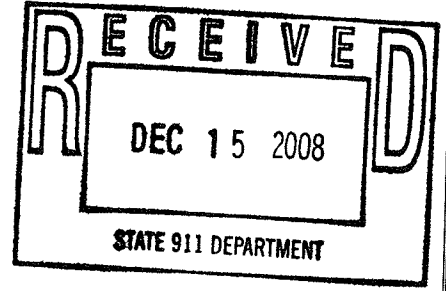


STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT

Type of PSAP: (please check one)

- Regional
 Regional Secondary
 Regional Emergency Communication Center

DTC 1-23



1. Name of Governmental Entity Applicant

Berkshire County Sheriff's Office

Address

467 Cheshire Rd.

Pittsfield, Ma. 01201

COPY

Telephone Number

413-443-7220

Fax Number

413-499-7200

Website

2. Name of Authorized Signatory

Marianne Blanchet

Telephone Number

413-443-5942 x. 3031

Fax Number

413-443-0618

Email Address

Marianne.Blanchet@sdb.state.ma.us

3. Name of Financial Officer / Contract Manager

Marianne Blanchet

Telephone Number

413-443-5942 x. 3031

Fax Number

413-443-0618

Email Address

Marianne.Blanchet@sdb.state.ma.us

4. Total Grant Program funds requested.

\$ 1,306,559.58

5. Goal and Desired Outcome

Through its submission of this application to the State 911 Department, the applying governmental entity affirms that the primary goal of the State 911 Department Regional and Regional Secondary PSAP and Regional Emergency Communication Center Development Grant program is to support the development and startup of regional and regional secondary PSAPs and regional communication centers, including the expansion or upgrade of existing regional and regional secondary PSAPs, to maximize effective emergency 911 and dispatch services as well as regional interoperability.

6.

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

Signed under the penalties of perjury this 15th day of December, 20 08.

Marianne Blanchet

12-15-08

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY
(in blue ink)

DATE SIGNED

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

BUDGET WORKSHEET

Eligible Applicants must submit a budget detailing goods/services to be procured in FY 2009 which ends June 30, 2009 and those to be procured in FY 2010 (July 1, 2009 – June 30, 2010)

PHASE _ of _

CATEGORY	FY 2009	FY2010	TOTAL
A. CPE Equipment Current Regional Secondary PSAPs only and requires pre-approval	\$	\$	\$
B. Feasibility Study	\$	\$	\$
C.1. Materials	\$	\$	\$
C. 1. Labor	\$	\$	\$
C. 1. Architectural and engineering services including creation of specs, blueprints, floor plans etc.	\$ 2,500.00	\$	\$ 2,500.00
C.1. Other facility construction or structural improvement items requires pre-approval	\$ 16,500.00	\$ 683,245.00	\$ 700,745.00
C. 2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant, or directly provided by the Department.	\$ 57,024.20	\$ 547,290.38	\$ 604,314.58
TOTAL*	\$ 76,024.20	\$ 1,230,535.38	\$ 1,306,559.58

*Total amount must exactly match amount requested on application page

STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT

DETAIL NARRATIVE

I. Please make sure that every item listed in the above Budget Worksheet is listed in the below narrative with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please use additional pages if needed.

A. CPE Equipment for regional secondary PSAP

B. Feasibility Study

C.1. Construction Materials

C. 1. Labor

C. 1. Architectural and engineering services including creation of specs, blueprints, floor plans etc.

Project #1 (FY09) Engineering review study for removal of existing wall in regional PSAP \$2,500.00

C.1. Other facility construction or structural improvement items; **requires pre-approval**

Project # 1 (FY09) Expansion of the existing regional PSAP by removing an existing interior CMU wall allowing for the addition of 2 dispatching stations. The wall currently separates the 911 call center and the existing call center entry hallway. The referenced wall is a non-bearing wall, approximately 17' 11" in length, 13' in height. The wall is constructed of insulated 8"x12" CMU block. The wall also contains six electrical outlets and 2 wall mounted fire alarms. Also there is extensive electrical conduit and thermostat wiring that must be removed and relocated.

Demolition	\$5,700.00
Removal and Disposal	\$7,400.00
Relocation of existing wiring	\$2,500.00
Realignment of existing acoustical	
Ceiling grid /frame	\$ 900.00
Total	\$16,500.00

Project #2 (FY10) Installation of 180 foot self supporting tower and concrete shelter located at the Berkshire County Sheriff's Office. Phase 1: Preconstruction Services

This phase includes filing the appropriate forms to register the tower with the FAA. It also includes soil boring and testing for the tower and shelter foundation designs and resistivity testing for the ground system design.

Phase 2: Tower/Shelter Installation

This phase includes shelter foundation installation, tower foundation design and installation, and concrete/compaction testing. Motorola will supply and install a one hundred and eighty foot self supporting tower, and supply and install an eleven foot six inch by twenty foot concrete communications shelter. Motorola will supply and install a

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

twenty foot ice bridge between the shelter and the tower. Motorola will supply and install a ground ring that includes sixteen ground rods with number two solid copper ground wire. The phase also includes all engineering and inspections required.

Phase 3: RF Installation

This phase includes installation of three, six foot dishes, mounts and related cables, grounds and connectors. It also includes the installation of three, fifteen foot station master omni-directional antennas, mount and related cables, grounds and connectors. It also includes sweep testing. This testing certifies the integrity of the cable and antenna assembly and reports the performance of the entire system. These reports let the customer know if the transmit and receive system is performing to designed specifications or if a new installation meets performance specifications.

SERVICES

PROFESSIONAL INTEGRATION SERVICES

To ensure a smooth installation and deployment of Berkshire County's new Communications Tower and Building, this budgetary response includes estimates for the following services:

Berkshire County's tower and building will be installed, optimized and tested by our dedicated Project Implementation Team. The team consists of an experienced project manager, a field systems engineer, and the technical staff of our premier qualified Motorola Service Shop, Pittsfield Communications. The following services described below are provided with this estimate:

- Detailed Design review —This service ensures that all equipment and services are reviewed in detail before the order process takes place. Detailed drawings of the system are generated and a documentation package is produced.

- Site Surveys—Site compliance inspections to verify compliance with the Motorola document "Standards and Guidelines for Communications Sites."

- Installation of equipment into customer-provided sites.

- Field System Acceptance testing.

Security Fencing \$8,400
 Electrical \$27,500
 Total costs for above services \$683,245.00

D. 2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant or that is not directly provided by the Department.

Project # 1 (FY09) 2 Additional Dispatching Consoles from Motorola (State Contract ITT10)

Qty	Model	Description	Ma State Contract Price	Extended Amount
2	B1822B	Gold Elite Interface	\$ 10,120.00	\$ 20,240.00
2	K704AE	Headset Jack	\$ 192.00	\$ 384.00

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

2 K570AE	Headset Jack	\$	192.00	\$	384.00
2 K572AF	Footswitch	\$	76.80	\$	153.60
2 K703	Gooseneck Microphone	\$	246.40	\$	492.80
2 K742AB	100' Plenum CEB Cable	\$	633.60	\$	1,267.20
1 B1827	Software License Manager	\$	132.00	\$	132.00
2 X293	Elite OP Software License	\$	4,800.00	\$	9,600.00
1 B1879	Refresh Package			\$	-
4 X69	COIM Refresh Software	\$	640.00	\$	2,560.00
1 B1425	CEB Card Cage	\$	4,213.60	\$	4,213.60
2 DS019BLK	19" LCD Monitor	\$	1,368.00	\$	2,736.00
2 TT2066	Gold Elite Workstations	\$	2,317.50	\$	4,635.00
1 I/A	Extension Computer Cables	\$	426.00	\$	426.00
1 I/A	Installation	\$	9,800.00	\$	9,800.00
				\$	57,024.20

Project #3 (FY10)

In response to your request for a Budgetary Estimate and recommendation, Motorola is offering this quote for microwave links between the Berkshire County Jail (new tower) and Mt. Greylock (to be confirmed) and the Savoy tower site. In addition, two Motorola Quantar base stations, (1) VHF, (1) UHF are included for install at the Savoy tower site. This budgetary estimate includes all hardware and software required and includes all antennas and ancillary equipment and installation. Path surveys would need to be performed to ensure the viability of microwave reliability.

Statement of Work:

Feasibility studies are prepared using preliminary and unverified information provided by the Customer or other sources. Feasibility studies are prepared by Motorola or its subcontractor in order to form the baseline Equipment and radio frequency system design and budgetary estimates. Feasibility studies include the following responsibilities:

- Provide system topology maps
- Provide preliminary path profiles, path calculations and availability calculations
- Provide a technical report summarizing system design considerations and equipment requirements

Motorola will require the following information from the customer to perform feasibility studies:

- Latitude & Longitude
- Datum of the site coordinates if known (NAD27 or NAD83)
- Existing tower heights
- Ground elevation of the sites

Feasibility studies provide preliminary assumptions and are not intended to be final designs

Formal microwave path surveys are conducted to determine or verify site coordinates, ground elevation, on-path obstructions (location and height), tower information, and other parameters required to engineer the final design of a radio link. The present and anticipated future effect of on-path obstructions, such as tree growth, is evaluated and

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

incorporated into the path design where applicable.

Path designs are considered final. The Project can move to the implementation stage based on the recommendations within the final design report. Path design Services include the following responsibilities:

- Select frequency band and capacity requirements for each path
- Determine antenna centerline heights based on Motorola-Lucent's path clearance criteria
- Design paths to protect against ground-based reflections
- Select radio types, antenna sizes and types, power output, and protection scheme required to meet Customer availability and capacity requirements
- Calculate path availability using industry accepted models for predicting outages and countermeasure improvements associated with normal atmospheric multipath fading, up-fading, rain fading and obstruction fading
- Submit a final path design report, including system maps, path profiles and availability calculations.

Frequency planning Services include frequency selection, prior coordination, interference case resolution, and FCC license application documentation preparation. Interference studies will be conducted utilizing industry accepted methods, hardware, and software to build a database that is as accurate as possible at the time of the study.

SERVICES

PROFESSIONAL INTEGRATION SERVICES

To ensure a smooth installation and deployment of the microwave links and Quantar stations, this budgetary response includes estimates for the following services: Berkshire County's microwave and base stations will be installed, optimized and tested by our dedicated Project Implementation Team. The team consists of an experienced project manager, a field systems engineer, and the technical staff of our premier qualified Motorola Service Shop, Pittsfield Communications. The following services described below are provided with this estimate:

- Detailed Design review —this service ensures that all equipment and services are reviewed in detail before the order process takes place. Detailed drawings of the system are generated and a documentation package is produced.
- Site Surveys—Site compliance inspections to verify compliance with the Motorola document "Standards and Guidelines for Communications Sites."
- Installation of equipment into customer-provided sites.
- Field System Acceptance testing.

BERKSHIRE COUNTY

BUDGETARY EQUIPMENT LIST FOR MICROWAVE BASE STATIONS

Qty. Model Description

MICROWAVE EQUIPMENT

4 HT15210AE2SS-00 RFU 10GHZ, MHSB

4 ST15PPNP010B-1A SPU, MHSB, 4 DS1

8 087-902756-008 DC POER CABLE

1 087-020193-702 RJ45 REPEATER CABLE

STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
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3 098-903030-002 HANDHELD KEYPAD KIT
3 099-903000-E00 INSTALLATION MANUEL
3 CDR-903000E0N CD-ROM MANUEL
3 101-902530-001 ORDERWIRE MODULE
3 091-020085 DTMF HANDSET
3 KUAAA112 7 FOOT RACK
2 097-0116-008 INTERFACE PANEL
4 098-107617-001 MALE ADAPTER
4 098-107617-002 FEMALE ADAPTER
1 010-0132-0104 TERMINATION PANEL
4 098-90250-002 CABLE ASSEMBLY
2 VHLP2-10-1-GR 2' LOW PROFILE DISH
2 VHLP2.5-105-111 2.5' LOW PROFILE DISH
4 4PM-412-63 4.5" ANTENNA MOUNT
550 EW90 WAVEGUIDE
4 190SCM TOP CONNECTORS
4 190DE BOTTOM CONNECTOR
4 29958 HOISTING GRIPS
19 42396A-5 HANGER KIT
19 31769-1 HARDWARE KIT
19 31768A ANGLE ADAPTER KIT
12 241088-2 GROUNDING KIT
4 WGB4-90 ENTRY BOOT
4 F090CCS3 36" FLEX-TWIST
Berkshire County Budgetary Equipment list.xls 1 12/11/2008

BERKSHIRE COUNTY

BUDGETARY EQUIPMENT LIST FOR MICROWAVE BASE STATIONS

4 55001-90 PRESSURE WINDOW
3 31771-4 12" TREADED ROD
3 204673-4 FEED THROUGH PORT
3 204673-4 DEHYDRATOR
3 F481512BR7-SP REDUNDANT CHARGER
3 503853 BATTERY CABLE
3 505035 TOP COVER
2 506984 45 A/H BATTERY
1 506933 70 A/H BATTERY
3 TERMCOV TERMINAL COVERS
3 504678 BATTERY TRAY
4 97-1682A40 ANTENNA MOUNTING BRACKET
4 RDN4655A A/C PROTECTION
2 97-3062A106 TDM MUX SHELF
2 97-2845106 DATA CABLE
1 ICIAA288A TOWER HARDWARE AND PARTS
1 0 TRUEPOINT SPARES

STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
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CHANNEL BANK EQUIPMENT

2 DSPREM891830 UNIVERSAL ENCLOSURE
4 DSPREM880360 CPU 8 T1 E1 BCAST
2 DSPREM892260 8T1 IF 128K NO MODEM
5 DSPREM801065 DUAL T1 E1 WAN
12 DSPREM81130 DSX CEPT MODULE
2 DSPREM1239 Y ADAPTER
4 DSPREM8901 A/C POWER SUPPLY
4 DSPREM811960 8 PORT 4W EM
1 DSPREM801460 DUAL T1E1 WAN

SERVICES

1 SERVICES PATH SURVEY
1 SERVICES FREQUENCY COORDINATION
1 SERVICES FCC PREPARATION

Berkshire County Budgetary Equipment list.xls 2 12/11/2008

BERKSHIRE COUNTY

BUDGETARY EQUIPMENT LIST FOR MICROWAVE BASE STATIONS

1 SERVICES SYSTEM ENG.
1 SERVICES APPLICATION ENG.
1 SERVICES HARRIS PM
1 SERVICES PROJECT ENG.
1 ICIAA288A INSTALLATION
1 ICIAA288A DISH ALIGNMENT
1 ICIAA288A SYSTEM OPTIMIZATION
1 ICIAA288A PROGRAM MANGEMENT
1 ICIAA288A EQUIPMENT DELIVERY TO SITES
1 ICIAA288A FCC LICENSE FEES
1 ICIAA288A SYSTEM OPTIMIZATION
1 ICIAA288A PROGRAM MANGEMENT

BASE STATION EQUIPMENT

2 T5365 QUANTAR
2 X640 110 WATT OPERATION
2 X806D CONVENTIONAL ANALOG
2 X580 REPEATER OPERATION
2 X182 DUPLEXER
2 X52AG 30" CABINET
2 X269 SPECTRA TAC OPERATION
2 RDE4547B 455 10db ANTENNA
300 L1705 1/2" HELIAX
2 RRX4025A POLYPHASER
4 RDN4547A 1/2" GROUND KITS
2 RDN4655A A/C PROTECTOR
4 ICIAA288A N-MALE CONNECTORS
2 ICIAA288A BASE STATION JUMPER

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

2 ICIAA288A INSTALLATION

Berkshire County Budgetary Equipment list.xls 3 12/11/2008

15 Kilowatt Generator & setup	\$58,000
UPS emergency power backup system	\$28,500

Total Costs \$547,290.38

All goods and/or services must be received on or before June 30, 2010 to be eligible for reimbursement under the Fiscal Year 2009 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Development Grant

II. For categories B and C, please provide detailed justification as to why you should receive funds applied for. Justification must include detailed explanation as to 1) Potential for Positive impact on Regional/Multi-Community Public Safety, 2) Potential for Fiscal/Cost Benefit, and 3) Project Management and Measurement.

Please refer to Application Guideline Section VI. Grant Selection Process for description of how this narrative section will be evaluated. Please use additional sheets as needed.

Project #1 (FY09) Removal of interior wall to allow for the addition of 2 dispatching consoles.

