CITY OF MELROSE

APPROPRIATIONS & OVERSIGHT COMMITTEE

AGENDA● DECEMBER 9, 2024

Council Chamber, First Floor, Melrose City Hall Committee Meeting **7:45 PM**
562 Main Street, Melrose, MA 02176

I. CALL TO ORDER

Maya Jamaleddine	Chair
Ryan Williams	Vice Chair
Mark Garipay	
Robb Stewart	
Manjula Karamcheti	
John Obremski	
Ward Hamilton	
Kimberly Vandiver	
Devin Romanul	
Cal Finocchiaro	
Leila Migliorelli	President, Ex Oficio

II. PUBLIC COMMENT

tcifuni@cityofmelrose.org is inviting you to a scheduled Zoom meeting.

Topic: P&L, H,E & W and A & O Subcommittee
Time: Dec 9, 2024 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://cityofmelrose-org.zoom.us/j/95852599915?pwd=mnqVy9aXUqDVT2GbYMPCXTckl5SF9o.1

Meeting ID: 958 5259 9915
Passcode: 861199

III. MINUTES APPROVAL

1. Appropriations and Oversight - Committee Meeting - Nov 25, 2024 7:30 PM
2. Appropriations and Oversight - Committee Meeting - Dec 2, 2024 7:30 PM

IV. LEGISLATIVE ITEMS

1. **(ID # 12007):** Acceptance of State Earmark for City Hall Front Door in the amount of $40,000

From: City Council ASSIGN TO COMMITTEE

2. **(ID # 12008):** Acceptance of a State Earmark for Wyoming Cemetery in the amount of $50,000

   From: City Council ASSIGN TO COMMITTEE

3. **(ID # 12241):** FY25 Municipal ADA Improvement Grant Acceptance in the amount of $38,000 to address accessibility issues at Melrose High School and Horace Mann Elementary School

4. **(ID # 12247):** Appointment of Tanji Cifuni as Melrose City Clerk for a three-year term ending December 2027.

   Sponsored by: Robb Stewart, Mark Garipay, President, Ex Oficio Leila Migliorelli

   From: City Council ASSIGN TO COMMITTEE

V. ADJOURNMENT

CITY OF MELROSE

APPROPRIATIONS & OVERSIGHT COMMITTEE

MINUTES● NOVEMBER 25, 2024

Council Chamber, First Floor, Melrose City Hall Committee Meeting **7:30 PM**
562 Main Street, Melrose, MA 02176

I. CALL TO ORDER

Attendee Name	Title	Status	Arrived
Maya Jamaleddine	Chair	Present	
Ryan Williams	Vice Chair	Present	
Mark Garipay		Present	
Robb Stewart		Present	
Manjula Karamcheti		Present	
John Obremski		Absent	
Ward Hamilton		Present	
Kimberly Vandiver		Present	
Devin Romanul		Present	
Cal Finocchiaro		Present	
Leila Migliorelli	President, Ex Oficio	Present	

II. PUBLIC COMMENT

tcifuni@cityofmelrose.org is inviting you to a scheduled Zoom meeting.

Topic: L&L, HE&W, Public Service and A&O Sub Committees
Time: Nov 25, 2024 06:30 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://cityofmelrose-org.zoom.us/j/93085175472?pwd=tKnS7dmd55pSfe8dvsaKfZOF4SF1ah.1

Meeting ID: 930 8517 5472
Passcode: 024448

III. LEGISLATIVE ITEMS

1. **(ID # 12178):** Appointment of Raj R. Singh, 255 W. Emerson Street, Melrose MA 02176, to the Board of Appeals.

From: City Council ASSIGN TO COMMITTEE

Motion to Recommend made by Councilor Williams
Seconded by Councilor Finocchiaro
All In Favor " I"

Minutes Acceptance: Minutes of Nov 25, 2024 7:30 PM (Minutes Approval)

Motion passed

RESULT:	**RECOMMEND [10 TO 0]**	**Next: 12/2/2024 7:45 PM**
TO:	City Council	
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli	
ABSENT:	John Obremski	

2. **(ID # 12158):** Requesting authorization to dispose of surplus vehicles and equipment in accordance with Melrose Revised Ordinances Chapter 4-13, as set forth herein.

