CITY OF MELROSE

CITY COUNCIL

ORDERS OF THE DAY● NOVEMBER 18, 2024

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

I. CALL TO ORDER

Pledge of Allegiance

II. READING OF THE MINUTES

1. City Council - Regular Meeting - Nov 12, 2024 7:45 PM

2. City Council - Regular Meeting - Oct 21, 2024 7:45 PM

III. PUBLIC COMMENT

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

Topic: City Council Meeting and Subcommittees
Time: Nov 18, 2024 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://cityofmelrose-org.zoom.us/j/98034066739

Meeting ID: 980 3406 6739
Passcode: 838941

IV. COMMUNICATIONS FROM HER HONOR, THE MAYOR AND OTHER CITY OFFICIALS

V. NEW BUSINESS

A. Filings by the Honorable Mayor

1. **(ID # 12209):** Petition of Verizon for Grant of Location to install duct bank from existing utility on the westerly side of Main St., just north of the town line with Malden, as shown on Plan # 1A7F1MU

2. **(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

3. Appointments/Reappointments

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

2. **(ID # 12179):** Reappointment of Lindsey A. Toghill, 186 Melrose Street, Melrose MA 02176, to the Historic District Commission.

3. **(ID # 12180):** Reappointment of Michael D. Coleman, 181 Beech Avenue, Melrose MA, to the Historic District Commission.

4. **(ID # 12181):** Reappointment of Ellen P. Connolly, 7 Union Street, Melrose MA, to the Melrose Housing Authority.

5. **(ID # 12182):** Reappointment of Jessica Rowcroft McKenna, 5 Marmion Road, Melrose MA, to the Beebe Estate Board of Trustees.

6. **(ID # 12183):** Reappointment of Lauren Knott, 16 Mount Vernon Street, Melrose, MA to the Commission on Women.

7. **(ID # 12184):** Reappointment of Kevin J. Erb, 16 Everett Street, Melrose, MA to the Historic District Commission.

8. **(ID # 12185):** Reappointment of Richard Curl, 155 Myrtle Street, to the Historic District Commission.

9. **(ID # 12186):** Reappointment of Lillian Yadgood Kelly, 117 Boston Rock Road, to the Board of Health, for a three year term.

4. Grants

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

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

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

B. Filings by members of the Honorable City Council

VI. UNFINISHED BUSINESS

A. Licenses

1. **(ID # 11933):** Licenses renewed: Class II Motor Vehicle for 2025

2. **(ID # 11932):** License: Common Victualler renewals for 2025

From: City Council REFERRED

3. **(ID # 12154):** New Common Victualler Application Planted Organic Cafe

VII. EXPIRIES

VIII. RULE 53 REPORTS

IX. ADJOURNMENT

The City of Melrose does not discriminate based on disability and is committed to hosting accessible meetings and events. Individuals with disabilities who need auxiliary aids and services for effective communication, written materials in alternative formats, or reasonable modifications in policies and procedures, in order to access the programs and activities of the City of Melrose or to attend meetings, should contact the City's ADA Coordinator, Polina Latta platta@cityofmelrose.org.

Gabriel Albisu
Right of Way Manager

verizon

125 Lundquist Drive
Braintree, MA 02184

Mobile:781-805-5090
Gabriel.Albisu@one.verizon.com

October 1, 2024

City Council
City Hall
562 Main Street
Melrose, MA 02176

RE: Petition for Verizon job # 1A7F1MU
Main Street, Melrose, MA

Dear Honorable City Council:

Enclosed find the following items in support of the above-referenced project:

1. Petition;
2. Petition Plan;
3. Order;
4. Abutters.

A Public Hearing and notice to abutters are required. A Verizon representative will attend the Public Hearing. Should any questions or comments arise concerning this matter prior to the hearing, please contact me at 781-805-5090. Your assistance is greatly appreciated.

Sincerely,

Gabriel Albisu
Right of Way Manager

Enc

PETITION FOR CONDUIT LOCATION

To the **City Council**

Of **MELROSE**, Massachusetts

VERIZON NEW ENGLAND INC. requests permission to lay and maintain underground conduits, with the wires and cables to be placed therein, under the surface of the following public way or ways:

Main Street:

Place four new four- inch (4”) conduits approximately 421’ southerly from existing manhole, M68 to an existing manhole, MH15. Said manholes are located on the westerly side of Main Street.

This petition is necessary to provide new services.

Also, for permission to lay and maintain underground conduits, manholes, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as it may desire for distributing purposes.

Plan marked-VZ N.E. Inc. No. **1A7F1MU** dated **October 1, 2024** showing location of conduit to be constructed is filed herewith.

VERIZON NEW ENGLAND INC.

By _____

Gabriel Albisu
Manager - Rights of Way

Dated this 1st day of October, 2024.

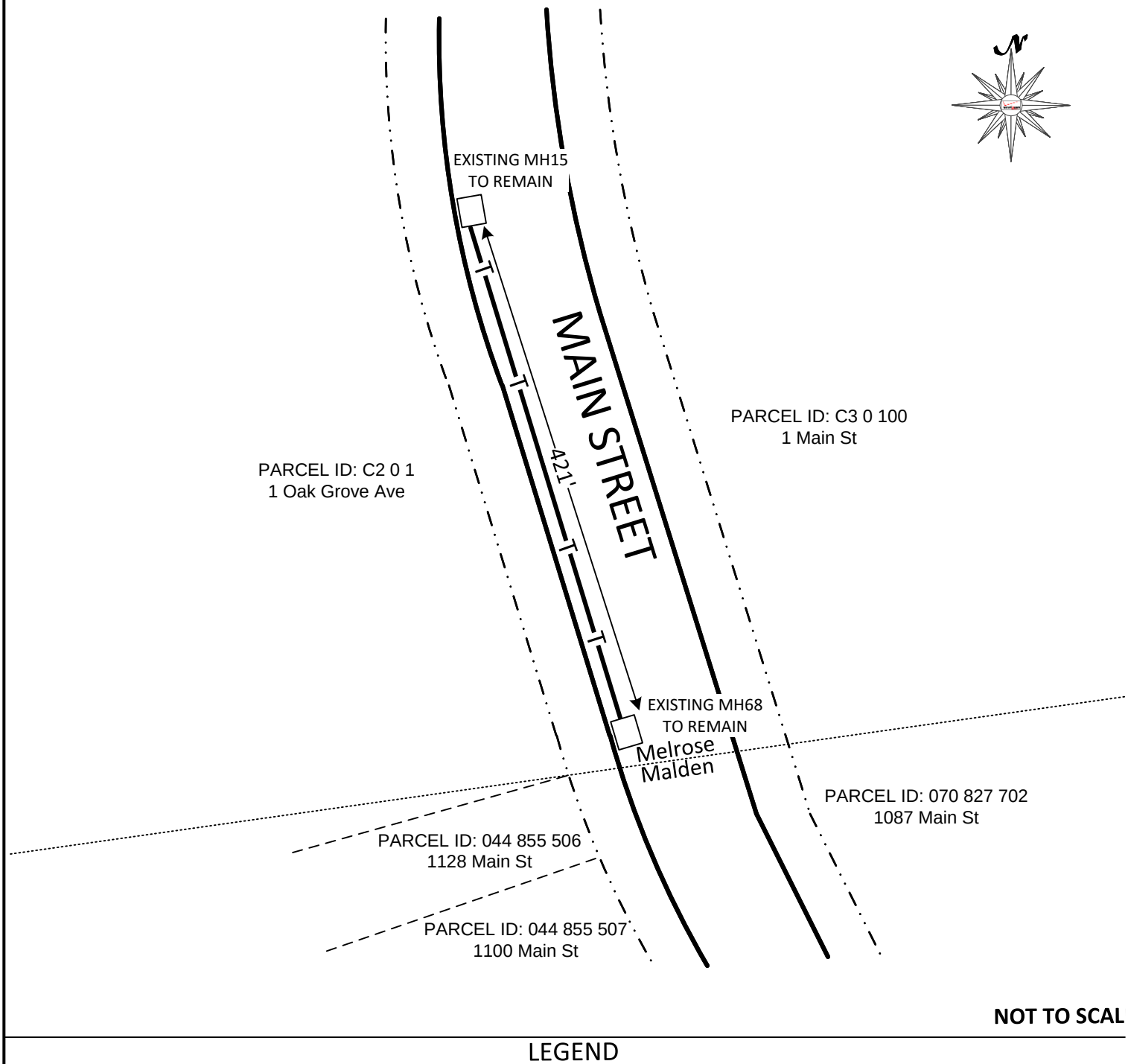
verizon

PETITION PLAN

MUNICIPALITY MELROSE VZ N.E. Inc. No. 1A7F1MU

VERIZON NEW ENGLAND, INC DATE : OCTOBER 1, 2024

SHOWING PROPOSED INSTALLATION OF CONDUIT ON MAIN STREET



NOT TO SCAL

LEGEND

EDGE OF PAVEMENT

EDGE OF ROADWAY

PROPERTY LINE

-T-T- PROPOSED CONDUIT TO BE INSTALLED

EXISTING MANHOLE TO REMAIN

ORDER FOR CONDUIT LOCATION

By the City Council of the City of MELROSE, Massachusetts.

Notice having been given and a public hearing held, as provided by law,
It is HEREBY ORDERED:

That permission be and hereby is granted VERIZON NEW ENGLAND INC. to lay and maintain underground conduits and manholes, with the wires and cables to be placed therein, under the surface of the following public way or ways as requested in petition of said Company dated the **1st** day of **October, 2024**.

Main Street:

Place four new four- inch (4") conduits approximately 421' southerly from existing manhole, M68 to an existing manhole, MH15. Said manholes are located on the westerly side of Main Street.

This petition is necessary to provide new services.

Substantially as shown on plan marked- VZ N.E. Inc. No. **1A7F1MU** dated **October 1, 2024 -** filed with said petition. Also, that permission be and hereby is granted said VERIZON NEW ENGLAND INC. to lay and maintain underground conduits, manholes, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as it may desire for distributing purposes.