The PSAP at the Berkshire County Sheriff's Office currently serves the needs of 23 of the 32 Cities and Towns in Berkshire County. The addition of 2 dispatching consoles will allow the regional PSAP to dispatch for an increased number of Cities and Towns. It will also increase the capacity of the PSAP for enhanced 911 surge capacity. Cities and Towns that utilize the regional PSAP at the Sheriff's Office experience substantial savings in personnel costs as well as equipment and maintenance costs. The addition of 2 more consoles gives the PSAP the capacity to provide services for up to 3-4 additional communities (depending on population and call volume). With the current economic situation in Massachusetts, communities that are facing reductions in staff or the inability to afford expensive upgrades to existing dispatching centers have an economically viable alternative. The regional PSAP provided by the Berkshire County Sheriff's Office must have additional space and additional dispatching consoles in order to ensure the capacity to offer the services to additional communities in Berkshire County. The PSAP charges the individual communities served a yearly fee that allows for the ongoing support of the PSAP. The current fees total just under \$200,000 for the 23 cities and towns served. The first phase of the project would be the elimination of the wall in the 911 Center. Once the wall is removed the 2 additional consoles would be installed by Motorola using the Massachusetts State Contract ITT10. The use of the State Contract allows for quicker completion of the entire project. This project would be completed well before the end of Fiscal Year 2009.

Project #2 & Project #3(FY10) Purchase and installation of new 180' Communication Tower, Purchase and installation of microwave equipment for tower.

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

This project will have a positive impact on regional/multi-community public safety because it will allow the PSAP to access multiple tower sites. The current tower is attached to the roof of the Sheriff's Office and because of weight restrictions it does not have the required height to directly reach Mt. Greylock and Savoy Mountain communication towers. The current tower only allows connection to a single control point. If that single control point goes down we cannot re-direct communications. The new tower would eliminate communication dead spots and allow redundancy in the system by allowing us to hit multiple sites in the event of a problem at a current site. The new tower would improve interoperability with the installation of microwave that would allow participation in the proposed regional microwave project which will tie-in to the state-wide microwave project with the State Executive Interoperability Committee. The new tower will increase the capacity for coordination of local and regional police, fire and EMS resources including response to routine events and major disasters because it would allow access to multiple tower sites, allow paging of multiple departments and simultaneous dispatching. The Berkshire County Emergency Communications Systems Committee currently governs PSAPs, SOPS, accountability, service, standards and control. The Berkshire County Sheriff's Office is currently a member on this committee. The costs for maintaining the tower can be borne by the support and incentive grant as well as the assessments to the cities and towns that participate. Motorola has identified the statement of work as well as performance measures and reports, and identified project management roles in their cost proposals included in this application.

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME: N/A
CONTRACTOR VENDOR/CUSTOMER CODE: N/A

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

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

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

AUTHORIZED SIGNATORY NAME	TITLE
Carmen C. Massimiano, Jr.	Sheriff
John J. Quinn, Jr.	Superintendent
Marianne Blanchet	Chief Fiscal Officer

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

Marianne Blanchet
Signature

Date: 12-15-08

Title: Chief Fiscal Officer _____ Telephone: 413-443-5942 Ext. 3031

Fax: 413-443-0618 _____ E-mail: Marianne.Blanchet@sdb.state.ma.us

[Listing can not be accepted without all of this information completed.]

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

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME: N/A
CONTRACTOR VENDOR/CUSTOMER CODE: N/A

PROOF OF AUTHENTICATION OF SIGNATURE

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

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

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

Title: _____

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

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

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

_____, 20 ____.

My commission expires on: _____

AFFIX NOTARY SEAL

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

_____, 20 ____.

AFFIX CORPORATE SEAL

Already submitted with training grant application.



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT

1380 Bay Street, Building C ~ Taunton, MA 02780-1088
Tel: 508-828-2911 ~ TTY: 508-828-4572 ~ Fax: 508-828-2585
www.mass.gov/e911



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

KEVIN M. BURKE
Secretary of Public Safety
and Security

FRANK POZNIAK
Executive Director

DTC 1-23

March 6, 2009

Sheriff Carmen Massimiano
Berkshire County Sheriff's Office
467 Cheshire Road
Pittsfield, MA 01202

COPY

Dear Sheriff Massimiano:

Thank you very much for participating in the FY 2009 Executive Office of Public Safety and Security (EOPSS) and State 911 Department (Department) Regional and Regional Secondary Public Safety Answering Point (PSAP) and Regional Emergency Communications Center Development Grant program. The EOPSS and Department applaud the emergency communications services that the Berkshire County Sheriff's Office provides the residents and visitors of Berkshire County through your existing Regional PSAP and we are pleased to be able to provide you with assistance for your proposed expansion and upgrade. We also are very delighted to be working with you and the Massachusetts State Police to integrate and share public safety radio system infrastructure and resources that will positively impact public safety for all communities in Berkshire County and Western Massachusetts.

The limited pool of funds being distributed from this Grant program are being awarded competitively based on guidelines contained within the Grant application packets. We are very pleased to inform the Berkshire County Sheriff's Office that it has been awarded a grant of \$76,024.20 to be used toward the architectural, construction and equipment costs associated with expanding and upgrading your Regional PSAP. If you have any question regarding the amount of this award, please contact Executive Director Frank Pozniak at 508-828-2911. Please note that the contract start date is Monday, March 9, 2009 and will extend through June 30, 2010. We will be making the request for payment/disbursement forms available on our website www.mass.gov/e911. For any questions related to this process, please contact Michelle Hallahan at (508) 828-2911 ext. 116.

The Department anticipates that the FY2010 Development Grant guidelines and application will be available this spring with awards to be announced in the summer of this year. This "second round" of Development Grant funding will be for a 12 month cycle commencing at the time of awards. We encourage the Berkshire County Sheriff's Office to apply for additional funding it



may need to further improve and expand its Regional PSAP. This Grant program along with our Support and Incentive Grants is designed to provide financial incentive to expand regionalization and consolidation throughout the Commonwealth. Department staff is available to provide administrative and technical assistance to your Office.

Congratulations on your successful application and thank you very much for your continued efforts in finding creative ways to most effectively improve public safety within Berkshire County and the Commonwealth.

Sincerely,

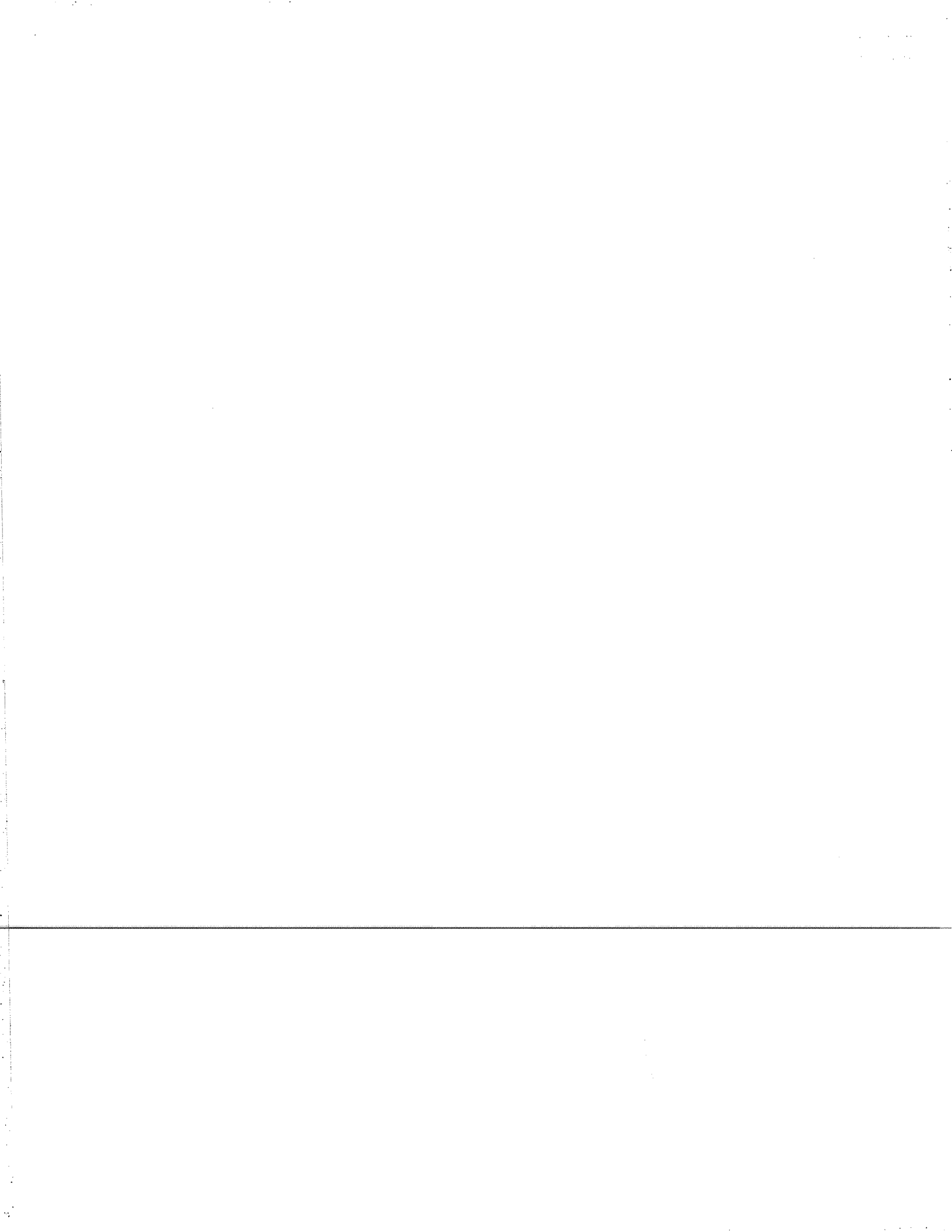
A handwritten signature in cursive script that reads "Kevin M. Burke".

Kevin M. Burke, Secretary
Executive Office of Public Safety and Security

A handwritten signature in cursive script that reads "Frank Pozniak".

Frank Pozniak, Executive Director
State 911 Department

cc: Marianne Blanchet, Berkshire County Sheriff's Office



DTC 1-23

MMARS Doc ID: ISA EPS RDEV ISAEPS*SDB096

**COMMONWEALTH OF MASSACHUSETTS
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM**



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

BUDGET FISCAL YEAR: 2009	RFR REFERENCE NUMBER / ENTER RFR NUMBER: _____ OR ___ N/A.
MMARS ALPHA BUYER/PARENT DEPARTMENT CODE: EPS	MMARS ALPHA SELLER/CHILD DEPARTMENT CODE: SDB
BUSINESS MAILING ADDRESS: STATE 911 DEPARTMENT 1380 BAY STREET, BUILDING C TAUNTON, MA 02780	BUSINESS MAILING ADDRESS: BERKSHIRE COUNTY SHERIFF'S OFFICE 467 CHESHIRE ROAD PITTSFIELD, MA 01201
ISA MANAGER: KAREN ROBITAILLE	ISA MANAGER: MARIANNE BLANCHET

COPY

PHONE: (508) 828-2911	FAX: (508) 828-2585	PHONE: (413) 443-7220, EXT 3031	FAX: (413) 443-0618
E-MAIL ADDRESS: KAREN.ROBITAILLE@STATE.MA.US		E-MAIL ADDRESS: MARIANNE.BLANCHET@SDB.STATE.MA.US	

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

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

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

Amend Budget/Accounts. Change Maximum Obligation from: \$ 448,958 to New Maximum Obligation \$ 524,982.20 (Attachment B)

Amend Budget/Accounts. No Change in Maximum Obligation (Attachment B)

Amend Dates of Performance. New Dates of Service: Start Date: 8/20/08 End Date: June 30, 2010 (Subject to execution dates below.)

Amend Scope of Services/Performance

BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED:
AS OUTLINED IN THE STATE 911 DEPARTMENT DEVELOPMENT GRANT, THE PRIMARY GOAL IS TO SUPPORT THE DEVELOPMENT AND STARTUP OF REGIONAL AND REGIONAL SECONDARY PSAPS AND REGIONAL EMERGENCY COMMUNICATION CENTERS, INCLUDING THE EXPANSION OR UPGRADE OF EXISTING REGIONAL AND REGIONAL SECONDARY PSAPS, TO MAXIMIZE EFFECTIVE EMERGENCY 911 AND DISPATCH SERVICES AS WELL AS REGIONAL INTROPRABILITY IN COMPLIANCE WITH GUIDELINE AND THE APPROVED APPLICATION.

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

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

BGCN - non-subsidiarized (federal, capital, trust). Attachment C required for any new ISA or ISA Amendment involving federal funds.

BGCS - subsidiarized (budgetary)

Other (CT, RPO as authorized by CTR): _____

Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child), however, resources are committed to ISA.

Amendment with no Accounting Changes to Budget/Accounts or to Attachments B or C. (Indicate no change below and complete account information)

<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account: 8000-0911	Fund: 0056	Major Program Code:	Program Code:
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:

ISA ANTICIPATED START DATE: 3/9/09, provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations for this ISA is available in the Seller/Child account for expenditure.

TERMINATION DATE OF THIS ISA: This ISA shall terminate on 06/30/10, unless terminated or properly amended in writing by the parties prior to this date.

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

BUYER/PARENT DEPARTMENT'S AUTHORIZED SIGNATURE: <i>Frank Pozniak</i> (Date must be handwritten by signatory at time of signature)	DATE: 3/9/09	SELLER/CHILD DEPARTMENT'S AUTHORIZED SIGNATURE: <i>John T. Quinn Jr.</i> (Date must be handwritten by signatory at time of signature)	DATE: 3-9-09
PRINT NAME: FRANK POZNIAK		PRINT NAME: John T. Quinn Jr.	
PRINT TITLE: EXECUTIVE DIRECTOR		PRINT TITLE: Superintendent	

March 9, 2009

Ref.: 911 incntive program ISA

Hi, Karen:

I have faxed 2 pages of prints out including this cover letter.

If you have any question, please let me know.

Thank you.

Doo Choi

Berkshire County sheriff's Office
Finance Department
467 Cheshire Road
Pittsfield, MA 01201

Email: doo.kyung.choi@sdb.state.ma.us
Tel.# 413-443-5942 ext. 3022

COMMONWEALTH OF MASSACHUSETTS INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM



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

BUDGET FISCAL YEAR: 2009		RFR REFERENCE NUMBER ENTER RFR NUMBER: _____ OR N/A.	
MMARS ALPHA BUYER/PARENT DEPARTMENT CODE: EPS		MMARS ALPHA SELLER/CHILD DEPARTMENT CODE: SDB	
BUSINESS MAILING ADDRESS: STATE 911 DEPARTMENT 1380 BAY STREET, BUILDING C TAUNTON, MA 02780		BUSINESS MAILING ADDRESS: BERKSHIRE COUNTY SHERIFF'S OFFICE 467 CHESHIRE ROAD PITTSFIELD, MA 01201	
ISA MANAGER: KAREN ROBITAILLE		ISA MANAGER: MARIANNE BLANCHET	
PHONE: (508) 828-2911	FAX: (508) 828-2585	PHONE: (413) 443-7220, EXT 3031	FAX: (413) 443-0618
E-MAIL ADDRESS: KAREN.ROBITAILLE@STATE.MA.US		E-MAIL ADDRESS: MARIANNE.BLANCHET@SDB.STATE.MA.US	

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

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

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

Amend Budget/Accounts. Change Maximum Obligation from: \$ 448,958 to New Maximum Obligation \$ 524,982.20 (Attachment B)

Amend Budget/Accounts. No Change in Maximum Obligation (Attachment B)

Amend Dates of Performance. New Dates of Service. Start Date: 8/20/08 End Date: June 30, 2010 (Subject to execution dates below.)

Amend Scope of Services/Performance

BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED:
AS OUTLINED IN THE STATE 911 DEPARTMENT DEVELOPMENT GRANT, THE PRIMARY GOAL IS TO IS TO SUPPORT THE DEVELOPMENT AND STARTUP OF REGIONAL AND REGIONAL SECONDARY PSAPS AND REGIONAL EMERGENCY COMMUNICATION CENTERS, INCLUDING THE EXPANSION OR UPGRADE OF EXISTING REGIONAL AND REGIONAL SECONDARY PSAPS, TO MAXIMIZE EFFECTIVE EMERGENCY 911 AND DISPATCH SERVICES AS WELL AS REGIONAL INTEROPERABILITY IN COMPLIANCE WITH GUIDELINE AND THE APPROVED APPLICATION.

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

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

BGCN - non-subsidiarized (federal, capital, trust). Attachment C required for any new ISA or ISA Amendment involving federal funds.

BGS - subsidiarized (budgetary)

Other (CT, RPO as authorized by CTR): _____

Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child), however, resources are committed to ISA.

Amendment with no Accounting Changes to Budget/Accounts or to Attachments B or C. (Indicate no change below and complete account information.)

ADD	DELETE	NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8000-0911	0056		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Account:	Fund:	Major Program Code:	Program Code:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Account:	Fund:	Major Program Code:	Program Code:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Account:	Fund:	Major Program Code:	Program Code:

ISA ANTICIPATED START DATE: 3/9/09, provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations for this ISA is available in the Seller/Child account for expenditure.

TERMINATION DATE OF THIS ISA: This ISA shall terminate on 06/30/10, unless terminated or properly amended in writing by the parties prior to this date.