Motion to recommend to approve at Full Council made by Councilor Finocchiaro
Seconded by Councilor Romanul
All in FAvor "I"

RESULT:	**OUGHT TO PASS [10 TO 0]**	**Next: 12/2/2024 7:45 PM**
TO:	City Council	
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli	
ABSENT:	John Obremski	

3. **(ID # 12215):** FY2025 State 911 EMD Grant

From: City Council ASSIGN TO COMMITTEE

Motion to Recommend to Full Council made by Councilor Garipay
Seconded by Councilor Karamcheti
All In Favor "I"

RESULT:	**OUGHT TO PASS [10 TO 0]**	**Next: 12/2/2024 7:45 PM**
TO:	City Council	
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli	
ABSENT:	John Obremski	

4. **(ID # 12216):** FY2025 State 911 Training Grant

From: City Council ASSIGN TO COMMITTEE

Minutes Acceptance: Minutes of Nov 25, 2024 7:30 PM (Minutes Approval)

Motion to recommend to Full Council made by Councilor Hamilton
Seconded by Councilor Romanul
All in Favor "I"

RESULT:	**OUGHT TO PASS [10 TO 0]**	**Next: 12/2/2024 7:45 PM**
TO:	City Council	
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli	
ABSENT:	John Obremski	

5. **(ID # 12217):** FY2025 State 911 S&I Grant

From: City Council ASSIGN TO COMMITTEE

Motion to recommend to Council made by Councilor Karamcheti
Seconded by President Migliorelli
All in Favor "I"

RESULT:	**OUGHT TO PASS [10 TO 0]**	**Next: 12/2/2024 7:45 PM**
TO:	City Council	
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli	
ABSENT:	John Obremski	

6. **(ID # 12208):** Revised Rules of the Melrose City Council

Sponsored by: President, Ex Oficio Leila Migliorelli

From: City Council ASSIGNED TO COMMITTEE

Motion made by Councilor Stewart to Recommend as Amended to Full Council
Seconded by Councilor Hamilton
All in Favor "I"
Motion passed

Minutes Acceptance: Minutes of Nov 25, 2024 7:30 PM (Minutes Approval)

RESULT:	**RECOMMEND AS AMENDED [10 TO 0] Next: 12/2/2024 7:45 PM**
TO:	City Council
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli
ABSENT:	John Obremski

IV. ADJOURNMENT

Motion to adjourn made by Councilor Williams
Seconded by Councilor Garipay
Meeting closed at 10:38 pm

Minutes Acceptance: Minutes of Nov 25, 2024 7:30 PM (Minutes Approval)

CITY OF MELROSE

APPROPRIATIONS & OVERSIGHT COMMITTEE

MINUTES● DECEMBER 2, 2024

Council Chamber, First Floor, Melrose City Hall Committee Meeting **7:30 PM**
562 Main Street, Melrose, MA 02176

I. CALL TO ORDER

Attendee Name	Title	Status	Arrived
Maya Jamaleddine	Chair	Present	
Ryan Williams	Vice Chair	Present	
Mark Garipay		Present	
Robb Stewart		Present	
Manjula Karamcheti		Present	
John Obremski		Absent	
Ward Hamilton		Present	
Kimberly Vandiver		Present	
Devin Romanul		Present	
Cal Finocchiaro		Present	
Leila Migliorelli	President, Ex Oficio	Present	

II. PUBLIC COMMENT

III. APPROVAL OF MINUTES

IV. LEGISLATIVE ITEMS

1. **(ID # 12214):** Request to set a public hearing on Classification of Property for December 2, 2024 and Subsequently Determine the Classification of Property.

   Sponsored by: Sarah MacLellan

   From: City Council SET PUBLIC HEARING

   Motion to Refer to City Council without Recommendation made by Councilor Garipay
   Seconded By President Migliorelli
   All were in Favor

Minutes Acceptance: Minutes of Dec 2, 2024 7:30 PM (Minutes Approval)

RESULT:	**OUGHT TO PASS [10 TO 0]**	**Next: 12/2/2024 7:45 PM**
TO:	City Council	
AYES:	Jamaleddine, Williams, Garipay, Stewart, Karamcheti, Hamilton, Vandiver, Romanul, Finocchiaro, Migliorelli	
ABSENT:	John Obremski	

V. ADJOURNMENT

Motion to adjourn made by Councilor Garipay
Seconded by Councilor Williams
All were in Favor

Minutes Acceptance: Minutes of Dec 2, 2024 7:30 PM (Minutes Approval)

CITY OF MELROSE

In City Council

December 9, 2024

AN ORDER
(ID # 12007)

Acceptance of State Earmark for City Hall Front Door in the amount of $40,000

BE IT ORDERED

Acceptance of State Earmark in the amount of $40,000 to replace the historic front door to City Hall.