The foregoing permission is subject to the following conditions:

1. The conduits and manholes shall be of such material and construction and all work done in such manner as to be satisfactory to such municipal officers as it may appoint to the supervision of the work, and a plan showing the location of conduits constructed shall be filed with the City when the work is completed.
2. In every underground main line conduit constructed by said Company hereunder one duct not less than three inches in diameter shall be reserved and maintained for the limited purpose of attaching one-way low voltage fire and police signaling wires owned by the municipality or governmental entity for public safety purposes only.
3. Said Company shall indemnify and save the City harmless against all damages, costs and expense whatsoever to which the City may be subjected in consequence of the acts or neglect of said Company, its agents or servants, or in any manner arising from the rights and privileges granted it by the City.
4. In addition said Company shall, before a public way is disturbed for the laying of its wire or conduits, execute its bond in a penal sum of Ten Thousand Dollars ($10,000) (reference being had to the bond already on file with said City) conditioned for the faithful performance of its duties under this permit.
5. Said Company shall comply with the requirements of existing by-laws and such as may hereafter be adopted governing the construction and maintenance of conduits and wires, so far as the same are not inconsistent with the laws of the Commonwealth.

I hereby certify that the foregoing order was adopted at a meeting of the City Council of the City of Melrose, Massachusetts, held on the _____ day of _____ 2024.

_____
City Clerk

ORDER FOR CONDUIT LOCATION

We hereby certify that on _____ 2024, at _____ o'clock ____M. at _____ _____ a public hearing was held on the petition of the VERIZON NEW ENGLAND INC. for permission to lay and maintain underground conduits, manholes and connection, with the wires and cables to be placed therein, described in the order herewith recorded, and that we mail at least seven days before said hearing a written notice of the time and place of said hearing to each of the owners of real estate (as determined by the last preceding assessment for taxation) along the ways or parts of ways upon which the Company is permitted to construct the lines of said Company under said order. And that thereupon said order was duly adopted.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____

City Council of the City of MELROSE, Massachusetts

CERTIFICATE

I hereby certify that the foregoing is a true copy of location order, and certificate of hearing with notice adopted by the City Council of the City of MELROSE, Massachusetts, on the _____ day of _____ 2024, and recorded with the records of location orders of said City, Book _____ Page _____. This certified copy is made under the provisions of Chapter 166 General Laws and any additions thereto or amendments thereof.

Attest:

_____

City Clerk

ABUTTERS LIST

PARCEL ID: C3 0 100
1 Main Street

PINE BANKS PARK
78 ACRES+PT IN MALDEN
350 Main Street, Suite 30
Malden, MA 02148

PARCEL ID 070 827 702
1087 Main Street

PINE BANKS PARK
THE PINE BANKS PARK FOUNDATION INC
350 Main Street, Suite 30
Malden, MA 02148

PARCEL ID: 044 855 507
1100 Main Street

CELONA JAMES M CELONA ROBERT J TRS
CELONA REAL ESTATE TRUST
1100 Main Street
Malden, MA 02148

PARCEL ID: 044 855 506
1128 Main Street

PINE BANKS ANIMAL HOSPITAL & KENNEL INC
1130 Main Street
Malden, MA 02148

PARCEL ID: C2 0 1
1 Oak Grove Ave

W/M OAK GROVE VILLAGE LLC C/O GID
125 High Street 28th Floor
Boston, MA 02110

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Tanji Cifuni, Interim City Clerk

562 Main Street
Melrose, Massachusetts 02176
Telephone: (781) 979-4114
Email: Clerks@cityofmelrose.org

VIA CERTIFIED MAIL

You are hereby notified that the City Council will hold a public hearing on

Monday, December 2, 2024 at 7;45PM
In City Council Chamber, 562 Main St., Melrose

PET 2024-5: Petition of Verizon New England Inc. requests permission to lay and maintain underground conduits, with the wires and cables to be placed therein, under the surface of the following public ways or ways:

Main Street: Place four new four inch (4") conduits approximately 421' southerly from existing manhole, M68 to an existing manhole, MH15. Said manholes are located on the westerly side of Main Street.

This petition is necessary to provide new services.

Also, for the permission to lay and maintain underground conduits, manholes, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as it may desire for disturbing purposes.

Plan marked -VZ N.E> Inc. No. 1A7F1MU dated October 1, 2024 showing location of conduit to be constructed is filed herewith.

Tanji Cifuni
Interim City Clerk

CITY OF MELROSE

ASSESSOR

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4104
assessor@cityofmelrose.org

Sarah MacLellan
Chief Assessor

To: Mayor Jennifer Grigoraitis
From: Sarah MacLellan
Meeting Date: November 18, 2024
Subject: Classification of Property

–

In compliance with the provisions of Chapter 40, Section 56 of M.G.L. relating to the classification of property, the Board of Assessors requests that a date be set for a classification hearing on Monday, December 2, 2024.

The Board of Assessors will provide the City Council with information necessary to make a decision on the adoption of a residential factor and thereby determining the percentages of local tax levy to be borne by each class of real and personal property for the Fiscal Year 2025.

Dear Zoning Board of Appeals:

I am interested in serving the Melrose Zoning Board of Appeals and ask that you consider me for the open seat.

My family moved to Melrose about a decade ago and have established strong roots here, owning a home and a rental property in town. I believe my professional and educational background would provide the ZBA with a valuable, unique skillset to leverage.

I moved to the Boston area 30 years ago to attend graduate school at the MIT Department of Urban Studies and Planning. I received a Master's in City Planning, during which I studied zoning laws deeply to understand the pace and shape of urban growth. I became so fascinated by the way zoning has shaped our landscape that I stayed on at MIT to pursue a PhD in urban planning. Along the way I studied countless land use legal frameworks from around the country in support of the development of computer models that could help people envision urban growth based on tweaks to zoning.

After finishing the PhD, I went to work for Parsons Brinkerhoff, the international engineering and construction management firm (which is now rebranded as WSP), helping them establish a practice helping towns with long-range master planning.

Lately, my career has led me deeper into technology and away from urban planning issues, but I have never lost my love for understanding how land use and zoning laws shape our environment, and I look forward to applying that to my home town.

I would be happy to provide my resume or answer any questions you may have.

Thank you for your consideration.

Sincerely,

Raj Singh,
[redacted]
255 West Emerson Street

RAJ R. SINGH

255 W Emerson St., Melrose, MA | [redacted] | [redacted]

BUILDING INFORMATION SYSTEMS TO UNDERSTAND THE WORLD

Product Management | Cloud Databases | Geospatial & Mapping | Developer Relations

PROFESSIONAL EXPERIENCE

SENIOR PRODUCT MANAGER — APR 2019 – PRESENT

InterSystems | Cambridge, MA

Leading the design of next-generation data fabric offerings as the company transitions from an on-premise to cloud-based focus.

OFFERING (PRODUCT) MANAGER — NOV 2018 – APR 2019

IBM MetroPulse | Cambridge, MA

Led acquisition data lake design and for this machine learning platform in the retail analytics space.

SENIOR DEVELOPER ADVOCATE — AUG 2014 – OCT 2018

IBM Watson and Cloud | Cambridge, MA

The developer advocate's role intersects software development, marketing and business development to build a strong developer community around IBM's cloud offerings. We build working code that highlights the strengths of the technology, then market that content via articles, conference talks, webinars and hackathons.

DIRECTOR, INTEROPERABILITY PROGRAMS — 2004 – 2014

The Open Geospatial Consortium (OGC)

OGC brings software companies together to rapidly prototype complex multi-vendor, multi-national information sharing scenarios in areas such as disaster management, homeland security, and sensor networks. The "client" is usually a coalition of defense and space agencies from around the globe.

EDUCATION

PhD, *Information Systems, Planning*
Massachusetts Institute of Technology, Cambridge, MA 2004

MCP, Master's in city planning
Massachusetts Institute of Technology, Cambridge, MA 1996

BA, *Economics*
Brown University, Providence, RI 1991

The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A ~ Middleborough, MA 02346
Tel: 508-828-2911 ~ TTY: 508-947-1455
www.mass.gov/e911

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

TERRENCE M. REIDY
Secretary

FRANK POZNIAK
Executive Director

November 5, 2024

Chief Kevin Faller
Melrose Police Department
56 West Foster Street
Melrose, MA 02176

Dear Chief Faller:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY2025 State 911 Department Emergency Medical Dispatch Grant Program**.

For your files, attached please find a copy of the executed contract for your grant. Please note your contract start date is **November 5, 2024** and will run through June 30, 2025. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services MUST be received on or before June 30, 2025.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/e911. For any questions related to this process, please contact Angela Pilling at 508-821-7305. Please note that funding of reimbursement requests received more than one (1) month after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, and/or the budget worksheet, please e-mail those proposed changes to 911DeptGrants@mass.gov. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 31, 2025.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2025 Emergency Medical Dispatch Grant File

FY 2025 Emergency Medical Dispatch Grant

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):** MELROSE POLICE DEPARTMENT	**COMMONWEALTH DEPARTMENT NAME:** State 911 Department **MMARS Department Code:** EPS
Legal Address: (W-9, W-4): 562 MAIN STREET, MELROSE, MA 02176	**Business Mailing Address:** 151 Campanelli Drive, Suite A, Middleborough, MA 02346
Contract Manager: KIM UPTON **Phone:** 781.979.4457	**Billing Address (if different):**
E-Mail: kupton@cityofmelrose.org **Fax:** 781.979.4488	**Contract Manager:** Cindy Reynolds **Phone:** 508-821-7299
Contractor Vendor Code: VC 6000192116	**E-Mail:** 911DeptGrants@mass.gov **Fax:** 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD 001 . **(Note: The Address ID must be set up for EFT payments.)**	**MMARS Doc ID(s):** CT EPS EMDG **RFR/Procurement or Other ID Number:** FY25 EMDG

_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)
__ 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). $ 18,000.00

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: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **Contract is for the reimbursement of funds under the State 911 Department FY 2025 Emergency Medical Dispatch Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.**

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: 10/28/24 **(Signature and Date Must Be Captured At Time of Signature)** Print Name: JENNIFER GRIGORAITIS Print Title: MAYOR, CITY OF MELROSE	**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:** X: _____ Date: 11/5/24 **(Signature and Date Must Be Captured At Time of Signature)** Print Name: Frank Pozniak Print Title: Executive Director

Updated 7/22/2021

FY 2025 EMERGENCY MEDICAL DISPATCH GRANT

Name of Eligible Entity / PSAP / RECC	MELROSE POLICE DEPARTMENT
Address	56 WEST FOSTER STREET
City/Town/Zip	MELROSE / MA / 02176
Telephone Number	781.665.1212
Fax Number	781.979.4488
Website	melrosepolice.net
Name & Title of Authorized Signatory	KEVIN FALLER / CHIEF OF POLICE
Telephone Number	781.979.4468
Email Address	kfaller@cityofmelrose.org
Name & Title Grant Contract Manager	KIM UPTON
Telephone Number	781.979.4457
Email Address	kupton@cityofmelrose.org

Total Grant Program Funds Requested **$ 18,000.00**

Applicant meets the EMD requirements established by the State 911 Department by:

Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ **APCO** ☐ **PowerPhone** ☑ **Priority Dispatch**

OR

Utilizing the following Certified EMD Resource: CATLDO AMBULANCE SERVICE

CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ **APCO** ☐ **PowerPhone** ☐ **Priority Dispatch**

Authorization and Certification

Through its submission of this application to the State 911 Department, the applying governmental entity and the authorized signatory of the applying governmental entity affirms and declares that all information submitted to the State 911 Department regarding the application, reimbursements, budget modifications, reporting, and any and all other submissions required throughout the duration of the grant process, its award and execution shall be true and verifiable through source documentation. The above noted documents, excluding this application, will no longer require a signature at the time of submission. Submission of this application by the applying governmental entity and authorized signatory shall be applicable to any and all transactions submitted under a contract awarded as the result of this application.

Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the grant guidelines.

Signed under the penalties of perjury this 15 ***day of*** OCTOBER, ***20*** 24.

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2025 Emergency Medical Dispatch
Grant Budget Worksheet

Funding Category	Amount Requested	Detailed Narrative
1. Certified EMD Resource	$ 18,000.00	**Name of CEMDR:** CATALDO AMBULANCE SERVICE, INC. (Attached copy of signed contract with CEMDR)
2. Emergency Medical Dispatch Protocol Reference System	$	EMD Guide/Cardsets, EMD Annual Maintenance, EMD Software (if eligible entity). (Attach quote(s) for this category)
3. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services	$	For Q/A, PSAPs must provide name of the individual(s), pay rate and number of Q/A review hours you are requesting. Attach signed contract for Medical Director or Third-party vendor conducting EMD case review for this category. For CPR Instructor, list name of instructor, # of 4-hour courses being taught and OT pay rate.
Total Amount of Grant Funding Requested	**$ 18,000.00**	

NOT Paid (on)

CATALDO AMBULANCE SERVICE, INC. *Always a Leader* Atlantic AMBULANCE SERVICE A Division of Cataldo Ambulance Service, Inc.

INVOICE

Cataldo Ambulance Service, Inc.

137 Washington Street
Somerville, MA 02143
Phone: 617-625-0126 Fax: 617-629-7039
e-mail: ndellapiana@cataldoambulance.com

INVOICE NO. GPMelroseEMDFY25
DATE July 1, 2024

TO Melrose Police Department
Attn: Chief Kevin Faller
56 West Foster Street
Melrose, MA 02176

Phone: 781-665-1212 Email: kfaller@cityofmelrose.org

Contact	Items	PAYMENT TERMS	DUE DATE
Chuck Fothergill	EMD Services FY '25	Due upon receipt	Due upon receipt

Quantity	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	EMD Services in Compliance with 560 CMR 5.00	18,000.00	18,000.00
	FY 2025 (7/1/2024 to 6/30/2025)		
		SUBTOTAL	$ 18,000.00
		TOTAL	$ 18,000.00

Make all checks payable to Cataldo Ambulance Service, Inc.
THANK YOU FOR YOUR BUSINESS!

Attachment: FY25 EMD - MELROSE_Award (12215 : FY2025 State 911 EMD Grant)

Emergency Medical Dispatch Contract
Between
Cataldo Ambulance Service of Massachusetts, Inc.
And
The City of Melrose

WHEREAS, the City of Melrose Police Department (hereinafter referred to as the "Department") operates the Primary Public Safety Answering Point (PSAP), and is responsible for implementation of Emergency Medical Dispatch procedures, (hereinafter referred to as –"EMD") is; pursuant to EMD AND ENHANCED 911 TELECOMMUNICATOR REGULATIONS 560 CMR 5.00;

WHEREAS, Cataldo Ambulance Service of Massachusetts, Inc. (hereinafter referred to as the "Provider"), is a Certified Emergency Medical Resource, and has agreed to act as a Secondary Public Safety Answering Point (SecondaryPSAP) to provide Emergency Medical Dispatch service (EMD) to the residents and visitors to the City of Melrose; and

The hereunto-referred parties agree as follows:

1. The Melrose Police Department with the Provider shall create a uniform call handling procedure (transferring and answering) for all medical-related emergency calls, in accord with 560 CMR, Section 5.10, ss (2).

2. The Provider agrees to log all emergency calls into their current Computer Aided Dispatch system (CAD) and to maintain detailed records of all calls received on behalf of the City of Melrose, copies of such records to be produced upon the request of the Department

3. The Department and Provider shall agree to a telecommunicator protocol for when the transferring telecommunicator remains on the line to monitor and solicit information relative to non-medical aspects of an emergency call.

4. The City of Melrose agrees to pay an annual reoccurring fee of $18,000 beginning in July 1, 2024 to June 30 2025 pending the approval of the application with the State 911 grant program for EMD reimbursement. Provider agrees to submit an invoice annually to the City of Melrose.

5. The Provider shall furnish copies of documentation provided and communication and information exchanged with the State with regard to 560 CMR 5.00, including but not limited to Section 5.06, Quality Assurance of Emergency Medical Dispatch Services program; Section 5.08, Approval as a Certified Emergency Medical Dispatch Resource; Section 5.11 Recordkeeping.

6. No Influence on referrals. It is not the intent of either party to this Agreement that any renumeration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated Providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified in this Agreement are consistent with the parties reasonably believe to be a fair market value for the services provided.

7. The term of this Agreement is for one-year, with two one-year extensions subject to the City's option with 30 days' notice. The Contract shall expire within thirty (30) days after the Provider ceases providing Ambulance Services to the City of Melrose.

8. Unless otherwise provided herein, it is agreed that Provider will not assign or transfer this Agreement, or any interest in this Agreement, without the prior written consent of the City of Melrose.

9. It is mutually understood and agreed that this Agreement shall be governed by and constructed in accordance with the laws of the Commonwealth of Massachusetts, both as to interpretation and performance.

10. The Provider will not discriminate against any client / patient for services because of race, color, religion, sex, sexual orientation, disability, family status or national origin.

11. This Agreement constitutes the sole and entire understanding between the parties relating to the subject matter hereof, and supersedes all prior understanding, agreements and documentation relating to the subject hereof.

12. This Agreement may be amended only by written instrument executed by the authorized representatives of both parties.

The City of Melrose

By: _____
Signature

Kevin Faller
Printed

Chief of Police
Title

11 / 05 / 2024
Date

Cataldo Ambulance Service of Massachusetts, Inc.

By: _____
Signature

Dennis Cataldo
Printed

CEO
Title

7/2/24
Date

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	VC 6000192116 / AD 001

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
KEVIN FALLER	K Faller	CHIEF OF POLICE	781.979.4468	kfaller@cityofmelrose.org

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
	10/25/24
Print Name: JENNIFER GRIGORAITIS	Phone Number: 781.979.4440
Title: MAYOR, CITY OF MELROSE	Email Address: jgrigoraitis@cityofmelrose.org

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 FORM

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.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC
(must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
CITY OF MELROSE	VC 6000192116 / AD 001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents **(Complete only in presence of notary)**	
Print Signatory's full legal name JENNIFER GRIGORAITIS	Title MAYOR, CITY OF MELROSE

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name KIMBERLY A. UPTON	Notary Signature (ink on paper)
Date 10/29/24	My commission expires on AUGUST 4, 2028

Kimberly A. Upton My Commission Expires August 4, 2028 NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS

AFFIX NOTARY SEAL/STAMP

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

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY FORM

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.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC
(must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
CITY OF MELROSE	VC 6000192116 / AD 001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents **(Complete only in presence of notary)**	
Print Signatory's full legal name KEVIN FALLER	Title CHIEF OF POLICE

Certificate of Acknowledgement of Notary Public

Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.

Print Notary Name	Notary Signature (ink on paper)
KIMBERLY A. UPTON	
Date 15 October 2024	My commission expires on AUGUST 4, 2028

Kimberly A. Upton
My Commission Expires August 4, 2028
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

AFFIX NOTARY SEAL/STAMP

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

The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A ~ Middleborough, MA 02346
Tel: 508-828-2911 ~ TTY: 508-947-1455
www.mass.gov/e911

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

TERRENCE M. REIDY
Secretary

FRANK POZNIAK
Executive Director

November 5, 2024

Chief Kevin Faller
Melrose Police Department
56 West Foster Street
Melrose, MA 02176

Dear Chief Faller:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY2025 State 911 Department Training Grant Program**.

For your files, attached please find a copy of the executed contract and the final approved Personnel Cost Worksheet for your grant. Please note your contract start date is **November 5, 2024** and will run through June 30, 2025. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services MUST be received on or before June 30, 2025.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/e911. For any questions related to this process, please contact Angela Pilling at 508-821-7305. Please note that funding of reimbursement requests received more than one (1) month after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, add personnel, or to request approval for trainings, please e-mail those proposed changes to 911DeptGrants@mass.gov. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 31, 2025.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY2025 Training Grant File

FY 2025 TRAINING GRANT

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):** MELROSE POLICE DEPARTMENT	**COMMONWEALTH DEPARTMENT NAME:** State 911 Department **MMARS Department Code:** EPS
Legal Address: (W-9, W-4): 562 MAIN STREET, MELROSE, MA 02176	**Business Mailing Address:** 151 Campanelli Drive, Suite A, Middleborough, MA 02346
Contract Manager: KIM UPTON **Phone:** 781.979.4457	**Billing Address (if different):**
E-Mail: kupton@cityofmelrose.org **Fax:** 781.979.4488	**Contract Manager:** Cindy Reynolds **Phone:** 508-821-7299
Contractor Vendor Code: VC 6000192116	**E-Mail:** 911DeptGrants@mass.gov **Fax:** 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD 001 **(Note: The Address ID must be set up for EFT payments.)**	**MMARS Doc ID(s):** CT EPS GRNT **RFR/Procurement or Other ID Number:** FY25 GRNT

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)
- __ 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). $ 89,082.44

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: X agree to standard 45 day cycle __statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **Contract is for the reimbursement of funds under the State 911 Department FY 2025 Training Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.**

