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 SOMERVILLE
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

[redacted]

R/E: Contract #: INTF2903P01190128214

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 $737,338.06.

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	$418,608.48
Current Year	07/01/2022	06/30/2023	$98,169.58
Future Years	07/01/2023	06/30/2025	$220,560.00

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: CITY OF SOMERVILLE	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 93 HIGHLAND AVE SOMERVILLE, MA 02143-1740	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Denise Holland — **Phone:** [redacted]	**Billing Address (if different):**
E-Mail: [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000192138	**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):** INTF2903P01190128214 **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:** $ 220,560.00 . (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). $ 737,338.06

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: Katjana Ballantyne Date: 5/24/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Katjana Ballantyne
Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: [signature] Date: 6/20/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Sharon Dyer
Print Title: Director, Purchase of Service

Approved as to form:
Deputy City Solicitor
David Shapiro

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 SOMERVILLE	VC6000192138

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
Katjana Ballantyne	Katjana Ballantyne	Mayor	[redacted]	[redacted]

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

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Kimberly A Spezzafero	6/1/23
Print Name	**Phone Number**
Kimberly A. Spezzafero	[redacted]
Title	**Email Address**
Legal Assistant	[redacted]

KIMBERLY A. SPEZZAFERO NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS MY COMMISSION EXPIRES OCT. 1, 2024

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2903P01190128214

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

Lead		Program
Somerville		MTCP
Vendor Code	Fiscal Year	
VC6000192138	FY24	INTF2903P01190128214

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	1.00	$ 75,776.00		$ 75,776.00
Inspector 1		$ -		$ -
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		$ 75,776.00	$ -	$ 75,776.00
Fringe Benefits	%	$ 23,906.97	0	$ 23,906.97
Payroll Taxes	%	$ 3,372.03	0	$ 3,372.03
1. Total Direct Care/Program Staff		$ 103,055.00	$ -	$ 103,055.00
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 2,625.00		$ 2,625.00
Travel		$ 2,100.00	0	$ 2,100.00
Program Supplies			0	$ -
Program Support		$ 1,000.00	0	$ 1,000.00
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		$ 5,725.00	$ -	$ 5,725.00
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		$ -	$ -	$ -
SUB TOTAL: 1+2+3		$ 108,780.00	$ -	$ 108,780.00
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 1,500.00	0	$ 1,500.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 110,280.00	$ -	$ 110,280.00
Capital Budget				

Item to be purchased	Estimated Unit cost	Estima

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
FY24
Today's Date
3/21/2023
(Porposed changes)
Justification (D)

Bonny Carroll with 3% Increase

Fringe Bonny Carroll
Payroll Taxes Bonny Carroll

Youth Stipends
Gas Allowance Bonny Carroll
Tobacco Products

Support for City

ated Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

Lead		Program
Somerville		MTCP
Vendor Code	Fiscal Year	
VC6000192138	FY25	INTF2903P01190128214

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	1.00	$ 75,776.00		$ 75,776.00
Inspector 1		$ -		$ -
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 75,776.00**	**$ -**	**$ 75,776.00**
Fringe Benefits	%	$ 23,906.97	0	$ 23,906.97
Payroll Taxes	%	$ 3,372.03	0	$ 3,372.03
1. Total Direct Care/Program Staff		**$ 103,055.00**	**$ -**	**$ 103,055.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 2,625.00		$ 2,625.00
Travel		$ 2,100.00	0	$ 2,100.00
Program Supplies			0	$ -
Program Support		$ 1,000.00	0	$ 1,000.00
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 5,725.00**	**$ -**	**$ 5,725.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 108,780.00**	**$ -**	**$ 108,780.00**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 1,500.00	0	$ 1,500.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 110,280.00**	**$ -**	**$ 110,280.00**
Capital Budget				

Item to be purchased	Estimated Unit cost	Estima

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
3/21/2023
(Porposed changes)
Justification (D)

Bonny Carroll with 3% increase

Fringe Bonny Carroll
Payroll Taxes Bonny Carroll

Youth Stipends
Gas Allowance Bonny Carroll
Tobacco Products

Support for City

ıted 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: INTF2903P01190128214

Vendor Name - FEIN: CITY OF SOMERVILLE - 046001414

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	$47,356.00
				Grand Total of 2019			**$47,356.00**

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	$47,000.00
				Grand Total of 2020			**$47,000.00**

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	$47,000.00

				Grand Total of 2021			**$47,000.00**

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	$47,000.00
				Grand Total of 2022			**$47,000.00**

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	$47,000.00
				Grand Total of 2023			**$47,000.00**

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	$55,140.00
				Grand Total of 2024			**$85,140.00**

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	$47,000.00
				Grand Total of 2025			**$47,000.00**

C 20190749 #2

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: 617-624-0000
www.mass.gov/dph

05/15/2023

CITY OF SPRINGFIELD
36 COURT ST
SPRINGFIELD, MA 01103-1602

[redacted]

R/E: Contract #: INTF2903P01190128215

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 $667,364.00.

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	$310,000.00
Current Year	07/01/2022	06/30/2023	$114,000.00
Future Years	07/01/2023	06/30/2025	$243,364.00

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.

C – 20190749 Amend #2

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 SPRINGFIELD	COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH
Legal Address: (W-9, W-4): 36 COURT ST SPRINGFIELD, MA 01103-1602	Business Mailing Address: 250 Washington Street, Boston MA 02108
Contract Manager: Helen Caulton-Harris Phone: [redacted]	Billing Address (if different):
E-Mail: [redacted] Fax:	Contract Manager: Stephanie Clementi Phone:
Contractor Vendor Code: VC6000192140	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): INTF2903P01190120215 RFR/Procurement or Other ID Number: 190120

☐ 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: $ 243,364.00 . (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). $ 867,364.00

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: 5/22/23	X: [signature] Date: 6/28/2023
(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: Mayor	Print Title: Director, Purchase of Service

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : City of Springfield Health & Human Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192140

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 signatures" (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 generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature

Authorized Signatory Name	Signature (as it will appear on contract or other documents	Title	Phone #	Email Address
Helen R. Caulton-Harris		Commissioner	[redacted]	
Patrick Burns / Joanne Raleigh		Comptroller Deputy		
Kathleen Breck		Deputy City Solicitor		
Timothy Plante / Lindsay Hackett		Chief Adm & Financial Off. Deputy		
Domenic J. Sarno		Mayor		

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 authorize 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 o 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	3-23-23
Print Name	DOMENIC J. SARNO	Phone Number	[redacted]
Title	Mayor	Email Address	

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

CONTRACTOR LEGAL NAME : City of Springfield Health & Human Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC 6000192140

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): Helen R. Caulton-Harris

Title: Commissioner

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

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

I, Kathleen T. Brack (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:

May 19, 20 23.

My commission expires on: 5/11/2029

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

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : City of Springfield Health & Human Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC 6000192140

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): Patrick Burns / Joanne Raleigh

Title: Comptroller / Deputy

X _____

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

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

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

May 22, 20 23.

Kathleen T. Breck

My commission expires on: 5/11/2029

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

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : City of Springfield Health & Human Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC 6000192140

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): Kathleen Breck

Title: Deputy City Solicitor

X Kathleen T Breck
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, Heather A. Duffy (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:

May 22, 20 23.

My commission expires on: 12/27/2024

HEATHER A. DUFFY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
December 27, 2024

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

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME : City of Springfield Health & Human Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC 6000192140

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): Timothy Plante / Lindsay Hackett

Title: Chief Admin. & Financial Officer / Deputy

X L B Hackett

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

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

I, Kathleen T. Brack (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:

May 22, 20 23.

Kathleen T. Brack

My commission expires on: 5/11/2029

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

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 : City of Springfield Health & Human Services
CONTRACTOR VENDOR/CUSTOMER CODE: VC 6000192140

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

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

Title: Mayor

X Domenic J. Sarno

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, Lawrence T. Brock (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:

May 12, 20 23 /Lawrence T. Brock

My commission expires on: 5/11/2025

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 #: INTF2903P01190128215

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
Springfield		MTCP	FY23
Vendor Code	Fiscal Year		Today's Date
VC6000192140	2024	INTF2903P01190128215	4/4/2023

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	$ 65,000.00		$ 65,000.00	$1250/wk x 52 weeks
Inspector 1		$ 11,232.00		$ 11,232.00	12hr/wk x52wk x $18/hr
Inspector 2		$ -		$ -	
		$ -		$ -	
SUB TOTAL		$ 76,232.00	$ -	$ 76,232.00	
Fringe Benefits		$ 22,100.00	0	$ 22,100.00	For Director Only
Payroll Taxes		$ 2,285.00	0	$ 2,285.00	For Diretor Only
1. Total Direct Care/Program Staff		$ 100,617.00	$ -	$ 100,617.00	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 9,360.00	0	$ 9,360.00	6hr/wk x 52wk x $15 x 2
Travel		$ 50.00	0	$ 50.00	Staff Mileage/Parking
Program Supplies		$ 250.00	0	$ 250.00	Office Supplies
Program Support		$ 4,000.00	0	$ 4,000.00	Postage/Gas/Devices
Education and Enforcement		$ -	0	$ -	
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		$ 13,660.00	$ -	$ 13,660.00	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		$ -	$ -	$ -	
SUB TOTAL: 1+2+3		$ 114,277.00	$ -	$ 114,277.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 7,405.00	0	$ 7,405.00	6.50%
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 121,682.00	$ -	$ 121,682.00	

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
Springfield		MTCP	FY25
Vendor Code	Fiscal Year		Today's Date
VC6000192140	2025	INTF2903P01180120215	4/4/2023
Note: Please complete this entire form, including all line items.		Please make changes on Column B (Proposed changes)	

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget	Justification (D)
Direct Care/Prog. Support Staff					
Director	1.00	$ 65,000.00		$ 65,000.00	$1250/wk x 52 weeks
Inspector 1		$ 11,232.00		$ 11,232.00	12hr/wk x52wk x $18/hr
Inspector 2		$ -		$ -	
		$ -		$ -	
SUB TOTAL		$ 76,232.00	$ -	$ 76,232.00	
Fringe Benefits		$ 22,100.00	0	$ 22,100.00	For Director Only
Payroll Taxes		$ 2,285.00	0	$ 2,285.00	For Diretor Only
1. Total Direct Care/Program Staff		$ 100,617.00	$ -	$ 100,617.00	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 9,360.00	0	$ 9,360.00	6hr/wk x 52wk x $15 x 2
Travel		$ 50.00	0	$ 50.00	Staff Mileage/Parking
Program Supplies		$ 250.00	0	$ 250.00	Office Supplies
Program Support		$ 4,000.00	0	$ 4,000.00	Postage/Gas/Devices
Education and Enforcement		$ -	0	$ -	
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		$ 13,660.00	$ -	$ 13,660.00	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		$ -	$ -	$ -	
SUB TOTAL: 1+2+3		$ 114,277.00	$ -	$ 114,277.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 7,405.00	0	$ 7,405.00	6.50%
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 121,682.00	$ -	$ 121,682.00	

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: INTF2903P01190128215

Vendor Name - FEIN: CITY OF SPRINGFIELD - 046001415

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	$34,332.00
				Grand Total of 2019			**$34,332.00**

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	$34,332.00
				Grand Total of 2020			**$34,332.00**

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	$34,332.00

				Grand Total of 2021			**$34,332.00**

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	$34,332.00
				Grand Total of 2022			**$34,332.00**

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	$34,332.00
				Grand Total of 2023			**$34,332.00**

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	$60,841.00
				Grand Total of 2024			**$90,841.00**

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	$34,332.00
				Grand Total of 2025			**$34,332.00**

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

COUNTY OF BARNSTABLE
3195 MAIN ST
BARNSTABLE, MA 02630-1105

[redacted]

R/E: Contract #: INTF2903P01190128223

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 $878,500.00.

