



CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY

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AMESBURY CITY CLERK

SPONSORED BY: Kassandra Gove **BILL No. 2020-070**
Kassandra Gove, Mayor

An Order to authorize the Mayor to accept and expend a Massachusetts Department of Public Health (DPH) Office of Local and Regional Health Grant

Summary: This grant from DPH is an emergency award to provide critical services to address the COVID-19 emergency in municipalities served by its public health district or, as is the case with the City of Amesbury, a public health shared services agreement (with the Town of Salisbury).

This \$50,000 total grant (which, per our shared services agreement, will be used for services in both Amesbury and Salisbury), can be used for the following activities:

- * Conduct rapid assessment of need for services, resources, public messaging, community education;
- * Provide technical assistance to municipal partners based on identified needs;
- * Additional services: surveillance/case identification, monitoring of travelers, isolation/quarantine, surge staffing, risk communication support, public health coordination with healthcare systems.

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the City of Amesbury authorizes the Mayor to accept and expend a Department of Public Health (DPH) Office of Local and Regional Health Grant in the amount of \$50,000.

Massachusetts Department of Public Health
Office of Local and Regional Health

**Critical Services to Address COVID-19 Emergency
Scope of Work**

The vendor will provide the following critical services to address the COVID-19 emergency in municipalities served by its public health district or public health shared services agreement.

1. Conduct a rapid assessment of needs for services, resources, and public messaging/community education in vendor municipality.
2. Provide technical assistance to municipal partners based on identified needs.
3. Additional services may include
 - a. Surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up).
 - b. Monitoring of travelers.
 - c. Isolation and quarantine (including, but not limited to, housing; wrap-around services; security; environmental control, clean-up and waste management; and behavioral health services).
 - d. Surge staffing.
 - e. Risk communications support.
 - f. Public health coordination with healthcare systems.

A budget and brief interim report of activities will be due by April 17, 2020

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 addendums, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions, Contractor Certifications and Commonwealth 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.masscomptroller.org/forms>. Forms are also posted at OSD Forms: <http://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: CITY OF AMESBURY TOWN HALL		COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH	
Local Address: (N-S, W-E): 62 FRIEND ST AMESBURY, MA 01013-2825		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: John Morris	Phone: 978-388-6134	Billing Address (if different):	
E-mail: morrisj@amesburyma.gov	Fax:	Contract Manager: Lina LaHouff	Phone: 617-624-6781
Contractor Vendor Code: VC8000181694		E-Mail: lina.lahouff1@massmail.state.ma.us	Fax: 617-624-6017
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): INTFJ208PP1W20153024 RFR/Procurement or Other ID Number: W20163 Emergency	
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all grants §15 CMR 2.00) (Solicitation Notice or RFR, and Responses or other procurement supporting documentation) <input checked="" type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>prior</u> to ____/____/20____ Amendment Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
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 §15 CMR 9.00. <input type="checkbox"/> 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.) <input checked="" type="checkbox"/> Maximum Obligation Contract: Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$ <u>25,000.00</u>			
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: <input type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Grants To Public Entities Covid-19 Supplies for Cities and Towns and Regional Commissions			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <u>08/30/2020</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>John W. Morris</u> , Date: <u>3/18/20</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>JOHN W. MORRIS</u> Print Title: <u>Director of Public Health</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>[Signature]</u> , Date: <u>3/18/2020</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchase of Service Office</u>	

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



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CONTRACTOR LEGAL NAME: CITY OF AMESBURY TOWN HALL		COMMONWEALTH DEPARTMENT NAME: Department of Public Health	
Legal Address: (W-6, W-4): 62 FRIEND ST AMESBURY, MA 01013-3825		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: John Morris	Phone: 978-388-8134	Reling Address (if different):	
E-Mail: morrisj@amesburyma.gov	Fax:	Contract Manager: Lilia Lallouf	Phone: 617-624-6781
Contractor Vendor Code: VC0000101604		E-Mail: lilia.lallouf1@massmail.state.ma.us	Fax: 617-624-6017
Vendor Code Address ID (e.g. 'AD001'): AD 001 <i>(Note: The Address ID must be set up for <input checked="" type="checkbox"/> payments.)</i>		MMARS Doc ID#: INTF1206PP1WZ0183024	
		RFP/Procurement or Other ID Number: WZ0163 Emergency	
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all grants <u>§15 CMR 2.00</u>) (Solicitation Notice or RFP, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach <u>Recruitment Status Form</u> , scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>going to</u> <u>0630, 20 20</u> , Amendment: Enter Amendment Amount: \$ <u>25,000.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment change.) <input checked="" type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
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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 <u>existing appropriations or other non-appropriated funds</u> , subject to intercept for Commonwealth owed debts under 815 CMR 9.06. <input type="checkbox"/> Base Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> Maximum Obligation Contract: Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): \$ <u>50,000.00</u>			
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BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract No., purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Maximum Obligation Change			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (insert signature date below) and <u>no</u> obligations have been incurred <u>going to</u> the Effective Date. <input type="checkbox"/> 2. may be incurred as of <u> </u>, 20<u> </u>, a date <u>LATER</u> than the Effective Date below and <u>no</u> obligations have been incurred <u>going to</u> the Effective Date. <input type="checkbox"/> 3. were incurred as of <u> </u>, 20<u> </u>, a date <u>PRIOR</u> 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 those obligations. 			
CONTRACT END DATE: Contract performance shall terminate as of <u>0630, 2020</u> , 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 requested documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence: this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 31.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower cost, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>John W. Morris</u> , Date: <u>3/25/20</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>JOHN W. MORRIS</u> Print Title: <u>DIRECTOR OF PUBLIC HEALTH</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Judith Malsch</u> , Date: <u>3/25/20</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Judith Malsch</u> Print Title: <u>Director, Purchases & Service Office, CPO</u>	