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: 10/25/24

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

Print Name: JENNIFER GRIGORAITIS

Print Title: MAYOR, CITY OF MELROSE

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. Date: 11/5/24

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

Print Name: Frank Pozniak

Print Title: Executive Director

(Updated 7/22/21)

Pg 1 of 3

FY 2025 Training Grant Personnel Costs Worksheet

CERTIFIED PERSONNEL

All Cert

PSAP Name: MELROSE POLICE DEPARTMENT

{List Personnel in Alphabetical Order by Last Name}

LAST NAME	FIRST NAME	OT Rate	Con Ed.	Travel	Total Hrs	Total Salary	Enter the Vendor Fees for 16 Hours of Training
Akell	David	72.4641	16		16	$ 1,159.43	$ 716.00
Alley	Ronald	59.75775	16		16	$ 956.12	$ 716.00
Baldwin	Ashley	61.9434	16		16	$ 991.09	$ 716.00
Barranco	Alexander	61.9434	16		16	$ 991.09	$ 716.00
Collins	Joseph	64.69455	16		16	$ 1,035.11	$ 716.00
Connors	Richard	52.3032	16		16	$ 836.85	$ 716.00
Cooney	Richard	74.0526	16		16	$ 1,184.84	$ 716.00
Crowley	Joshua	82.3455	16		16	$ 1,317.53	$ 716.00
Difranza	Levi	57.53355	16		16	$ 920.54	$ 716.00
Doherty	John	57.6375	16		16	$ 922.20	$ 716.00
Ehlers	Daniel	53.9121	16		16	$ 862.59	$ 716.00
Forestell	Gregory	52.3032	16		16	$ 836.85	$ 716.00
Galvin	Stephen	54.33	16		16	$ 869.28	$ 716.00
Gill	Mary	58.1244	16		16	$ 929.99	$ 716.00
Goc	Jonathan	82.3455	16		16	$ 1,317.53	$ 716.00
Goodhue	John	51.0936	16		16	$ 817.50	$ 716.00
Grant	Thomas	49.55475	16		16	$ 792.88	$ 716.00
Green	Richard	57.53355	16		16	$ 920.54	$ 716.00
Hickey	Cameron	52.83435	16		16	$ 845.35	$ 716.00
Hinchey	Cole	58.1244	16		16	$ 929.99	$ 716.00
Karelas	Jake	41.59035	16		16	$ 665.45	$ 716.00
Koytikh	Michael	55.7994	16		16	$ 892.79	$ 716.00
Ladner	Brian	77.9823	16		16	$ 1,247.72	$ 716.00
Letterie	Matthew	41.59035	16		16	$ 665.45	$ 716.00
Lynch	Michael	82.3455	16		16	$ 1,317.53	$ 716.00
MacIntosh	Nikolaus	73.1727	16		16	$ 1,170.76	$ 716.00
Mackey	David	95.1699	16		16	$ 1,522.72	$ 716.00
Maher	Timothy	95.1699	16		16	$ 1,522.72	$ 716.00
Maloney	Michael	49.55475	16		16	$ 792.88	$ 716.00
McNamara	Paul	82.3455	16		16	$ 1,317.53	$ 716.00
Morris	Sean	59.4657	16		16	$ 951.45	$ 716.00
Mulrenan	James	79.95225	16		16	$ 1,279.24	$ 716.00
Mulrenan	Kevin	96.108	16		16	$ 1,537.73	$ 716.00
Nee	Michael	52.84605	16		16	$ 845.54	$ 716.00
Norton	Paul	96.108	16		16	$ 1,537.73	$ 716.00
Piasecki	Jon	82.3455	16		16	$ 1,317.53	$ 716.00
Plumer	Michael	52.3032	16		16	$ 836.85	$ 716.00
Riordan	Daniel	59.4657	16		16	$ 951.45	$ 716.00
Ruby	Andrew	59.4657	16		16	$ 951.45	$ 716.00
RECERTIFICATION FEES WITH NO TRAINING HOURS:							
EX: APCO EMD Recert fee	*2 @ $30*	*DO NOT WRITE ON GRAY LINES*					*$ 60.00*
		DO NOT WRITE IN THIS SPACE					
DO NOT ADD LINES TO THIS WORKSHEET, AS THE FORMULAS MAY CHANGE, CONTINUE ON THE NEXT WORKSHEET BELOW				TOTALS		$ 40,761.79	$ 27,924.00

All Cert ✓ (initials)

FY 2025 Training Grant Personnel Costs Worksheet
CERTIFIED PERSONNEL cont.

PSAP Name: MELROSE POLICE DEPARTMENT

{List Personnel in Alphabetical Order by Last Name}

LAST NAME	FIRST NAME	OT Rate	Con Ed	Travel	Total Hrs	Total Salary	Enter the Vendor Fees for 16 Hours of Training
Sasso	Paul	63.8649	16		16	$ 1,021.84	$ 716.00
Stamegna	Joseph	46.49955	16		16	$ 743.99	$ 716.00
Stamegna	Shannon	51.0936	16		16	$ 817.50	$ 716.00
Strazzullo	John	49.90845	16		16	$ 798.54	$ 716.00
Trainor	Brian	59.4657	16		16	$ 951.45	$ 716.00
Troche	Allan	46.49955	16		16	$ 743.99	$ 716.00
Wilson	Alexander	61.9434	16		16	$ 991.09	$ 716.00
		$ -	16		16	$ -	
		$ -	16		16	$ -	
		$ -	16		16	$ -	
		$ -	16		16	$ -	
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		$ -	16		16	$ -	

RECERTIFICATION FEES WITH NO TRAINING HOURS:

Ex. APCO EMD Recert	*5 @ $30*	*DO NOT WRITE ON GRAY LINES*	*$ 150.00*
		DO NOT WRITE IN THIS SPACE	

DO NOT ADD LINES TO THIS WORKSHEET, AS THE FORMULAS MAY CHANGE	TOTALS	$ 6,068.40	$ 5,012.00

Pg 3 of 3

FY 2025 Training Grant Personnel Costs Worksheet

NEW PERSONNEL

In the Process of Obtaining Certificaiton

PSAP Name: MELROSE POLICE DEPARTMENT

LAST NAME	FIRST NAME	OT Rate	Training Academy	Next Gen New Hire	PST1	EMD (APCO 32)	CPR	Travel	Total Hours	Total Amoun
New Hires, if applicable, need these course hours				16	40	24 or 32	4			
EXAMPLE OF TRAINING ACADEMY HOURS			200	N/A	N/A	24 or 32	4			
Abbas	Omar	41.5904		16	40				56	$ 2,329.0
Andruszkiewicz	Josephine	41.5904		16	40				56	$ 2,329.0
Caffey	Adam	41.5904		16	40				56	$ 2,329.0
Philogene	Wilkerson	41.5904		16	40				56	$ 2,329.0
		$ -							0	$ -
		$ -							0	$ -
		$ -							0	$ -
		$ -							0	$ -
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		$ -							0	$ -
		$ -							0	$ -
		$ -							0	$ -
		$ -							0	$ -
						Total Salary for New Hires				$ 9,316.25

Vendor Fees - New Hires	Course Amount	# Taking Course	Total
EMD New Certification			$ -
CPR New Certification			$ -
PST1 (VENDOR ONLY)			$ -

Total Vendor Fees $ -

FY 2025 TRAINING GRANT

Name of Eligible Entity / PSAP / RECC	MELROSE POLICE DEPARTMENT
Address	56 WEST FOSTER STREET
City/Town/Zip	MELROSE / MA / 02176
Telephone Number	781.665.1212
Fax Number	781.979.4488
Website	melrosepolice.net
Name & Title of Authorized Signatory	KEVIN FALLER / CHIEF OF POLICE
Telephone Number	781.979.4468
Email Address	kfaller@cityofmelrose.org
Name & Title Grant Contract Manager	KIM UPTON
Telephone Number	781.979.4457
Email Address	kupton@cityofmelrose.org

Total Grant Program Funds Requested $89,082.44

Applicant meets the EMD requirements established by the State 911 Department by:

Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ **APCO** ☐ **PowerPhone** ☐ **Priority Dispatch**

OR

Utilizing the following Certified EMD Resource: **CATALDO AMBULANCE SERVICE**

CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ **APCO** ☐ **PowerPhone** ☑ **Priority Dispatch**

Authorization and Certification

Through its submission of this application to the State 911 Department, the applying governmental entity and the authorized signatory of the applying governmental entity affirms and declares that all information submitted to the State 911 Department regarding the application, reimbursements, budget modifications, reporting, and any and all other submissions required throughout the duration of the grant process, its award and execution shall be true and verifiable through source documentation. The above noted documents, excluding this application, will no longer require a signature at the time of submission. Submission of this application by the applying governmental entity and authorized signatory shall be applicable to any and all transactions submitted under a contract awarded as the result of this application.

Sign below to acknowledge having read and agreed to the Authorization and Certification above and the grant conditions and reporting requirements listed in the grant guidelines.

Signed under the penalties of perjury this 15 ***day of*** OCTOBER, ***20*** 24.

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2025 TRAINING GRANT
BUDGET NARRATIVE

A. Fees – Fees associated with attendance at approved live or online 911 training courses, including certifications/ recertification for certified Telecommunicators to include 16 hours of continued education or for those working toward certification. **Add the *Total Vendor Fees* from the *Personnel Costs Worksheet(s)* and the total Membership & Conference Fees below to get the total for Category A.**

For Membership fees, list the name and amount for each below.
Membership Fees:

For Conference fees, list the name of the conference, number attending and the amount for each conference below.
Conference Fees:

Total Category A $32,936.00

B. Personnel Costs – Straight time or overtime expenses for participants or replacement/backfill (who are certified telecommunicators), to cover participant class hours but not both. **Add the *Total Salary* column(s) from the {{REQUIRED}} *Personnel Costs Worksheet(s)* and enter below.**

Total Category B $56,146.44

C. Training Materials and Other Products – Funding may be authorized for the purchase, installation, replacement, maintenance, and/or upgrade of software and other products related to the certification and training of enhanced 911 telecommunicators, including but not limited to, call handling guide cards, call handling software, skill and ability pre-employment testing software, and additional related training materials such as books and manuals. In addition, funding not to exceed $2,500 may be authorized for the purchase of skill and ability software/programs/subscriptions utilized by a PSAP to enhance the skill set of its certified telecommunicators.