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	10/11/2018	06/30/2022	$512,500.00
Current Year	07/01/2022	06/30/2023	$122,000.00
Future Years	07/01/2023	06/30/2025	$244,000.00

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: COUNTY OF BARNSTABLE	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 3195 MAIN ST BARNSTABLE, MA 02630-1105	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Julie Ferguson — **Phone** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000194979	**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):** INTF2903P01190128223 **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:** $ 244,000.00 . (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). $ 878,500.00

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

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

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

- ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.
- ☑ 2. may be incurred as of 07/01, 20 23, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
- ☐ 3. were incurred as of _____, 20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 06/30, 20 25, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Mark Forest, Date: 5/24/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: MARK FOREST
Print Title: CHAIR, COUNTY COMMISSIONER

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Sharon Dyer, Date: 6/7/2023
(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)
COUNTY OF BARNSTABLE	VC6000194979

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
MARK FORGET	Mark Forget	CHAIR		

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
ROBIN YOUNG	5.24.2023
Print Name	**Phone Number**
ROBIN YOUNG	
Title	**Email Address**
COUNTY 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 #: INTF2903P01190128223

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
County of Barnstable		Massachusetts Tobacco Control Program (MTCP)	FY24
Vendor Code	Fiscal Year		Today's Date
V6000194979	24	INTF2903P01190128223	4/6/2023

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		$ 74,000.00		$ 74,000.00	Bob Collett Salary
Inspector 1				$ -	
Inspector 2		$ -		$ -	
Inspector 3		$ -		$ -	
Inspector 4		$ -		$ -	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 74,000.00**	**$ -**	**$ 74,000.00**	
Fringe Benefits	%	$ 20,532.00	0	$ 20,532.00	Health Insurance, WC, Retirement, Unemployment
Payroll Taxes	%	$ 1,073.00	0	$ 1,073.00	
1. Total Direct Care/Program Staff		**$ 95,605.00**	**$ -**	**$ 95,605.00**	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 5,000.00		$ 5,000.00	Contractual -Inspectors/Youth
Travel		$ 8,000.00	0	$ 8,000.00	Travel
Program Supplies		$ 645.00	0	$ 645.00	Supplies
Program Support		$ 500.00	0	$ 500.00	Phone
Education and Enforcement		$ 250.00	0	$ 250.00	Association Dues
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		**$ 14,395.00**	**$ -**	**$ 14,395.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		$ 110,000.00	$ -	$ 110,000.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 12,000.00	0	$ 12,000.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 122,000.00	$ -	$ 122,000.00	

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
County of Barnstable		Massachusetts Tobacco Control Program (MTCP)	FY25
Vendor Code	Fiscal Year		Today's Date
V6000194979	25	INTF2903P01190128223	4/6/2023

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		$ 74,000.00		$ 74,000.00	Bob Collett Salary
Inspector 1				$ -	
Inspector 2		$ -		$ -	
Inspector 3		$ -		$ -	
Inspector 4		$ -		$ -	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 74,000.00**	**$ -**	**$ 74,000.00**	
Fringe Benefits	%	$ 20,532.00	0	$ 20,532.00	Health Insurance, WC, Retirement, Unemployment
Payroll Taxes	%	$ 1,073.00	0	$ 1,073.00	
1. Total Direct Care/Program Staff		**$ 95,605.00**	**$ -**	**$ 95,605.00**	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 5,000.00		$ 5,000.00	Contractual -Inspectors/Youth
Travel		$ 8,000.00	0	$ 8,000.00	Travel
Program Supplies		$ 645.00	0	$ 645.00	Supplies
Program Support		$ 500.00	0	$ 500.00	Phone
Education and Enforcement		$ 250.00	0	$ 250.00	Association Dues
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		**$ 14,395.00**	**$ -**	**$ 14,395.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		$ 110,000.00	$ -	$ 110,000.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 12,000.00	0	$ 12,000.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 122,000.00	$ -	$ 122,000.00	

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: INTF2903P01190128223

Vendor Name - FEIN: COUNTY OF BARNSTABLE - 046001419

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	10/11/2018	06/30/2019	$71,294.00
				Grand Total of 2019			**$71,294.00**

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	$71,294.00
				Grand Total of 2020			**$71,294.00**

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	$71,294.00

				Grand Total of 2021			**$71,294.00**

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	$71,294.00
				Grand Total of 2022			**$71,294.00**

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	$71,294.00
				Grand Total of 2023			**$71,294.00**

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	$61,000.00
				Grand Total of 2024			**$91,000.00**

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	$71,294.00
				Grand Total of 2025			**$71,294.00**

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 FALL RIVER TREASURER
1 GOVERNMENT CTR 5TH FL
FALL RIVER, MA 02722-7700
[redacted]

R/E: Contract #: INTF2903P01190128224

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 $651,983.30.

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	10/11/2018	06/30/2022	$407,500.00
Current Year	07/01/2022	06/30/2023	$43,483.30
Future Years	07/01/2023	06/30/2025	$201,000.00

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: CITY OF FALL RIVER TREASURER	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 1 GOVERNMENT CTR 5TH FL FALL RIVER, MA 02722-7700	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Tess Curran **Phone:** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax:**	**Contract Manager:** Stephanie Clementi **Phone:**
Contractor Vendor Code: VC6000192090	**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):** INTF2903P01190128224 **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)
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■ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to 06/30 , 20 23 ,

Amendment: Enter **Amendment Amount:** $ 201,000.00 . (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)
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☐ **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). $ 651,983.30

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Renewal with Maximum Obligation Change

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- ☐ 3. were incurred as of _____, 20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 06/30 , 2025 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____ Date: 6/7/23

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Fan Schachne

Print Title: Treasurer/collector

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ Date: 6/8/2023

(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 FALL RIVER TREASURER	VC6000192090

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
Ian Schache		Treasurer/Collector	[redacted]	

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

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
Alison M Bouchard	6/7/23
Print Name	**Phone Number**
Alison M Bouchard	[redacted]
Title	**Email Address**
City 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 #: INTF2903P01190128224

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
Fall River		Tobacco and Cessation Program
Vendor Code	Fiscal Year	
VC6000192090	FY24	INTF2903P01190128224

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		$ 54,102.42		$ 54,102.42
Inspector 1		$ 19,780.00		$ 19,780.00
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 73,882.42**	**$ -**	**$ 73,882.42**
Fringe Benefits	%	$ 6,983.44	0	$ 6,983.44
Payroll Taxes	%	$ 720.00	0	$ 720.00
1. Total Direct Care/Program Staff		**$ 81,585.86**	**$ -**	**$ 81,585.86**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 1,500.00		$ 1,500.00
Travel		$ 5,000.00	0	$ 5,000.00
Program Supplies		$ 400.00	0	$ 400.00
Program Support		$ 4,174.14	0	$ 4,174.14
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 11,074.14**	**$ -**	**$ 11,074.14**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		$ 92,660.00	$ -	$ 92,660.00
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 7,840.00	0	$ 7,840.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 100,500.00	$ -	$ 100,500.00
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
FY24
Today's Date
3/15/2023
(Porposed changes)
Justification (D)

ed Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
Fall River		Tobacco and Cessation Program
Vendor Code	Fiscal Year	
VC6000192090	FY25	INTF2903P01190128224

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		$ 54,102.42		$ 54,102.42
Inspector 1		$ 19,780.00		$ 19,780.00
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 73,882.42**	**$ -**	**$ 73,882.42**
Fringe Benefits	%	$ 6,983.44	0	$ 6,983.44
Payroll Taxes	%	$ 720.00	0	$ 720.00
1. Total Direct Care/Program Staff		**$ 81,585.86**	**$ -**	**$ 81,585.86**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 1,500.00		$ 1,500.00
Travel		$ 5,000.00	0	$ 5,000.00
Program Supplies		$ 400.00	0	$ 400.00
Program Support		$ 4,174.14	0	$ 4,174.14
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 11,074.14**	**$ -**	**$ 11,074.14**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 92,660.00**	**$ -**	**$ 92,660.00**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 7,840.00	0	$ 7,840.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 100,500.00**	**$ -**	**$ 100,500.00**

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
3/15/2023
(Porposed 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: INTF2903P01190128224

Vendor Name - FEIN: CITY OF FALL RIVER TREASURER - 046001387

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	10/11/2018	06/30/2019	$53,898.06
				Grand Total of 2019			**$53,898.06**

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	$53,898.06
				Grand Total of 2020			**$53,898.06**

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	$53,898.06

				Grand Total of 2021			**$53,898.06**

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	$53,898.06
				Grand Total of 2022			**$53,898.06**

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	$43,483.30
				Grand Total of 2023			**$43,483.30**

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	$50,250.00
				Grand Total of 2024			**$80,250.00**

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	$43,483.30
				Grand Total of 2025			**$43,483.30**

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

12/28/2023

CITY OF MELROSE TREASURER/TOWN HALL
562 MAIN ST
MELROSE, MA 02176-3142

[redacted]

R/E: Contract #: INTF2903P01190128226

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 Decrease

The contract total maximum obligation is $542,544.56.

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	10/01/2018	06/30/2023	$383,281.66
Current Year	07/01/2023	06/30/2024	$69,262.90
Future Years	07/01/2024	06/30/2025	$90,000.00

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 **01/08/2024.**

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: CITY OF MELROSE TREASURER/TOWN HALL	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 562 MAIN ST MELROSE, MA 02176-3142	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: ~~Ruth Clay~~ Anthony Chiu **Phone:** [redacted]	**Billing Address (if different):**
[redacted] **Fax:**	**Contract Manager:** Deandra Russo **Phone:** 857-363-0475
Contractor Vendor Code: VC6000192116	**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):** INTF2903P01190128226 **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: $ (-20,737.10). (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)
- 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). $ 542,544.56

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); X only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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

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

☑ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

☐ 2. may be incurred as of ____, 20___, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

☐ 3. were incurred as of ____, 20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 06/30, 2025, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____, Date: 1/22/24
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Jennifer Gregoire
Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____, Date: 2/8/2024
(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) VC6000192116

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
Jennifer Gnazzo		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	Date
Ellen Donaghey	2/10/21
Print Name: Ellen Donaghey	Phone Number: [redacted]
Title: Acting CFO	Email Address: [redacted]

A copy of this listing must be attached to the "record [redacted]

Scope of Services

Contract ID #: INTF2903P01190128226

Contract Amendment - Decrease

This contract is being reduced but no change of scope, services will be provided with rollover funds from last fiscal year.

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)		
Melrose, MA		MTCP
Vendor Code	Fiscal Year	
VC6000192116	FY24	INTF2903P01190128226

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		$ 65,385.00	-3154.1	$ 62,230.90
Inspector 1		$ 12,908.00	-12908	$ -
sick leave/longevity		$ 1,575.00	-1575	$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 79,868.00**	**$ (17,637.10)**	**$ 62,230.90**
Fringe Benefits	%	$ 6,032.00	0	$ 6,032.00
Payroll Taxes	%	$ 1,000.00	0	$ 1,000.00
1. Total Direct Care/Program Staff		**$ 86,900.00**	**$ (17,637.10)**	**$ 69,262.90**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 800.00	-800	$ -
Travel		$ 1,000.00	-1000	$ -
Program Supplies		$ 1,300.00	-1300	$ -
Program Support		$ -	0	$ -
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 3,100.00**	**$ (3,100.00)**	**$ -**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 90,000.00**	**$ (20,737.10)**	**$ 69,262.90**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support			0	$ -
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 90,000.00**	**$ (20,737.10)**	**$ 69,262.90**

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
FY24
Today's Date
4/4/2023
(Porposed 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: INTF2903P01190128226

Vendor Name - FEIN: CITY OF MELROSE TREASURER/TOWN HALL - 046001401

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	10/01/2018	06/30/2019	$16,382.21
				Grand Total of 2019			**$16,382.21**

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	$28,100.55
				Grand Total of 2020			**$28,100.55**

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	$28,100.55

				Grand Total of 2021			**$28,100.55**

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	$28,100.55
				Grand Total of 2022			**$28,100.55**

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	$28,100.55
				Grand Total of 2023			**$28,100.55**

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	$0.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$24,262.90
				Grand Total of 2024			**$24,262.90**

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	$28,100.55
				Grand Total of 2025			**$28,100.55**

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 MELROSE TREASURER/TOWN HALL
562 MAIN ST
MELROSE, MA 02176-3142

[redacted]

R/E: Contract #: INTF2903P01190128226

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 $563,281.66.

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	10/01/2018	06/30/2022	$308,281.66
Current Year	07/01/2022	06/30/2023	$75,000.00
Future Years	07/01/2023	06/30/2025	$180,000.00

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: CITY OF MELROSE TREASURER/TOWN HALL	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 562 MAIN ST MELROSE, MA 02176-3142	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Ruth Clay — **Phone:** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000192116	**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):** INTF2903P01190128226 **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: $ 180,000.00 . (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). $ 563,281.66

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: [signature] Date: 6-7-2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Paul Brodeur
Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: [signature] Date: 6/12/2023
(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 MELROSE TREASURER/TOWN HALL	VC6000192116

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
Paul Brodeur	Paul Brodeur	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.

Andrew Ghobrial My Commission Expires August 25, 2028 NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS

Please note you cannot self-certify your own signature as a single signer listed above.

Signature: [signature]	Date: June 8, 2023
Print Name: Andrew Ghobrial	Phone Number: [redacted]
Title: Clerk of Committees	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 #: INTF2903P01190128226

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)		
Melrose, MA		MTCP
Vendor Code	Fiscal Year	
VC6000192116	FY24	INTF2903P01190128226

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		$ 65,385.00		$ 65,385.00
Inspector 1		$ 12,908.00		$ 12,908.00
sick leave/longevity		$ 1,575.00		$ 1,575.00
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		$ 79,868.00	$ -	$ 79,868.00
Fringe Benefits	%	$ 6,032.00	0	$ 6,032.00
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1. Total Direct Care/Program Staff		$ 86,900.00	$ -	$ 86,900.00
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 800.00		$ 800.00
Travel		$ 1,000.00	0	$ 1,000.00
Program Supplies		$ 1,300.00	0	$ 1,300.00
Program Support		$ -	0	$ -
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		$ 3,100.00	$ -	$ 3,100.00
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		$ -	$ -	$ -
SUB TOTAL: 1+2+3		$ 90,000.00	$ -	$ 90,000.00
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support			0	$ -
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 90,000.00	$ -	$ 90,000.00
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
FY24
Today's Date
4/4/2023
(Porposed changes)
Justification (D)

ed Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		
Melrose, MA		MTCP
Vendor Code	Fiscal Year	
VC6000192116	FY25	INTF2903P01190128226

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		$ 65,385.00		$ 65,385.00
Inspector 1		$ 12,908.00		$ 12,908.00
sick leave/longevity		$ 1,575.00		$ 1,575.00
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 79,868.00**	**$ -**	**$ 79,868.00**
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Program Supplies		$ 1,300.00	0	$ 1,300.00
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Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 3,100.00**	**$ -**	**$ 3,100.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		$ 90,000.00	$ -	$ 90,000.00
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support			0	$ -
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 90,000.00	$ -	$ 90,000.00
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.
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Year Award
FY25
Today's Date
4/4/2023
(Porposed changes)
Justification (D)

ed Total Cost

Sub Recipient Notification

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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.