HISTORY:

12/02/24	**City Council**	**ASSIGN TO COMMITTEE**

In the Appropriations & Oversight Committee
Ordained Roll Call

Kristin Foote, Clerk

Passed December 9, 2024

Leila B. Migliorelli, President
Appropriations & Oversight Committee

Date

Jennifer Grigoraitis, Mayor

Date

DEPARTMENT OF PUBLIC WORKS
Administration & Engineering–Water–Sewer–Facilities
Park & Forestry–Highway–Sanitation–Cemetery–Fleet

CITY OF MELROSE

Elena Proakis Ellis, P.E., BCEE
Director of Public Works

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone – (781) 979-4172
E-mail: eproakis@cityofmelrose.org

MEMORANDUM

To: Mayor Jennifer Grigoraitis
Melrose City Council

From: Elena Proakis Ellis, P.E., Director of Public Works

cc: Kerriann Golden, CFO/Auditor
Lauren Grymek, Chief Of Staff
James Troup, Deputy DPW Director – Administration & Finance

Date: November 1, 2024

Re: Acceptance of Earmark Funding – City Hall Door Replacement

The City of Melrose is proud to share that we have been awarded not less than $40,000 to be expended for critical upgrades to the City Hall front door to address security concerns. Over the past several months the Department of Public Works, in collaboration with the Mayor's Office and Information Technology, has identified necessary upgrades to be implemented by replacing the front door to City Hall. It was determined that is far more feasible to replace the door and to add improved security features than to continue to make repairs. Item 7008-1116 in the State Budget awards the City the necessary funding to perform the replacement and to upgrade security. We would like to thank the delegation for this consideration.

We formally request acceptance of this Massachusetts State Earmark of $40,000 from the Massachusetts Department of Revenue (Massachusetts DOR). Funds will be deposited into a dedicated account set up by the City Auditor and designated specifically for the above-mentioned project. Additional funds necessary to complete this project will come from various Operating Budget accounts in relevant departments. There is no cost or encumbrance required to enter into this agreement.

Additional backup documents shall be attached to this Order for your review and approval.

Thank you very much for your consideration and continued support of our efforts.

Attachment: City Hall Front Door Earmark Acceptance 11 2024 (12007 : Acceptance of State Earmark for City Hall Front Door)

Commonwealth of Massachusetts
EXECUTIVE OFFICE OF ECONOMIC DEVELOPMENT
ONE ASHBURTON PLACE, ROOM 2101
BOSTON, MA, 02108
https://www.mass.gov/eoed

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

YVONNE HAO
SECRETARY

TELEPHONE
(617) 788-3610

FACSIMILE
(617) 788-3605

ATTACHMENTA
Fiscal Year 2025 Earmarks

The Executive Office of Economic Development (EOED) will be administering your Fiscal Year 2025 Earmark: Per the Fiscal Year 2025 Massachusetts State Budget.

In order to initiate your contract, complete the Earmark Scope and Budget along with the W9, EFT, and Authorized Signatory Listing forms and upload in Submittable. If requesting reimbursement for costs incurred prior to being under contract from July 29, 2024 through the day prior to signing the contract, you must provide copies of invoices and proofs of payment for those costs.

Please be advised:

- All funding under this contract must be spent by, and all deliverables must be executed, completed and delivered by **June 30, 2025.**
- Any unexpended funds from this contract must be refunded by June 30, 2025 in the form of a check made payable to the Commonwealth of Massachusetts.
- The last receipt is due to the earmark program manager by June 30, 2025.
- The maximum contract obligation will not exceed the amount published in the state budget line item.
- Funds provided under this contract may not be used for the purchase of alcoholic beverages.

Reimbursement Schedule:

- 50% of the earmark will be distributed upon receipt of the signed contract.
- A second allocation of the remaining 50% will be made upon receipt of the cost reimbursement invoice and final report.
- **The Cost Reimbursement Invoice and Final Report are due by June 30, 2025.**

Cost Reimbursement Invoice and Final Report:
In order to receive the second allotment of 50% of the earmark, you must submit a completed Cost Reimbursement Invoice (Attachment B) and Final Report to the earmark program manager. The Invoice should include receipts and proof of payment for all earmark expenditures. The Final Report should provide a brief summary of how the funds were expended and address all elements of the budget at the conclusion of the initiatives. The report shall include outcomes and any quantifiable details such as: job creation, jobs retained, economic impact, return on investment, number of businesses/visitors served or trained, and other relevant statistics. **The Cost Reimbursement Invoice and Final Report are due by June 30, 2025.**

Attachment: Acceptance of State Earmark for City Hall Front Door_paperwork (12007 : Acceptance of State Earmark for City Hall Front Door)

FISCAL YEAR 2025
EARMARK SCOPE & BUDGET

Incomplete forms or lack of organization of documents submitted with the Attachment B will necessitate further review and may result in payment delays.

A. General Information

Contractor/Organization Legal Name:
d/b/a:
FEI/ Tax ID:
Legal Address:
Contract Manager:
E-Mail:
Phone:

B. Overview of Earmark Recipient

Please provide a brief description of your organization.

Organization description.

C. Project Scope

Please provide a description of the projects or programs covered by this earmark.

Description of project (word count: min 250 – max 500)

Attachment: Acceptance of State Earmark for City Hall Front Door_paperwork (12007 : Acceptance of State Earmark for City Hall Front Door)

FISCAL YEAR 2025
EARMARK SCOPE & BUDGET

D. Budget

Please Note – EOED will only accept eligible costs that fall between the signature date on the contract through 6/30/25 unless otherwise approved through Settlement & Release (including if costs are a portion of the initial 50% payment).