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

BUYER/PARENT DEPARTMENT'S AUTHORIZED SIGNATURE: DATE: _____ <small>(Date must be handwritten by signatory at time of signature)</small>	SELLER/CHILD DEPARTMENT'S AUTHORIZED SIGNATURE: DATE: <u>3-9-09</u> <small>(Date must be handwritten by signatory at time of signature)</small>
PRINT NAME: FRANK POZNIAK	PRINT NAME: <u>John J. Quinn, Jr.</u>
PRINT TITLE: EXECUTIVE DIRECTOR	PRINT TITLE: <u>Superintendent</u>

SHERIFF CARMEN C. MASSIMIANO, JR.
BERKSHIRE COUNTY SHERIFF'S OFFICE
467 CHESHIRE ROAD
PITTSFIELD, MA 01201
TEL: (413) 447-7117 FAX: (413) 443-0008

**BERKSHIRE COUNTY
SHERIFF'S OFFICE**

Fax

To: Karen Robitaille, Finance Director **From:** Diane M. Maynes
Fax: 508-828-2585 **Pages:** 2
Phone: 508-828-2911 **Date:** March 9, 2009
Re: 911 Development Grand Award ISA **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

● **Comments:**

Per your request, page 1 (signed by Supt. John J. Quinn, Jr.,) of the ISA above referred to follows. I will mail the original today.

Thank you.

The documents accompanying this facsimile transmission contain information from the Sheriff of Berkshire County, Massachusetts that may be **confidential and/or privileged**. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately.



The Commonwealth of Massachusetts

BERKSHIRE COUNTY
OFFICE OF SHERIFF

467 CHESHIRE ROAD
PITTSFIELD, MASSACHUSETTS 01201
TELEPHONE
413-443-7220

CARMEN C. MASSIMIANO, JR.
SHERIFF

JAMES J. MOONEY
SPECIAL SHERIFF

JOHN J. QUINN, JR.
SUPERINTENDENT

MICHAEL GARVEY
DEPUTY SUPERINTENDENT

March 9, 2009

Karen Robitaille
Commonwealth of Massachusetts
State 911 Department
1380 Bay Street, Bldg. C
Taunton, MA 02780

Ref: FY2009 911 Incentive Modified ISA

Dear Karen:

I have enclosed the modified 911 incentives ISA.

- ISA EPS RDEV ISAEPS*SDB09B

If you have any question, please let me know.

Thank you.

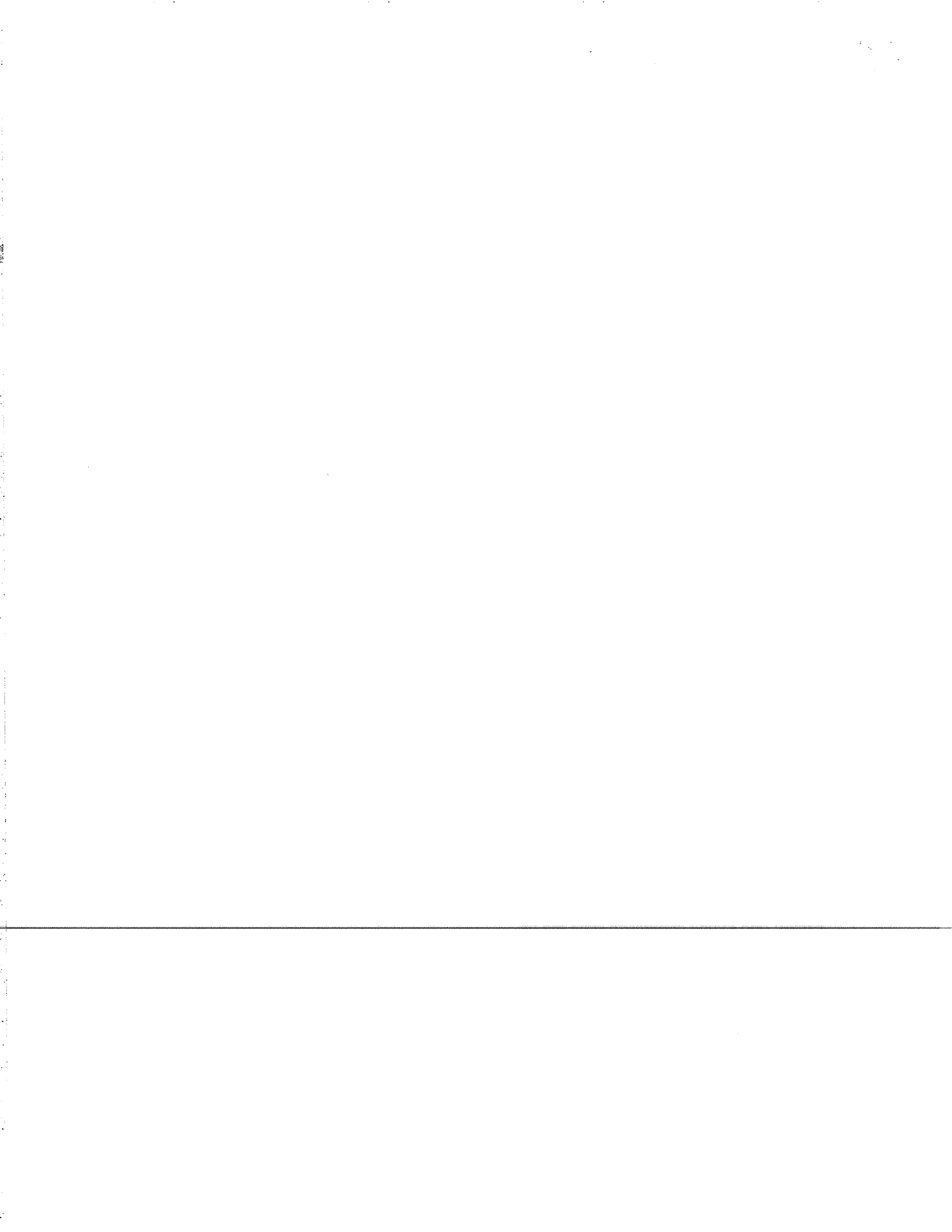
Sincerely,

Doo Kyung Choi

Tel.# 413-443-5942 ext. 3022

Email: doo.kyung.choi@sdb.state.ma.us

RECEIVED
MAR 12 2009
MASSACHUSETTS
STATE 911 DEPARTMENT



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Code :	<input type="text" value="BGCN"/>	<input checked="" type="checkbox"/>	Unit :	<input type="text" value="RDEV"/>
Dept. :	<input type="text" value="EPS"/>		ID :	<input type="text"/>

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	Code	Dept.	Unit	ID	Comments	Version	Function	Phase	Status	Date	User ID	A
<input type="checkbox"/>	BGCN	EPS	RDEV	ISAEPS00000000SBD09E	No	1	New	Pending	Submitted	5/11/09	epsac5	

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View All (1 of 2) : The Summary values will be overwritten on the Budget line. (W0111)

BGCN - EPS- ISAEPS0000000SBD09E- 1- New- Pending

Action Menu

	Budget FY	Appr Unit	Fund	Sub Fund	Department	Dollar Amount	Increase/Decrease
✓	2009	80000911	0056	6614	EPS	\$76,024.20	Increase
	2009	80000911	0056	6614	SDB	\$76,024.20	Increase

Insert New Line Insert Copied Line

First Prev Next Last

Perform Budget Rollup Smart Budget Rollup Load Existing Links Load Summary Values Choose Central Revenue Budget Line

Budget Level 2

Action :

Event Type :

Start Date :

End Date :

Dollar Amount :

Increase/Decrease :

Allotment Dist Amount :

Summary Link Floor :

Summary Link Ceiling :

Summary Link % :

Fiscal Year :

Period :

Budget FY :

Appr Unit :

Fund :

Sub Fund :

Department :

Parent Dept :

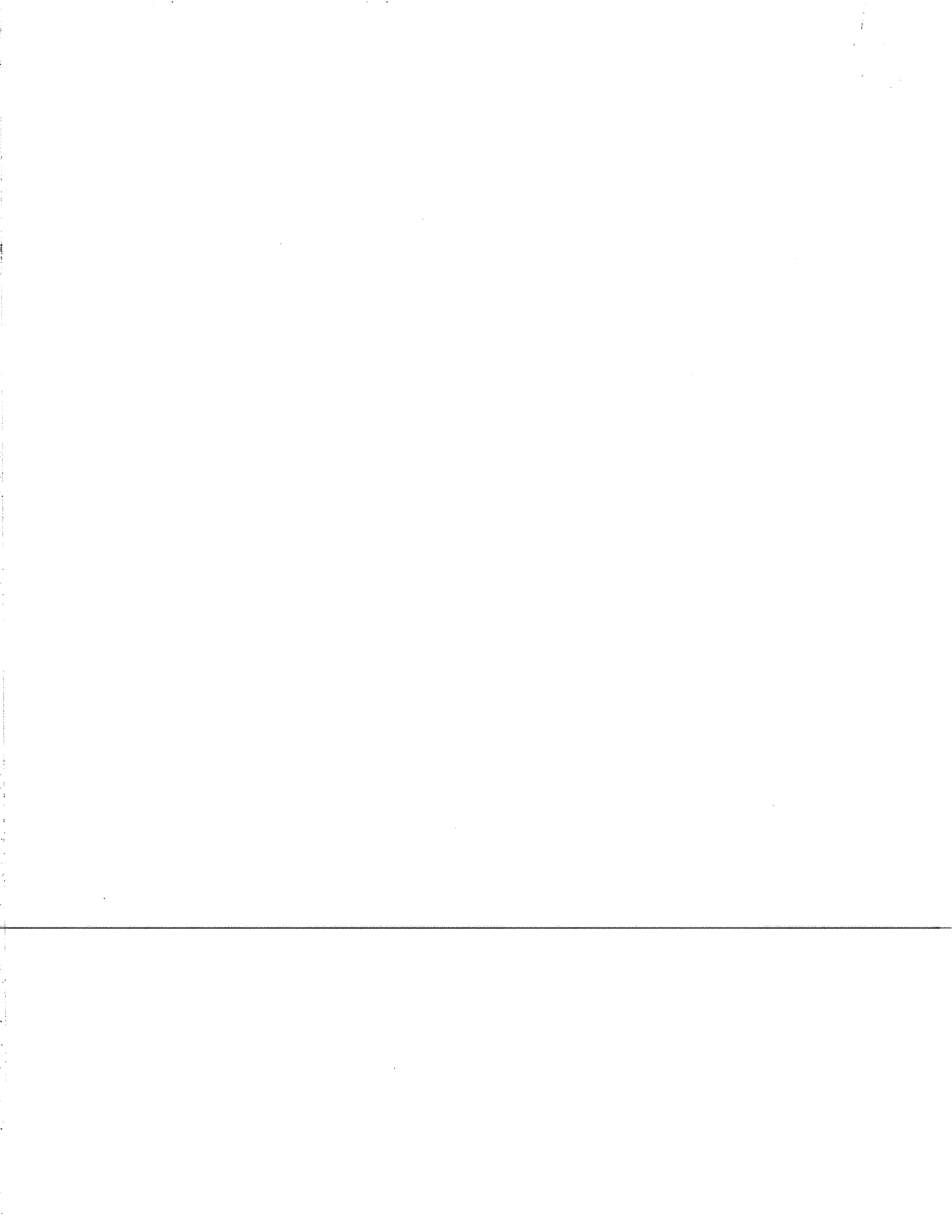
Parent Dept Name :

Description :

Legal Cite :

Print Approve Reject Close



Menu





COMMONWEALTH OF MASSACHUSETTS INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM

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

BUDGET FISCAL YEAR: 2009		RFR REFERENCE NUMBER ENTER RFR NUMBER: _____ OR ___ N/A.	
MMARS ALPHA BUYER/PARENT DEPARTMENT CODE: EPS		MMARS ALPHA SELLER/CHILD DEPARTMENT CODE: SDB	
BUSINESS MAILING ADDRESS: STATE 911 DEPARTMENT 1380 BAY STREET, BUILDING C TAUNTON, MA 02780		BUSINESS MAILING ADDRESS: BERKSHIRE COUNTY SHERIFF'S OFFICE 467 CHESHIRE ROAD PITTSFIELD, MA 01201	
ISA MANAGER: KAREN ROBITAILLE		ISA MANAGER: MARIANNE BLANCHET	
PHONE: (508) 828-2911	FAX: (508) 828-2585	PHONE: (413) 443-7220, EXT 3031	FAX: (413) 443-0618
E-MAIL ADDRESS: KAREN.ROBITAILLE@STATE.MA.US		E-MAIL ADDRESS: MARIANNE.BLANCHET@SDB.STATE.MA.US	
Purpose of ISA: (Check one option only and complete applicable information) (Attachment A required for New ISAs and all ISA Amendments.) <input type="checkbox"/> New ISA. Current Maximum Obligation for total duration of ISA \$ _____ (Use "N/A" for Non-Financial ISA.) (Complete Attachment B) <input checked="" type="checkbox"/> Amendment to Existing ISA. What is being amended? (Attachment C required for all Federal and Bond Account Amendments) <input checked="" type="checkbox"/> Amend Budget/Accounts. Change Maximum Obligation from: \$ <u>448,958</u> to New Maximum Obligation \$ <u>524,982.20</u> (Attachment B) <input type="checkbox"/> Amend Budget/Accounts. No Change in Maximum Obligation (Attachment B) <input checked="" type="checkbox"/> Amend Dates of Performance. New Dates of Service: Start Date: <u>8/20/08</u> End Date: <u>June 30, 2010</u> (Subject to execution dates below.) <input checked="" type="checkbox"/> Amend Scope of Services/Performance			
BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED: AS OUTLINED IN THE STATE 911 DEPARTMENT DEVELOPMENT GRANT, THE PRIMARY GOAL IS TO SUPPORT THE DEVELOPMENT AND STARTUP OF REGIONAL AND REGIONAL SECONDARY PSAPS AND REGIONAL EMERGENCY COMMUNICATION CENTERS, INCLUDING THE EXPANSION OR UPGRADE OF EXISTING REGIONAL AND REGIONAL SECONDARY PSAPS, TO MAXIMIZE EFFECTIVE EMERGENCY 911 AND DISPATCH SERVICES AS WELL AS REGIONAL INTEROPERABILITY IN COMPLIANCE WITH GUIDELINE AND THE APPROVED APPLICATION.			
WILL SELLER/CHILD DEPARTMENT STATE EMPLOYEES (AA OBJECT CLASS) BE FULLY OR PARTIALLY FUNDED UNDER THIS ISA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, Seller/Child certifies that the ISA is not being used as an alternative funding mechanism for state employees, that the identified personnel in Attachment A are necessary for completion of the ISA due to particular expertise or other factors that can not be obtained through the use of contractors, and that if federal funds are being used, funds shall not be used to supplement the regular salary or compensation of any officer or employee of the Commonwealth for services performed during their regular working hours. M.G.L. c. 29, § 6B.			
ACCOUNT INFORMATION. Complete for all new ISAs and Amendments (even if account information is not changing) Check one option, indicate "add", "delete" or "no change" and enter account, fund, major program code and program code. <input checked="" type="checkbox"/> BGCN - non-subsidiarized (federal, capital, trust). Attachment C required for any new ISA or ISA Amendment involving federal funds. <input type="checkbox"/> BGCS - subsidiarized (budgetary) <input type="checkbox"/> Other (CT, RPO as authorized by CTR): _____ <input type="checkbox"/> Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child), however, resources are committed to ISA. <input type="checkbox"/> Amendment with no Accounting Changes to Budget/Accounts or to Attachments B or C. (Indicate no change below and complete account information.)			
<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> NO CHANGE	Account: 8000-0911	Fund: 0056	Major Program Code: _____ Program Code: _____
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> NO CHANGE	Account: _____	Fund: _____	Major Program Code: _____ Program Code: _____
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> NO CHANGE	Account: _____	Fund: _____	Major Program Code: _____ Program Code: _____
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> NO CHANGE	Account: _____	Fund: _____	Major Program Code: _____ Program Code: _____
ISA ANTICIPATED START DATE: <u>3/9/09</u> , provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations for this ISA is available in the Seller/Child account for expenditure.			
TERMINATION DATE OF THIS ISA: This ISA shall terminate on <u>06/30/10</u> unless terminated or properly amended in writing by the parties prior to this date.			
BUYER/PARENT AND SELLER/CHILD DEPARTMENT CERTIFICATIONS. IN WITNESS WHEREOF , by executing this ISA below, the Buyer/Parent and Seller/Child certify, under the pains and penalties of perjury, that Buyer/Parent and Seller/Child understand and agree that any Buyer/Parent or Seller/Child officer or employee who knowingly violates, authorizes or directs another officer or employee to violate any provision of state finance law relating to the incurring of liability or expenditure of public funds, including this ISA, may be considered to be in violation of M.G.L. c. 29, § 66, and therefore the Buyer/Parent and the Seller/Child agree to ensure that this ISA complies with, and that all staff or contractors involved with ISA performance are provided with sufficient training and oversight to ensure compliance with 815 CMR 6.00, CTR applicable policies and the ISA Terms and Conditions which are incorporated by reference into this ISA, in addition to the performance requirements identified in Attachment A of this ISA, and that all terms governing performance of this ISA are attached to this ISA or incorporated by reference herein, and the Buyer/Parent and Seller/Child agree to maintain the necessary level of communication (including immediate notification of any amendments to accounting information, program codes or performance needs), coordination, access to reports and other ISA information, and cooperation to ensure the timely execution and successful completion of the ISA, amendments, and state finance law compliance; and that the Buyer/Parent certifies it will ensure that sufficient funds are timely made available in the Seller/Child account(s), with the proper accounting codes, prior to the Seller/Child's need to begin initial or amended performance; and that the Seller/Child will not allow initial or amended performance to begin until the ISA is executed AND the ISA Seller/Child account is sufficiently funded to support encumbrances and payments for performance (including payroll), and the Seller/Child will make encumbrances and payments (including payroll) only from the authorized ISA Seller/Child account(s) and shall not be entitled to transfer charges made from any other account not approved in writing by CTR in advance of expenditures by the Seller/Child.			
BUYER/PARENT DEPARTMENT'S AUTHORIZED SIGNATURE:  DATE: <u>3/9/09</u> (Date must be handwritten by signatory at time of signature)		SELLER/CHILD DEPARTMENT'S AUTHORIZED SIGNATURE:  DATE: <u>3-9-09</u> (Date must be handwritten by signatory at time of signature)	
PRINT NAME: FRANK POZNIAK		PRINT NAME: John J. Quinn, Jr.	
PRINT TITLE: EXECUTIVE DIRECTOR		PRINT TITLE: Superintendent	