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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*
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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: INTF2903P01190128226

Vendor Name - FEIN: CITY OF MELROSE TREASURER/TOWN HALL - 046001401

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	10/01/2018	06/30/2019	$16,382.21
				Grand Total of 2019			**$16,382.21**

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	$28,100.55
				Grand Total of 2020			**$28,100.55**

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	$28,100.55

				Grand Total of 2021			**$28,100.55**

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	$28,100.55
				Grand Total of 2022			**$28,100.55**

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	$28,100.55
				Grand Total of 2023			**$28,100.55**

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	$45,000.00
				Grand Total of 2024			**$75,000.00**

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	$28,100.55
				Grand Total of 2025			**$28,100.55**

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 NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740-6132

[redacted]

R/E: Contract #: INTF2903P01190128227

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 $577,785.00.

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	10/01/2018	06/30/2022	$373,500.00
Current Year	07/01/2022	06/30/2023	$18,759.00
Future Years	07/01/2023	06/30/2025	$185,526.00

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: CITY OF NEW BEDFORD	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 133 WILLIAM ST NEW BEDFORD, MA 02740-6132	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Damon Chaplin **Phone:** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax:**	**Contract Manager:** Stephanie Clementi **Phone:**
Contractor Vendor Code: VC6000192118	**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):** INTF2903P01190128227 **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:** $ 185,526.00 . (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). $ 577,785.00

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: [signature] , Date: 6/6/23
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Stephanie Clementi
Print Title: Acting Director

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: [signature] , Date: 6/8/2023
(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 NEW BEDFORD	VC6000192118

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
Stephanie Sloan	Stephanie Sloan	Acting 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: Stephanie Sloan	Date: 6/6/23
Print Name: Stephanie Sloan	[redacted]
Title: Acting 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 #: INTF2903P01190128227

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)		
New Bedford		MTCP
Vendor Code	Fiscal Year	
VC6000192118	24	INTF2903P01190128227

Note: Please complete this entire form, including all line items. **Please make changes on Colum**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director		$ -		$ -
Tobacco Compliance Officer		$ 49,000.00		$ 49,000.00
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 49,000.00**	**$ -**	**$ 49,000.00**
Fringe Benefits	%	$ 22,813.00	0	$ 22,813.00
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 71,813.00**	**$ -**	**$ 71,813.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 6,000.00		$ 6,000.00
Travel		$ 1,200.00	0	$ 1,200.00
Program Supplies		$ 1,000.00	0	$ 1,000.00
Program Support		$ 250.00	0	$ 250.00
Education and Enforcement		$ 500.00	0	$ 500.00
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 8,950.00**	**$ -**	**$ 8,950.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		$ -	$ -	$ -
SUB TOTAL: 1+2+3		$ 80,763.00	$ -	$ 80,763.00
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 12,000.00	0	$ 12,000.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 92,763.00	$ -	$ 92,763.00
Capital Budget				

Item to be purchased	Estimated Unit 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.

Year Award
FY24
Today's Date
in B (Porposed changes)
Justification (D)

FICA, Pension, Life insurance

2 youth @ $20/hr * 4 hours* 35 weeks
$100/month at federal reimburement
General office supplies
Youth Buyer Purchases
NTCOH Conferece, MHOA etc

Administrative Costs

Estimated Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		
New Bedford		MTCP
Vendor Code	Fiscal Year	
VC6000192118	24	INTF2903P01190128227

Note: Please complete this entire form, including all line items. Please make changes on Colun

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director		$ -		$ -
Tobacco Compliance Officer		$ 49,000.00		$ 49,000.00
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 49,000.00**	**$ -**	**$ 49,000.00**
Fringe Benefits	%	$ 22,813.00	0	$ 22,813.00
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 71,813.00**	**$ -**	**$ 71,813.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 6,000.00		$ 6,000.00
Travel		$ 1,200.00	0	$ 1,200.00
Program Supplies		$ 1,000.00	0	$ 1,000.00
Program Support		$ 250.00	0	$ 250.00
Education and Enforcement		$ 500.00	0	$ 500.00
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 8,950.00**	**$ -**	**$ 8,950.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		$ 80,763.00	$ -	$ 80,763.00
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 12,000.00	0	$ 12,000.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		$ 92,763.00	$ -	$ 92,763.00
Capital Budget				

Item to be purchased	Estimated Unit 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.

Year Award
FY24
Today's Date
in B (Porposed changes)
Justification (D)

FICA, Pension, Life insurance

2 youth @ $20/hr * 4 hours* 35 weeks
$100/month at federal reimburement
General office supplies
Youth Buyer Purchases
NTCOH Conferece, MHOA etc

Administrative Costs

Estimated 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: INTF2903P01190128227

Vendor Name - FEIN: CITY OF NEW BEDFORD - 046001402

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	10/01/2018	06/30/2019	$42,500.00
				Grand Total of 2019			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2020	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2019	06/30/2020	$42,500.00
				Grand Total of 2020			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2020	06/30/2021	$42,500.00

				Grand Total of 2021			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2022	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2021	06/30/2022	$42,500.00
				Grand Total of 2022			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2023	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2022	06/30/2023	$18,759.00
				Grand Total of 2023			**$18,759.00**

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	$46,381.50
				Grand Total of 2024			**$76,381.50**

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	$18,759.00
				Grand Total of 2025			**$18,759.00**

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

01/08/2024

CITY OF NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740-6132

[redacted]

R/E: Contract #: INTF2903P01190128227

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 Decrease

The contract total maximum obligation is $542,884.06.

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	10/01/2018	06/30/2023	$392,259.00
Current Year	07/01/2023	06/30/2024	$57,862.06
Future Years	07/01/2024	06/30/2025	$92,763.00

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 **01/15/2024.**

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

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

Please Note:

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

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: CITY OF NEW BEDFORD	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 133 WILLIAM ST NEW BEDFORD, MA 02740-6132	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Stephanie Sloan — **Phone** [redacted]	**Billing Address** (if different):
E-Mail [redacted] — **Fax**:	**Contract Manager**: Deandra Russo — **Phone**: 857-363-0475
Contractor Vendor Code: VC6000192118	**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)**: INTF2903P01190128227 **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**: $ (-34,900.94) . (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). $ 542,884.06

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); X only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

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

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

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

CONTRACT END DATE: Contract performance shall terminate as of 06/30, 2025, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Nikita L. Valencia Date: 1/11/24
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Nikita L. Valencia
Print Title: Deputy Director

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: [signature] Date: 1/30/2024
(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 New Bedford	VC6000192118

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
Nikita L. Valencia	Nikita L Valencia	Deputy Director	[redacted]	
Stephanie Sloan		Director		

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
Nikita L Valencia	1-11-2024
Print Name	Phone Number
Nikita L. Valencia	[redacted]
Title	Email Address
Deputy Director	[redacted]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Scope of Services

Contract ID #: INTF2903P01190128227

Contract Amendment - Decrease

This contract is being reduced but no change of scope, services will be provided with rollover funds from last fiscal year.

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)		
New Bedford		MTCP
Vendor Code	Fiscal Year	
VC6000192118	24	INTF2903P01190128227

Note: Please complete this entire form, including all line items. **Please make changes on Colum**

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
Direct Care/Prog. Support Staff				
Director		$ -		$ -
Tobacco Compliance Officer		$ 49,000.00		$ 49,000.00
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 49,000.00**	**$ -**	**$ 49,000.00**
Fringe Benefits	%	$ 22,813.00	-13950.94	$ 8,862.06
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 71,813.00**	**$ (13,950.94)**	**$ 57,862.06**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 6,000.00	-6000	$ -
Travel		$ 1,200.00	-1200	$ -
Program Supplies		$ 1,000.00	-1000	$ -
Program Support		$ 250.00	-750	-$ 500.00
Education and Enforcement		$ 500.00	0	$ 500.00
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 8,950.00**	**$ (8,950.00)**	**$ -**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 80,763.00**	**$ (22,900.94)**	**$ 57,862.06**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 12,000.00	-12000	$ -
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 92,763.00**	**$ (34,900.94)**	**$ 57,862.06**

Capital Budget

Item to be purchased	Estimated Unit 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.

Year Award
FY24
Today's Date
ın B (Porposed changes)
Justification (D)

FICA, Pension, Life insurance

2 youth @ $20/hr * 4 hours* 35 weeks
$100/month at federal reimburement
General office supplies
Youth Buyer Purchases
NTCOH Conferece, MHOA etc

Administrative Costs

Estimated 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: INTF2903P01190128227

Vendor Name - FEIN: CITY OF NEW BEDFORD - 046001402

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	10/01/2018	06/30/2019	$42,500.00
				Grand Total of 2019			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2020	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2019	06/30/2020	$42,500.00
				Grand Total of 2020			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2021	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2020	06/30/2021	$42,500.00

				Grand Total of 2021			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2022	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2021	06/30/2022	$42,500.00
				Grand Total of 2022			**$42,500.00**

Fiscal Year	CFDA	Appropriation	Grant Name	Agency Name	Start Date	End Date	Amount
2023	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2022	06/30/2023	$18,759.00
				Grand Total of 2023			**$18,759.00**

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	$0.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$11,480.56
				Grand Total of 2024			**$11,480.56**

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	$18,759.00
				Grand Total of 2025			**$18,759.00**

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 SOUTH HADLEY TREASURER
116 MAIN ST
SOUTH HADLEY, MA 01075-2833

[redacted]

R/E: Contract #: INTF2903P01190128228

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 $632,162.00.

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	09/28/2018	06/30/2022	$331,150.00
Current Year	07/01/2022	06/30/2023	$98,012.00
Future Years	07/01/2023	06/30/2025	$203,000.00

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

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CONTRACTOR LEGAL NAME: TOWN OF SOUTH HADLEY TREASURER	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 116 MAIN ST SOUTH HADLEY, MA 01075-2833	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Sharon Hart **Phone** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] **Fax:**	**Contract Manager:** Stephanie Clementi **Phone:**
Contractor Vendor Code: VC6000191983	**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):** INTF2903P01190128228 **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: $ 203,000.00 . (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). $ 632,162.00

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.

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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: Sharon D. Hart, Date: 6.6.23
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: SHARON HART
Print Title: PUBLIC HEALTH DIRECTOR

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: [signature], Date: 6/7/2023
(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 SOUTH HADLEY TREASURER	VC6000191983

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
SHARON HART	Sharon Hart	Public Health Director	[redacted]	

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

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date 6/6/23
Print Name Lisa Wong	Phone Number [redacted]
Title Town Administrator	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 #: INTF2903P01190128228

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
South Hadley		Tobacco Control Program
Vendor Code	Fiscal Year	Service Contract Number
VC6000191983	FY24	INTF2903P01190128228

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	0.60	$ 48,900.00		$ 48,900.00
Inspector 1	0.20	$ 9,700.00		$ 9,700.00
Inspector 2	0.20	$ 9,700.00		$ 9,700.00
Inspector 3	0.25	$ 10,500.00		$ 10,500.00
Admin Support	0.10	$ 5,500.00		$ 5,500.00
	1.35	$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 84,300.00**	**$ -**	**$ 84,300.00**
Fringe Benefits	%	$ -	0	$ -
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 84,300.00**	**$ -**	**$ 84,300.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 6,400.00		$ 6,400.00
Travel			0	$ -
Program Supplies		$ 2,014.00	0	$ 2,014.00
Program Support		$ 486.00	0	$ 486.00
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 8,900.00**	**$ -**	**$ 8,900.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 93,200.00**	**$ -**	**$ 93,200.00**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 8,300.00	0	$ 8,300.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 101,500.00**	**$ -**	**$ 101,500.00**

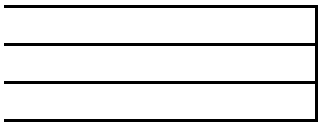
Capital Budget

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
FY24
Today's Date
4/4/2023
(Porposed changes)
Justification (D)

ed Total Cost



Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		Program Name
South Hadley		Tobacco Control Program
Vendor Code	Fiscal Year	Service Contract Number
VC6000191983	FY25	INTF2903P01190128228

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	0.60	$ 48,900.00		$ 48,900.00
Inspector 1	0.20	$ 9,700.00		$ 9,700.00
Inspector 2	0.20	$ 9,700.00		$ 9,700.00
Inspector 3	0.25	$ 10,500.00		$ 10,500.00
Admin Support	0.10	$ 5,500.00		$ 5,500.00
	1.35	$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 84,300.00**	**$ -**	**$ 84,300.00**
Fringe Benefits	%	$ -	0	$ -
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 84,300.00**	**$ -**	**$ 84,300.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 6,400.00		$ 6,400.00
Travel			0	$ -
Program Supplies		$ 2,014.00	0	$ 2,014.00
Program Support		$ 486.00	0	$ 486.00
Education and Enforcement		$ -	0	$ -
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 8,900.00**	**$ -**	**$ 8,900.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 93,200.00**	**$ -**	**$ 93,200.00**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 8,300.00	0	$ 8,300.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 101,500.00**	**$ -**	**$ 101,500.00**

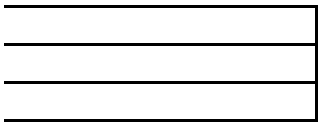
Capital Budget

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
4/4/2023
(Porposed 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: INTF2903P01190128228

Vendor Name - FEIN: TOWN OF SOUTH HADLEY TREASURER - 046001303

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	09/28/2018	06/30/2019	$29,955.00
				Grand Total of 2019			**$29,955.00**

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	$39,955.00
				Grand Total of 2020			**$39,955.00**

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	$39,955.00

				Grand Total of 2021			**$39,955.00**

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	$1,355.00
				Grand Total of 2022			**$1,355.00**

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	$50,750.00
				Grand Total of 2024			**$80,750.00**

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	$39,955.00
				Grand Total of 2025			**$39,955.00**

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 NORWOOD
566 WASHINGTON ST
NORWOOD, MA 020622203

[redacted]

R/E: Contract #: INTF2903P01190128233

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 $294,092.12.