Due to the sheer volume of earmarks and desire to distribute funds in a timely manner, EOED requests that recipients make every effort to avoid needing a Settlement and Release by identifying larger cost centers that are eligible and will be incurred from signature date of the contract through 6/30/25.

If you require costs already incurred dating back no earlier than 7/29/24 in order to expend the full amount of your earmark by 6/30/25, please list all invoices and exact amounts in your budget below separate from future planned spending. Also, you must include copies of all invoices and proofs of payment for said costs with the submission of your Attachment A.

Given the compressed timeline for incurring and disbursing earmark funds, please develop your budget with fewer and larger cost centers in mind that fall within the legislative language. The fewer number of cost centers will allow for easier tracking and submission of documentation by recipients and expedited review and disbursement of funds by EOED.

- For example, if the earmark language is written broadly enough to include things like operational costs, please consider budgeting larger costs such as salary against the earmark as it would limit the number of budget line items to track and the amount of documentation to submit to EOED.

All funding under this contract must be spent by, and all deliverables must be executed, completed and delivered by June 30, 2025.

An updated version of this budget must be submitted with the final report, which is due by **June 30, 2025.**

Line Item (include vendor name where applicable and/or description of expense)	**Date**	**Amount**
e.g. Staff Salary	*11/15/24 to 6/30/25*	*$25,000*
Total Budget (amount should not exceed total earmark amount)		

Attachment: Acceptance of State Earmark for City Hall Front Door_paperwork (12007 : Acceptance of State Earmark for City Hall Front Door)

COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE COMPTROLLER
Electronic Funds Transfer (EFT) Authorization Agreement

Complete this form to enroll, modify, or terminate an existing in electronic funds transfer (EFT) agreement with the Commonwealth of Massachusetts Departments.

PART I: REASON FOR SUBMISSION – See Instructions on Page 2

New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment ☐ **Document Included**: Voided Check ☐ Bank Letter ☐

PART II: ACCOUNT HOLDER INFORMATION- See Instructions on Page 2

Account Holder Legal Name:		DBA Name:	
Street Address:	City:	State:	Zip Code:
Account Holder Tax Identification Number (9 digits EIN or SSN)	EIN:	SSN:	

PART III: FINANCIAL INSTITUTION INFORMATION- See Instructions on Page 2

Financial Institution Name:		
Routing Number (only nine digits):	Account Number:	Account Type (Checking or Saving):

IF YOU ARE MODIFYING BANKING INFORMATION, YOU MUST INCLUDE YOUR OLD BANK INFORMATION OR YOUR REQUEST WILL BE RETURNED

Old Financial Institution Name:		
Old Routing Number (only 9 digits):	Old Account Number:	Old Account Type(Checking or Saving):

PART IV: VENDOR/CUSTOMER CONTACT INFORMATION: This is the person we will contact for any questions regarding this EFT – See Instructions on Page 2

Contact Person's Name:	Contact Person's Title:
Contact Person's Phone:	Contact Person's Email Address:

PART V: AUTHORIZATION- See Instructions on Page 2

By signing below, I hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to the account(s) as indicated on this form. For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

☐ I affirm that payments authorized by this agreement are not to an account that is subject to being transferred to a foreign bank account.

☐ I affirm that payments authorized by this agreement are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

Account Holder must sign and mail this EFT form and include a confirmation of account information on bank letterhead or a void check and mail to the Commonwealth Department you are doing business with.

Account Holder Authorized Signature:	Print Name: Title	Date:

Attachment: Acceptance of State Earmark for City Hall Front Door_paperwork (12007 : Acceptance of State Earmark for City Hall Front Door)

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT – See Instructions on Page 2		
I hereby certify the Vendor/Customer is an authorized signatory and verified by internal records and verbal confirmation initiated by our department.		
VCC/VCM Document ID:	Three letter Department Code:	
Signature:_____ Print Name:_____	Title:_____ Phone #_____	Date:_____

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a 5 (five) day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made.

PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, a change to your EFT enrollment account information, or cancellation of your EFT enrollment.

PART II: ACCOUNT HOLDER INFORMATION

- Account Holder Name: Enter the accounts holder legal name (individual or business name), as reported
- to the Internal Revenue Service (IRS).
- DBA Name: Enter the DBA name if applicable.
- Street Address: Enter the account holder's street address.
- Enter the account holder's city, state, and zip code.
- Account Holder Tax Identification Number: Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number (EIN). If enrolling as an individual provide your Social Security Number.