COPY

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM

TERMS AND CONDITIONS



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

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

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

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

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

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

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

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

ISA Termination or Suspension. An ISA shall terminate on the date specified, unless this date is properly amended prior to this date, or unless terminated or suspended under this Section upon prior written notice to the Seller/Child. The Buyer/Parent may terminate an ISA without cause and without penalty with at least thirty days prior written notice, or may terminate or suspend an ISA with reasonable notice if the Seller/Child breaches any material term or condition or fails to perform or fulfill any material obligation required by an ISA, or in the event of an elimination of an appropriation or availability of sufficient funds for the purposes of an ISA, or in the event of an unforeseen public emergency mandating immediate Buyer/Parent action. Upon immediate notification to the other party, neither the Buyer/Parent nor the Seller/Child shall be deemed to be in breach for failure or delay in performance due to Acts of God or other causes factually beyond their control and without their fault or

negligence. Contractor failure to perform or price increases due to market fluctuations or product availability will not be deemed factually beyond the Seller/Child's control.

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

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

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

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

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

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

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

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

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

**INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM
TERMS AND CONDITIONS**



ATTACHMENT A – TERMS OF PERFORMANCE AND JUSTIFICATIONS:

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

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

Amendment: (Add) The State 911 Department is awarding SDB \$76,024.20 under its Development Grant program. The purpose of the State 911 Department Regional and Regional Secondary PSAP and Regional Emergency Communication Center Development Grant program is to support the development and startup of regional and regional secondary PSAPs and regional emergency communication centers, including the expansion or upgrade of existing regional and regional secondary PSAPs, to maximize effective emergency 911 and dispatch services as well as regional interoperability. This award is made in compliance with grant guidelines and the approved application as submitted by SDB and conditions of award letter.

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

Amendments: (Add) Consistent with the State 911 Department Development grant guidelines, the SDB will enhance its capabilities to provide enhanced 911 services to its communities. SDB will use the established reimbursement/disbursement request form, with the required supporting documentation to report costs to the State 911 Department. The State 911 Department will make funding available through the child account pursuant to this ISA.

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

Amendments: (Add) Pursuant to the guidelines of the State 911 Department Development Grant Application Package all costs must be incurred on or before **June 30, 2010**.

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

Amendment: (Add) The State 911 Department has made funding available through the State 911 Department PSAP and RECC Development Grant program to all governmental entities hosting a Regional, Regional Secondary Public Safety Answering Points (PSAPs) or Regional Emergency Communications Center (RECC). Through this grant program, eligible PSAPs compete for funds to develop or enhance their current PSAP. This was a competitive grant process under which SDB was awarded funding.

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

Amendment: (Add) There are no personnel costs under this program.

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

Amendment: (Add) SDB will utilize the contract services for architectural, engineering and construction cost as awarded under this grant. SDB agrees to comply with all applicable procurement regulations and notify EPS of selected contractors.

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

Amendment: (Add): The State 911 Department Development Grant Program will fund the purchase of dispatch consoles as noted in the grant application.

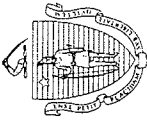
8. [REQUIRED] Identify the format and timing of ISA reports to the Buyer/Parent Department. Include the type of reports (e.g., progress or status, data, etc.), timing of reports (e.g., weekly, monthly, final) and the medium for submission of reports (e.g., e-mail, Excel spreadsheet, paper, telephone):

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM
TERMS AND CONDITIONS



Amendment: (Add) Reimbursement/disbursement requests must be submitted according to the guidelines stated in the State 911 Department Grant Application . Allotments will be made upon approval of the reimbursement requests.

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



INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM

ATTACHMENT B - BUDGET

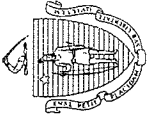
Check one: Initial ISA Budget
 X ISA Budget/Account Amendment. Maximum Obligation of ISA before this Amendment: \$ 448,958
 PRIOR MMARS DOCUMENT ID: _____ (for reference - if applicable)
 CURRENT DOC ID: ISA

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

A	B	C	D	E	F	G	H	I
Budget Fiscal Year	Seller/Child Account	Object Class	Description	Initial ISA Amount / or Prior to Amendment	Indicate Add or Reduce +/-	Amendment Amount	Enter "YES" if Amount is a prior FY budget reduction or a current FY "Carry-in" authorization for Federal ISA Funds	New Amount After Amendment
2009	8000-0911	AA	Salary/Overtime	\$ 1303.00	+	\$257,643.95		\$258,946.95
2009	8000-0911	DD	Fringe/Payroll Taxes	\$ 18.00	+	\$59,768.87		\$59,786.87
2009	8000-0911	EE	Indirect/Registrations/tapes	\$5085.00	+	\$57,100.62		\$62,185.62
2009	8000-0911	GG	Electrical		+	\$ 5,925.80		\$5,925.80
2009	8000-0911	JJ	Training	\$5,468.00				\$5,468.00
2009	8000-0911	KK	Office Furnishings		+	\$ 5,308.00	+41,570.00	\$46,878.00
2009	8000-0911	NN	HVAC System		+	\$ 9,467.48	+19,000	\$ 28,467.48
2009	8000-0911	UU	IT Expenses		+	\$41,869.28	+15,454.20	\$57,323.48

FISCAL YEAR SUBTOTALS AND TOTAL MAXIMUM OBLIGATION FOR DURATION OF ISA	
FISCAL YEAR: 2009	SUBTOTAL (or New Subtotal if Fiscal Year Subtotal being amended) \$524,982.20
FISCAL YEAR:	SUBTOTAL (or New Subtotal if Fiscal Year Subtotal being amended) \$
FISCAL YEAR:	SUBTOTAL (or New Subtotal if Fiscal Year Subtotal being amended) \$
TOTAL MAXIMUM OBLIGATION FOR DURATION OF ISA (or New Total Maximum Obligation if amended) \$524,982.20	

Additional Budget Specifications:



INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM

ATTACHMENT C – FEDERAL GRANT SELLER/CHILD ACCOUNT

[Complete ONLY if Buyer/Parent Account is a Federal Grant Account. Seller/Child Department must signoff in order to process document.]

NEW ISA ISA AMENDMENT		
BUYER/PARENT DEPARTMENT:		
BUDGET FISCAL YEAR:		
SELLER/CHILD DEPARTMENT:		
Revenue Budget		
CTR ONLY - REVENUE BUREAU WILL ASSIGN Revenue Source		
BUYER/PARENT DEPARTMENT MUST COMPLETE ALL ITEMS BELOW		
CENTRAL BUDGET STRUCTURE (BGCN - BQ89)		
Appropriation Number:	Payroll Indicator: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Budgetary Estimated Receipts \$	BGCN Document Identification No.:	
COST ACCOUNTING STRUCTURE (BGRG- BQ88)		
Total Maximum Obligation of ISA: \$	BGRG Document Identification No.:	
MAJOR PROGRAM TABLE SET-UP		
Major Program (6 chars. or less):	Major Program Short Name (same as appropriation number):	
Major Program Name:		
PROGRAM PERIOD TABLE SET-UP OR EXTENDED PROGRAM PERIOD		
Effective From Date:	Effective To Date:	
Program Period:		
Program Period Name:	Program Period Short Name:	
	PROGRAM TABLE SET-UP	
Effective From Date:	Effective To Date:	
Program Name:	Program Short Name:	
Program Code: (MUST START WITH "F" followed by up to 9 characters) F	Sub Account:	
FUNDING PROFILE - FUNDING LINE		
Draw Name:	Customer ID	Payment System Code – Check one option only
EDCAPS:	VC7000000001	<input type="checkbox"/> D
ECHO:	VC7000000002	<input type="checkbox"/> E
LOCES:	VC7000000003	<input type="checkbox"/> L
SMARTLINK:	VC7000000004	<input type="checkbox"/> S
ASAP- OTHER:	VC7000000005	<input type="checkbox"/> Y
ASAP:	VC7000000006	<input type="checkbox"/> Z
GRANT- NON DRAW:	VC7000000007	<input type="checkbox"/> No Code
FUNDING IDENTIFICATION		
Federal Catalog Agency: (2 digit code)	Federal Catalog Suffix: (3 digit code)	
Letter of Credit No.:		

Authorized Signatory Seller/Child Department: _____ Date: _____ Name: _____

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM INSTRUCTIONS



The Interdepartmental Service Agreement (ISA) Form is issued by the Office of the Comptroller (CTR) pursuant to 815 CMR 6.00 for use by all Commonwealth Departments. The ISA Instructions are provided to assist both Buyer/Parent and Seller/Child Commonwealth Departments with the interpretation and completion of the ISA Form and are incorporated by reference into the ISA. The ISA Form is the "Contract" that documents the business agreement (joint venture) between two Commonwealth departments within the Executive, Judicial and Legislative Branches of government. A Department must be recognized as a Department in the State Accounting System (hereinafter referred to as "MMARS") in order to transfer or receive funding under an ISA. The ISA must comply with funding language in any appropriation act funding the ISA, as well as all applicable general and special state or federal laws, regulations. The Buyer/Parent and Seller/Child are responsible for reviewing and complying with the applicable CTR policies (including but not limited to the ISA, electronic signature and state finance law policies) located at the [CTR Knowledge Center](#) under Procurement and Contracts and also at the CTR Website at: [Comptroller Policies](#). While reasonable efforts have been made to assure the accuracy of the legal requirements for ISAs, Departments should consult with their legal counsel to ensure compliance with all legal requirements related to their performance under an ISA. PLEASE NOTE THAT NOT ALL APPLICABLE LAWS HAVE BEEN CITED IN THIS DOCUMENT. INSTRUCTIONS AND HYPERLINKS MAY BE ADDED OR CHANGED WITHOUT NOTICE, SO CHECK THIS DOCUMENT PERIODICALLY FOR UPDATES.

- ➔ **MMARS DOCUMENT ID:** Enter the state accounting system (MMARS) BGCN or BGCS or other authorized MMARS document number associated with this ISA. ISA related DOC ID Numbering must be done as described below. The Doc ID must be the Doc ID entered into MMARS and reflected on the supporting ISA paperwork. All ISA Doc IDs MUST START WITH "ISA", as follows:

EXAMPLE DOC ID Number: ISAEPS12345678SDF06A

First 3 Characters	Second 3 Characters	Next 8 Characters	Next 3 Characters	Next 2 Characters*	Last Character
ISA	Buyer/Parent Department Alpha	Buyer/Parent defined. May be numeric, alpha or combination	Seller/Child Department Alpha	Fiscal Year	A (initial document) B (1st Amendment) C (2 nd Amendment)
ISA	EPS	12345678	SDF	06	A

- ➔ **BUDGET FISCAL YEAR.** Enter the Budget Fiscal Year of the ISA or ISA Amendment, as appropriate.
- ➔ **REQUEST FOR RESPONSE REFERENCE NUMBER.** If the Seller/Child responded to an RFR that was posted on Comm-PASS, enter the RFR Reference Number as posted. If an RFR was not used, indicate "N/A". Seller/Child Departments may respond to a Request for Response (RFR) or other solicitation of a Buyer/Parent Department. If the Seller/Child Department is selected as a contractor, the ISA Form must be used as the "contract" (instead of the applicable Commonwealth Terms and Conditions and Standard Contract Form and Instructions).
- ➔ **BUYER/PARENT/SELLER/CHILD DEPARTMENT NAME:** Enter the 3 Alpha MMARS Department Code. For Example "CTR" for the Office of the Comptroller.
- ➔ **BUSINESS MAILING ADDRESS:** Enter the address where all correspondence to the ISA Manager must be sent. Unless otherwise specified in the ISA, legal notice sent or received by the Department's ISA Manager (with confirmation of actual receipt) through the listed fax number(s) or electronic mail address for the ISA Manager will meet any requirements for written notice under the ISA.
- ➔ **ISA MANAGER:** Identify the authorized ISA Manager who will be responsible for managing the ISA. ISA Managers must be Department Head Authorized Signatories in order to execute the ISA and otherwise obligate the Department with the appropriate MMARS Security to support Department Head Signature Authorization.
- ➔ **PHONE/FAX/E-MAIL ADDRESS:** Identify the phone, fax number(s) and electronic mail (e-mail) address of the ISA Manager.
- ➔ **PURPOSE OF ISA.** Check off whether this is a new ISA or an ISA Amendment. For New ISAs, enter the total Maximum obligation for the duration of the ISA. If an ISA Amendment, check off any of the Amendments that are being made and complete any information in the blanks provided and the Attachments that are identified.
- ➔ **BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY THIS ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED:** Identify a brief description of the ISA, ISA name and performance to be accomplished under the ISA. If an ISA Amendment, identify what is being amended. Merely stating "see attached" or referencing attachments without a narrative description of performance is insufficient *and will result in ISA or Amendment being returned to MMARS Liaison of Buyer/Parent Department*. The description is used to specifically identify the ISA performance, match the ISA with attachments and determine if the appropriate process has been selected.
- ➔ **INDICATE WHETHER SELLER/CHILD DEPARTMENT STATE EMPLOYEES (AA OBJECT CLASS) WILL BE FULLY OR PARTIALLY FUNDED UNDER THIS ISA.** Justification for use of state employees and details of who will be working and work that will be performed must be included as part of ATTACHMENT A.
- ➔ **ACCOUNT INFORMATION.**
 - * Check the correct option for either a BGCN – non-subsidiarized (federal, capital, trust); BGCS – subsidiarized (budgetary); Other (CT, RPO or other document authorized by CTR); Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child with resources committed to ISA; or Amendment without Budget changes to ISA (used only for an Amendment if there are no changes to the budget and no changes to Attachments B and C (if applicable).
 - * Identify for each account under the ISA whether the account is "added", "deleted" or "no change". **THIS SECTION MUST BE COMPLETED FOR AMENDMENTS EVEN IF THE ACCOUNT INFORMATION HAS NOT CHANGED.** Enter each ISA account, fund, major program code and program code for all funding under the ISA. Attachment B must be completed for all financial ISAs and ISA Amendments (with Budgetary or Account amendments). Attachment C must be completed for any financial ISAs or ISA Amendments with Budgetary or Account amendments involving federal or capital funds).
- ➔ **ISA ANTICIPATED START DATE.** Enter the anticipated start date, provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations under this ISA available in the Seller/Child account for expenditure.

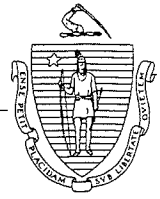
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM INSTRUCTIONS



Note - ISA Duration. ISAs can be executed for the duration that makes sense from a business perspective. Multi-Year ISAs are encouraged if it best supports the Buyer/Parent and Seller/Child business processes. Similar to other types of contracts, all ISAs are subject to appropriation or other available funding. Therefore, Departments can enter into a Multi-year ISA even if funding transactions have to be processed annually to support each fiscal year of the ISA. Buyer/Parent and Seller/Child Departments are responsible for ensuring that the funding is in place in the authorized Seller/Child account(s) to ensure that the Seller/Child Department can timely encumber funds and pay employees, contractors, grantees, etc. from the authorized ISA Seller/Child account(s) in accordance with the ISA Terms and Conditions.