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	07/01/2021	06/30/2022	$80,000.00
Current Year	07/01/2022	06/30/2023	$40,092.12
Future Years	07/01/2023	06/30/2025	$174,000.00

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 **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 NORWOOD	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 566 WASHINGTON ST NORWOOD, MA 020622203	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: Stacey Lane — **Phone:** [redacted]	**Billing Address** (if different):
E-Mail: [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000191924	**E-Mail:** Stephanie.Clementi@mass.gov — **Fax:** 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 003 (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s):** INTF2903P01190128233 **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: $ 174,000.00 . (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). $ 294,092.12

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: 5-15-23
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Tony Mazzucco
Print Title: General Manager

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: _____, Date: 6/7/2023
(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 NORWOOD	VC6000191924

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
Stacey Lane	Stacey Lane	Health Director	[redacted]	

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

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
	5-15-2023
Print Name: Tony Mazzucco	Phone Number: [redacted]
Title: General Manager	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 #: INTF2903P01190128233

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)		
Norwood		Tobacco Control Program
Vendor Code	Fiscal Year	
VC600019124	FY24	INTF2903P01190128233

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		$ 49,974.00		$ 49,974.00
Inspector		$ 9,360.00		$ 9,360.00
Youth buyers		$ 5,616.00		$ 5,616.00
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 64,950.00**	**$ -**	**$ 64,950.00**
Fringe Benefits	%		0	$ -
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 64,950.00**	**$ -**	**$ 64,950.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends				$ -
Travel		$ 2,500.00	0	$ 2,500.00
Program Supplies		$ 2,400.00	0	$ 2,400.00
Program Support		$ 2,600.00	0	$ 2,600.00
Education and Enforcement		$ 1,500.00	0	$ 1,500.00
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 9,000.00**	**$ -**	**$ 9,000.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 73,950.00**	**$ -**	**$ 73,950.00**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 13,050.00	0	$ 13,050.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 87,000.00**	**$ -**	**$ 87,000.00**

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
FY24
Today's Date
3/30/2023
(Porposed changes)
Justification (D)

Step increase and COLA
rt compliance checks 6 hrs/week
rt compliance checks 6 hrs week

onthly Stipend $125.00. Inspect
buys/cobuys, signage
Rollover expected

ed Total Cost

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		
Norwood		Tobacco Control Program
Vendor Code	Fiscal Year	
VC600019124	FY25	INTF2903P01190128233

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		$ 49,974.00		$ 49,974.00
Inspector		$ 9,360.00		$ 9,360.00
Youth buyers		$ 5,616.00		$ 5,616.00
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 64,950.00**	**$ -**	**$ 64,950.00**
Fringe Benefits	%		0	$ -
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 64,950.00**	**$ -**	**$ 64,950.00**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends				$ -
Travel		$ 2,500.00	0	$ 2,500.00
Program Supplies		$ 2,400.00	0	$ 2,400.00
Program Support		$ 2,600.00	0	$ 2,600.00
Education and Enforcement		$ 1,500.00	0	$ 1,500.00
Rollover		$ -	0	$ -
2. Total Other Direct/Program		**$ 9,000.00**	**$ -**	**$ 9,000.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 73,950.00**	**$ -**	**$ 73,950.00**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support		$ 13,050.00	0	$ 13,050.00
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 87,000.00**	**$ -**	**$ 87,000.00**

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
3/30/2023
(Porposed changes)
Justification (D)

Step increase and COLA
rt compliance checks 6 hrs/week
rt compliance checks 6 hrs week

onthly Stipend $125.00. Inspect
buys/cobuys, signage
Rollover expected

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: INTF2903P01190128233

Vendor Name - FEIN: TOWN OF NORWOOD - 046001254

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	$30,277.15
				Grand Total of 2022			**$30,277.15**

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	$30,277.15
				Grand Total of 2023			**$30,277.15**

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	$43,500.00

				Grand Total of 2024			**$73,500.00**

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	$30,277.15
				Grand Total of 2025			**$30,277.15**

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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

01/30/2024

TOWN OF NORWOOD
566 WASHINGTON ST
NORWOOD, MA 020622203

[redacted]

R/E: Contract #: INTF2903P01190128233

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 Decrease

The contract total maximum obligation is $282,828.17.

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	07/01/2021	06/30/2023	$120,092.12
Current Year	07/01/2023	06/30/2024	$75,736.05
Future Years	07/01/2024	06/30/2025	$87,000.00

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 **02/09/2024.**

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: TOWN OF NORWOOD	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 566 WASHINGTON ST NORWOOD, MA 020622203	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Stacey Lane — **Phone**: [redacted]	**Billing Address** (if different):
E-Mail: [redacted] — **Fax**:	**Contract Manager**: Deandra Russo — **Phone**: 857-363-0475
Contractor Vendor Code: VC6000191924	**E-Mail**: Deandra.russo@mass.gov — **Fax**: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 003 . (Note: The Address Id Must be set up for EFT payments.)	**MMARS Doc ID(s)**: INTF2903P01190128233 **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**: $ (-11,263.95) . (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). $ 282,828.17

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

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

Maximum Obligation Change

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

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

CONTRACT END DATE: Contract performance shall terminate as of 06/30 , 2025 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____ Date: 1-31-24

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Tony Mazzucco

Print Title: General Manager

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____ Date: 2/7/2024

(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 NORWOOD	VC6000191924

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
Stacey Lane	Stacey Lane	Health Director	[redacted]	

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

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

Please note you cannot self-certify your own signature as a single signer listed above.

Signature	Date
	1-31-2024
Print Name: Tony Mazzucco	Phone Number: [redacted]
Title: General Manager	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 #: INTF2903P01190128233

Contract Amendment - Decrease

Maximum Obligation Decrease

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. This contract is being reduced but no change of scope, services will be provided with rollover funds from last fiscal year.

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)			Year Award
Norwood		Tobacco Control Program	FY24
Vendor Code	Fiscal Year		Today's Date
VC600019124	FY24	INTF2903P01190128233	9/29/2023

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	0.75	$ 49,974.00		$ 49,974.00	Step increase and COLA
Inspector	0.30	$ 9,360.00	0	$ 9,360.00	compliance checks 12 hrs/week
Youth buyers	0.15	$ 5,616.00		$ 5,616.00	t compliance checks 6 hrs week
Inspector 3		$ -		$ -	
Inspector 4		$ -		$ -	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 64,950.00**	**$ -**	**$ 64,950.00**	
Fringe Benefits	%		0	$ -	
Payroll Taxes	%	$ -	0	$ -	
1. Total Direct Care/Program Staff		**$ 64,950.00**	**$ -**	**$ 64,950.00**	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends				$ -	
Travel		$ 2,500.00	0	$ 2,500.00	onthly Stipend $125.00. Inspect
Program Supplies		$ 2,400.00	350	$ 2,050.00	
Program Support		$ 2,600.00	0	$ 2,600.00	buys/cobuys, signage
Education and Enforcement		$ 1,500.00	0	$ 1,500.00	
Rollover		$ -	0	$ -	Rollover expected
2. Total Other Direct/Program		**$ 9,000.00**	**$ 350.00**	**$ 8,650.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		$ 73,950.00	$ 350.00	$ 73,600.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 13,050.00	10913.95	$ 2,136.05	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 87,000.00	$ 11,263.95	$ 75,736.05	

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: INTF2903P01190128233

Vendor Name - FEIN: TOWN OF NORWOOD - 046001254

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	$30,277.15
				Grand Total of 2022			**$30,277.15**

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	$30,277.15
				Grand Total of 2023			**$30,277.15**

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	$0.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$32,236.05

				Grand Total of 2024			**$32,236.05**

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	$30,277.15
				Grand Total of 2025			**$30,277.15**

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
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KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

06/07/2023

CITY OF SALEM
93 WASHINGTON ST
SALEM, MA 019703527

[redacted]

R/E: Contract #: INTF2903P01190128234

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 $358,749.70.

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:

Current Year	12/01/2022	06/30/2023	$72,749.70
Future Years	07/01/2023	06/30/2025	$286,000.00

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 **06/12/2023.**

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 SALEM		COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH	
Legal Address: (W-9, W-4): 93 WASHINGTON ST SALEM, MA 019703527		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Joyce Redford	Phone: [redacted]	Billing Address (if different):	
E-Mail [redacted]	Fax:	Contract Manager: Stephanie Clementi	Phone:
Contractor Vendor Code: VC6000192137		E-Mail: Stephanie.Clementi@mass.gov	Fax: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 018 (Note: The Address Id Must be set up for EFT payments.)		MMARS Doc ID(s): INTF2903P01190128234 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: $ 303,749.70 . (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)
- 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). $ 358,749.70

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.)
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 06/30, 2025, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____, Date: 6/8/23
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Dominick Pangallo
Print Title: Mayor

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____, Date: 6/9/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Sheron Dyer
Print Title: Director, Purchased 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 SALEM	VC6000192137

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
DENISE PANGALLO		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	Date
	6/8/23
Print Name: David Pangallo	Phone Number: [redacted]
Title: Mayor	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 #: INTF2903P01190128234

Contract Amendment - Increase

Adding FY23 Amendment for $17,749.70 and renewing for FY 24 and FY?25

Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision

(City / Town / Lead Community)		DPH Bureau	Year Award
Salem		MA Tobacco Cessation	FY23
Vendor Code	Fiscal Year	Contract Number	Today's Date
vC6000192137	23	INTF2903P01190128234	4/4/2023

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		$ 38,440.00	15344.47	$ 53,784.47	
Inspector 1		$ 1,000.00	1620	$ 2,620.00	
Inspector 2		$ 800.00	880	$ 1,680.00	
Inspector 3		$ 800.00	880	$ 1,680.00	
Inspector 4		$ -	0	$ -	
Inspector 5		$ -	0	$ -	
		$ -	0	$ -	
SUB TOTAL		$ 41,040.00	$ 18,724.47	$ 59,764.47	
Fringe Benefits	%	$ 5,060.00	-1002.05	$ 4,057.95	
Payroll Taxes	%	$ -		$ -	
1. Total Direct Care/Program Staff		$ 46,100.00	$ 17,722.42	$ 63,822.42	
Program Component					
2. Other Direct Care/Program					
Youth Buyer Stipends		$ 1,600.00	959.71	$ 2,559.71	
Travel		$ 1,100.00	-281.87	$ 818.13	
Phone		$ 700.00	-150.56	$ 549.44	
Program Support		$ 500.00	-500	$ -	
Product Reimbursemnet		$ -		$ -	
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		$ 3,900.00	$ 27.28	$ 3,927.28	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn		$ 5,000.00		$ 5,000.00	
3. Total Occupancy		$ 5,000.00	$ -	$ 5,000.00	
SUB TOTAL: 1+2+3		$ 55,000.00	$ 17,749.70	$ 72,749.70	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support			0	$ -	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 55,000.00	$ 17,749.70	$ 72,749.70	

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)		DPH Bureau	Year Award
Salem		MA Tobacco Cessation	FY24
Vendor Code	Fiscal Year	Contract Number	Today's Date
VC6000192137	FY24	INTF2903P01190128234	4/4/2023

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		$ 95,000.00		$ 95,000.00	
Inspector Lunden		$ 4,500.00		$ 4,500.00	
Inspector Carleo		$ 3,500.00		$ 3,500.00	
Inpsector Garcia		$ 3,000.00		$ 3,000.00	
Inspector TBH		$ 3,200.00		$ 3,200.00	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 109,200.00**	**$ -**	**$ 109,200.00**	
Fringe Benefits	%	$ 9,000.00	0	$ 9,000.00	
Payroll Taxes	%	$ 600.00	0	$ 600.00	
1. Total Direct Care/Program Staff		**$ 118,800.00**	**$ -**	**$ 118,800.00**	
Program Component					
2. Other Direct Care/Program					
Product Reimbursement		$ 2,000.00		$ 2,000.00	
Youth Pay		$ 5,000.00	0	$ 5,000.00	
Travel		$ 3,000.00	0	$ 3,000.00	
Phone/Devices		$ 1,200.00	0	$ 1,200.00	
Program Support		$ 3,000.00	0	$ 3,000.00	
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		**$ 14,200.00**	**$ -**	**$ 14,200.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		$ 133,000.00	$ -	$ 133,000.00	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 10,000.00	0	$ 10,000.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		$ 143,000.00	$ -	$ 143,000.00	