PART III: FINANCIAL INSTITUTION INFORMATION

- Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository
- that will receive the funds).
  - **NOTE**: The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- Routing Number: Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Account Number: Enter the account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the account type (Checking or Saving).
- If account holder is changing the banking information, you must provide OLD banking information.
- Old Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Old Routing Number: Enter the Old bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Old Account Number: Enter the Old account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the Old account type (Checking or Saving).
  - **NOTE**: Supporting bank documents must be in the account holder legal name only.
- If you do not submit this information, your EFT authorization agreement will be returned without further processing.

PART IV: CONTACT INFORMATION

- Enter the name and title of a contact person who can answer questions about the information submitted on this EFT form.
- Enter the contact person's telephone number. Enter the contact person's e-mail address.

PART V: AUTHORIZATION

- By your signature on this form, you are certifying that the account is drawn in the Name of an Individual, or the Legal Business Name of the person or entity who has sole control of the account to which EFT deposits are made.
- The EFT authorization form must be signed and dated by the same account holder name in Part II and include a title and telephone number.
- Mail this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the Commonwealth Department that you doing business with.

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT

By your signature on this form, you are certifying that authentication of the vendor/customer's authorized signatory was conducted by review of the Contractor Signatory Authorization Form (CASL) or by another internal verification process, and additional verification was conducted to confirm banking or address change request. Departments should have multiple known vendor contacts to confirm any registration change.

Attachment: Acceptance of State Earmark for City Hall Front Door_paperwork (12007 : Acceptance of State Earmark for City Hall Front Door)

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)

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
Print Name	Phone Number
Title	Email Address

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

Attachment: Acceptance of State Earmark for City Hall Front Door_paperwork (12007 : Acceptance of State Earmark for City Hall Front Door)

CITY OF MELROSE

In City Council

December 9, 2024

AN ORDER

(ID # 12008)

Acceptance of a State Earmark for Wyoming Cemetery in the amount of $50,000

BE IT ORDERED

Acceptance of a State Earmark in the amount of $50,000 for Wyoming Cemetery.

HISTORY:

12/02/24	**City Council**	**ASSIGN TO COMMITTEE**

In the Appropriations & Oversight Committee
Ordained Roll Call

Passed December 9, 2024

Kristin Foote, Clerk

Leila B. Migliorelli, President
Appropriations & Oversight Committee

Jennifer Grigoraitis, Mayor

Date

Date

DEPARTMENT OF PUBLIC WORKS
Administration & Engineering–Water–Sewer–Facilities
Park & Forestry–Highway–Sanitation–Cemetery–Fleet

CITY OF MELROSE

Elena Proakis Ellis, P.E., BCEE
Director of Public Works

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone – (781) 979-4172
E-mail: eproakis@cityofmelrose.org

MEMORANDUM

To: Mayor Jennifer Grigoraitis
Melrose City Council

From: Elena Proakis Ellis, P.E., Director of Public Works

cc: Kerriann Golden, CFO/Auditor
Lauren Grymek, Chief Of Staff
James Troup, Deputy DPW Director – Administration & Finance

Date: November 1, 2024

Re: Acceptance of Earmark Funding – Wyoming Cemetery

The City of Melrose is proud to share that we have been awarded not less than $50,000 to be expended for critical improvements to the historic Wyoming Cemetery. Item 1410-1616 in the State Budget awards the City the necessary funding to perform priority paving projects throughout the Cemetery and to continue with digitizing Cemetery records. The City continues to move forward with both projects and this funding affords us the opportunity to address two major needs with the upkeep and operation of the Wyoming Cemetery without taxing the operating budget. We would like to thank the delegation for this consideration.

We formally request acceptance of this Massachusetts State Earmark of $50,000 from the Massachusetts Department of Revenue (Massachusetts DOR). Funds will be deposited into a dedicated account set up by the City Auditor and designated specifically for the above-mentioned project. Additional funds necessary to complete this project will come from the Department of Public Works Operating Budget accounts. There is no cost or encumbrance required to enter into this agreement.

Additional backup documents shall be attached to this Order for your review and approval.

Thank you very much for your consideration and continued support of our efforts.

Attachment: Wyoming Cemetery Earmark Acceptance 11 2024 (12008 : Acceptance of a State Earmark for Wyoming Cemetery)

Docusign Envelope ID: 14B358CC-BA67-4D47-9F51-A3753D060CF2

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: CITY OF MELROSE **(and d/b/a):**	**COMMONWEALTH DEPARTMENT NAME:** Executive Office of Veterans Services **MMARS Department Code:** VET
Legal Address: (W-9, W-4): 562 Main Street, Melrose MA 02176	**Business Mailing Address:** 600 Washington St., Boston, MA 02111
Contract Manager: Lauren Grymek **Phone:** 7819794441	**Billing Address (if different):**
E-Mail: lgrymek@cityofmelrose.org **Fax:**	**Contract Manager:** MA Executive Office of Veterans Services **Phone:** 6172105493
Contractor Vendor Code: VC VC6000192115	**E-Mail:** eovsaccountpayable@mass.gov **Fax:**
Vendor Code Address ID (e.g. "AD001"): AD AD001 **(Note: The Address ID must be set up for EFT payments.)**	**MMARS Doc ID(s):** 25VETEARMARKMELROSE0 **RFR/Procurement or Other ID Number:** Legislative Exemption