- ➔ **TERMINATION DATE OF THIS ISA:** The Buyer/Parent Department must enter the date the ISA will terminate. An ISA must be signed for the full duration and amount in accordance with what is negotiated between the Buyer/Parent and Seller/Child Department. Amendments to extend the termination date, such as renewals, must be made using the ISA Form and must be signed by authorized Department Head signatories (with appropriate MMARS Authorized Signatory Security roles) of both the Buyer/Parent and the Seller/Child Department contemporaneously with the need for the amendment but no later than the termination date (or as previously amended) in accordance with 815 CMR 6.00.
- ➔ **AUTHORIZING SIGNATURE FOR BUYER/PARENT DEPARTMENT/DATE:** The Authorized Buyer/Parent Department Signatory must, in their own handwriting, and in ink, sign AND enter the date the ISA is signed. **THE DATE IS AN INEXTRICABLE PART OF THE SIGNATURE AND MUST BE COMPLETED BY THE SIGNATORY AND MAY NOT BE PRE-FILLED OR ENTERED AFTER THE SIGNATURE BY ANOTHER PERSON.** Rubber stamps, typed or other images are not acceptable. See CTR policies on Electronic Signature and Department Head Signature Authorization for Department Head and Authorized Signatory certifications and responsibilities.
- ➔ **NAME/TITLE:** The Buyer/Parent and Seller/Child Department Authorized Signatory's name and title must appear legibly.
NOTE: Secretariat signoff is not required in order for CTR to process an ISA. However, Seller/Child and Buyer/Parent Departments are required to follow any internal secretariat procedures when obtaining authorization for an ISA (or for certain ISA transactions such as an inter-subsidiary transfer "TS") prior to submission to CTR. All ISAs are periodically reviewed by CTR to verify that the signatories are authorized by their Department Head to execute contracts. Departments are responsible for timely processing through secretariats to ensure timely funding as required under the Department Head certifications.
- ➔ **ATTACHMENT A – TERMS OF PERFORMANCE AND JUSTIFICATIONS.** *Attachment A is required for all new ISAs and for all ISA Amendments.* Departments must use this attachment and insert (type, or copy and paste) the required information in addition to other terms of performance negotiated by the parties under Section 9. Sections 1-8 are mandatory and must be answered in detail or the ISA will be returned to the Buyer/Parent Department MMARS Liaison. All information must be inserted into Attachment A using as many pages as necessary. If Amending the ISA, completion of Sections 1, 2 and 3 identifying what is being amended and the reasons for the amendments is required. For sections 4-9 enter only the amended language in the sections being amended.
- ➔ **ATTACHMENT B - ANTICIPATED BUDGET.** *Attachment B is required for all New ISAs and for all ISA Amendments with budget and accounting transactions.* Departments must use this form. Insert all required information and use as many additional lines and pages as necessary. This attachment must breakdown the specifics of the ISA funding, by fiscal year, Seller/Child account, object class, description and amount. For multi-year ISAs the Attachment must provide a subtotal each fiscal year of the ISA (which equals each fiscal year's anticipated maximum obligation). All ISAs must provide a total maximum obligation for the total duration of the ISA (which must equal the total of all fiscal year subtotals) and must match the "Total Maximum Obligation for Duration of ISA" on the executed ISA.
 - * Check "Initial ISA Budget", or "ISA Amendment"
 - * Identify the MMARS Doc ID if the ISA is being amended.
 - * **Complete Columns A-E For New ISAs. Complete Columns A-I for Amendments.**
 - **Column "A" (Budget Fiscal Year).** Enter the fiscal year of the funding, or amendment. For Multi year ISAs Column A must list planned expenditures by each fiscal year of the ISA.
 - **Column "B" (Seller/Child Account).** Enter the number of each Seller/Child account listed on the ISA Form. For ISAs using multiple Seller/Child Accounts, Column B must list planned expenditures for each Seller/Child account.
 - **Column "C" (Object Class).** Enter the Object Class (subsidiary) as outlined in the CTR Expenditure Classification Handbook (for example, "AA" for Employee compensation, "EE" for Administrative Expenses, "HH" for Consultant Contracts, etc.). IF the line item is authorized for multiple fiscal years, enter a separate line-item for each fiscal year of the ISA in which the line-item is authorized, specifying the estimated amount of the authorized expenditure. Line-items break downs of estimated expenditures by Object Class are required even if the Buyer/Parent account is non-subsidiarized, since the Budget acts as the authorization for the ISA expenditures. For subsequent fiscal years, entering "Balance Forward Amount" for federal, bond and trust accounts is insufficient, since good project management practices presume that departments will be managing estimated expenditures over the life of a project with planned fiscal year obligations, rather than managing projects solely based upon remaining uncommitted estimated receipts or uncommitted balances.
 - **Column "D" (Description).** Enter a brief description of the type of authorized budget expenditure or category, (e.g., "Conference Materials", "Program Manager", "Health Evaluations" etc.)
 - **Column "E" (Initial ISA Amount/or Amount Prior to Amendment).** Enter the amount for the budget item authorized under the ISA for each fiscal year. If the ISA is being amended, enter the current amount for this line-item, prior to the amendment. The Amendment amount will be entered in Column G and the new total will be entered in Column I.
 - **Column "F" (+/-)** is only used if the ISA is being amended to add or reduce a budget line item. Enter "+" for budget addition or "-" for a budget reduction.
 - **Column "G" Amendment Amount** is only used if the ISA is being amended to add or reduce a budget line item. Enter the amount of the budget line being increased or decreased.
 - **Column "H" (Carry-In)** is only used if the ISA is being amended to reduce a prior year federal grants fund line item with uncommitted estimated receipts that are being re-authorized in the current or a future fiscal year. Enter "YES" in this column for each line item being amended (by object class and description) to reflect a reduction in the budget in a prior fiscal year line item, and for each line item being added (by object class and description) to reflect a reauthorization of the funds in the current or a future fiscal year.

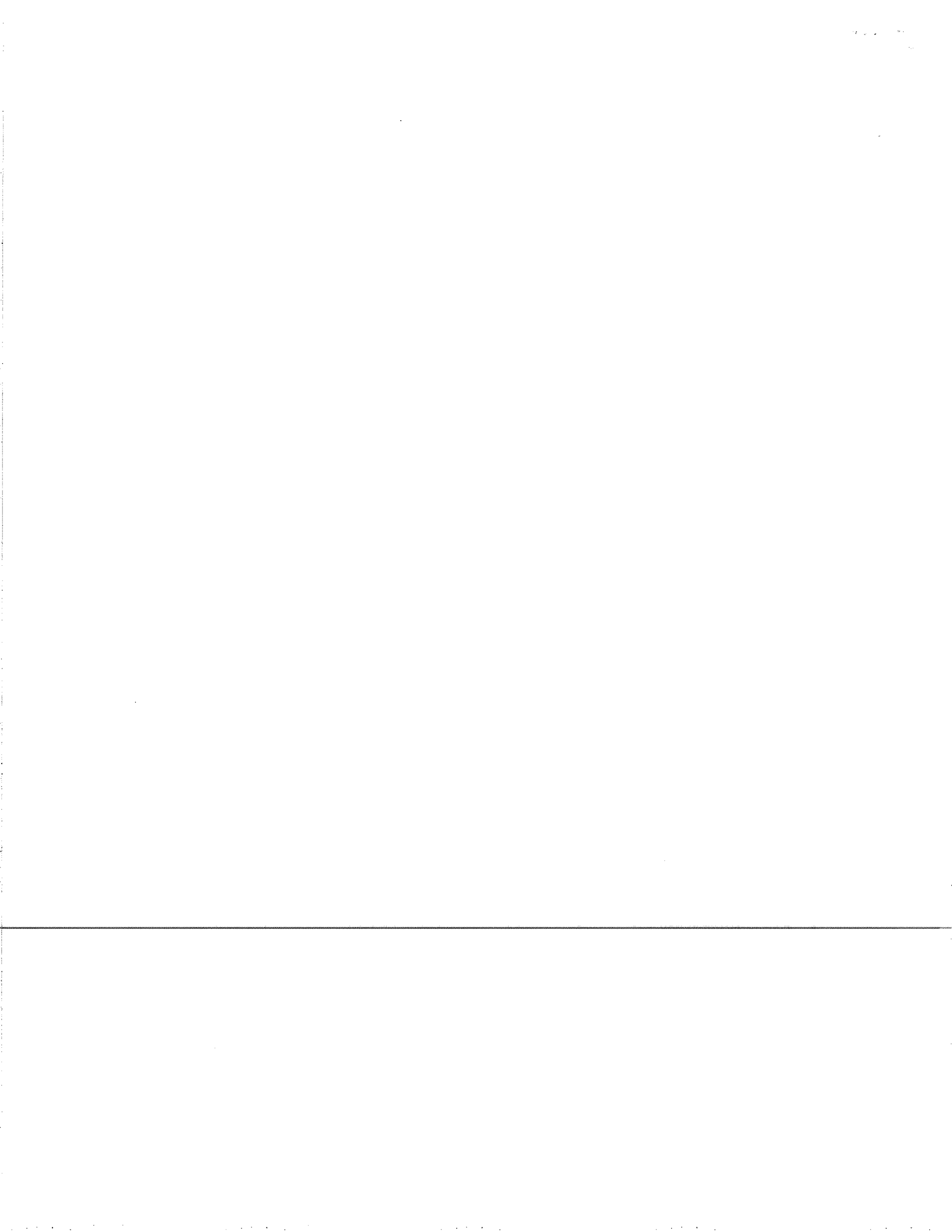
INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM INSTRUCTIONS



- Column "I" New Amount After Amendment is only used if the ISA is being amended to add or reduce a budget line item. Enter new ISA Amount after the adding or reduction of the line-item amount referenced in Column G.
- * FISCAL YEAR SUBTOTALS AND TOTAL MAXIMUM OBLIGATION.
 - Fiscal Year Subtotals. For single fiscal year ISAs enter the fiscal year (e.g., "Fiscal Year 2007") and enter the subtotal of all "Current Amounts" (Column E) for that fiscal year. For Multi-year ISAs, enter each fiscal year of the ISA as a separate subtotal and enter the subtotal of all "Current Amounts" for each fiscal year.
 - Total Maximum Obligation for Duration of ISA. Enter the Total Maximum Obligation for the Duration ISA for all fiscal years (as identified on the executed ISA Form). For single fiscal year ISAs, this amount should be the same as the Fiscal Year Subtotal. For Multi-fiscal year ISAs, this amount should equal the total of all the listed fiscal year subtotals.
- ➔ ATTACHMENT C – FEDERAL GRANT SELLER/CHILD ACCOUNT (complete only if Buyer/Parent Account is a Federal Account). Please enter the following information on this form.
 - * Enter whether this is a "New" ISA or an ISA Amendment and enter the Budget fiscal year.
 - * Enter the Buyer/Parent and Seller/Child Departments, which must match the ISA.
 - * Skip the Revenue Budget and Revenue Source which will be completed by CTR.
 - * CENTRAL BUDGET STRUCTURE:
 - Appropriation Number. Enter the Appropriation Number assigned by ANF.
 - Payroll Indicator. Enter a Payroll indicator of Yes or No.
 - Estimated Budgetary Receipts. Enter the amount of the Estimated Budgetary Receipts (the amount estimated in the ISA or Amendment for the current state fiscal year).
 - BGCN Document Identification No. Enter the MMARS Document Identification Number for the Central Expense Document (BGCN). The BGCN must be entered and submitted to PEND in MMARS. Providing a screen print of the BGCN aids CTR in the processing of the ISA and set up of the accounts or account changes.
 - * COST ACCOUNTING STRUCTURE.
 - Total Maximum Obligation of ISA or ISA Amendment Amount. For New ISAs, enter the Total Maximum Obligation of the ISA for the full duration of the ISA. For ISA Amendments, enter the amount of the modification.
 - BGRG Document Identification No. Enter the MMARS Document Identification Number for the Reimbursable Grant Budget Document (BGRG). The BGRG must be entered and submitted to PEND in MMARS. Providing a screen print of the BGRG aids CTR in the processing of the ISA and set up of the accounts or account changes.
 - * MAJOR PROGRAM TABLE SET-UP. This sets up the cost accounting hierarchy with groups of activities (programs) all part of one structure. For example – a major program could be wastewater management – WASTE. All documents (contracts, encumbrances, payments will reference this code.) All documents (contracts, encumbrances, payments will reference this code.)
 - Major Program. Enter the 6 (or fewer) character Major Program Code assigned by the department.
 - Major Program Name. Enter the full Major Program Name.
 - Major Program Short Name. Enter the Major Program Short Name.
 - * PROGRAM PERIOD TABLE SET-UP OR EXTENDED PROGRAM PERIOD (EPP). Enter the Program Period or Extended Program Period (EPP) information. This establishes the effective period of the grant. Please note that end dates are "hard edited" by the system, thus please take into account the accounts payable period for grants when establishing this date. Multiple periods allow for easy periodic reporting aligned to federal reporting dates. However, a Buyer/Parent department may choose to use 1 reporting period – EPP – that encompasses all dates. The downside of this method is that specific periodic federal reporting by the system is not achieved.
 - Enter the Program Effective From Date and Effective to Date.
 - Enter the Program Period or Extended Program Period (EPP) information.
 - Enter the Program Period Name, and Program Period Short Name.
 - * PROGRAM TABLE SET-UP.
 - Enter Program Name. For example a program could be for "storm water discharge".
 - Enter Program Short Name:
 - Program Code. Enter the 10 (or fewer) characters. All Federal Program codes must begin with the letter "F". This is the second level of the cost accounting hierarchy. Programs are individual activities within a Major Program. Using the major program example, a program could be for storm water discharge – the program code would be "Fstormdis". All documents (Recurring Payment Order (RPO), payments will reference this code.)
 - The sub account must be the sub account in the award letter or the draw on the federal grant will fail. If a sub-account changes, this code must change.
 - * FUNDING PROFILE - Funding Line. This must be filled out properly – indicating the federal payment system to be used. If the wrong payment system is indicated, the draws on the federal grant will fail. Enter a check next to appropriate Payment System Code.
 - * FUNDING IDENTIFICATION.
 - Federal Catalog Agency Code. Enter the 2 digit Federal Catalog Agency code.
 - Federal Catalog Suffix. Enter the 3 digit Federal Catalog Suffix code from your award letter or contact the appropriate agency. This must align to the grant award. The proper grant identification information is a federal reporting requirement.
 - Letter of Credit No. Enter the Letter of Credit No. for this grant award.

COMPLETED ISAS SHOULD BE SUBMITTED FOR PROCESSING TO:

Office of the Comptroller, One Ashburton Place – 9th Floor, Attention: Accounts Payable Bureau, Contracts, Boston, MA 02108
CTR Helpline: **617-973-2468**



BERKSHIRE COUNTY SHERIFF'S OFFICE
467 Cheshire Road
Pittsfield, MA 01201

Tele: 413-443-5942 x-3031 Fax: 413-443-0618
Marianne.blanchet@sdb.state.ma.us

DTC 1-23

COPY

FAX

To: Karen Robitaille	From: Marianne Blanchet
Fax:- 508 828-2585	
Phone:	Date: May 21, 2009
Re:- FY 2009	cc:

Comments:

Karen,

Attached please find the initiated copy of the change to the end date of ISA EPS RDEV
ISAEPS*SDB09B. I will call you this morning with my questions.