Description:

Attach quote for this category

Total Category C $_____

D. Lodging – Enter the lodging expenses to include the number of people and number of nights for two (2) or more consecutive days of training (not to include the night prior to the training) and the distance of which is equal to or greater than ninety (90) miles away from where travel originates. NOTE: Lodging for conferences is not eligible.

Description:

Total Category D $_____

E. Mileage – Funding may be authorized for the payment of mileage when an employee utilizes his/her personal vehicle to attend eligible trainings. Mileage, where applicable, will be verified utilizing a recognized mileage guide such as Google Maps. Eligible mileage will be calculated by determining the round-trip mileage from the PSAP to the training location, rounded to the nearest mile. Other expenses associated with travel, such as tolls and parking, may also be eligible. **If requesting funding under this category, applicant must provide its employment Agreement.**

Description: Show your calculation below for the amount you are requesting or use an additional sheet of paper.

Total Category E $_____

Commonwealth Police Legacy, Inc.
P.O. Box 752
Norton, Massachusetts 02766
Phone: 508-989-9848 Fax: 508-622-1820
policelegacy.com

October 3, 2024

Kim Upton- Executive Office Manager
Melrose Police Department
56 West Foster Street
Melrose, MA 02176

Dear Kim,

Thank you for requesting a proposal for your FY2025 State 911 Dispatch training.
Please review the following information below:

- Four online or in-person 911 Dispatch Training classes; classes are 4 hours each
- Class dates to be finalized at a later date
- $179.00 per person for each 4 hour class; $716.00 per person for 16 hours of training

Should you have any questions, please feel free to contact me at 508-989-9848.

Sincerely,

Paula Heagney

Paula Heagney,
President

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
CITY OF MELROSE	(if available, not the Taxpayer Identification Number or Social Security Number) VC 6000192116 / AD 001

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
Kevin Faller	K Faller	Chief of Police	781.979.4468	kfaller@cityofmelrose.org

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 10/25/24
Print Name JENNIFER GRIGORAITIS	Phone Number 781.979.4440
Title Mayor, City of Melrose	Email Address jgrigoraitis@cityofmelrose.org

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 FORM

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.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
CITY OF MELROSE	VC 6000192116 / AD 001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents **(Complete only in presence of notary)**	
Print Signatory's full legal name JENNIFER GRIGORAITIS	Title MAYOR, CITY OF MELROSE

Certificate of Acknowledgement of Notary Public

Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.

Print Notary Name KIMBERLY A. UPTON	Notary Signature (ink on paper)
Date 10/29/24	My commission expires on AUGUST 4, 2028

Kimberly A. Upton My Commission Expires August 4, 2028 NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS

AFFIX NOTARY SEAL/STAMP

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

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY FORM

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.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
CITY OF MELROSE	VC 6000192116 / AD 001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents **(Complete only in presence of notary)**	
Print Signatory's full legal name: KEVIN FALLER	Title: CHIEF OF POLICE

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name: KIMBERLY A. UPTON	Notary Signature (ink on paper)
Date: 15 October 2024	My commission expires on: AUGUST 4, 2028

AFFIX NOTARY SEAL/STAMP

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

The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A ~ Middleborough, MA 02346
Tel: 508-828-2911 ~ TTY: 508-947-1455
www.mass.gov/e911

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

TERRENCE M. REIDY
Secretary

FRANK POZNIAK
Executive Director

November 8, 2024

Chief Kevin Faller
Melrose Police Department
56 West Foster Street
Melrose, MA 02176

Dear Chief Faller:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY 2025 State 911 Department Support and Incentive Grant** program.

For your files, attached please find a copy of the executed contract and the final approved Appendix A: Personnel Costs form for your grant. Please note your contract start date is **November 8, 2024** and will run through June 30, 2025. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services MUST be received on or before June 30, 2025.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/E911. For any questions related to this process, please contact Angela Pilling at 508-821-7305. Please note that funding of reimbursement requests received more than one (1) month after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, and/or the budget worksheet, please e-mail those proposed changes to 911DeptGrants@mass.gov. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 31, 2025.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY 2025 Support and Incentive Grant File

FY 2025 SUPPORT AND INCENTIVE GRANT
COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

NOV 07 [illegible]
State 911 Department
Middleborough, MA

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):** MELROSE POLICE DEPARTMENT	**COMMONWEALTH DEPARTMENT NAME:** State 911 Department **MMARS Department Code:** EPS
Legal Address: (W-9, W-4): 562 MAIN STREET, MELROSE MA 02176	**Business Mailing Address:** 151 Campanelli Drive, Suite A, Middleborough, MA 02346
Contract Manager: KIM UPTON **Phone:** 781.979.4457	**Billing Address (if different):**
E-Mail: kupton@cityofmelrose.org **Fax:** 781.979.4488	**Contract Manager:** Cindy Reynolds **Phone:** 508-821-7299
Contractor Vendor Code: VC 6000192116	**E-Mail:** 911DeptGrants@mass.gov **Fax:** 508-947-1452
Vendor Code Address ID (e.g. "AD001"): AD 001. **(Note: The Address ID must be set up for EFT payments.)**	**MMARS Doc ID(s):** CT EPS SUPG **RFR/Procurement or Other ID Number:** FY25 SUPG

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)
- __ 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). $ 90,505.00.

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: X agree to standard 45 day cycle __ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **Contract is for the reimbursement of funds under the State 911 Department FY 2025 Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.**

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: 11/4/24.

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

Print Name: Jennifer Grigoraitis.

Print Title: MAYOR, CITY OF MELROSE.

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____. Date: 11/8/24

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

Print Name: Frank Pozniak.

Print Title: Executive Director.

(Updated 7/22/2021)

FY 2025

Appendix A - Personnel Costs
(List Certified Enhanced 911Telecommunicators)

All Cert's ✓ CN

NAME OF PSAP: MELROSE POLICE DEPARTMENT

{Alphabetical Order by Last Name - Not Rank}

Last Name	First Name	Hourly Pay Rate	Overtime Pay Rate
ALLEY	RONALD	39.8385	59.7578
BALDWIN	ASHLEY	41.2956	61.9434
BARRANCO	ALEXANDER	41.2956	61.9434
CONNORS	RICHARD	34.8688	52.3032
DIFRANZA	LEVI	38.3557	57.5336
DOHERTY	JOHN	38.4250	57.6375
GALVIN	STEPHEN	36.2200	54.3300
GILL	MARY	38.7496	58.1244
GRANT	THOMAS	33.0365	49.55476
GREEN	RICHARD	38.3557	57.5336
HICKEY	CAMERON	35.2229	52.8344
HINCHEY	COLE	38.7496	58.1244
KARELAS	JAKE	27.7269	41.5904
KOYTIKH	MICHAEL	37.1996	55.7994
LETTERIE	MATTHEW	27.7269	41.5904
MALONEY	MICHAEL	33.0365	49.5548
MORRIS	SEAN	39.6438	59.4657
NEE	MICHAEL	35.2307	52.8461
PLUMER	MICHAEL	34.8688	52.3032
RIORDAN	DANIEL	39.6438	59.4657
RUBY	ANDREW	39.6438	59.4657
SASSO	PAUL	42.5766	63.8649
STAMEGNA	JOSEPH	34.0624	51.0936
STAMEGNA	SHANNON	30.9997	46.4996
STRAZZULLO	JOHN	33.2723	49.9085
TRAINOR	BRIAN	39.6438	59.4657
TROCHE	ALLAN	30.9997	46.4996
WILSON	ALEXANDER	41.2956	61.9434

Please use additional pages if needed.

FY 2025 SUPPORT AND INCENTIVE GRANT

Type of PSAP: (please check one)
■ *Primary* ☐ *Regional* ☐ *Regional Secondary*
☐ *Regional Emergency Communication Center*

Name of Eligible Entity (PSAP/RECC)	**Melrose Police Department**
Address	**56 West Foster Street**
City/Town/Zip	**Melrose/MA/02176**
Telephone Number	**781.665.1212**
Fax Number	**781.979.4488**
Website	**melrosepolice.net**
Name & Title of Authorized Signatory	**Kevin Faller / Chief of Police**
Telephone Number	**781.979.4468**
Email Address	**kfaller@cityofmelrose.org**
Name & Title of Grant Contract Manager	**Kim Upton / Office Manager**
Telephone Number	**781.979.4457**
Email Address	**kupton@cityofmelrose.org**

Total Grant Program funds requested: $ **90,505.00**

Authorization and Certification

Through its submission of this application to the State 911 Department, the applying governmental entity and the authorized signatory of the applying governmental entity affirms and declares that all information submitted to the State 911 Department regarding the application, reimbursements, budget modifications, reporting, and any and all other submissions required throughout the duration of the grant process, its award and execution shall be true and verifiable through source documentation. The above noted documents, excluding this application, will no longer require a signature at the time of submission. Submission of this application by the applying governmental entity and authorized signatory shall be applicable to any and all transactions submitted under a contract awarded as the result of this application.

Sign below to acknowledge having read and agreed to the Authorization and Certification above and the grant conditions and reporting requirements listed in the grant guidelines.

Signed under the penalties of perjury this 15 ***day of*** October, ***20*** 24.

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2025 SUPPORT AND INCENTIVE GRANT

BUDGET SUMMARY

Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECCs		
CATEGORY	**AMOUNT**	
A. Enhanced 911 Telecommunicator Personnel Costs	$	78,828.18
B. Heat, Ventilation, Air Conditioning, and Other Environmental Control Equipment	$	0.00
C. Computer-Aided Dispatch Systems	$	11,676.82
D. Radio Console	$	0.00
E. Console Furniture and Dispatcher Chairs	$	0.00
F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service	$	0.00
G. Other Equipment	$	0.00
REGIONAL PSAPs and RECCs ONLY H. Public Safety Radio Systems	$	
REGIONAL SECONDARY PSAP ONLY I. PSAP Customer Premises Equipment Maintenance	$	
SUB-TOTAL/FY25 ALLOCATION	$	**90,505.00**

APPENDIX B: Mobile Behavioral Health Crisis Response Services **REVIEW FOR ELIGIBILITY & ENTER AMOUNT HERE**	$	0.00

REGIONAL PSAPs and RECCs ONLY **APPENDIX C:** Up to 60% of one (1) Annual Maintenance Contract (not to exceed $314,000)	$	

GRAND TOTAL*	$	**90,505.00**

***Grand Total = Total allocation and, if requesting, Mobile Behavioral Health Crisis Response Services and Annual Maintenance Contract amounts**

FY 2025 SUPPORT AND INCENTIVE GRANT

DETAIL NARRATIVE

Please make sure that every item listed in the above Budget Summary is listed in below narrative with a detailed description including category of item, price per unit, quantity, brand, model, and any other pertinent and available information. Please include any and all quotes to support the budget narrative. For personnel costs, please complete the Appendix A – Personnel Costs Form. Please use additional pages if needed.