_X_ 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)
X **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 Amendment: _____, **20**___.
Enter **Amendment Amount**: $ _____. (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
X **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ $50,000.00

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

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

Provided, that not less than $50,000 shall be expended for the city of Melrose for critical improvements to the historic Wyoming cemetery

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

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

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: Lauren Grymek.
Print Title: _____.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. **Date:** _____.
(Signature and Date Must Be Captured At Time of Signature)
Print Name: _____.
Print Title: _____.

Attachment: PLEASE_SIGN_FY25_EOVS_Legislative_Earmark_Co (12008 : Acceptance of a State Earmark for Wyoming Cemetery)

CITY OF MELROSE

In City Council

December 9, 2024

AN ORDER
(ID # 12241)

FY25 Municipal ADA Improvement Grant Acceptance in the amount of $38,000 to address accessibility issues at Melrose High School and Horace Mann Elementary School

BE IT ORDERED

The Massachusetts Office on Disability's Grant Application Selection Committee has notified the City of Melrose that we have been provisionally approved for the maximum grant amount of $38,000. We eagerly anticipate receiving these funds in order to address accessibility issues at Melrose High School and at Horace Mann Elementary School. This intent is to remove barriers and improve access.

Please accept this formal request to accept the FY25 Municipal ADA Improvement Grant award in the amount of $38,000. The Department of Public Works will collaborate with the CFO/Auditor to create a delegated account for these funds. Funds must be encumbered and expended by June 30, 2025.

Feel welcome to contact me with any questions you may have.

HISTORY:

12/02/24	**City Council**	**ASSIGN TO COMMITTEE**

In the Appropriations & Oversight Committee
Ordained Roll Call

Kristin Foote, Clerk

Passed December 9, 2024

Leila B. Migliorelli, President
Appropriations & Oversight Committee

Date

Jennifer Grigoraitis, Mayor

Date

DEPARTMENT OF PUBLIC WORKS
Administration–Engineering–Water–Sewer–Facilities
Parks–Forestry–Highway–Sanitation–Cemetery–Fleet

CITY OF MELROSE

James Troup
Assistant Director – Administration & Finance

City Yard, 72 Tremont Street
Melrose, Massachusetts 02176
Telephone – (781) 665-0142
E-mail: jtroup@cityofmelrose.org

To: Mayor Jennifer Grigoraitis
Melrose City Council

From: James Troup, DPW Deputy Director of Public Works Administration and Finance

cc: Lauren Grymek, Chief of Staff
Kerriann Golden, CFO/Auditor
Shannon Phillips, City Solicitor
Elena Proakis Ellis, DPW Director

Date: November 25, 2024

Re: Grant Acceptance – FY25 Municipal ADA Improvement Grant Program

The Massachusetts Office on Disability's Grant Application Selection Committee has notified the City of Melrose that we have been provisionally approved for the maximum grant amount of $38,000. We eagerly anticipate receiving these funds in order to address accessibility issues at Melrose High School and at Horace Mann Elementary School. This intent is to remove barriers and improve access.

Please accept this formal request to accept the FY25 Municipal ADA Improvement Grant award in the amount of $38,000. The Department of Public Works will collaborate with the CFO/Auditor to create a delegated account for these funds. Funds must be encumbered and expended by June 30, 2025.

Feel welcome to contact me with any questions you may have.

Attachment: Grant Acceptance - ADA FY25 [Revision 1] (12241 : FY25 Municipal ADA Improvement Grant Acceptance)

Attachment: FY25 Melrose Municipal ADA Improvement Grant Agreement and Contract (part 1) - signed (12241 : FY25 Municipal ADA

GRANT AGREEMENT

This Grant Agreement ["Agreement"] is made by and between the Commonwealth of Massachusetts, acting by and through the Executive Director of the Massachusetts Office on Disability (MOD) on behalf of the Secretary of the Executive Office for Administration and Finance (EOAF), and the Melrose ["Grantee"] acting through Jen Grigoraitis.

PRELIMINARY STATEMENT

The Grantee desires to obtain funding from EOAF in the amount specified in paragraph 1.1, as authorized under the Commonwealth of Massachusetts Five-Year Capital Investment Plan – FY2023–FY2027 and Chapter 140 of the Acts of 2022, Section 2, Item 1100-2515 for a Municipal ADA Improvement Grant to fund capital improvements or planning [the "Project"] as described herein.