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)		DPH Bureau	Year Award
Salem		MA Tobacco Cessation	FY25
Vendor Code	Fiscal Year	Contract Number	Today's Date
VC6000192137	FY25	INTF2903P01190128234	4/4/2023

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		$ 95,000.00		$ 95,000.00	
Inspector Lunden		$ 4,500.00		$ 4,500.00	
Inspector Carleo		$ 3,500.00		$ 3,500.00	
Inpsector Garcia		$ 3,000.00		$ 3,000.00	
Inspector TBH		$ 3,200.00		$ 3,200.00	
Inspector 5		$ -		$ -	
		$ -		$ -	
SUB TOTAL		**$ 109,200.00**	**$ -**	**$ 109,200.00**	
Fringe Benefits	%	$ 9,000.00	0	$ 9,000.00	
Payroll Taxes	%	$ 600.00	0	$ 600.00	
1. Total Direct Care/Program Staff		**$ 118,800.00**	**$ -**	**$ 118,800.00**	
Program Component					
2. Other Direct Care/Program					
Product Reimbursement		$ 2,000.00		$ 2,000.00	
Youth Pay		$ 5,000.00	0	$ 5,000.00	
Travel		$ 3,000.00	0	$ 3,000.00	
Phone/Devices		$ 1,200.00	0	$ 1,200.00	
Program Support		$ 3,000.00	0	$ 3,000.00	
Rollover		$ -	0	$ -	
2. Total Other Direct/Program		**$ 14,200.00**	**$ -**	**$ 14,200.00**	
Occupancy					
Program Facility		$ -		$ -	
Facility Operations, Maint, and Furn				$ -	
3. Total Occupancy		**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1+2+3		**$ 133,000.00**	**$ -**	**$ 133,000.00**	
Administrative Support					
Applicable Policy Cap				$ -	
4. Agency Admin Support		$ 10,000.00	0	$ 10,000.00	
5. Capital Budget (Attached Schedule)				$ -	
TOTAL 1+2+3+4+5		**$ 143,000.00**	**$ -**	**$ 143,000.00**	

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: INTF2903P01190128234

Vendor Name - FEIN: CITY OF SALEM - 046001413

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	12/01/2022	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	$77,500.00
				Grand Total of 2024			**$77,500.00**

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	$77,500.00
				Grand Total of 2025			**$77,500.00**

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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

04/10/2024

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

[redacted]

R/E: Contract #: INTF2900M04500824112

The Massachusetts Department of Public Health, Bureau of Community Health and Prevention is awarding you an engagement contract in accordance with RFQ# RFQ500824BCHAP05 – Smoke Free housing Mobilization

Amendment Reason: Funding Increase

The contract total maximum obligation is $1,010,521.58.

The contract will be in effect through 06/30/2025. The effective start date of the contract amendment shall be the anticipated start date specified in the Standard Contract Form or a later date the Standard Contract Form has been executed by an authorized signatory of the Department of Public Health.

Listed below is the contract budgeted funding amounts:

Previous Years	07/01/2017	06/30/2023	$685,201.58
Current Year	07/01/2023	06/30/2024	$172,935.00
Future Years	07/01/2024	06/30/2025	$152,385.00

If you have questions about your **award** please contact your program manager **Alex Gomez at alex.gomez@mass.gov.**

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

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  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.

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  A Contractor Authorized Signatory Listing (CASL) form must be signed with an **authorized signature**, dated and returned via email scan for each new contract or amendment contract package.

If you have any questions about your **contract package,** please contact **Deandra Russo at Deandra.russo@mass.gov.**

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

Sincerely,
Ruth Blodgett
Bureau Director
Bureau of Community Health and Prevention

Acceptable forms of Authorized signatures:

1. Traditional hand drawn "wet signature" (ink on paper);
2. Scan Copy of hand drawn signature
3. Electronic signature that is either:
   a. Hand drawn using a mouse or finger if working from a touch screen device;
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COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: CITY OF FRAMINGHAM	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 150 CONCORD ST STE 221 FRAMINGHAM, MA 01702-8306	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: William Murphy/ Charles Sisitsky **Phone:** [redacted]	**Billing Address (if different):**
E-Mail: [redacted] **Fax:**	**Contract Manager:** Deandra Russo **Phone:** 857-363-0475
Contractor Vendor Code: VC6000191793	**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):** INTF2903P01190128236 **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)
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- 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:** $ (-37,055.24) . (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). $ 212,944.76

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: _____ **Date:** 1.8.24 **(Signature and Date Must Be Handwritten At Time of Signature)**	**X:** _____ **Date:** 2/12/2024 **(Signature and Date Must Be Handwritten At Time of Signature)**
Print Name: Charles Sisitsky	**Print Name:** Sharon Dyer
Print Title: Mayor, City of Framingham	**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 Framingham	VC6000191793

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
Charles Sisitsky		Mayor	[redacted]	
Jennifer Pratt		Interim 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
	1.8.24
Print Name Charles Sisitsky	Phone Number [redacted]
Title Mayor, City of Framingham	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 #: INTF2903P01190128236

Contract Amendment - Decrease

This contract is being reduced but no change of scope, services will be provided with rollover funds from last fiscal year.

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)		
CITY OF FRAMINGHAM		Tobacco Cessation
Vendor Code	Fiscal Year	
VC6000191793	FY24	INTF2903P01190128236

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		$ 69,975.00	-1555.24	$ 68,419.76
Inspector 1		$ 6,000.00	0	$ 6,000.00
Inspector 2		$ -		$ -
Inspector 3		$ -		$ -
Inspector 4		$ -		$ -
Inspector 5		$ -		$ -
		$ -		$ -
SUB TOTAL		**$ 75,975.00**	**$ (1,555.24)**	**$ 74,419.76**
Fringe Benefits	%	$ 5,025.00	0	$ 5,025.00
Payroll Taxes	%	$ -	0	$ -
1. Total Direct Care/Program Staff		**$ 81,000.00**	**$ (1,555.24)**	**$ 79,444.76**
Program Component				
2. Other Direct Care/Program				
Youth Buyer Stipends		$ 32,500.00	-32500	$ -
Travel		$ 2,000.00	-2000	$ -
Program Supplies		$ 1,000.00	-1000	$ -
Program Support		$ 2,000.00	0	$ 2,000.00
Education and Enforcement		$ 4,500.00	0	$ 4,500.00
Phone		$ 2,000.00	0	$ 2,000.00
2. Total Other Direct/Program		**$ 44,000.00**	**$ (35,500.00)**	**$ 8,500.00**
Occupancy				
Program Facility		$ -		$ -
Facility Operations, Maint, and Furn				$ -
3. Total Occupancy		**$ -**	**$ -**	**$ -**
SUB TOTAL: 1+2+3		**$ 125,000.00**	**$ (37,055.24)**	**$ 87,944.76**
Administrative Support				
Applicable Policy Cap				$ -
4. Agency Admin Support			0	$ -
5. Capital Budget (Attached Schedule)				$ -
TOTAL 1+2+3+4+5		**$ 125,000.00**	**$ (37,055.24)**	**$ 87,944.76**

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
FY23
Today's Date
11/6/2023
(Porposed 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: INTF2903P01190128236

Vendor Name - FEIN: CITY OF FRAMINGHAM - 046001151

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	$0.00
2024	93.959	4512-9069	SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT	SAMHSA	07/01/2023	06/30/2024	$25,444.76
				Grand Total of 2024			**$25,444.76**

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	$62,500.00
				Grand Total of 2025			**$62,500.00**

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

05/25/2023

CITY OF FRAMINGHAM
150 CONCORD ST STE 221
FRAMINGHAM, MA 01702-8306

[redacted]

R/E: Contract #: INTF2903P01190128236

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention has awarded CITY OF FRAMINGHAM a contract as a result of the review of your response to RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs. The effective start date of the contract 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. The contract will be in effect through 06/30/2025 with options for renewal through 06/30/2028.

The contract total maximum obligation is $250,000.00.

Listed below is the contract budgeted funding amounts:

Future Years	07/01/2023	06/30/2025	$250,000.00

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 **06/01/2023.**

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 FRAMINGHAM	**COMMONWEALTH DEPARTMENT NAME:** Department of Public Health **MMARS Department Code:** DPH
Legal Address: (W-9, W-4): 150 CONCORD ST STE 221 FRAMINGHAM, MA 01702-8306	**Business Mailing Address:** 250 Washington Street, Boston MA 02108
Contract Manager: William Murphy — **Phone:** [redacted]	**Billing Address (if different):**
E-Mail [redacted] — **Fax:**	**Contract Manager:** Stephanie Clementi — **Phone:**
Contractor Vendor Code: VC6000191793	**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):** INTF2903P01190128236 **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 _____, 20___;
Amendment: Enter **Amendment Amount:** $_____. (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

- ☐ Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
- ☑ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). $ 250,000.00

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

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)
Grants To Public Entities Municipal Board of Health Tobacco and Public Health Policy Programs

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: Michael A Tusino . Date: 5/29/2023
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: Michael A Tusino
Print Title: Chief Operating Officer

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Sharon Dyer . Date: 6/9/2023
(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 FRAMINGHAM	VC6000191793

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
William Murphy	William Murphy	Dir. of Public Hea	[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: Michael A Tusino	Date: 5/29/2023
Print Name: Michael A. Tusino	Phone Number: [redacted]
Title: Chief Operating Offic	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 #: INTF2903P01190128236

New Contract

FY24 New - Increase - MPPTI community-based programs will provide a case management model that includes comprehensive case management and behavioral health support to young parents ages 14-24. Case management programs should be strength-based, emphasize social-emotional support for young parents, and address social determinants of health for families such as housing, education, employment, and early education and care among others. Case managers will facilitate connections to housing and food access programs, as well as other community resources. A focus on behavioral health and social and emotional wellness aims to both increase self-efficacy among program participants and work toward building healthy peer networks and social connectedness.

BCHAP CONDITIONS PAGE

Vendor/Program : CITY OF FRAMINGHAM
Contract ID# : INTF2903P01190128236

A- STANDARD CONDITIONS

1) FISCAL

- Vendor agrees to submit invoices on a regular basis: Monthly___ Quarterly: X Other:_____
- Number of budgets to be negotiated/submitted : ___2____
- Account expenditures timelines (as negotiated with program, funder): List accounts, timelines, etc.

2) PROGRAMMATIC

WORK PLAN REQUIREMENTS

- Vendor agrees to submit a work plan to support the scope of service by 08/01/2023 and 08/01/2024
  Work plan will include Objectives, tasks, timelines, responsible party, resources, etc.

- Annual contract performance review will be conducted (review goals, scope, compliance etc,.)

MONITORING (Site visits; Audits)

- Vendor agrees to make relevant staff and document available for manager to perform required monitoring functions, including site visits and audits

3) ADMINISTRATIVE

REPORTING
Vendor agrees to submit reports on a regular basis:

- Monthly Quarterly X Other _____

REPORTING
Vendor agrees to submit the following attachments/materials as part of the reporting basis:

- Quarterly Expense Report
- POST retailer inspection data
- Pricing Survey data

B- PROGRAM SPECIFIC CONDITIONS (As developed by Program, grant requirement; example may include): See attached FY22-FY23 scope of service document

- Specific grant requirements
- Meetings, training, networking requirements

Provider Name/Title : _____ Date: 5/30/23
Signature:

Department of Public Health

Vendor Name	DPH Bureau/Program Name
CITY OF FRAMINGHAM	Tobacco Cessation

Vendor Code	Fiscal Year	Contract Number	RFR#	
VC6000191793	2024	INTF2903P01190128236		

Program Component	FTE	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
1. Direct Care/Prog. Support Staff					
Regional Tobacco Control Coordinator	1.00	$ 67,000.00		$ 67,000.00	Coordinates all aspects of tobacco control efforts
Grant administrative support	0.20			$ 9,000.00	Supports coordinator, attends meeting, correspondence , budgeting
				$ -	
				$ -	
				$ -	
				$ -	
SUB TOTAL	1.20	**$ 67,000.00**	**$ -**	**$ 76,000.00**	
Fringe Benefits 7.50%				$ 5,025.00	
1. TOTAL DIRECT CARE/PROGRAM STAFF		**$ 67,000.00**	**$ -**	**$ 81,025.00**	

Program Component	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
2. Other Direct Care/Program				
Ad hoc consultants	$ 32,500.00		$ 32,475.00	Youth compliance checks for 16 towns by trained consultants twice per year
Program Materials	$ 2,000.00		$ 2,000.00	Phamplets and literaturere: risk, cessation
Meetings	$ 1,000.00		$ 1,000.00	Refreshments for in-person meetingw
Telephone	$ 2,000.00		$ 2,000.00	Communications via cell phone
Computer	$ 4,500.00		$ 4,500.00	Cost associated with upgrading laptop and docking station
Vehicle-gas and maintainence	$ 2,000.00		$ 2,000.00	Support operatons for travel throughout district
2. TOTAL OTHER DIRECT/PROGRAM	**$ 44,000.00**	**$ -**	**$ 43,975.00**	