Thanks,

Marianne Blanchet, CFO
Berkshire County Sheriff's Office
413-443-5942 ext. 3031
Cell# 413-281-3567



BERKSHIRE COUNTY SHERIFF'S OFFICE
467 Cheshire Road
Pittsfield, MA 01201
Tele: 413-443-5942 x-3031 Fax: 413-443-0618
Marianne.blanchet@sab.state.ma.us

DTC 1-23

COPY

FAX

To:	Karen Robitaille	From:	Marianne Blanchet
Fax:-	508 828-2585		
Phone:		Date:	June 3, 2009
Re:-	FY 2009	cc:	

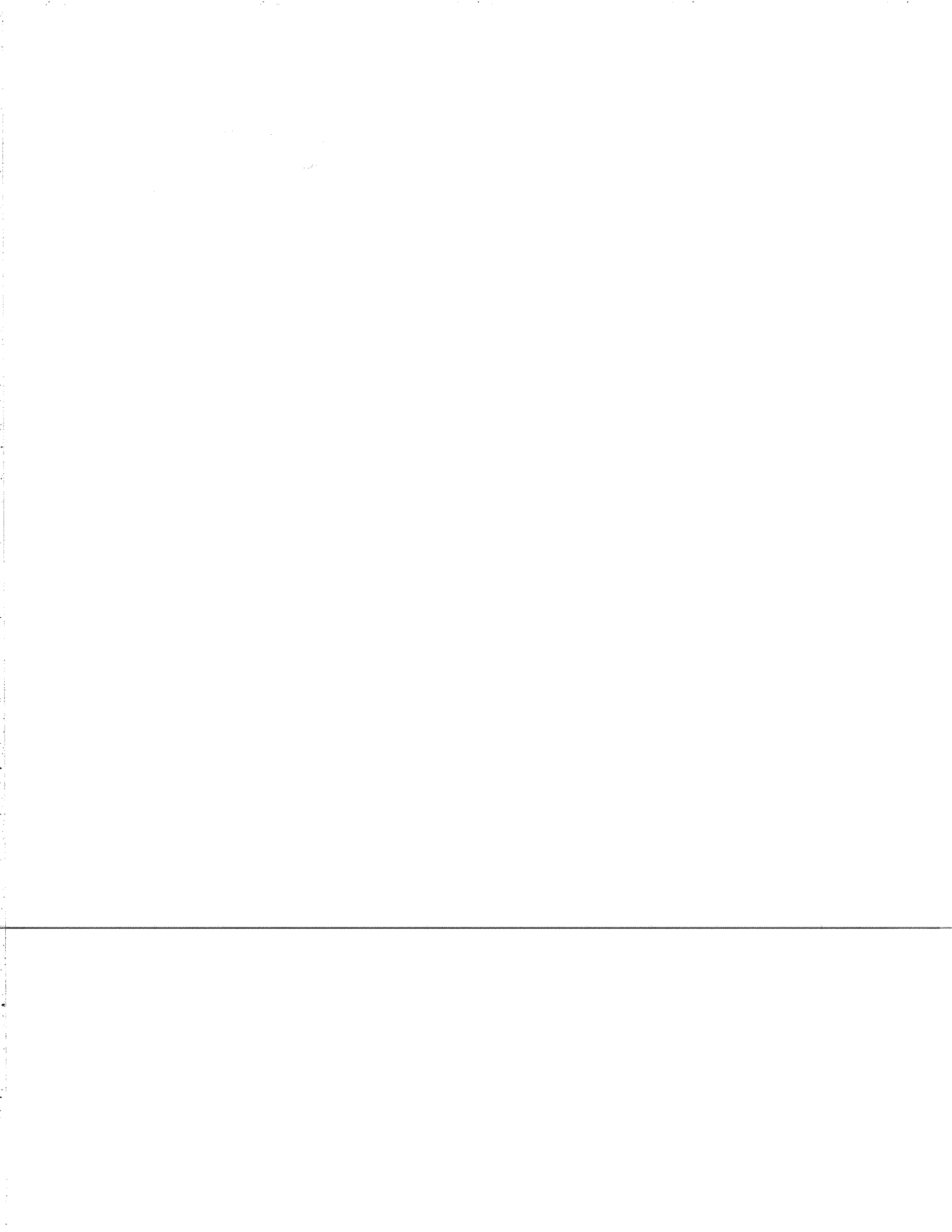
Comments:

Karen,

Here is the modification to the development grant. The changes were made to the C.1. Other facility construction or structural improvements. I reduced the amounts needed for Demolition, Removal and Disposal and Ceiling grid/frame so that I could add the request for \$3,872 for the anti-static carpet.

Thanks,

Marianne Blanchet, CFO
Berkshire County Sheriff's Office
413-443-5942 ext. 3031
Cell# 413-281-3567





The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
1380 Bay Street, Building C ~ Taunton, MA 02780-1088
Tel: 508-828-2911 ~ TTY: 508-828-4572 ~ Fax: 508-828-2585
www.mass.gov/e911



DEVAL L. PATRICK
Governor

DTC 1-23

KEVIN M. BURKE
*Secretary of Public Safety
and Security*

TIMOTHY P. MURRAY
Lieutenant Governor

FRANK POZNIAK
Executive Director

COPY

June 9, 2009

Ms. Marianne Blanchet
Berkshire County Sheriff's Office
467 Cheshire Road
Pittsfield, MA 01201

Dear Ms. Blanchet:

We have reviewed your request for a budget modification related to the FY2009 State 911 Department Development Grant. Please be advised that your request for anti-static floor tiles to include installation has been approved.

Please feel free to contact me at 508-828-2911 x121 should you have any further questions

Sincerely,

Karen Robitaille
Finance Director

cc: FY2009 Development Grant File

COMMONWEALTH OF MASSACHUSETTS

INTERDEPARTMENTAL SERVICE AGREEMENT (ISA) FORM



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

BUDGET FISCAL YEAR: 2009		RFR REFERENCE NUMBER ENTER RFR NUMBER:		OR ___ N/A		
MMARS ALPHA BUYER/PARENT DEPARTMENT CODE: EPS		MMARS ALPHA SELLER/CHILD DEPARTMENT CODE: SDB				
BUSINESS MAILING ADDRESS STATE 911 DEPARTMENT 1380 BAY STREET, BUILDING C TAVANTON, MA 02780		BUSINESS MAILING ADDRESS: BERKSHIRE COUNTY SHERIFF'S OFFICE 467 CHESHIRE ROAD PITTSFIELD, MA 01201				
ISA MANAGER: KAREN ROBITAILLE		ISA MANAGER: MARIANNE BLANCHET				
PHONE (508) 828-2911		FAX (508) 828-2585		PHONE (413) 443-7220, EXT 3031		
E-MAIL ADDRESS: KAREN.ROBITAILLE@STATE.MA.US		E-MAIL ADDRESS: MARIANNE.BLANCHET@SDB.STATE.MA.US				
Purpose of ISA (Check one option only and complete applicable information) (Attachment A required for New ISAs and all ISA Amendments.)						
<input type="checkbox"/> New ISA Current Maximum Obligation for total duration of ISA \$___ (Use "N/A" for Non-Financial ISA.) (Complete Attachment B) <input checked="" type="checkbox"/> Amendment to Existing ISA. What is being amended? (Attachment C required for all Federal and Bond Account Amendments) <input checked="" type="checkbox"/> Amend Budget/Accounts Change Maximum Obligation from: \$448,938 to New Maximum Obligation \$524,982.20 (Attachment B) <input type="checkbox"/> Amend Budget/Accounts No Change in Maximum Obligation (Attachment B) <input checked="" type="checkbox"/> Amend Dates of Performance New Dates of Service: Start Date: 8/20/08 End Date: June 30, 2010 (Subject to execution dates below) <input checked="" type="checkbox"/> Amend Scope of Services/Performance						
BRIEF DESCRIPTION OF PERFORMANCE GOALS TO BE ACCOMPLISHED BY ISA, OR IF AMENDMENT, IDENTIFY WHAT IS BEING AMENDED. AS OUTLINED IN THE STATE 911 DEPARTMENT DEVELOPMENT GRANT, THE PRIMARY GOAL IS TO SUPPORT THE DEVELOPMENT AND STARTUP OF REGIONAL AND REGIONAL SECONDARY PSAPS AND REGIONAL EMERGENCY COMMUNICATION CENTERS, INCLUDING THE EXPANSION OR UPGRADE OF EXISTING REGIONAL AND REGIONAL SECONDARY PSAPS, TO MAXIMIZE EFFECTIVE EMERGENCY 911 AND DISPATCH SERVICES AS WELL AS REGIONAL INTEROPERABILITY IN COMPLIANCE WITH GUIDELINE AND THE APPROVED APPLICATION						
WILL SELLER/CHILD DEPARTMENT STATE EMPLOYEES (AA OBJECT CLASS) BE FULLY OR PARTIALLY FUNDED UNDER THIS ISA? ___ No ___X___ Yes. If Yes, Seller/Child certifies that the ISA is not being used as an alternative funding mechanism for state employees, that the identified personnel in Attachment A are necessary for completion of the ISA due to particular expertise or other factors that can not be obtained through the use of contractors, and that if federal funds are being used, funds shall not be used to supplement the regular salary or compensation of any officer or employee of the Commonwealth for services performed during their regular working hours. M.G.L. c. 29, § 6B.						
ACCOUNT INFORMATION. Complete for all new ISAs and Amendments (even if account information is not changing) Check one option, indicate "add", "delete" or "no change" and enter account, fund, major program code and program code. <input checked="" type="checkbox"/> BGCN - non-subsidiarized (federal, capital, trust) Attachment C required for any new ISA or ISA Amendment involving federal funds <input type="checkbox"/> BGS - subsidiarized (budgetary) <input type="checkbox"/> Other (CT, RPO as authorized by CTR) <input type="checkbox"/> Non-Financial ISA (no funds are transferred from Buyer/Parent to Seller/Child), however, resources are committed to ISA. <input type="checkbox"/> Amendment with no Accounting Changes to Budget/Accounts or to Attachments B or C. (Indicate no change below and complete account information)						
<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account: 8000-0911	Fund: 0056	Major Program Code:	Program Code:
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> NO CHANGE	Account:	Fund:	Major Program Code:	Program Code:
ISA ANTICIPATED START DATE: 3/9/09, provided that the Seller/Child certifies that it will not incur any obligations related to this ISA prior to the date that this ISA is executed, NOR prior to the date that sufficient funding for the obligations for this ISA is available in the Seller/Child account for expenditure						
TERMINATION DATE OF THIS ISA: This ISA shall terminate on 06/30/10 unless terminated or properly amended in writing by the parties prior to this date						
BUYER/PARENT AND SELLER/CHILD DEPARTMENT CERTIFICATIONS. IN WITNESS WHEREOF, by executing this ISA below, the Buyer/Parent and Seller/Child certify, under the pains and penalties of perjury, that Buyer/Parent and Seller/Child understand and agree that any Buyer/Parent or Seller/Child officer or employee who knowingly violates, authorizes or directs another officer or employee to violate any provision of state finance law relating to the incurring of liability or expenditure of public funds, including this ISA, may be considered to be in violation of M.G.L. c. 29, § 66, and therefore the Buyer/Parent and the Seller/Child agree to ensure that this ISA complies with, and that all staff or contractors involved with ISA performance are provided with sufficient training and oversight to ensure compliance with 815 CMR 6.00, CTR applicable notices and the ISA Terms and Conditions which are incorporated by reference into this ISA. In addition to the performance requirements identified in Attachment A of this ISA, and that all terms governing performance of this ISA are attached to this ISA or incorporated by reference herein, and the Buyer/Parent and Seller/Child agree to maintain the necessary level of communication (including immediate notification of any amendments to accounting information, program codes or performance needs), coordination, access to reports and other ISA information, and cooperation to ensure the timely execution and successful completion of the ISA, amendments, and state finance law compliance; and that the Buyer/Parent certifies it will ensure that sufficient funds are timely made available in the Seller/Child account(s), with the proper accounting codes, prior to the Seller/Child's need to begin initial or amended performance, and that the Seller/Child will not allow initial or amended performance to begin until the ISA is executed AND the ISA Seller/Child account is sufficiently funded to support encumbrances and payments for performance (including payroll), and the Seller/Child will make encumbrances and payments (including payroll) only from the authorized ISA Seller/Child account(s) and shall not be entitled to transfer charges made from any other account not approved in writing by CTR in advance of expenditures by the Seller/Child.						
BUYER/PARENT DEPARTMENT'S AUTHORIZED SIGNATURE: <i>Frank Poziak</i> (Date must be handwritten by signatory at time of signature)			SELLER/CHILD DEPARTMENT'S AUTHORIZED SIGNATURE: <i>John J. Quinn, Jr.</i> (Date must be handwritten by signatory at time of signature)			
DATE: 3/9/09			DATE: 3-9-09			
PRINT NAME: FRANK POZIAK			PRINT NAME: John J. Quinn, Jr.			
PRINT TITLE: EXECUTIVE DIRECTOR			PRINT TITLE: Superintendent			

STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT

Type of PSAP: (please check one)

- Regional
 Regional Secondary
 Regional Emergency Communication Center

1. **Name of Governmental Entity Applicant** Berkshire County Sheriff's Office
Address 467 Cheshire Rd.
Pittsfield, Ma. 01201
Telephone Number 413-443-7220
Fax Number 413-499-7200
Website
2. **Name of Authorized Signatory** Marianne Blanchet
Telephone Number 413-443-5942 x. 3031
Fax Number 413-443-0618
Email Address Marianne.Blanchet@sdb.state.ma.us
3. **Name of Financial Officer / Contract Manager** Marianne Blanchet
Telephone Number 413-443-5942 x. 3031
Fax Number 413-443-0618
Email Address Marianne.Blanchet@sdb.state.ma.us
4. **Total Grant Program funds requested.** \$ 76,024.20

5. **Goal and Desired Outcome**

Through its submission of this application to the State 911 Department, the applying governmental entity affirms that the primary goal of the State 911 Department Regional and Regional Secondary PSAP and Regional Emergency Communication Center Development Grant program is to support the development and startup of regional and regional secondary PSAPs and regional communication centers, including the expansion or upgrade of existing regional and regional secondary PSAPs, to maximize effective emergency 911 and dispatch services as well as regional interoperability.

6.

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

Signed under the penalties of perjury this 3rd day of June, 2009.

Marianne Blanchet 6-3-09

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY DATE SIGNED
(in blue ink)

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

BUDGET WORKSHEET

Eligible Applicants must submit a budget detailing goods/services to be procured in FY 2009 which ends June 30, 2009 and those to be procured in FY 2010 (July 1, 2009 – June 30, 2010)

PHASE _ of _

CATEGORY	FY 2009	FY2010	TOTAL
A. CPE Equipment Current Regional Secondary PSAPs only and requires pre-approval	\$	\$	\$
B. Feasibility Study	\$	\$	\$
C.1. Materials	\$	\$	\$
C. 1. Labor	\$	\$	\$
C. 1. Architectural and engineering services including creation of specs, blueprints, floor plans etc.	\$ 2,500.00	\$	\$
C.1. Other facility construction or structural improvement items requires pre-approval	\$ 16,500.00	\$	\$
C. 2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant, or directly provided by the Department.	\$ 57,024.20	\$	\$
TOTAL*	\$ 76,024.20	\$	\$

*Total amount must exactly match amount requested on application page

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

DETAIL NARRATIVE

I. Please make sure that every item listed in the above Budget Worksheet is listed in the below narrative with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please use additional pages if needed.

A. CPE Equipment for regional secondary PSAP

B. Feasibility Study

C.1. Construction Materials

C. 1. Labor

C. 1. Architectural and engineering services including creation of specs, blueprints, floor plans etc.

Engineering review study for removal of existing wall in regional PSAP \$2,500.00 ✓

C.1. Other facility construction or structural improvement items; **requires pre-approval** ✓

Project # 1 (FY09) Expansion of the existing regional PSAP by removing an existing interior CMU wall allowing for the addition of 2 dispatching stations. The wall currently separates the 911 call center and the existing call center entry hallway. The referenced wall is a non-bearing wall, approximately 17' 11" in length, 13' in height. The wall is constructed of insulated 8"x12" CMU block. The wall also contains six electrical outlets and 2 wall mounted fire alarms. Also there is extensive electrical conduit and thermostat wiring that must be removed and relocated.

Demolition	✓	\$5,000.00	(750)
Removal and Disposal	✓	\$4,750.00	(2650)
Relocation of existing wiring		\$2,500.00	✓
Carpet tile and installation (anti-static)	✓	\$3,872.00	✓
Realignment of existing acoustical			
Ceiling grid /frame	✓	\$ 378.00	(500)
Total		\$16,500.00	

C.2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant or that is not directly provided by the Department.

Project # 1 (FY09) 2 Additional Dispatching Consoles from Motorola (State Contract IIT10)

Qty	Model	Description	Ma State Contract Price	Extended Amount
2	B1822B	Gold Elite Interface	\$ 10,120.00	\$ 20,240.00
2	K704AE	Headset Jack	\$ 192.00	\$ 384.00
2	K570AE	Headset Jack	\$ 192.00	\$ 384.00
2	K572AF	Footswitch	\$ 76.80	\$ 153.60
2	K703	Gooseneck Microphone	\$ 246.40	\$ 492.80
2	K742AB	100' Plenium CEB Cable	\$ 633.60	\$ 1,267.20
1	B1827	Software License Manager	\$ 132.00	\$ 132.00
2	X293	Elite OP Software License	\$ 4,800.00	\$ 9,600.00
1	B1879	Refresh Package		\$ -

**STATE 911 DEPT. REGIONAL and REGIONAL SECONDARY PSAP and RECC
DEVELOPMENT GRANT**

4 X69	COIM Refresh Software	\$	640.00	\$	2,560.00
1 B1425	CEB Card Cage	\$	4,213.60	\$	4,213.60
2 DS019BLK	19" LCD Monitor	\$	1,368.00	\$	2,736.00
2 TT2066	Gold Elite Workstations	\$	2,317.50	\$	4,635.00
1 1/A	Extension Computer Cables	\$	426.00	\$	426.00
1 1/A	Installation	\$	9,800.00	\$	9,800.00
				\$	57,024.20

All goods and/or services must be received on or before June 30, 2010 to be eligible for reimbursement under the Fiscal Year 2009 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Development Grant

II. For categories B and C, please provide detailed justification as to why you should receive funds applied for. Justification must include detailed explanation as to 1) Potential for Positive impact on Regional/Multi-Community Public Safety, 2) Potential for Fiscal/Cost Benefit, and 3) Project Management and Measurement.