EOAF agrees to make the funds ["EOAF Grant"] available to the Grantee for the Project, subject to the terms and conditions set forth in this Agreement and in compliance with all applicable state laws and regulations governing the disbursement and expenditure of state funds.

The Grantee shall exercise complete management and oversight responsibility of the Project and agrees that the Commonwealth's provision of state funding under this Agreement shall not in any way be construed as the Commonwealth assuming responsibility or liability for the completed Project.

SECTION 1. PROJECT SCOPE

1.1 The scope of the Project to be funded under the EOAF Grant will include:

The Grantee will hire vendors with EOAF Grant funds to conduct the following scope of work: Remove barriers and improve access to the Melrose High School and Horace Mann Elementary School. Improvements include accessible doors and signage. The maximum EOAF Grant amount authorized is $38,000. Disbursement of funds to Grantee is contingent upon MOD's receipt of detailed, itemized invoices showing incurred expenses between the date of contract execution and June 30, 2025, as described in Section 2.

SECTION 2. DISBURSEMENT OF EOAF GRANT

2.1 Disbursement of the EOAF Grant under this Agreement shall be made pursuant to the FY2023-FY2027 Capital Investment Plan; the information provided in the grant application; and any other information EOAF or MOD may require.

The grant award will be disbursed upon the Commonwealth's receipt of Grantee's request for reimbursement, including itemized invoices showing expenses incurred by Grantee, as set forth in paragraphs 2.2 through 2.6. Grantees should submit all invoices with the request for reimbursement at the end of the grant and should not send them individually throughout the grant cycle.

2.2 It is understood and agreed that the grant provided under this Agreement shall be used solely to pay for expenses associated with the Project. Expenses relating to project administration and management shall be assumed by the Grantee, including without limitation: **(i)** salaries and wages of Grantee staff; **(ii)** legal fees; **(iii)** travel, meal and entertainment expenses; **(iv)** overhead and supplies; **(v)** project costs

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incurred prior to the execution and subsequent to termination of this Agreement; and **(vi)** costs of any other service or activity not related to the Project.

2.3 The Grantee shall keep detailed records of all activities associated with the Project, including without limitation all disbursements made pursuant to this Agreement. EOAF shall have the right to examine all records kept by the Grantee related to the Project.

2.4 The Grantee shall be responsible for any cost overruns that occur during implementation of the Project.

2.5 All approved expenses must be incurred by June 30, 2025. Grantee will forfeit reimbursement for any remaining award unused by June 30, 2025. The Executive Office for Administration and Finance shall give due consideration to any extenuating circumstances presented in writing by the applicant and may waive this restriction at its discretion.

2.6 Upon completion of the Project, and no later than July 11, 2025, Grantee shall submit a request for reimbursement that includes a cover letter stating the total amount of reimbursement sought by Grantee; and itemized invoices of all reimbursable costs incurred for the Project. The itemized invoices shall not include costs excluded from reimbursement in paragraph 2.2. The Commonwealth may reject any requests for reimbursement received after July 11, 2025.

SECTION 3. REPORTING

3.1 Once the Project is completed, the Grantee shall furnish to MOD, in addition to a report certifying project completion, the following documentation: **(i)** copies of all permits and approvals issued in connection with the Project, unless this information was previously supplied; **(ii)** any outstanding vendors' invoices, certified payment vouchers, cancelled checks or other documentation verifying actual expenditures in connection with the Project; **(iii)** documentation evidencing commitment of funds to the Project from sources other than EOAF, including documentation associated with the issuance of bonds or notes to finance the cost of the Project; **(iv)** a certificate of occupancy of the Project or portions of the Project as applicable by law; **(v)** a statement from the Grantee certifying to the best of their knowledge that the Project was undertaken in conformance with all applicable laws, rules and regulations; **(vi)** photo documentation of the project in its before, during, and after phases; and **(vii)** a statement from the Grantee describing how the project improved accessibility access in its community.

SECTION 4. COMPLIANCE WITH ALL APPLICABLE LAWS/REGULATIONS

4.1 The Grantee and its consultants and contractors shall comply with any and all federal, state and local laws, rules and regulations, orders or requirements that apply to the Project, including but not limited to: **(i)** Executive Order 592 relating to nondiscrimination, diversity, equal opportunity and affirmative action in hiring and employment practices; (**ii)** the State Prevailing Wage Law (M.G.L. Ch.149, Sections 26 to 27H); **(iii)** Title VI of the Civil Rights Acts of 1964, as amended; **(iv)** Environmental Impact Requirements (M.G.L. Ch.30, Sections 61 to 62I); **(v)** Historic Preservation Requirements (M.G.L. Ch.9, Sections 26 to 28) and applicable regulations; **(vi)** Title II of the Americans with Disabilities Act (42 USC 12132) and applicable regulations and guidance, including the 2010 ADA Design Standards; **(vii)** Architectural Access Board Requirements (M.G.L. Ch.22, Section 13A) and applicable regulations; **(viii)** the MBTA Communities Act (M.G.L. Ch. 40A, Section 3A); and **(ix)** legal requirements relating to

Attachment: FY25 Melrose Municipal ADA Improvement Grant Agreement and Contract (part 1) - signed (12241 : FY25 Municipal ADA

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municipal or state-assisted construction and design projects, including those under M.G.L. c. 30B, c. 7C, c. 7, and c. 149, as applicable. Specifically, the Grantee agrees that any work completed under the project will conform with either 521 CMR or the 2010 ADA Design Standards, whichever is more stringent.