Occupancy				
Program Facility			$ -	
Facility Operations, Maint. and Furn.	$ -		$ -	
3. TOTAL OCCUPANCY	**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1 + 2 + 3	**$ 125,000.00**	**$ -**	**$ 125,000.00**	
Administrative Support				
Max Cap Amount: 0.00%				
4. AGENCY ADMIN. SUPPORT			**$ -**	

TOTAL 1+ 2 + 3 + 4 + 5				

Department of Public Health

Vendor Name	DPH Bureau/Program Name		
CITY OF FRAMINGHAM	Tobacco Cessation		
Vendor Code	**Fiscal Year**	**Contract Number**	**RFR#**
VC6000191793	2025	**INTF2903P01190128236**	

Program Component	FTE	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
1. Direct Care/Prog. Support Staff					
Regional Tobacco Control Coordinator	1.00	$ 67,000.00		$ 67,000.00	Coordinates all aspects of tobacco control efforts
Grant administrative support	0.20			$ 9,000.00	Supports coordinator, attends meeting, correspondence , bu
				$ -	
				$ -	
				$ -	
				$ -	
SUB TOTAL	1.20	**$ 67,000.00**	**$ -**	**$ 76,000.00**	
Fringe Benefits 7.50%				$ 5,025.00	
1. TOTAL DIRECT CARE/PROGRAM STAFF		**$ 67,000.00**	**$ -**	**$ 81,025.00**	

Program Component	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
2. Other Direct Care/Program				
Ad hoc consultants	$ 32,500.00		$ 32,475.00	Youth compliance checks for 16 towns by trained consultant
Program Materials	$ 2,000.00		$ 2,000.00	Phamplets and literaturere: risk, cessation
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Computer	$ 4,500.00		$ 4,500.00	Cost associated with upgrading laptop and docking station
Vehicle-gas and maintainence	$ 2,000.00		$ 2,000.00	Support operatons for travel throughout district
2. TOTAL OTHER DIRECT/PROGRAM	**$ 44,000.00**	**$ -**	**$ 43,975.00**	
Occupancy				
Program Facility			$ -	
Facility Operations, Maint. and Furn.	$ -		$ -	
3. TOTAL OCCUPANCY	**$ -**	**$ -**	**$ -**	
SUB TOTAL: 1 + 2 + 3	**$ 125,000.00**	**$ -**	**$ 125,000.00**	
Administrative Support				
Max Cap Amount: 0.00%				
4. AGENCY ADMIN. SUPPORT			$ -	
TOTAL 1+ 2 + 3 + 4 + 5				

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

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs
RFR #190128

Organization

Organization Name: [Framingham]

Address:
[150 Concord Road]

[Suite 205]

City: [Framingham] State: [MA] Zip: [01702]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Louise] Last Name: [Miller] Title: [Chief Financial Officer]

FEIN: [04-600115] Vendor Code: [6000191793]

Contact Person for this Proposal

First Name: [William] Last Name: [Murphy]

Title: [Director of Public Health]

Telephone: (508) 532-5470

E-Mail: **[wmurphy@framinghamma.gov]**

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.

Framingham leads the current Tobacco Control District funded by MTCP. Framingham and Marlboro have disproportionate numbers of tobacco retailers within MDPH EJ designations. 47% of all tobacco retailers in the proposed district are in EJ areas. Keeping policies current, strict surveillance and enforcement, and educational and training are still needed. The towns added were to align with 3 current PHE regions.

The table below indicates the MW Tobacco Control District towns, population (based on US Census Bureau), and 5-year smoking rates for 2019 and for 2023 (from left to right, according to data from the Behavioral Risk Factor Surveillance System MDPH).

Ashland	18832	9.8	10.5
Bedford	14383	NA	9.8
Concord	18491	NA	8.6
Framingham (Lead)	72362	15.1	15.2
Holliston	14996	10.2	10.1
Hopkinton	18758	8.9	9.6
Hudson	15749	14.1	14.2
Marlborough	41793	16.6	16.3
Medway	13115	12.6	11.9
Millis	8460	10.2	10.6
Natick	37006	8.9	9.4
Norfolk	11662	NA	10.5
Southborough	10450	8.6	NA
Sudbury	18934	7.1	7.7
Wayland	13943	7.0	NA
Westborough	21567	NA	10.1
TOTAL	350501		

Towns to be added in the future, as the RFR Question 2 prohibits unfunded municipalities from being added:

Boylston	4849	NA	10.0
Northborough	15741	NA	11.7
TOTAL	371091		

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

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Framingham is leading the grant. Per population, it is the largest city within the district and has the most tobacco establishments, all of which are in environmental justice areas. Framingham has a history of obtaining and managing grants to improve health and well-being. Below are some previous and current grants that have successfully met deliverables.

Regional Project
- Public Health Emergency Preparedness Region 4A, since 2003 (12 communities)
- Mass in Motion, since 2012 (Framingham, Hudson, Marlborough)
- Prevention and Wellness Trust Fund, 2014-2018 (Framingham, Hudson, Marlborough)
- Massachusetts Opioids Prevention Collaborative, since 2016, (Ashland, Framingham, Hudson, Natick)
- Substance Abuse Prevention Collaborative, since 2015 (Ashland, Framingham, Hudson, Natick, Southborough)
- Public Health Nursing, since 2020 (Ashland, Framingham, Holliston, Hudson)
- Dementia Friendly Communities, since 2018 (Hudson, Marlborough)
- MetroWest Community Health Needs Assessment, since 2013 (Framingham, Hudson, Marlborough)
- MetroWest Community Health Improvement Planning, since 2014 (Framingham, Hudson, Marlborough)

Framingham's organizational structure includes community health, public health inspections, environmental protection, and public health nursing. The grant would receive cross-disciplinary support from these divisions. The current Director, Assistant Director, and Community Health manager have experience applying various tobacco control enforcement efforts.

b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

Framingham has a strong background in providing leadership and influence on regional grants and initiatives, particularly related to tobacco and substance use response and prevention. Examples of this regional leadership include the following grants, for which we are or have been the fiscal agent:

- MA Tobacco Cessation and Prevention Program – 2020-2023
- Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) – 2015-2021
- Overdose Data to Action (OD2A) – 2020-2023
- Fatal Overdose Grief Outreach Project – 2021-2023

These partnerships continue to be successful because of the strong interconnectedness that Framingham has with a vast range of stakeholders across social service agencies and regional boards of health. Framingham has a very robust Health Department infrastructure, with the capacity for 18 full-time staff with expertise in community health, public health inspections, environmental protection, and public health nursing. This allows Framingham to continue to be the nucleus of regional public health efforts across our PHE catchment area.

Our successes in being the fiscal lead for the existing MA Tobacco Cessation and Prevention Program provide a foundation that will facilitate further achievement in this RFR program. A wealth of resources—including staff experience, detailed data documentation, retailer information, and familiarity with fiscal procedures—will allow us to efficiently and effectively transition regional tobacco efforts to a new funding mechanism.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

Our regional tobacco cessation and prevention efforts have been incredibly successful. The table below provides retailer inspectional data over the past 3 years. This illustrates a clear trend, across almost every measurable outcome, that the consistent presence of a Tobacco Control Program Manager improves our region's tobacco safety over time. This position has allowed for relationship-building, continued education, manufacturer information, and accountability among retailers.

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Initial Inspections Completed	298	208	221
Inspections with Violations	217 (46%)	95 (36%)	1 (0%)
Reinspections Required	169	59	0
Reinspections That Required Additional Follow-Up	21	0	0
Missing Signage	207	2	0
Selling Flavored Products	13	6	0
Missing DOR or Local permit	37	10	1
Local Cigar Sales Violations	6	0	0

The largest challenge we've experienced in our tobacco cessation and prevention efforts have been due to short-term funding. This has provided significant limitations in our ability to hire and post positions during vacancies. Similarly, it was difficult to maintain contracts with partnering agencies (such as Health Resources in Action (HRiA)) who we utilized for funding youth buyers for compliance checks. Finally, developing longer-term infrastructure for the region and for education efforts has been impossible with uncertain funds each year.

This grant would maximize our previous successes and greatly reduce our experienced challenges by providing continued, reliable funds for a 5-year period. This allows our Tobacco Control Program Manager to maintain relationships and presence in the community, sustain stronger tobacco education programs, and reduce the time spent delaying program efforts in contractual and hiring processes.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Local policies can lead to unintended health inequities. An approximated 1/3 of the tobacco retailers are located in the two cities, Framingham and Marlborough. The majority of these two cities are designated EJ areas. The tobacco regulations of most participating towns have the permit cap and retirement section in which permits will diminish when businesses close over time. Towns often have smaller business districts and have shown that there is a decease in total permits. This is not like to happen as the Latino population continues to increase and businesses rarely close and are transferred.

The Tobacco Control District towns, revolving account status, # of tobacco retailers, # of tobacco establishments, and # of establishments in EJ areas (left to right) are below:

Ashland	Yes	17	17	17
Bedford	No	6	6	0
Concord	No	14	14	0
Framingham	No	53	60	60
Holliston	No	10	10	0
Hopkinton	Yes	9	9	0
Hudson	Yes	20	21	11
Marlboro	No	40	44	41
Medway	No	12	13	0
Millis	Yes	9	9	0
Natick	Yes	21	22	6
Norfolk	No	6	6	0
Southboro	Yes	10	10	0
Sudbury	Yes	7	8	0
Wayland	No	14	14	0
Westboro	No	19	19	9
TOTAL		267	282	144

Towns to be added in the future:

Boylston	No	6	6	0
Northboro	No	14	14	0

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TOTAL	287	302	144

A potential solution to this issue is not only to cap and retire permits but to define the EJ areas based on risk and cap and retire equitably in higher risk areas. Latino youth have greater potential access to products based on the number of permitted retailers in the area they reside.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

Framingham Public Health Department has 18 positions and is structurally comprised of 4 divisions; community health, public health inspections, environmental protection and public health nursing. The tobacco control program and its manager fall within the community health section and is supported by a division manager, two community health coordinators, and an intervention specialist.

The division manager has extensive experience managing grants and meeting deliverables. The two community health coordinator positions, currently being filled, manage substance abuse prevention grants. These two MA DPH-funded substance abuse grants, MassCALL3 and SOR-PEC, require relationships with regional community stakeholder groups, which are critical with tobacco programming.

The current tobacco control program, led by the manager, established an advisory group with a representative from each community. They meet quarterly or more often if needed. The purpose of this advisory group is to inform communities of regulatory changes, work collectively, and gain consensus and alignment for policy, education, and enforcement initiatives. Currently, all of the participating and proposed communities (Ashland, Bedford, Concord, Holliston, Hopkinton, Hudson, Marlborough, Medway, Millis, Natick, Norfolk, Southborough, Sudbury, Wayland, and Westborough (Boylston and Northborough in the future)) have strong leadership and Boards of Health that traditionally act, through adopting stringent regulations, to protect the health and wellness of their communities.

Communication tools such as virtual and/or in-person meetings with groups or individuals will be the primary method to stay informed. Attendance at individual Board of Health meetings will be available upon request. The office of the tobacco control manager will be located at Framingham City Hall. Work hours are Monday, Wednesday, and Thursday from 8am-5:00pm, Tuesdays from 8:30am- 7pm and Fridays from 8:30am- 12:30pm.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The Framingham Public Health department's external and internal relationships are critical with managing a successful tobacco grant. Current and past personnel participating in this grant served on the Coalition of Local Public Health as representatives of associations including Mass. Health Officers Association and Mass. Environmental Health Association. Framingham had a "seat at the table" through these positions and former Framingham Health Directors serve on a Special Commission.

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Through this Commission, the current public health system is being transformed utilizing the "Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections" issued in June 2019. The report documents findings and makes recommendations for strengthening local public health services across the Commonwealth. Working regionally to support public health responses is identified as one method in address many inequities. Public Health Excellence Shared Services (PHE) grants are a first step in addressing regional disparities.

A deliberate effort was made to align this grant collaborative with PHE shared services grant groupings. 6 of the 8 MetroWest PHE towns (Ashland, Framingham, Hopkinton, Hudson, Millis, Natick) and 4 of 7 Great Meadows PHE towns (Sudbury, Wayland, Bedford, and Concord) are participating. The other towns within those PHE's were approached and asked to join, but either expressed an interest to stay with their current coalition or felt that tobacco control efforts should remain local and not regional.

Westborough, of the four town Borough PHE, is joining this proposed coalition with existing member Southborough. At the time of this grant, Northborough and Boylston expressed interest in joining but are not allowed due to currently being unfunded. We will work with MDPH to include these towns.

It is no secret that the recent COVID-19 pandemic created stresses on the public health workforce. Many qualified professionals left the profession due to these stresses and there has been a large turnover of staffing, including in Framingham. Framingham's new health director is building internal relationships with the new Mayor and his administration. Initial meetings with the Chief Operating Officer, Fire Chief, Chief Financial Officer, and the Police briefed the departments regarding this opportunity.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

We budgeted three positions to run a successful program including the Tobacco Control Program Manager, a consultant that conducts compliance checks, and administrative support. The Tobacco Control Manager manages the grant. The job description is attached and specifies duties, essential functions, and educational requirements. The position is not filled currently although the health department is conducting many interviews to fill open community health positions. There were many qualified individuals for substance abuse grants which would qualify for the Tobacco Manager position. We are optimistic about filling the Tobacco Control Manager position when its advertised.