A. Enhanced 911 Telecommunicator Personnel Costs – to defray the costs of salary for enhanced 911 telecommunicator personnel, including enhanced 911 telecommunicators who are emergency communications dispatchers or supervisors. In order to be eligible for such funding, a grantee shall show that the personnel costs to be reimbursed: (1) cover only personnel who are trained and certified as an enhanced 911 telecommunicator in accordance with the requirements of the State 911 Department, or are in the process of obtaining such certification, in accordance with the requirements of the State 911 Department; and (2) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are working in the capacity of an enhanced 911 telecommunicator as their primary job function; and (3) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are conducting quality control/quality assurance of 911 calls. Reimbursement may be allowed for straight time costs for on the job training for new telecommunicators who are in the process of obtaining certification as an enhanced 911 telecommunicator, in accordance with the requirements of the State 911 Department. Reimbursement for personnel costs related to training may be allowed only for training courses that have been approved by the State 911 Department under the Fiscal Year 2025 State 911 Department Training Grant, or with the prior written approval of the State 911 Department. Reimbursement for personnel costs for individuals who have other primary job duties not directly related to enhanced 911 service, such as firefighters or police officers who may occasionally be assigned PSAP enhanced 911 telecommunicator duty, may be allowed only for the documented hours in which the employee is acting primarily in the capacity of an enhanced 911 telecommunicator. For example, if a police officer or firefighter is assigned to work as an enhanced 911 telecommunicator 1 day a week, funding from these grants may only be used to cover the portion of such firefighter or police officer's salary for the 1 day a week that he or she is assigned to enhanced 911 telecommunicator duty. Funding awarded through these grants shall be assigned to specific identified personnel, and the funding shall be applied to the personnel costs associated with such specific identified personnel.

All wage reimbursements authorized under this Program shall be allocated by the grantee in adherence with applicable collective bargaining agreements. However, the State 911 Department is not bound by or required to adhere to grantee collective bargaining agreements when determining allocations or reimbursements.

☒ Attach Appendix A – Personnel Costs Form

Total Category A | $ 78,828.18

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment – to defray costs associated with the acquisition and maintenance of heat, ventilation and air-conditioning equipment and other environmental control equipment. Such funds may only be used to purchase, install, replace, maintain, operate, and/or upgrade such equipment used in the physical space used for the provision of enhanced 911 service.

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment

Description:

Vendor:

☐ Attach Quote and mark with letter B

Total Category B | $

FY 2025 SUPPORT AND INCENTIVE GRANT

C. Computer-aided Dispatch Systems – to defray costs associated with the purchase, installation, replacement, maintenance and/or upgrade of CAD hardware and software used by emergency communication dispatchers, call takers, and 911 operators in primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs to initiate public safety calls for service and dispatch, and to maintain the status of responding resources in the field. Funds may be used for mobile devices that are linked to a CAD system. Primary PSAPs may not use funding for records management systems, whether or not part of a CAD system. Regional PSAPs and RECCs may apply for funding for records management systems.

C. Computer-aided Dispatch Systems

Description(s):

The Melrose Police Department is requesting 2 new Rugged Book tablets. One is a replacement tablet for an existing one that has been repaired far too many times, and one is a new tablet for a new cruiser. Both will be connected to the CAD system for Dispatch Instructions, GIS and Alerts.

Are the requested items linked to CAD? YES

If requesting MDT's, list the number of vehicles that are linked to CAD. 14 currently

Where will the requested items be located? In the cruisers

What will run or be displayed on computers/monitors, if requesting? Dispatch intructions, GIS and Alerts.

Vendor(s): NORTHEAST MDT

☐ Attach Quote and mark with letter C

Total Category C $ 11,676.82

Date: 10/7/24
Customer: Melrose MA Police Department
Contact: Kim Upton
Phone:

Ryan Garofano
401-741-8361
sales@northeast-mdt.com

NORTHEAST MDT

QTY	Rugged One Part #	Category	Description			Extended
2	7472795	LTE	GETAC : F110G6 - i5-1135G7, 11.6 inch + Webcam, Win11+8GB, 256GB PCIe SSD, SR FHD+TS+stylus, US Power Cord, Rear Camera, WiFi+BT+4G GPS/Glonass+PT	$3,717.00	$3,717.00	$7,434.00
				Total Price Base Configuration		$7,434.00

ACCESSORIES & ADDITIONAL SERVICES

QTY	Rugged One Part #	Category	Description			Extended
2	4686785	Charger	GETAC : Getac 11-16V, 22-32V DC Vehicle adapter / Charger (120W for Docking Station)	$109.99	$109.99	$219.98
2	2725276	Havis Charge Guard	Havis Charge Guard- Vehicle Timer	$101.97	$101.97	$203.94
2	6297731	G6 Dock w/ Passthourgh	GETAC : F110G5 & G6 - Havis, DS-GTC-221-3, Vehicle Dock, with Tri Pass-through (ex. vehicle adapter)	$789.92	$789.92	$1,579.84
2	500-0001	Hint Mount TM-5502UDB-UNIB-E	Tablet and Keyboard Mount with Two Telescopic Posts. 12" Tablet Post with G.R.I.P. Tilt/Swivel and Single Arm with Universal Display Bracket with VESA 75, VESA 100 & 2X4 Patterns (UDB-01). 10" Keyboard Post with G.R.I.P. Tilt/Swivel and Double Arm with Triple Pivot and Adjustable Tray for 12" Keyboard. Telescopic Mid Section with the Next Generation Under the Seat UNIBASE EVOLUTION (See list of vehicles)	$720.00	$720.00	$1,440.00
2	GPSCO-3SP	Antennas-Low Pro	GPS/GNSS/CELL/WIFI ANT 3x 3m SMA	$120.00	$120.00	$240.00
2	9078861	KYBRD-Rubber	Description 83 Key, Backlit, Rubber, Touchpad, USB, Two Cables, US	$279.53	$279.53	$559.06
Discount	0.00%				Total Discounted Price Accessories	$4,242.82
						$11,676.82

NOTES:

FREE SHIPPING

QUOTE EXPIRES IN 60 DAYS
TERMS ARE NET 30 PENDING PROPER CREDIT APPROVALS
ALL ORDERS SUBJECT TO Rugged One TERMS & CONDITIONS
LEAD TIME IS APPROXIMATELY 4-6 WEEKS
DEVICES ARE BUILT TO ORDER - NO RETURNS/EXCHANGES

Name/Date Rank:

Signature:

Date:

GREAT BARRINGTON POLICE DEPARTMENT	YES	YES
GREENFIELD POLICE DEPARTMENT	YES	YES
GROVELAND POLICE DEPARTMENT	YES	YES
HADLEY POLICE DEPARTMENT	YES	YES
HAMILTON POLICE DEPARTMENT	YES	YES
HANSCOM AIR FORCE BASE	YES	YES
HAVERHILL POLICE DEPARTMENT	YES	YES
HOLYOKE POLICE DEPARTMENT	YES	YES
HOPKINTON POLICE DEPARTMENT	YES	YES
HUDSON POLICE DEPARTMENT	YES	YES
IPSWICH POLICE DEPARTMENT	YES	YES
KINGSTON POLICE DEPARTMENT	NO	YES
LAKEVILLE POLICE DEPARTMENT	YES	YES
LAWRENCE POLICE DEPARTMENT	YES	YES
LEOMINSTER POLICE DEPARTMENT	YES	YES
LEXINGTON POLICE DEPARTMENT	YES	YES
LINCOLN POLICE DEPARTMENT	YES	YES
LITTLETON POLICE DEPARTMENT	YES	YES
LOWELL POLICE DEPARTMENT	YES	YES
LUDLOW POLICE DEPARTMENT	YES	YES
LYNN POLICE DEPARTMENT	PRELIM	PRELIM
LYNNFIELD POLICE DEPARTMENT	PRELIM	YES
MALDEN POLICE DEPARTMENT	YES	YES
MARBLEHEAD POLICE DEPARTMENT	YES	YES
MARION POLICE DEPARTMENT	YES	YES
MARLBOROUGH POLICE DEPARTMENT	YES	YES
MARSHFIELD POLICE DEPARTMENT	YES	YES
MASSACHUSETTS STATE POLICE (NEW BRAINTREE)	PRELIM	PRELIM
MASSACHUSETTS STATE POLICE (NORTHAMPTON)	PRELIM	PRELIM
MASSACHUSETTS STATE POLICE (SHELBURNE FALLS)	PRELIM	PRELIM
MATTAPOISETT POLICE DEPARTMENT	NO	YES
MAYNARD POLICE DEPARTMENT	YES	YES
MEDFIELD POLICE DEPARTMENT	YES	YES
MEDFORD POLICE DEPARTMENT	YES	YES
MEDWAY POLICE DEPARTMENT	YES	YES
MELROSE POLICE DEPARTMENT	YES	YES
MERRIMAC POLICE DEPARTMENT	YES	YES
METACOMET EMERGENCY COMMUNICATIONS CENTER	PRELIM	YES
METHUEN POLICE DEPARTMENT	YES	YES
METRO NORTH REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	PRELIM
MIDDLEBOROUGH POLICE DEPARTMENT	YES	YES
MILFORD POLICE DEPARTMENT	YES	YES
MILLBURY POLICE DEPARTMENT	YES	NO
MILLIS POLICE DEPARTMENT	YES	YES
MILTON POLICE DEPARTMENT	YES	YES
MONTAGUE POLICE DEPARTMENT	YES	YES
NAHANT POLICE DEPARTMENT	NO	YES
NANTUCKET POLICE DEPARTMENT	YES	YES
NASHOBA VALLEY REGIONAL COMMUNICATIONS CENTER	PRELIM	YES
NATICK POLICE DEPARTMENT	YES	YES
NEEDHAM POLICE DEPARTMENT	YES	NO
NEW BEDFORD POLICE DEPARTMENT	YES	YES
NEWBURY POLICE DEPARTMENT	YES	YES
NEWBURYPORT POLICE DEPARTMENT	YES	YES
NEWTON POLICE DEPARTMENT	YES	YES
NORFOLK COUNTY EMERGENCY COMMUNICATIONS CENTER	PRELIM	PRELIM
NORTH ADAMS POLICE DEPARTMENT	PRELIM	YES
NORTH ANDOVER POLICE DEPARTMENT	YES	YES
NORTH ATTLEBOROUGH POLICE DEPARTMENT	YES	YES
NORTH READING POLICE DEPARTMENT	YES	YES
NORTH SHORE REGIONAL 911 CENTER	PRELIM	YES
NORTHAMPTON POLICE DEPARTMENT	YES	YES
NORTHBOROUGH POLICE DEPARTMENT	YES	YES
NORTHBRIDGE POLICE DEPARTMENT	YES	YES
NORTHERN MIDDLESEX REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	PRELIM
OXFORD POLICE DEPARTMENT	YES	YES
PALMER POLICE DEPARTMENT	YES	YES
PATRIOT REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	PRELIM
PEABODY POLICE DEPARTMENT	YES	YES
PEMBROKE POLICE DEPARTMENT	YES	YES
PITTSFIELD POLICE DEPARTMENT	YES	YES
PLYMOUTH COUNTY SHERIFF'S OFFICE	PRELIM	PRELIM
PROVINCETOWN POLICE DEPARTMENT	YES	YES
QUINCY POLICE DEPARTMENT	YES	YES