4.2 This Agreement shall in no way relieve the Grantee from the full force and application of any laws, rules, regulations and orders or requirements.

SECTION 5. INTEREST OF MEMBERS OR EMPLOYEES OF THE GRANTEE

5.1 No officer, servant, agent, or employee of the Grantee has participated or will participate in any decision relating to the development and implementation of the Project that affects directly or indirectly their personal interest or the interest of any corporation, partnership or proprietorship with which they are directly or indirectly affiliated. Furthermore, no officer, servant, agent or employee of the Grantee shall have any interest directly or indirectly in any contract in connection with the Project or shall in any way violate M.G.L. Chapter 268A.

SECTION 6. AMENDMENTS

6.1 No amendment to this Agreement or any significant modification of the scope of the Project funded under this Agreement shall be made by the Grantee without the prior written approval of EOAF.

SECTION 7. SEVERABILITY OF PROVISIONS

7.1 If any provision of this Agreement is held invalid by any court of competent jurisdiction, the remaining provisions shall not be affected thereby, and all other parts of the Agreement shall remain in full force and effect.

For the Municipality:

Jennifer Grigoraitis
Jennifer Grigoraitis (Nov 25, 2024 08:34 EST)
(Signature)

Jennifer Grigoraitis Mayor
(Name and Title)

Nov 25, 2024
(Date)

For the Commonwealth:

Julia OLeary (Nov 25, 2024 09:25 EST)
(Signature)

Julia O'Leary, General Counsel
(Name and Title)

Nov 25, 2024
(Date)

Attachment: FY25 Melrose Municipal ADA Improvement Grant Agreement and Contract (part 1) - signed (12241 : FY25 Municipal ADA

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COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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CONTRACTOR LEGAL NAME: (and d/b/a): **Melrose**		**COMMONWEALTH DEPARTMENT NAME: Massachusetts Office on Disability** **MMARS Department Code: OHA**	
Legal Address: (W-9, W-4): 562 Main St., Melrose, MA 02176		**Business Mailing Address: 1 ASHBURTON PLACE, ROOM 1305, BOSTON, MA, 02108**	
Contract Manager: ELENA PROAKIS ELLIS	**Phone: (781)665-0142**	**Billing Address (if different): SAME**	
E-Mail: jgrigoraitis@cityofmelrose.org	**Fax:**	**Contract Manager: Michael Dumont**	**Phone: 617-727-7440**
Contractor Vendor Code: VC6000192115		**E-Mail: MICHAEL.DUMONT@MASS.GOV**	**Fax: 617-727-0965**
Vendor Code Address ID (e.g. "AD001"): AD001 . **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s):** **RFR/Procurement or Other ID Number:**	

_X_ 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)
_X_ **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 Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

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

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

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

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.
__ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
_X_ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or **new** total if Contract is being amended). $ 38,000.

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

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: Municipal ADA Improvement Grant Program, FY25: Remove barriers and improve access to the Melrose High School and Horace Mann Elementary School. Improvements include accessible doors and signage.

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

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

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Jennifer Grigoraitis (Nov 25, 2024 08:34 EST) . **Date:** Nov 25, 2024 .

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

Print Name: Jennifer Grigoraitis .

Print Title: Mayor .

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Julia OLeary (Nov 25, 2024 09:25 EST) . **Date:** Nov 25, 2024 .

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

Print Name: Julia O'Leary

Print Title: General Counsel

Attachment: FY25 Melrose Municipal ADA Improvement Grant Agreement and Contract (part 2) - signed (12241 : FY25 Municipal ADA

CITY OF MELROSE

In City Council

December 9, 2024

AN ORDER
(ID # 12247)

Appointment of Tanji Cifuni as Melrose City Clerk for a three-year term ending December 2027.

BE IT ORDERED

Appointment of Tanji Cifuni as Melrose City Clerk for a three-year term ending December 2027.

HISTORY:

12/02/24	**City Council**	**ASSIGN TO COMMITTEE**

In the Appropriations & Oversight Committee
Ordained Roll Call

Passed December 9, 2024

Kristin Foote, Clerk

Leila B. Migliorelli, President
Appropriations & Oversight Committee

Jennifer Grigoraitis, Mayor

Date

Date