$ 87,300.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 9,700.00	0	$ 9,700.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 97,000.00	$ -	$ 97,000.00	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)			Year Award
Lowell		MTCP	FY25
Vendor Code	Fiscal Year		Today's Date
VC6000192108	25	INTF2903P01190128213	

Note: Please complete this entire form, including all line items. **Please make changes on Column B (Porposed changes)**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff					
Director	1.00	$ 69,501.00	0	$ 69,501.00	
Inspector 1	0.25	$ 10,000.00		$ 10,000.00	
Inspector 2		$ -		$ -	
Inspector 3		$ -		$ -	
Inspector 4		$ -		$ -	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 79,501.00**	**$ -**	**$ 79,501.00**	
Fringe Benefits	%	$ 2,599.00	0	$ 2,599.00	
Payroll Taxes	%	$ -	0	$ -	
1. Total Direct Care/Program Staff		**$ 82,100.00**	**$ -**	**$ 82,100.00**	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 450.00	0	$ 450.00	
Travel		$ 1,100.00	0	$ 1,100.00	
Program Supplies		$ 200.00	0	$ 200.00	
Program Support		$ 3,000.00	0	$ 3,000.00	
Education and Enforcement		$ 450.00	0	$ 450.00	
Rollover		$ -		$ -	
2. Total Other Direct/Program		**$ 5,200.00**	**$ -**	**$ 5,200.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		$ -	$ -	$ -	
SUB TOTAL: 1+2+3		$ 87,300.00	$ -	$ 87,300.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 9,700.00	0	$ 9,700.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 97,000.00	$ -	$ 97,000.00	

Capital Budget

Item to be purchased	Estimated Unit cost	Estimated Total Cost

Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

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: INTF2903P01190128213

Vendor Name - FEIN: CITY OF LOWELL - 046001396

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2019	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2018	06/30/2019	$20,759.00
				Grand Total of 2019			**$20,759.00**

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	$54,241.00
				Grand Total of 2020			**$54,241.00**

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	$54,241.00

				Grand Total of 2021			**$54,241.00**

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	$54,241.00
				Grand Total of 2022			**$54,241.00**

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	$54,241.00
				Grand Total of 2023			**$54,241.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2024	93.959	4512-9058	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$30,000.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$48,500.00
				Grand Total of 2024			**$78,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2025	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2024	06/30/2025	$54,241.00
				Grand Total of 2025			**$54,241.00**