Please refer to Application Guideline Section VI. Grant Selection Process for description of how this narrative section will be evaluated. Please use additional sheets as needed.

COPY

Commonwealth of Massachusetts
State 911 Department
FY2009 REGIONAL & REGIONAL SECONDARY PSAP & RECC DEVELOPMENT GRANT

REIMBURSEMENT

DISBURSEMENTS

Grant Recipient: Berkshire County Sheriff's Office

Name of Person Completing this Report: Doo Kyung Choi

Phone number: 413-443-5942 x. 3022

Authorized Signature: *Marianne Blanchet* ✓ Date: 8-25-09

Print Authorized Signature: *Marianne Blanchet*

I hereby certify that all expenses comply with the Development grant as awarded.

W. P. [Signature]

SUMMARY

CATEGORY	GRANT AWARDED AMOUNT	AMOUNT REQUESTED
A. CPE Equipment - Current Regional Secondary PSAPs ONLY	\$0	
B. Feasibility Study	\$0	
C.1. Materials	\$0	
C.1. Labor	\$0	
C.1. Architectural and engineering services including creation of specs, blueprints, floor plans etc.	\$0	\$ 2,500.00 ✓
C.1. Other facility construction or structural improvements items	\$0	\$ 16,500.00 ✓
C.2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant, or directly provided by the Department.	\$0	\$ 57,024.20 ✓
TOTAL	\$0	\$ 76,024.20 ✓



The Commonwealth of Massachusetts

BERKSHIRE COUNTY
OFFICE OF SHERIFF

467 CHESHIRE ROAD
PITTSFIELD, MASSACHUSETTS 01201
TELEPHONE
413-443-7220

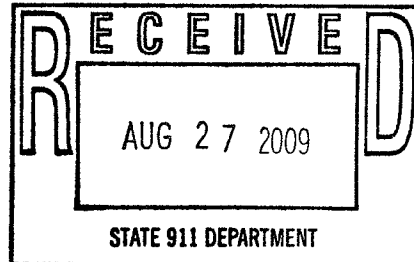
CARMEN C. MASSIMIANO, JR.
SHERIFF

JAMES J. MOONEY
SPECIAL SHERIFF

JOHN J. QUINN, JR.
SUPERINTENDENT

MICHAEL GARVEY
DEPUTY SUPERINTENDENT

August 26, 2009



Michelle Hallahan
Accounts Receivable/Fiscal Specialist
Commonwealth of Massachusetts
State 911 Department
1380 Bay Street, Bldg. C
Taunton, MA 02780

Ref: FY2009 911 Development Grant Expenditure Report

Dear Michelle:

I'd like to submit FY2009 911 Development Grant Expenditure Report.
I have enclosed the below forms with appropriate payment documents.

- Summary
- B.
 - o C.1 category; architectural and engineering services including creation of specs, blueprints, floor plans etc.
 - o C.1 category; other facility construction or structural improvement items requires pre-approval
 - o C.2 category; equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant, or directly provided by the Department

If you have any question, please let me know.

Thank you.

Sincerely,

Doo Kyung Choi

Tel# 413-443-5942 ext. 3022

Email: doo.kyung.choi@sdb.state.ma.us

Commonwealth of Massachusetts
 State 911 Department
 FY2009 REGIONAL & REGIONAL SECONDARY PSAP & RECC DEVELOPMENT GRANT

BUDGET CATEGORIES B. THROUGH C.2. PLEASE COMPLETE THIS FORM

Please note: You must submit copies of invoices, proof of payment and other required supporting documentation.

BUDGET CATEGORY	VENDOR NAME	BRIEF DESCRIPTION AND/OR PURPOSE OF THE EQUIPMENT, MATERIALS OR SERVICES	EQUIPMENT MAKE AND MODEL NUMBER	COST
C.1 Architectural and engineering services including creation of specs, blueprints, floor plans etc.	Caolo & Bieniek Associates, Inc.	Architectural design for 911 project	REQUEST VERIFIED WITH GRANT APPLICATION <i>(MVC)</i>	\$ 2,500.00 ✓
C.1 Other facility construction or structural improvement items requires pre-approval	L.P. Adams Co., Inc.	Materials for remodeling, lumbers	REQUEST VERIFIED WITH GRANT APPLICATION <i>(MVC)</i>	\$ 378.00 ✓
C.1 Other facility construction or structural improvement items requires pre-approval	Longden Company, Inc.	Carpet tiles, materials, freight and labor	REQUEST VERIFIED WITH GRANT APPLICATION <i>(MVC)</i>	\$ 3,872.00 ✓
C.1 Other facility construction or structural improvement items requires pre-approval	Champlain	Masonry repairs	REQUEST VERIFIED WITH GRANT APPLICATION <i>(MVC)</i>	\$ 9,750.00 ✓
C.1 Other facility construction or structural improvement items requires pre-approval	Gable Electric, Inc.	911 Expansion project	REQUEST VERIFIED WITH GRANT APPLICATION <i>(MVC)</i>	\$ 2,500.00 ✓
C.2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant or directly provided by the Department	Motorola	REQUEST VERIFIED WITH GRANT APPLICATION Centracom - Elite Component level hardware insertion: HDD duplication	Gold Elite workstations; part# CTO-TT2066, ITG-INS, ITG-IMAGE-BLAST, Sku# 2089670, 445342, 445338, Mfg# TT2066, INS, Image-Blast	\$ 4,635.00 ✓
C.2. Equipment to be used directly in the provision of enhanced 911 services that is not eligible to be funded through any other Department grant or directly provided by the Department	Motorola	REQUEST VERIFIED WITH GRANT APPLICATION <i>(MVC)</i>	Motorola item# B1822B	\$ 52,389.20 ✓
TOTAL				\$ 76,024.20 ✓

View All (1 of 2) : Document validated successfully
PRC - SDB- 06090900000000118020- 1- New- Draft

Action Menu

Accounting

Accounting Line	Total Line Amount	Line Closed Amount	Outstanding Amount
1	\$2,500.00	\$0.00	\$2,500.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

Commodity 1: 811015080000 >

C.D.K.

General Information

Event Type: AP01 Budget FY: 2009
 Accounting Template: Fiscal Year: 2009
 Bank Account: 0000 Period: 12
 Line Description: bs09.1036m
 Sub Total Line Amount: \$2,500.00
 Tax Amount: \$0.00
 Use Tax Amount: \$0.00
 Total Line Amount: \$2,500.00

Check Description: invoice# 4136
 jub# 200929
 911
 Special Instructions Code:
 Disbursement Frequency: Daily

Reference

Ref Doc Code: CT Ref Vendor Line: 1
 Ref Doc Dept: SDB Ref Commodity Line: 1
 Ref Doc ID: 2CAOBIENASSOC1036MNT Ref Accounting Line: 1
 RefType: Final

COPY

Fund Accounting

Fund: 0056 Object: NN1 OSA:
 Sub Fund: 6614 Sub Object: Sub OSA:
 Department: SDB Revenue: Dept Object:
 Unit: 1000 Sub Revenue: Dept Revenue:
 Sub Unit: BSA:
 Appr Unit: 80000911 Sub BSA:

COPY

Detail Accounting

Additional Amounts

Extended Description

Top

Save Undo Print Validate Submit Close

Menu

View All (1 of 2) : Document validated successfully

PRC - SDB- 0609090000000118020- 1- New- Draft

Action Menu

Vendor Line	Vendor Customer	Legal Name	Line Amount
1	VC6000159470	CAOLO & BIENIEK ASSOC INC	2500.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

General Information

Vendor Customer: VC6000159470 Vendor Contact ID: PC999

Legal Name: CAOLO & BIENIEK ASSOC Vendor Contact Name: NONE PROVIDED

Alias/DBA: Address Code: AD001 Vendor Contact Phone: NONE PROVIDED

Address 1: 521 EAST ST Vendor Contact Phone Ext.: Vendor Contact Email:

Address 2: City: CHICOPEE Fax: Fax Extension: Web Address http://:

State: Massachusetts Taxpayer ID Number: Taxpayer ID Type: Merchant ID:

Zip Code: 01020 Tax Profile: Received Service From Date: Received Service To Date:

Country: USA

County:

Disbursement Options

Disbursement Type: Warrant Handling Code: Disbursement Category: 100

Disbursement Format: REGW Scheduled Payment Date: 06/20/2009

Disbursement Priority: 99

Single Payment: Pay Third Party:

On-line Disbursement Rqst: EFT Status: N/A

Invoice Information

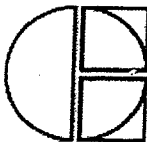
Agreement Reference

Discount Terms

Top

Save Undo Print Validate Submit Close

Menu



CURTIS A. EDGIN, A.I.A., N.C.A.R.B.
JAMES M. HANIFAN, A.I.A., N.C.A.R.B.
KENNETH R. JODRIE, A.I.A., LEED AP
BERTRAM W. GARDNER IV, R.A.

CAOLO & BIENIEK ASSOCIATES, INC.

ARCHITECTURE • PLANNING • INTERIOR DESIGN

INVOICE: **4136**

DATE: **June 2, 2009**

TO: **BERKSHIRE SHERIFF'S OFFICE
467 CHESHIRE ROAD
PITTSFIELD, MA 01201**

ATTN: PURCHASING AGENT

RE: **911 CENTER EXPANSION**

JOB NUMBER: **200929**

FOR ARCHITECTURAL SERVICES RENDERED TO DATE:

100% x \$2,500.00.....**\$2,500.00**

PAID TO DATE.....**\$0.00**

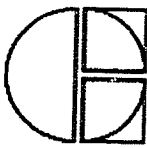
TOTAL DUE THIS INVOICE.....**\$2,500.00**

RECEIVED

JUN 04 2009

FINANCE DEPARTMENT

NOTE: Accounts are due in full within 30 days. Finance charge will be added after 30 days at a "Periodic Rate" of 1-1/2% per month which is an ANNUAL RATE of 18% applied to the unpaid balance.



CURTIS A. EDGIN, A.I.A., N.C.A.R.B.
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TOTAL DUE THIS INVOICE.....\$2,500.00

NOTE: Accounts are due in full within 30 days. Finance charge will be added after 30 days at a "Periodic Rate" of 1-1/2% per month which is an ANNUAL RATE of 18% applied to the unpaid balance.

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form, to be used for New Contracts and Contract Amendments/Renewals, is jointly issued and published by the *Executive Office for Administration and Finance (ANF)*, the *Office of the Comptroller (CTR)* and the *Operational Services Division (OSD)* for use by all Commonwealth Departments. **Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors should only complete sections marked with a "→". For Instructions and hyperlinks (italics), please view this form at: www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*.**

→ Contractor Legal Name (and d/b/a): CAOLO & BIENEK ASSOCIATES		Department MMARS Alpha Code and Name: Berkshire Sheriff's Office	
→ Legal Address (from W-9): 521 EAST STREET, CHICOPEE, MA 01202		Business Mailing Address: 467 Cheshire Road, Pittsfield, MA 01201	
→ Payment Remittance Address (from W-9):		Billing Address (if different):	
→ Contract Manager : CURTIS EDGIN		Contract Manager: John J. Quinn, Jr.	
→ E-Mail Address : cedgin@cbaarchitects.net	→ Phone: 413-594-2800	E-Mail Address: john.quinn@sdb.state.ma.us	Phone: 413-443-7220 x 1104
→ Fax: 413-594-2900	→ TTY:	Fax: 413-499-7200	TTY:
→ State of Incorporation (if a corporation) or "N/A": MA		MMARS Doc ID(s):	
→ Vendor Code : VC6000159470		RFR/Procurement or Other ID Number (if applicable): BS09.1036M	
MMARS Object Code: NN1		Account(s) Funding Contract: 89100145	

NEW CONTRACT

COMPENSATION (Check only one):
 Total Maximum Obligation of this Contract \$ 2,500.00
 Rate Contract (Attach details of rate(s) units and any calculations):

The following **COMMONWEALTH TERMS AND CONDITIONS** for this Contract has been executed and filed with CTR (Check only one):
 Commonwealth Terms And Conditions
 Commonwealth Terms And Conditions For Human And Social Services

PROCUREMENT OR EXCEPTION TYPE (Check one option only):
 Single Department Procurement/Single Department User Contract
 Single Department Procurement/Multiple Department User Contract
 Multiple Department Procurement/Limited Department User Contract
 Statewide Contract (OSD or an OSD-designated Department)
 Grant (as defined by *815 CMR 2.00*)
 Emergency Contract (attach justification)
 Contract Employee (Complete *Employment Status Form*)
 Collective Purchase (attach OSD approval)
 Legislative/Legal Exemption (attach authorizing language)
 Other (Specify and attach documentation):

ANTICIPATED START DATE: 4/30/2009 (Enter the Date Contract Obligations may begin. Review Certification for Effective Date Below prior to entry.)
CONTRACT END DATE: 6/30/2009

CONTRACT AMENDMENT/RENEWAL

ENTER **CURRENT CONTRACT START** and **END DATES** (prior to amendment)
 Current Start Date: _____ Current End Date: _____

COMPENSATION: (Check Either, "No Compensation Change"; "Maximum Obligation" or "Rate change". ATTACH Amended Scope and Budget to support Amendment.)
 NO Compensation Change (Skip to "OTHER" section below and select change)
 Redistribute Budget Line Items (No Maximum Obligation Change)
 Maximum Obligation Change.
 a) **Current Total Contract Maximum Obligation**: \$ _____
 (Total Contract Maximum Obligation, including all prior amendments).
 b) **Amendment Amount** ("+" or "-"): \$ _____
 c) **NEW TOTAL CONTRACT MAXIMUM OBLIGATION**: \$ _____
 Rate Changes to Rate Contract

OTHER: (Check option, explain under "Brief Description" below, and attach documentation.)
 Amend Duration Only (No Compensation or Performance Change)
 Amend Scope of Services/Performance Only (no budget impact.)
 Interim Contract (Temporary Extension to complete new Procurement)
 Other: (Describe Details and Attach documentation):

ANTICIPATED START DATE: _____ (Enter the Date Amendment Obligations may begin. Review Certification for Effective Date Below prior to entry.)
NEW CONTRACT END DATE: _____

→ **PROMPT PAYMENT DISCOUNTS**. Contractor has agreed to the following Prompt Pay Discounts for the listed Payment Issue Dates. See *Prompt Payment Discount Policy*.
 % Within 10 Days % Within 15 Days % Within 20 Days % Within 30 Days OR, Check off the following if:
 Contractor either claims hardship, or chooses not to provide PPD, or compensation is not subject to prompt pay discounts (grants, non-commodity or non-service compensation)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT (Reference to attachments is insufficient):
 This contract is for the authorization for the design or expansion of the 911 Center to the existing 5 station dispatch center (4+1 supervisor) by 2 stations within the existing building envelope. Per your scope this does not include for environmental/hazardous material i.d.; engineering services, cost estimating services or 780 cmr chapter 34 analysis of facility for Department of Public Safety (Building Inspector). Cost to not exceed \$2,500.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, or an earlier Start date listed above, the "Effective Date" of this Contract or Amendment shall be the latest date this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, a later Contract or Amendment Start Date specified above, or the date of any required approvals. By executing this Contract/Amendment, the Contractor makes, under the pains and penalties of perjury, all certifications required under the attached *Contractor Certifications*, and has provided all required documentation noted with a "→", or shall provide any required documentation upon request, and the Contractor agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein, including the terms of the applicable Commonwealth Terms and Conditions available at www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*, the terms of the attached *Instructions*, the Request for Response (RFR), solicitation (if applicable) or other authorization, the Contractor's response to the RFR or solicitation (if applicable), and any additional negotiated performance or budget provisions. The terms of this Contract shall survive its termination for the purpose of resolving any claim, dispute or other Contract action, or for effectuating any negotiated representations and warranties. **THE PARTIES HEREBY ALSO CERTIFY THAT (Check one option only):**

- the Contractor has NOT incurred any obligations triggering a payment obligation for dates prior to the Effective Date of this Contract or Amendment; OR
- any obligations incurred by the Contractor prior to the Effective Date of this Contract or Amendment (for which a payment obligation has been triggered) are intended to be part of this Contract/Amendment and shall be considered a final Settlement and Release of these obligations which are incorporated herein, and upon payment of these obligations, the Contractor forever releases the Commonwealth from any further claims related to these obligations.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

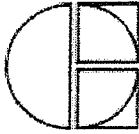
→ X: Date: 4/30/09
 (Signature and Date Must Be Handwritten At Time of Signature)

→ Print Name: Curtis A. Edgin
 → Print Title: PRESIDENT

AUTHORIZING SIGNATURE FOR THE DEPARTMENT:

X: Date: 5-4-09
 (Signature and Date Must Be Handwritten At Time of Signature)

Print Name: John J. Quinn, Jr.
 Print Title: Superintendent



CURTIS A. EDGIN, A.I.A., N.C.A.R.B.
JAMES M. HANFAN, A.I.A., N.C.A.R.B.
KENNETH R. JOHNS, A.I.A., LEED AP
BERTRAM W. GARDNER IV, RA

CAOLO & BIENIEK ASSOCIATES, INC.