The consultant would be hired to conduct compliance checks. Specifically, to train, manage and supervise youth working as underage purchasers, create onboarding and training materials for youth buyers, budget oversight and reimburse of supplies and expenses, conduct check-ins all communities, and regularly meet for check-ins and attend hearings as needed. There are a number of consultants which have been successfully utilized in the past.

Lastly, with a program of this size, eight hours per week of administrative time is budgeted to support the manager.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

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The thirteen towns currently participating in the MetroWest Tobacco Control collaborative aligned philosophically on enforcement. This includes multiple compliance checks and inspections throughout the year as the primary way to limit access to harmful products. Issuing order letters promptly, including fines, and mandating suspensions are standard procedure. Recently, 8 of 14 Framingham tobacco permit holders sold to minors without checking identification. This was very disappointing after multiple education visits and outreach. New order letters were produced based on the new State regulations and fines. Next week, two of the 8 establishments requested hearings with the Board of Health to modify or withdraw the Order. Our Board of Health will set precedent as an example to the other participating Boards.

The added towns, Bedford, Concord, and Westborough, are currently participating in different coalitions. Although those coalitions are operating separately and independently, many have adopted and revised their regulations to be similar. Early meetings with the new group will address enforcement to be consistent. In the future, the towns of Northborough and Boylston will be similar as well. All towns mentioned have enforcement experience but all equitable solutions will be considered.

It is expected, with the new substantial fines, that hearing requests will be common. The Tobacco Control Manager will provide guidance on compliance checks, enforcement orders, non-criminal disposition tickets, hearing requests, and ticket appeals among other techniques.

Although management and workforce of the participating local public health departments are currently stable, enforcement training will be necessary with changes in personnel.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The Tobacco Control Manager is FTE (1.0) starting at a salary of $67,000. The position is fully benefited. The job description is attached. City employees work a 37.5 hour week. Feedback was received from the previous manger that the budget for the consultant should increase, especially if towns we being added and compliance checks would increase. Additional clerical support was also recommended with the increase in towns and demand for increased correspondence, budgeting, and meetings.

Administrative support would be 8 hours a week at a rate of $20/hour for approximately $9000/year. A current administration job description is attached.

The consultant contract includes the following:

- Creation, coordination, and maintenance of hiring materials for youth inspectors (application form, age verification, parental consent form, medical release form, youth agreement, CORI)
- Creation of onboarding and training materials designed for youth
- Management of the youth buyer database including active and former underage purchasers
- Bi-weekly payroll for youth stipends
- Budget oversight and reimbursement of supplies and expenses for adult inspectors
- Monitoring and advising on hourly pay rates for underage purchasers
- Regular bi-weekly check-ins and frequent email communication with Framingham Health Dept

The typical rate for these services is $60-$75 per hour. $32,500 is budget for over 400 hours dedicated to enforcement in 16 towns.

☒ Program Budget form is uploaded to COMMBUYS.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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COMMBUYS
OPERATIONAL SERVICES DIVISION

Bid Solicitation: BD-23-1031-ADMIN-ADM07-83217

Header Information

Bid Number:	BD-23-1031-ADMIN-ADM07-83217	**Description:**	190128 Municipal Board of Health Tobacco and Public Health Policy Programs Re-Open	**Bid Opening Date:**	03/13/2023 03:00:00 PM
Purchaser:	Alafia Spencer	**Organization:**	Department of Public Health		
Department:	BCHAP - Bureau of Community Health and Prevention	**Location:**	BCH01 - BCHAP Contracts		
Fiscal Year:	23	**Type Code:**	NS - Non-Statewide Solicitation	**Allow Electronic Quote:**	Yes
Alternate Id:	190128	**Required Date:**		**Available Date :**	01/18/2023 04:00:00 PM
Info Contact:	Mary Brush Email mary.brush@mass.gov	**Bid Type:**	OPEN	**Informal Bid Flag:**	No
Purchase Method:	Blanket				
Blanket/Contract Begin Date:	03/01/2023	**Blanket/Contract End Date:**	06/30/2028		

Pre Bid Conference:

Bulletin Desc:

Ship-to Address:	Procurement 250 Washington Street, 8th Floor Boston, MA 02108 US Email: dphprocurementteam@state.ma.us Phone: (617)624-5800	**Bill-to Address:**	Procurement 250 Washington Street, 8th Floor Boston, MA 02108 US Email: dphprocurementteam@state.ma.us Phone: (617)624-5800	**Print Format:**

File Attachments:

- Intent to Award Notice RFR 190128 MTCP BOH Reopened
- RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen
- REQ - Complete and return forms as instructed in the RFR.zip
- Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen Updated 2.8.23
- RFR190128 Municipal BOH Tobacco and PH Policy QA 2.14.2023
- VENDACT- Forms to be completed by potential bidders new to the state system or who need to update existing vendor information in MMARS
- INFO -Documents for Information only - may be required at time of Contract
- READ - Read only documents do not need to be returned with the application~81.zip

Form Attachments:

Required Quote Attachments

SBPP (Small Business Purchasing Program) Eligible?: NO

See SBPP requirements and exceptions at www.mass.gov/sbpp :

Amendments:

Amendment #	Amendment Date	Amendment Note
1	02/07/2023 02:36:33 PM	Questions and Answer is now available. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA' added .
2	02/09/2023 10:01:31 AM	The latest Questions and Answer was replaced with the most recent updated version. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA' deleted . 2. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023' added .
3	02/09/2023 02:38:00 PM	As a result of the questions, we updated the checklist in the application to match the requirements for submission listed in the RFR. That are (the Lead Applicant, Municipal Participation, and Budget form. Attachment File Changes: Header 1. File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen': File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen' deleted . 2. File 'REQ Confidentiality Agreement Standard 2': File 'REQ Confidentiality Agreement Standard 2' deleted . 3. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023' deleted . 4. File 'REQ - Complete and return forms as instructed in the RFR.zip': File 'REQ - Complete and return forms as instructed in the RFR.zip' added . 5. File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen Updated 2.8.23': File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen Updated 2.8.23' added .
4	02/09/2023 03:34:25 PM	The most recent questions and answers are now available. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx': File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx' added .
5	02/15/2023 12:51:12 PM	The most recent Questions and Answers are available. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx': File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx' deleted . 2. File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.14.2023': File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.14.2023' added .
6	03/07/2023 10:16:31 AM	The Electronics Response option has been selected on the General Screen. Header 1. Allow Electronic Response changed from "No" to "Yes".
7	05/22/2023 11:52:33 AM	Intent to award notice is now available for viewing. Attachment File Changes: Header 1. File 'Intent to Award Notice RFR 190128 MTCP BOH Reopened': File 'Intent to Award Notice RFR 190128 MTCP BOH Reopened' added .

Item Information

Item # 1: (00-00 - 00) Please note that this is a reopening of RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs originally posted under bid number BD181031BCHAPBCH0119365 to allow for additional submissions. This RFR is open to regional applicants only; no remaining municipalities qualify under the previous single city eligibility criteria. Proposals may be submitted for up to 125,000 annually; approximately 3 to 6 awards will be made. Applicants are strongly encouraged to apply using their Public Health Excellence for Shared Services grouping. Please see this link for more information

U N S P S C Code: 00-00-00
Grant Opportunity

Qty	Unit Cost	UOM	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
1.0		EA - Each				

Manufacturer: Brand: Model:

Make: Packaging:

Exit

MASS_MASS_AWS_PROD_BUYSPEED_1_bso

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: INTF2903P01190128236

Vendor Name - FEIN: CITY OF FRAMINGHAM - 046001151

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	$62,500.00
				Grand Total of 2024			**$92,500.00**

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	$62,500.00
				Grand Total of 2025			**$62,500.00**

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

05/25/2023

TOWN OF BURLINGTON TOWN HALL
29 CENTER ST
BURLINGTON, MA 01803-3058

[redacted]

R/E: Contract #: INTF2903P01190128237

This letter is to inform you that the Massachusetts Department of Public Health, Bureau of Community Health and Prevention has awarded TOWN OF BURLINGTON TOWN HALL a contract as a result of the review of your response to RFR# 190128 - Municipal Board of Health Tobacco and Public Health Policy Programs. The effective start date of the contract 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. The contract will be in effect through 06/30/2025 with options for renewal through 06/30/2028.

The contract total maximum obligation is $96,000.00.

Listed below is the contract budgeted funding amounts:

Future Years	07/01/2023	06/30/2025	$96,000.00

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 **06/01/2023.**

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 BURLINGTON TOWN HALL	**COMMONWEALTH DEPARTMENT NAME**: Department of Public Health **MMARS Department Code**: DPH
Legal Address: (W-9, W-4): 29 CENTER ST BURLINGTON, MA 01803-3058	**Business Mailing Address**: 250 Washington Street, Boston MA 02108
Contract Manager: Susan Lumenello — **Phone**: [redacted]	**Billing Address** (if different):
E-Mail: [redacted] — **Fax**:	**Contract Manager**: Stephanie Clementi — **Phone**:
Contractor Vendor Code: VC6000191740	**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)**: INTF2903P01190128237 **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 _____, 20___.

Amendment: Enter **Amendment Amount**: $_____. (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

- ☐ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
- ☑ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or *new* Total if Contract is being amended). $ 96,000.00

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

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

Grants To Public Entities Municipal Board of Health Tobacco and Public Health Policy Programs

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: Paul F. Sagarino Jr. Date: 6/6/23.
(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Paul F. Sagarino Jr.

Print Title: Town Administrator

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Sharon Dyer Date: 6/9/2023
(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 BURLINGTON TOWN HALL	VC6000191740

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

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
Paul F. Sagarino Jr	6/6/23
Print Name	**Phone Number**
Paul F. Sagarino Jr	[redacted]
Title	**Email Address**
Town Administrator	[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 #: INTF2903P01190128237

New Contract

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.

BCHAP CONDITIONS PAGE

Vendor/Program : TOWN OF BURLINGTON TOWN HALL
Contract ID# : **INTF2903P01190128237**

A- STANDARD CONDITIONS

1) FISCAL

- Vendor agrees to submit invoices on a regular basis: Monthly___ Quarterly: X Other:_____
- Number of budgets to be negotiated/submitted : ___2____
- Account expenditures timelines (as negotiated with program, funder): List accounts, timelines, etc.

2) PROGRAMMATIC

WORK PLAN REQUIREMENTS

- Vendor agrees to submit a work plan to support the scope of service by 08/01/2023 and 08/01/2024
  Work plan will include Objectives, tasks, timelines, responsible party, resources, etc.

- Annual contract performance review will be conducted (review goals, scope, compliance etc,.)

MONITORING (Site visits; Audits)

- Vendor agrees to make relevant staff and document available for manager to perform required monitoring functions, including site visits and audits

3) ADMINISTRATIVE

REPORTING
Vendor agrees to submit reports on a regular basis:

- Monthly Quarterly X Other _____

REPORTING
Vendor agrees to submit the following attachments/materials as part of the reporting basis:

- Quarterly Expense Report
- POST retailer inspection data
- Pricing Survey data

B- PROGRAM SPECIFIC CONDITIONS (As developed by Program, grant requirement; example may include): See attached FY22-FY23 scope of service document

- Specific grant requirements
- Meetings, training, networking requirements

Provider Name/Title : Susan Lumenello, Director Date: 6/7/23
Signature: Susan Lumenello

Department of Public Health

Vendor Name	DPH Bureau/Program Name			
TOWN OF BURLINGTON TOWN HALL	Tobacco Cessation			
Vendor Code	**Fiscal Year**	**Contract Number**	**RFR#**	
VC6000191740	2024	**INTF2903P01190128237**		

Program Component	FTE	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
1. Direct Care/Prog. Support Staff					
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
SUB TOTAL	0.00	$ -	$ -	$ -	
Fringe Benefits #DIV/0!				$ -	
1. TOTAL DIRECT CARE/PROGRAM STAFF		$ -	$ -	$ -	

Program Component	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
2. Other Direct Care/Program				
Consultants	$ 42,000.00		$ 42,000.00	
Travel	$ 2,000.00		$ 2,000.00	
Supplies	$ 4,000.00		$ 4,000.00	
			$ -	
			$ -	
			$ -	
2. TOTAL OTHER DIRECT/PROGRAM		$ -	$ 48,000.00	
Occupancy				
Program Facility			$ -	
Facility Operations, Maint. and Furn.	$ -		$ -	
3. TOTAL OCCUPANCY	$ -	$ -	$ -	
SUB TOTAL: 1 + 2 + 3	$ -	$ -		
Administrative Support				
Max Cap Amount: #DIV/0!				
4. AGENCY ADMIN. SUPPORT			$ -	
TOTAL 1+ 2 + 3 + 4 + 5			**$48,000.00**	

Department of Public Health

Vendor Name	DPH Bureau/Program Name			
TOWN OF BURLINGTON TOWN HALL	Tobacco Cessation			
Vendor Code	**Fiscal Year**	**Contract Number**	**RFR#**	
VC6000191740	2025	**INTF2903P01190128237**		