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	VC 6000192116 / AD 001

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
Kevin Faller		Chief of Police	781.979.4468	kfaller@cityofmelrose.org

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 10/25/24
Print Name Jennifer Grigoraitis	Phone Number 781.979.4440
Title Mayor, City of Melrose	Email Address jgrigoraitis@cityofmelrose.org

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 FORM

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.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
City of Melrose	VC 6000192116 / AD 001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents **(Complete only in presence of notary)**	
Print Signatory's full legal name JENNIFER GRIGORAITIS	Title MAYOR, CITY OF MELROSE

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name KIMBERLY A. UPTON	Notary Signature (ink on paper)
Date 10/29/24	My commission expires on AUGUST 4, 2028

Kimberly A. Upton
My Commission Expires August 4, 2028
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

AFFIX NOTARY SEAL/STAMP

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

Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY FORM

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.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
CITY OF MELROSE	VC 6000192116 / AD 001

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents **(Complete only in presence of notary)**	
Print Signatory's full legal name: KEVIN FALLER	Title: CHIEF OF POLICE

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name: KIMBERLY A. UPTON	Notary Signature (ink on paper)
Date: 15 October 2024	My commission expires on: AUGUST 4, 2028

Kimberly A. Upton My Commission Expires August 4, 2028 NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS

AFFIX NOTARY SEAL/STAMP

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

§ 152-12. Common victuallers and innholders. [Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

No person shall hereafter engage in the business of innholder or common victualler without first obtaining a license therefor from the City Council. A fee of $75 shall be paid for each of such licenses. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2021 as a result of the ongoing impacts of the COVID-19 global health pandemic. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2022 as a result of the ongoing impacts of the COVID-19 global health pandemic.

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in Liggett Drug Co. v. Board of License Commissioners, 296 Mass. 41, 4 N.E. (2d) 268.

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stree
Melrose, Massachusetts 0217
Telephone - (781) 979-411

COMMON VICTUALLER LICENSE APPLICATION

Annual Fee - $100

Licenses Expire annually on December 31

☑ **New Application**

Requires applicants' attendance at a City Council Protection and License Committee meeting and approval from the City Council.

☐ **Renewal Application**

Common Victualler Licenses are valid from January through December and are required to be renewed annually. To avoid delays in processing your application, please do not leave any applicable sections blank. All incomplete applications will be returned.

✓ **Please refer to the check list below to ensure all steps are completed prior to submitting the original application to the City Clerk's Office:**

	Completed application with "wet signature"
	Inspection and approval from the following Departments: o Melrose Fire o Melrose Health and Human Services Department o Melrose Police o Inspectional Services o Treasurer Collectors Office
	Signed acknowledgement of receipt of City Adminstrative Code Section §152-12
	Completed Business Certificate Application, if applicable
	Completed Worker's Compensation Insurance Affidavit, including a copy of Declarations page of Workers' Compensation Policy.
	Copy of Current ServSafe Certificate
	$100 Application Fee payable by cash, credit card or check payable to the City of Melrose.

Please email with any questions.

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stree
Melrose, Massachusetts 0217
Telephone - (781) 979-411

COMMON VICTUALLER LICENSE APPLICATION

LICENSING PERIOD JANUARY 1st – DECEMBER 31st

Business Name: Planted - Organic Cafe	**Tax ID Number:** 99-3840678
Business Address: 523 main St.	**Business Phone Number:** 781-620-0494
Owner's Name: Zachary Pietrantonio	**Owner's Cell Phone Number:** 781-307-3318
Residential Address of Owner: 15 Green St, Stoneham MA 02180	**Number of Employees:** 1
Email Address of Owner (required): zpietrantonio@gmail.com	
24-hour Emergency Contact Name: Zach Pietrantonio	**Emergency Phone Number:** 781-307-3318

Circle all that apply:	Breakfast	Lunch	Dinner	Take-out

Please List Daily Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Approved Number of Seats:	12
Floor Space/ Square Feet:	706

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stree
Melrose, Massachusetts 0217
Telephone - (781) 979-411

TAX CERTIFICATION FORM

Business Name: Planted- Organics LLC
Business Address: 523 main St
DBA (if applicable): Planted - Organic cafe
Owner's Name: Zachary Pietrantonio

By signing below, you are requesting to be granted a Common Victualler License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Additionally, you hereby certify under the penalties of perjury that you have, to the best of your knowledge and belief, filed all state tax returns, paid all state taxes, local taxes, all water, sewer and solid waste disposal bills, all tax titles, utilities, and all motor vehicle excise taxes to the City of Melrose required by law.

Signature of Petitioner 1	Date of Signature	Date of Birth
	10/8/24	11/01/1987
Signature of Petitioner 2	Date of Signature	Date of Birth

***This license will not be used or renewed unless this certification clause is signed by the applicant.**

**Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre
Melrose, Massachusetts 0217
Telephone - (781) 979-411

City of Melrose Administrative Code General Legislation

ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES

§ 152-12 Common victuallers and innholders
[Amended 6-15-1981 by Ord. No. 20718; 4-21-2009 by Ord. No. 09-125; 11-16-2020 by Ord. No. 2021-34; 12-20-2021 by Ord. No. 2022-56]

No person shall hereafter engage in the business of innholder or common victualler without first obtaining a license therefor from the City Council. A fee of $75 shall be paid for each of such licenses. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2021 as a result of the ongoing impacts of the COVID-19 global health pandemic. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2022 as a result of the ongoing impacts of the COVID-19 global health pandemic.

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in Liggett Drug Co. v. Board of License Commissioners, 296 Mass. 41, 4 N.E. (2d) 268.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 152 §12 pertaining to Common Victuallers and Innholders and understand all that is required as a licensee.

Applicant Signature

10/8/24
Date

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre
Melrose, Massachusetts 021
Telephone - (781) 979-41

The Commonwealth of Massachusetts
Department of Industrial Accidents Office of Investigations
600 Washington Street, Boston, MA 02111

Workers' Compensation Insurance Affidavit: General Business

Applicant Information Please Print Legibly

Business Name: Planted - Organic Cafe

Address: 523 Main St.

City/State/Zip: Melrose MA 02176

Phone #: 781-620-0494

	Are you an employer- (check one):
✓	***I am an employer with 1 employees (full/part-time)**
	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

	Business Type- (required):
	Retail
X	Restaurant/Bar/Eating Establishment
	Office and/or Sales (incl. real estate, auto, etc.)
	Entertainment
	Manufacturing
	Non-profit
	Health Care
	Other:

***Any applicant that checks box #1 must also fill out the section on the next page showing their workers' compensation policy information.**

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required, and such an organization should check box #1.

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre
Melrose, Massachusetts 021
Telephone - (781) 979-411

I am an employer that provides workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Liberty Mutual

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-Insurance License #: XWD 679741555 Expiration Date: _____

Required:

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.

Signature: _____ Date: 10/8/24

Phone #: 781-307-3318

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre
Melrose, Massachusetts 021
Telephone - (781) 979-411

INFORMATION AND INSTRUCTIONS

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statue, and *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address, and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage.

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stre
Melrose, Massachusetts 0217
Telephone - (781) 979-411

Sign and date the affidavit

The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law of if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigation would like to thank you in advance for your cooperation and should you have any questions please do not hesitate to give us a call. The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-0727-4900 ext. 406 or 1-877-MASSAFE
Fax # 617-727-7749

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stree
Melrose, Massachusetts 0217
Telephone - (781) 979-411

COMMON VICTUALLER LICENSE
CITY DEPARTMENT REVIEW
LICENSING PERIOD JANUARY 1st – DECEMBER 31st

Instructions:
Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if any fields are left blank.

REPORT OF INVESTIGATION – RELATIVE TO APPLICATION FOR

Business Name: Planted Organic Cafe

Owner Name: Zackary Pietrantonio Owner DOB: 11/01/87

Business Address: 523 Main St. Melrose MA 02176

Please List Daily Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7Am-6pm	→					

Approved Number of Seats:	12
Floor Space/ Square Feet:	706

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Stree
Melrose, Massachusetts 0217
Telephone - (781) 979-411

Attention City Officials: Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE HEALTH & HUMAN SERVICES 781-979-4130	Date Signed:	**FOOD PERMIT EXP DATE:**
Health & Human Services Signature	Erin Carlee *Health & Human Services Name Printed*	In progress
☐ Denied	☑ Approved	☐ Other
Comments: food permit will be issued after construction		

MELROSE FIRE DEPARTMENT 781-979-4405	Date Signed:	**$50 Fee Paid** Yes / No
Melrose Fire Captain Signature	10/10/24 GIBSON *Fire Captain Name Printed*	
☐ Denied	☑ Approved	☐ Other
Comments:		

MELROSE POLICE DEPARTMENT 781-665-1212	Date Signed: 10-08-2024
Melrose Police Signature	Lt. Paul J. North *Melrose Police Name Printed*
☐ Denied	☒ Approved ☐ Other
Comments:	

INSPECTIONAL SERVICES DEPARTMENT 781-979-4135	Date Signed: 10/15/2024
Building Commissioner Signature	*Building Commissioner Name Printed*
☐ Denied	☑ Approved ☐ Other
Comments:	

TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours	Date Signed: 10-10-24
Treasurer Collector Signature	Janean Shairs *Treasurer Collector Name Printed*
☐ Denied	☑ Approved ☐ Other
Comments:	

Certificate of Allergen Awareness Training

Name of Recipient: ZACHARY PIETRANTONIO

Certificate Number: 6981946

Date of Completion: 4/3/2024

Date of Expiration: 4/3/2029

The above-named person is hereby issued this certificate for completing an allergen awareness training program recognized by the Massachusetts Department of Public Health in accordance with 105 CMR 590.009(G)(3)(a).