Program Component	FTE	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
1. Direct Care/Prog. Support Staff					
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
SUB TOTAL	0.00	$ -	$ -	$ -	
Fringe Benefits #DIV/0!				$ -	
1. TOTAL DIRECT CARE/PROGRAM STAFF		$ -	$ -	$ -	

Program Component	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)
2. Other Direct Care/Program				
Consultants	$ 42,000.00		$ 42,000.00	
Travel	$ 2,000.00		$ 2,000.00	
Supplies	$ 4,000.00		$ 4,000.00	
			$ -	
			$ -	
			$ -	
2. TOTAL OTHER DIRECT/PROGRAM		$ -	$ 48,000.00	
Occupancy				
Program Facility			$ -	
Facility Operations, Maint. and Furn.	$ -		$ -	
3. TOTAL OCCUPANCY	$ -	$ -	$ -	
SUB TOTAL: 1 + 2 + 3	$ -	$ -		
Administrative Support				
Max Cap Amount: #DIV/0!				
4. AGENCY ADMIN. SUPPORT			$ 48,000.00	
TOTAL 1+ 2 + 3 + 4 + 5				

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

FY	2024
Contract ID	INTF2403701 19012823 7

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: Town of Burlington **DPH Program Name:**

Submitted by: Susan Iannello Date: 6/7/23 Phone: [redacted]
Provider/Vendor Authorized Signature

Print Name

Approved by: _____ Date: _____ Phone: _____
DPH Program Manager

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
Marisa Morello	[redacted]	$		☐
		$		☐
		$		☐
		$		☐
		$		☐

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

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs
RFR #190128

Organization

Organization Name: [Burlington Board of Health]

Address:
[61 Center Street]

[ ]

City: [Burlington] State: [MA] Zip: [01803]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Paul] Last Name: [Sagarino] Title: [Town Administrator]

FEIN: [04-6001104] Vendor Code: [VC600019170]

Contact Person for this Proposal

First Name: [Susan] Last Name: [Lumenello]

Title: [Director of Public Health]

Telephone: (781) 270-1956

E-Mail: [slumenello@burlington.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☐ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.

This application is being submitted by the municipalities of Burlington, Lexington, and Wilmington, also known as the Tri-ton Collaborative, a public health collaborative formed under the MA Municipal Public Health Excellence (PHE) Shared Services grant program. These municipalities were selected for this application because they would like this grant to align with the Public Health Excellence grant. Burlington is the lead agency for the PHE grant and will also serve as the lead agency for this grant. Population size for each community is Burlington at 24,491, Wilmington at 23,102, and Lexington at 34,498, for a total population size of 82,091 residents. The proposed program will consist of retail education, retail inspections, compliance checks, and enforcement if violations found. Under the PHE grant program, the collaborative is working together to share information and resources and one goal of the coalition to include tobacco programming to better coordinate a collaborative approach that will align our public health efforts to support change in all areas.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

Burlington Health Department will serve as the lead for this program. In addition to being the Lead Agency for the PHE Grant, Burlington has implemented and overseen multiple grants. Burlington has its own federally recognized Medical Reserve Corps (MRC) unit and, since 2006, the BOH has managed multiple grants under this program and others. Grants managed by Burlington have included those from NACCHO, FDA, MA DEP, and MA DPH. In addition, the BOH Director provided assistance with grant management on the Executive Committee for Emergency Preparedness Region 4A (and later Region 4AB) for nine years.
Burlington has staffing resources available to carry out the required support functions of the lead agency and is already providing coordination of the PHE grant. A shared services office has been set up in the Burlington Board of Health office and a Shared Services Coordinator has been hired to oversee all grant programs for the collaborative.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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As previously discussed, the Burlington Board of Health has led regional public health initiatives through both the Emergency Preparedness Coalition and the Medical Reserve Corps (MRC) Program. Burlington's MRC program includes volunteers have a number of different cities and towns. Public health initiatives run by the MRC have included regular blood pressure screenings; participating in Emergency Dispensing Site (EDS) drills; hosting a "Matter of Balance" class for the Senior Center; and, providing education on a variety of public health topics at health fairs. With regards to tobacco programming, Burlington Board of Health has held several hearings to update local regulations with testimony from the Greater Boston Tobacco Free Community Partnership, the MA Municipal Association, and residents. In 2014, Burlington began regular tobacco compliance inspections and, based on those inspections, carried our enforcement procedures. Burlington makes every effort to provide education, including educating residents at health fairs on tobacco use/vaping and providing tobacco retailer training for retail owners and managers.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

Wilmington and Lexington have been part of a tobacco collaborative to enforce tobacco policies/regulations while Burlington has been enforcing tobacco regulations independently. This grant would enhance success by creating a Tobacco Collaborative that includes the same communities as an already established Shared Services Collaborative, thereby increasing efficiency and effectiveness of the program. There has been success in the region with conducting the required tobacco inspections and compliance checks, however, there is a need to focus more on prevention efforts. Under the PHE grant an epidemiologist will be collecting and analyzing public health data to manage and develop public health programs, tobacco prevention and education being one of those. In other words, the PHE program will allow public health to know where and how to focus educational efforts and develop programs and this grant will provide the resources to carry out those programs as well as continue with necessary tobacco compliance programs.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

One example of how a local or state policy can lead to unintended health inequities is when an organization expands its educational programming without first identifying the high risk groups to target educational and support programs. In addition, a program's effectiveness and impact should be monitored and documented to improve health outcomes for all. In order to play a role in addressing health inequities, a municipal tobacco program should first understand what is causing the health inequity. For example, specific groups may be targeted by tobacco companies and stressors caused by discrimination and poverty could increase tobacco use. In addition, the inability to obtain adequate health care could prevent treatments for tobacco use and dependence. A municipal tobacco program can address inequities by first identifying high risk groups and targeting programs to those who are most in need.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The organizational structure of the proposed program will be the same as the organizational structure under the PHE grant. Burlington will serve as the lead agency and will oversee a Shared Services Coordinator who will manage the grants under the Collaborative. The Inter-municipal agreement for the Tri-ton Shared Services Collaborative requires the formation of an Advisory Board composed of one member from each municipality. The Advisory Board shall meet not less than quarterly to develop goals, advise on priorities, collaborate on a work plan and policies, and review and provide recommendations on budgets.

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6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
   If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

   The municipalities in the proposed region have established a collaborative relationship under the PHE grant. Burlington, Lexington, and Wilmington will be entering into an inter-municipal agreement and have received support from their Boards of Health and Town Administrations. The leaders in all three communities have recognized the importance of collaboration, thereby setting the tone for routine cooperation with other parts of internal municipal government.

   ☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

   The proposed staffing pattern is for a consultant to conduct the work under the grant. The resume of the proposed contractor and the job description is attached.

   ☐ Staffing pattern form completed and uploaded to COMMBUYS.
   ☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

   Each municipality within the region has had past tobacco enforcement experience including issuing and upholding tickets and permit suspensions for violation of local tobacco regulations. Lexington and Wilmington were part of a prior tobacco coalition. Burlington has conducted its own tobacco inspections and education and has employed a subcontractor for many years to conduct tobacco compliance inspections. One challenge to past tobacco enforcement has been the inability to hire/subcontract with a tobacco inspector due to the limited pool of qualified candidates. This has led to inconsistency with the time period during compliance inspections causing an inability to conduct appropriate enforcement actions. To address this challenge, the Tri-ton Collaborative has already identified a subcontractor to conduct inspections. In addition, training can be provided to prospective inspectors under the MA DPH Regional Training Hubs available to the PHE grant coalitions.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

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Line Item	Narrative
Consultants – Inspector & Youth Buyers	Compliance Inspector to conduct inspections, provide education, and enforce local, state and federal regulations in the collaborative communities. Inspectors will work closely with individual retailers, program staff, and Boards of Health on compliance and enforcement issues. Subcontractor will train and coordinate youth buyers for compliance checks. Rate of pay for Inspector is $40/hour at 19.5 hours/week and rate of pay for Youth Buyers is $18/hour
Travel	Mileage for inspector to travel between municipalities and tobacco retailers
Supplies	Supplies for inspector (tobacco products; educational material, etc)

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

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APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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COMMBUYS
OPERATIONAL SERVICES DIVISION

Bid Solicitation: BD-23-1031-ADMIN-ADM07-83217

Header Information

Bid Number:	BD-23-1031-ADMIN-ADM07-83217	**Description:**	190128 Municipal Board of Health Tobacco and Public Health Policy Programs Re-Open	**Bid Opening Date:**	03/13/2023 03:00:00 PM
Purchaser:	Alafia Spencer	**Organization:**	Department of Public Health		
Department:	BCHAP - Bureau of Community Health and Prevention	**Location:**	BCH01 - BCHAP Contracts		
Fiscal Year:	23	**Type Code:**	NS - Non-Statewide Solicitation	**Allow Electronic Quote:**	Yes
Alternate Id:	190128	**Required Date:**		**Available Date :**	01/18/2023 04:00:00 PM
Info Contact:	Mary Brush Email mary.brush@mass.gov	**Bid Type:**	OPEN	**Informal Bid Flag:**	No
Purchase Method:	Blanket				
Blanket/Contract Begin Date:	03/01/2023	**Blanket/Contract End Date:**	06/30/2028		

Pre Bid Conference:

Bulletin Desc:

Ship-to Address:	Procurement 250 Washington Street, 8th Floor Boston, MA 02108 US Email: dphprocurementteam@state.ma.us Phone: (617)624-5800	**Bill-to Address:**	Procurement 250 Washington Street, 8th Floor Boston, MA 02108 US Email: dphprocurementteam@state.ma.us Phone: (617)624-5800	**Print Format:**

File Attachments:

- Intent to Award Notice RFR 190128 MTCP BOH Reopened
- RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen
- REQ - Complete and return forms as instructed in the RFR.zip
- Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen Updated 2.8.23
- RFR190128 Municipal BOH Tobacco and PH Policy QA 2.14.2023
- VENDACT- Forms to be completed by potential bidders new to the state system or who need to update existing vendor information in MMARS
- INFO -Documents for Information only - may be required at time of Contract
- READ - Read only documents do not need to be returned with the application~81.zip

Form Attachments:

Required Quote Attachments

SBPP (Small Business Purchasing Program) Eligible?: NO

See SBPP requirements and exceptions at www.mass.gov/sbpp :

Amendments:

Amendment #	Amendment Date	Amendment Note
1	02/07/2023 02:36:33 PM	Questions and Answer is now available. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA' added .
2	02/09/2023 10:01:31 AM	The latest Questions and Answer was replaced with the most recent updated version. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA' deleted . 2. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023' added .
3	02/09/2023 02:38:00 PM	As a result of the questions, we updated the checklist in the application to match the requirements for submission listed in the RFR. That are (the Lead Applicant, Municipal Participation, and Budget form. Attachment File Changes: Header 1. File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen': File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen' deleted . 2. File 'REQ Confidentiality Agreement Standard 2': File 'REQ Confidentiality Agreement Standard 2' deleted . 3. File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023': File 'RFR190128 Municipal BOH Tobacco and PH Pollicy QA 2.27.2023' deleted . 4. File 'REQ - Complete and return forms as instructed in the RFR.zip': File 'REQ - Complete and return forms as instructed in the RFR.zip' added . 5. File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen Updated 2.8.23': File 'Application RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs Reopen Updated 2.8.23' added .
4	02/09/2023 03:34:25 PM	The most recent questions and answers are now available. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx': File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx' added .
5	02/15/2023 12:51:12 PM	The most recent Questions and Answers are available. Attachment File Changes: Header 1. File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx': File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.9.2023.docx' deleted . 2. File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.14.2023': File 'RFR190128 Municipal BOH Tobacco and PH Policy QA 2.14.2023' added .
6	03/07/2023 10:16:31 AM	The Electronics Response option has been selected on the General Screen. Header 1. Allow Electronic Response changed from "No" to "Yes".
7	05/22/2023 11:52:33 AM	Intent to award notice is now available for viewing. Attachment File Changes: Header 1. File 'Intent to Award Notice RFR 190128 MTCP BOH Reopened': File 'Intent to Award Notice RFR 190128 MTCP BOH Reopened' added .

Item Information

Item # 1: (00-00 - 00) Please note that this is a reopening of RFR 190128 Municipal Board of Health Tobacco and Public Health Policy Programs originally posted under bid number BD181031BCHAPBCH0119365 to allow for additional submissions. This RFR is open to regional applicants only; no remaining municipalities qualify under the previous single city eligibility criteria. Proposals may be submitted for up to 125,000 annually; approximately 3 to 6 awards will be made. Applicants are strongly encouraged to apply using their Public Health Excellence for Shared Services grouping. Please see this link for more information

U N S P S C Code: 00-00-00
Grant Opportunity

Qty	Unit Cost	UOM	Total Discount Amt.	Tax Rate	Tax Amount	Total Cost
1.0		EA - Each				

Manufacturer: Brand: Model:

Make: Packaging:

Exit

MASS_MASS_AWS_PROD_BUYSPEED_1_bso

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: INTF2903P01190128237

Vendor Name - FEIN: TOWN OF BURLINGTON TOWN HALL - 046001104

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	$24,000.00
				Grand Total of 2024			**$24,000.00**

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	$24,000.00
				Grand Total of 2025			**$24,000.00**