This certificate will be valid for five (5) years from date of completion.

Issued By:

Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.marestaurantassoc.org

800.765.2122
www.restaurant.org

ServSafe®
CERTIFICATION

ZACHARY PIETRANTONIO

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the ANSI (American National Standards Institute) National Accreditation Board (ANAB)–Conference for Food Protection (CFP).

25746108	10854
CERTIFICATE NUMBER	EXAM FORM NUMBER
6/1/2024	6/1/2029
DATE OF EXAMINATION	DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

ANSI National Accreditation Board

Sherman Brown
Executive Vice President, Business Services

In accordance with Maritime Labour Convention 2006, Resolution ADM N 068-2013 (Regulation 3.2, Standard A3.2).

CERTIFICATE OF LIABILITY INSURANCE

DATE (M 07/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Liberty Mutual Insurance PO Box 188065 Fairfield OH 45018	PHONE (A/C, No, Ext): 800-962-7132	FAX (A/C, No): 800-845-3666
	E-MAIL ADDRESS: BusinessService@LibertyMutual.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Ohio Security Insurance Company	24082
INSURED	INSURER B :	
Planted Organics Llc Dba Planted 15 Green St Stoneham MA 02180	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 0369195297 **REVISION NUMBER:** 2016-03

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	X	X	BKS67974155	07/25/2024	07/25/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
894 Main Street realty trust 894 Main St P.o. Box 38 Middleton MA 01949	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Curtis Luken

ACORD®

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07-25-2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Liberty Mutual Insurance PO Box 188065 Fairfield OH 45018	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 800-962-7132 **FAX (A/C, No):** **E-MAIL ADDRESS:** BusinessService@LibertyMutual.com **PRODUCER CUSTOMER ID:**
INSURED Planted Organics Llc Dba Planted 15 Green St Stoneham MA 02180	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Ohio Security Insurance Company — 24082 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 0356672236 **REVISION NUMBER:** 2016-03

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

523 Main St, Melrose, MA 021763888

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	[X] PROPERTY CAUSES OF LOSS — DEDUCTIBLES [ ] BASIC — BUILDING [ ] BROAD [X] SPECIAL — CONTENTS $1,000 [ ] EARTHQUAKE [ ] WIND [ ] FLOOD	BKS67974155	07-25-2024	07-25-2025	[ ] BUILDING [X] PERSONAL PROPERTY [ ] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] RENTAL VALUE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP	$ $ 50,000 $ $ $ $ $ $
	[ ] INLAND MARINE CAUSES OF LOSS [ ] NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
	[ ] CRIME TYPE OF POLICY					$ $ $
	[ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
						$ $

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER 894 Main Street realty trust 894 Main St Po Box 38 Middleton MA 01949	**CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** Curtis Luken

CERTIFICATE OF LIABILITY INSURANCE

DATE (M 07/25/2024

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Liberty Mutual Insurance PO Box 188065 Fairfield OH 45018	PHONE (A/C, No, Ext): 800-962-7132	FAX (A/C, No): 800-845-3666
	E-MAIL ADDRESS: BusinessService@LibertyMutual.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Ohio Security Insurance Company	24082
INSURED	INSURER B :	
Planted Organics Llc Dba Planted 15 Green St Stoneham MA 02180	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 0386172631 **REVISION NUMBER:** 2016-03

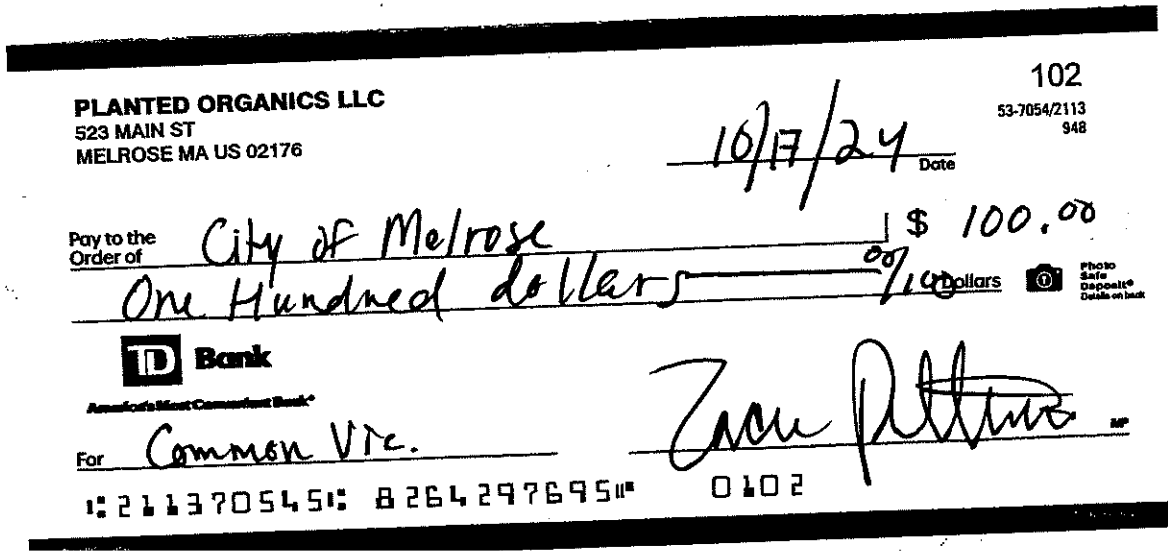
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	X	X	BKS67974155	07/25/2024	07/25/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

CERTIFICATE HOLDER	CANCELLATION
Planted Organics Llc Dba Planted 15 Green St Stoneham MA 02180	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Curtis Luken



PLANTED ORGANICS LLC
523 MAIN ST
MELROSE MA US 02176

102
53-7054/2113
948

10/17/24
Date

Pay to the Order of City of Melrose $ 100.00

One Hundred dollars 00/100 Dollars

Photo Safe Deposit® Details on back

TD Bank
America's Most Convenient Bank®

For Common Vic.

⑆211370545⑆ 8264297695⑈ 0102

Commonwealth of Massachusetts
CITY OF MELROSE
562 MAIN STREET
MELROSE, MA 02176
781-979-4135

BUILDING PERMIT

Permit No:	BP-24-774
Date Issued:	Aug 08, 2024
Expiration Date:	Aug 08, 2025
Permit Fee:	$499.50
Project Cost:	$28500.00

PERMISSION IS HEREBY GRANTED TO: **ANDREW ROWE**
APPLICANT

TO PERFORM WORK AT: **527-535 MAIN ST** — PROPERTY ADDRESS
Addition/Renovation/Other — PROJECT CATEGORY:

LICENSE NO.: CS-117054
HIC REG #: 205670

C7 0 109 — MAP / LOT
THEODORE LANTZAKIS , TRUSTEE — OWNER
Commercial — OCCUPANCY TYPE:

TO PERFORM THE FOLLOWING WORK: **Demo partition wall, demo existing shelving,**
Demo raised platform in front of store.
Building 34" knee wall, building 34" bar top.
Installing new track lighting, switches and outlets per code

ALBERT TALARICO, Building Commissioner
Zoning Officer

Digitally Approved By:
[X] **ALBERT TALARICO**

The person accepting this permit shall in every respect conform to the terms of the application on file in this office and to the provisions of the and the Commonwealth of Massachusetts Statutes and Ordinances relating to the Construction, Alteration, and Maintenance of Buildings, and shall begin work on said building within six months from the date hereof, and prosecute the work thereon to a speedy completion. At the completion of each work phase as noted below, an inspection shall be made by the appropriate inspector who will sign this card certifying approval of work under his/her jurisdiction

Public Works	Plumbing	Gas	Electrical	Building
Water /Meter:	Underground:	Underground:	Underground:	Excavation:
Sewer:	Rough:	Meter:	Rough: 8-22-24 OK WK	Foundation:
Driveway:	Final: 10/10/24	Rough:	Service: TM OK 10-3-24	Footings:
Tax Collector		Final:	Final:	Framing: OK 9/3/24
Final:				Firestop:
Health	**Community Development**	**Fire**		Sheet Metal:
Final:	Planning:	Final: 10/10/24 OK Gibson		Fireplace/Chimney:
Assessors	Conservation:			Insulation: ok
Final:	ZBA:			Sheetrock:
				Final: OK 10/15/24

need Insulation in outside brickwall

0

Melrose, MA

tcifuni

Payment Completed - October 17, 2024 at 10:00 am

Year:	2024
Number:	1
Description:	PLANTED ORGANICS CHECK 102
Items:	
COMMON VICTULLAR	
1 x $100.00	$ 100.00
Amount:	**$ 100.00**
Service FEE:	$ 0.00
TOTAL AMOUNT PAID - CHECK	$100.00

These charges will appear as "Melrose, MA / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".

Transaction Code: HTL-MELROSE-MA-US-12348399

City Hall Systems Secure Payment Portal

§ 152-12. Common victuallers and innholders. [Amended 6-15-1981 by Ord. No. 20718 ; 4-21-2009 by Ord. No. 09-125 ; 11-16-2020 by Ord. No. 2021-34 ; 12-20-2021 by Ord. No. 2022-56]

No person shall hereafter engage in the business of innholder or common victualler without first obtaining a license therefor from the City Council. A fee of $75 shall be paid for each of such licenses. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2021 as a result of the ongoing impacts of the COVID-19 global health pandemic. The fee for a common victualler's license set forth herein shall be waived for Calendar Year 2022 as a result of the ongoing impacts of the COVID-19 global health pandemic.

State law reference — Law of the commonwealth authorizing cities to grant licenses to common victuallers, innholders, etc., MGL c. 140, § 2, construed in Liggett Drug Co. v. Board of License Commissioners, 296 Mass. 41, 4 N.E. (2d) 268.