ARCHITECTURE • PLANNING • INTERIOR DESIGN

April 27, 2009

Mr. William Brown
Assistant Deputy Superintendent Thomas Mazzeo
Berkshire House of Corrections
XXXXX
Pittsfield, MA 00000

DRAFT

**RE: Berkshire County Jail & House of Correction
Communications & 911 Emergency Call Center**

Gentlemen:

Thank you for the opportunity to meet and discuss your project to expand the existing Communications Center. We are pleased to provide this fee proposal in response to your procurement capabilities & the limited support services needed.

Our understanding is that the desire is to expand the existing 5 station dispatch center (4 + 1 supervisor) by 2 stations within the existing building envelope.

We are prepared to provide plans & visual images of potential layouts within the existing dispatch space for your review, as well as exploring the possibilities if the existing (non load bearing) cmu partition wall is removed to open up the dispatch center and better utilize the overall square footage of the facility based on the Wright-Line furniture system presently in use at the facility.

Our understanding is that the BHOC has the ability to procure the individual trades needed to execute the construction, as well as furniture procurement, and that our services are not needed for chapter 149 bid & construction process.

In addition to the demo / masonry, electrical & HVAC scope you will procure or self perform, CBA can provide suggestions regarding lighting and provide you with recommendations regarding ceiling, wall & floor finishes which will assist in controlling sound.

Our proposed fee for these services is at an hourly rate not to exceed Two Thousand Five Hundred Dollars (\$2,500.00).

Our proposal does not include environmental / hazardous material identification, engineering services, cost estimating services, or a 780 CMR chapter 34 analysis of the existing facility for the Dept of Public Safety (State Building Inspector). We believe that the scope of the project does not change the use of the space or the hazard index, and no structural modifications are envisioned within the space.

Please feel free to contact me if you have any questions regarding this proposal. We look forward to working together on this and future projects.

Very truly yours,

CAOLO & BIENIEK ASSOCIATES, INC.

Curtis A. Edgin, AIA, NCARB
Principal

715-544-2000

BERKSHIRE SHERIFF'S OFFICE PURCHASE REQUISITION

OBJECT: **NN1**

APPROPRIATION #: **89100145**

P.O. NUMBER: **BS09.1036M**

DATE ORDERED: **4/29/2009**

SOURCE: **caolo&bienienk associates**

DATE NEEDED BY: **5/30/2009**

DEPARTMENT: **main**

QUOTE #: **see attached**

LN#	ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL COST
1		archetectual design for 911 project	1	\$2,500.00	\$2,500.00
2		not to exceed			\$0.00
3					\$0.00
4		VC6000159470			\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00

RECEIVED
APR 30 2009
FINANCE DEPARTMENT

TOTAL **\$2,500.00**

Ordered By: **a.d.s.Mazzeo**

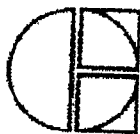
Dept. Head Approval: **A.D.S.MAZZEO**

Date: **4/29/2009**

Supt. Approval: *Mansine Blanchet*

Date: **4-29-09**

Cedgin@cbaarchitects.net



CURTIS A. EDGIN, AIA, NCARB
JAMES M. HANFAN, AIA, NCARB
KENNETH R. JOHNS, AIA, NCARB
BERTRAM W. GARDNER, III, RA

CAOLO & BIENIEK ASSOCIATES, INC.

ARCHITECTURE • PLANNING • INTERIOR DESIGN

April 27, 2009

Mr. William Brown
Assistant Deputy Superintendent Thomas Mazzeo
Berkshire House of Corrections
XXXXX
Pittsfield, MA 00000

DRAFT

**RE: Berkshire County Jail & House of Correction
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Very truly yours,

CAOLO & BIENIEK ASSOCIATES, INC.

Curtis A. Edgin, AIA, NCARB
Principal

! View All (1 of 2) : Document validated successfully
PRC - SDB- 0623090000000123598- 1- New- Draft

Action Menu

Accounting

Accounting Line	Total Line Amount	Line Closed Amount	Outstanding Amount
1	\$378.00	\$0.00	\$378.00

Insert New Line Insert Copied Line First Prev Go To Next Last
Commodity 1: 211022020000 >

C.D.K.

▼General Information

Event Type: AP01	Budget FY: 2009
Accounting Template:	Fiscal Year: 2009
Bank Account: 0000	Period: 12
Line Description: 911ctr.b	invoice# 177805
Sub Total Line Amount: \$378.00	acct.# 150100
Tax Amount: \$0.00	911
Use Tax Amount: \$0.00	Special Instructions Code:
Total Line Amount: \$378.00	Disbursement Frequency: Daily

▼Reference

Ref Doc Code: PC	Ref Vendor Line: 1
Ref Doc Dept: SDB	Ref Commodity Line: 1
Ref Doc ID: 911CTRBBLPADAMSREPAR	Ref Accounting Line: 1
	RefType: Final

COPY

▼Fund Accounting

Fund: 0056	Object: F19	OBSA:
Sub Fund: 6614	Sub Object:	Sub OBSA:
Department: SDB	Revenue:	Dept Object:
Unit: 1000	Sub Revenue:	Dept Revenue:
Sub Unit:	BSA:	
Appr Unit: 80000911	Sub BSA:	

- ▶Detail Accounting
- ▶Additional Amounts
- ▶Extended Description

Top

Save Undo Print Validate Submit Close

Menu

View All (1 of 2) : Document validated successfully
PRC - SDB- 0623090000000123598- 1- New- Draft

Action Menu

Vendor Line	Vendor Customer	Legal Name	Line Amount
1	VC6000158025	L P ADAMS CO INC	378.00

Insert New Line Insert Copied Line

First Prev Go To Next Last



General Information

Vendor Customer :	VC6000158025	Vendor Contact ID :	PC999
Legal Name :	L P ADAMS CO INC	Vendor Contact Name :	NONE PROVIDED
Alias/DBA :		Vendor Contact Phone :	NONE PROVIDED
Address Code :	AD001	Vendor Contact Phone Ext. :	
Address 1 :	484 HOUSATONIC ST P	Vendor Contact Email :	
Address 2 :		Fax :	
City :	DALTON	Fax Extension :	
State :	Massachusetts	Web Address http:// :	
Zip Code :	01227	Taxpayer ID Number :	
Country :	USA	Taxpayer ID Type :	
County :		Merchant ID :	
		Tax Profile :	
		Received Service From Date :	
		Received Service To Date :	

Disbursement Options

Disbursement Type :	Warrant	Handling Code :	
Disbursement Format :	REGW	Disbursement Category :	100
Scheduled Payment Date :	07/10/2009		
Disbursement Priority :	99		
Single Payment :	<input type="checkbox"/>		
Pay Third Party :	<input type="checkbox"/>		
On-line Disbursement Rqst :	<input type="checkbox"/>		
EFT Status :	N/A		

Invoice Information

Agreement Reference

Discount Terms

Top

Save	Undo	Print	Validate	Submit	Close
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Menu



L.P. ADAMS CO., INC.
 484 HOUSATONIC STREET
 P.O. BOX 256
 DALTON, MASSACHUSETTS 01227
 (413) 684-0025 FAX: (413) 684-0427
 EMAIL: contact@lpadams.com

RECEIVED
 JUN 11 2009

Our trucks drive over sidewalks and driveways only at customer's risk. All material returned is subject to handling charges.

FINANCE DEPARTMENT

INVOICE

FORM NO. 1

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
150100		91CTR.B	ESTIMATE# 177805	2% 10 DAYS NET 30	GR	6/9/09	4

BERKSHIRE COUNTY HOUSE
 OF CORRECTION
 467 CHESHIRE ROAD
 PITTSFIELD MA 01201

SHIP TO

DUE DATE: 7/9/09
 TAX : 002 TAX EXEMPT

TERMS: NET 30
 DRAFT 177805
 INVOICE
 EST. 177805

QUANTITY	ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
20		EA	120MF	12" Ceiling Fireguard Main Runner	20	11.69 /EA	233.80
20		EA	4MCTF	4" Ceiling Fire Guard Cover Tee	20	4.99 /EA	99.80
4		EA	120MA	12" Ceiling White Ball Mount	4	7.05 /EA	28.20
2		EA	5061031	MISC 14GAX100" STEEL	2	8.49 /EA	16.98
20		EA	CP18	1F. 1/2" KD CEATR Pipe	20	2.54 /EA	50.80
20		EA	CP112	1F. 1/2" KD CEATR Pipe	20	4.65 /EA	93.00
20		EA	CP546	1F. 5/4" KD CEATR Pipe	20	3.00 /EA	60.00
						TOTAL	453.60
						TAXABLE	0.00
						NON-TAXABLE	729.90
						SUBTOTAL	729.90
						TAX AMOUNT	0.00

paid 10/1/20
 out of 145

* AMOUNT CHANGED TO STORE ACCOUNT *

RECEIVED BY
 [Signature]
 6/9/09

3/18.00

BERKSHIRE SHERIFF'S OFFICE PURCHASE REQUISITION

OBJECT: **F10/f19**

APPROPRIATION #: **80000911**

P.O. NUMBER: **911CTR.B**

DATE ORDERED: **6/6/2009**

SOURCE: **L.P.Adams**

DATE NEEDED BY: **6/6/2009**

DEPARTMENT: **Maintenance**

QUOTE #:

LN#	ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL COST
1		Berkshire County Sheriff's Control Project			\$0.00
2		12' Main Runners	1	\$233.80	\$233.80
3		4' Cross Tees	1	\$245.40	\$245.40
4		12' wall Angle	4	\$7.08	\$28.32
5		Armstrong Ceiling Tile	3	\$73.92	\$221.76
6		1 x 8 x 10' #2 Pine	2	\$8.10	\$16.20
7		1 x 12 x 10' #2 Pine	2	\$12.40	\$24.80
8		5/4 x 6 x 10' #2 Pine	2	\$10.50	\$21.00
9		Quart of Paint	1	\$9.99	\$9.99
10		4"wall paper scraper blades 5in each pack	3	\$3.39	\$10.17
11					\$0.00
12					\$0.00
13					\$0.00

RECEIVED

JUN 09 2009

FINANCE DEPARTMENT

TOTAL **\$811.44**

Ordered By: **Alan Cetti**

Dept. Head Approval: **A.D.S.Mazzeo**

Date: **6/9/2009**

Supr. Approval:

Margaine Blanchet

Date: **6-09-09**

! View All (1 of 2) : Document validated successfully
PRC - SDB- 0624090000000123920- 1- New- Draft

Action Menu

Accounting

Accounting Line	Total Line Amount	Line Closed Amount	Outstanding Amount
1	\$3,872.00	\$0.00	\$3,872.00

Insert New Line Insert Copied Line First Prev Go To Next Last

Commodity 1: 301617010000 >

O.D.K.

General Information

Event Type : AP01	Budget FY : 2009
Accounting Template :	Fiscal Year : 2009
Bank Account : 0000	Period : 12
Line Description : 911 ctr.3	invoice# 10450
Sub Total Line Amount : \$3,872.00	acct.# 04382
Tax Amount : \$0.00	911
Use Tax Amount : \$0.00	Special Instructions Code :
Total Line Amount : \$3,872.00	Disbursement Frequency : Daily

Reference

Ref Doc Code : PC	Ref Vendor Line : 1
Ref Doc Dept : SDB	Ref Commodity Line : 1
Ref Doc ID : 911CENTER3LONGDENCRP	Ref Accounting Line : 1
	RefType : Final

COPY

Fund Accounting

Fund : 0056	Object : N50	OBSA :
Sub Fund : 6614	Sub Object :	Sub OBSA :
Department : SDB	Revenue :	Dept Object :
Unit : 1000	Sub Revenue :	Dept Revenue :
Sub Unit :	BSA :	
Appr Unit : 80000911	Sub BSA :	

Detail Accounting

Additional Amounts

Extended Description

Top

Save Undo Print Validate Submit Close

Menu

View All (1 of 2) : Document validated successfully
PRC - SDB- 0624090000000123920- 1- New- Draft

Action Menu

Vendor Line	Vendor Customer	Legal Name	Line Amount
✂ ✓	1 VC6000159420	LONGDEN COMPANY INC	3872.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

General Information

Vendor Customer :	VC6000159420	Vendor Contact ID :	PC999
Legal Name :	LONGDEN COMPANY IN	Vendor Contact Name :	NONE PROVIDED
Alias/DBA :		Vendor Contact Phone :	NONE PROVIDED
Address Code :	AD001	Vendor Contact Phone Ext. :	
Address 1 :	446 RIVER ROAD	Vendor Contact Email :	
Address 2 :		Fax :	
City :	HUDSON	Fax Extension :	
State :	Massachusetts	Web Address http:// :	
Zip Code :	01749	Taxpayer ID Number :	
Country :	USA	Taxpayer ID Type :	
County :		Merchant ID :	
		Tax Profile :	
		Received Service From Date :	
		Received Service To Date :	

Disbursement Options

Disbursement Type :	EFT	Handling Code :	
Disbursement Format :	CTX	Disbursement Category :	100
Scheduled Payment Date :	07/21/2009		
Disbursement Priority :	99		
Single Payment :	<input type="checkbox"/>		
Pay Third Party :	<input type="checkbox"/>		
On-line Disbursement Rqst :	<input type="checkbox"/>		
EFT Status :	Eligible for EFT		

Invoice Information

Agreement Reference

Discount Terms

Top

Save	Undo	Print	Validate	Submit	Close
------	------	-------	----------	--------	-------

Menu

LONGDEN COMPANY, INC.
448 RIVER ROAD
HUDSON, MA 01743
(978) 568-1800 FAX (978) 567-8917

RECEIVED INVOICE

JUN 23 2009

FINANCE DEPARTMENT

04382
~~UNIT MAZZEO~~
BERKSHIRE COUNTY SHERIFF DEPT
467 CHESHIRE ROAD
PITTSFIELD MA 01201

SOLD TO:

467 CHESHIRE ROAD
PITTSFIELD

WORK DONE AT:

JOB NO.	CUSTOMER ORDER NO.	TERMS	DATE
R919 -000	911CTR.3	NET 10450	6/23/09

THANK YOU FOR YOUR BUSINESS.

ROBERT

REQUISITION# 001

AMOUNT THIS REQUISITION

ORIGINAL CONTRACT SUM

NET CHANGE BY CHANGE ORDERS

CONTRACT SUM TO DATE

TOTAL COMPLETED & STORED TO DATE

LESS PREVIOUS CERTIFICATES FOR PAYMENT

CURRENT PAYMENT DUE

2,872.00
3,872.00
.00
3,872.00
3,872.00
.00
3,872.00

**BERKSHIRE SHERIFF'S OFFICE
PURCHASE REQUISITION**

OBJECT: **F10**

APPROPRIATION #: **8000911**

P.O. NUMBER: **911CTR.3**

DATE ORDERED: **5/29/2009**

SOURCE: **Longden**

DATE NEEDED BY: **6/5/2009**

DEPARTMENT: **Maintenance**

QUOTE #:

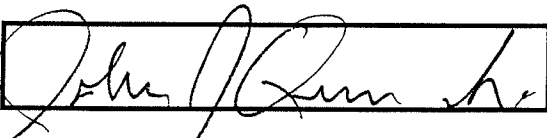
LN#	ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL COST
1		Carpet Tiles- Shackelton Grey	1	\$3,872.00	\$3,872.00
2		Price includes Material, freight and labor			\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
TOTAL					\$3,872.00

**RECEIVED
JUN 02 2009
FINANCE DEPARTMENT**

Ordered By: **Thomas Mazzeo**

Dept. Head Approval: **A.D.S.Mazzeo**

Date: **5/29/2009**

Supt. Approval: 

Date: **6-1-09**

1080 5-1-09

22 May 2009

Tom Mazzeo
Berkshire County Sheriff's Office
467 Cheshire Road
Pittsfield, MA 01201

Ref: **Carpet tiles**

Dear Tom,

We are pleased to submit this quotation for carpet tile and installation at the above referenced project. This proposal is per a phone conversation and fax received.

Our system includes:

- Qty. #400 sq' Discovery Series Tile, Shackelton Grey,
- Copper strips, and
- Conductive adhesive.

Our price includes:

- Furnish & install all materials, and
- Pricing is based upon one continuous installation period.

Our Price: \$3,872.00*

*Price includes material, freight and labor.

Thank you for your consideration.

Sincerely,

Robert F. Conard, Jr.
Longden Company, Inc.
446 River Road
Hudson, MA 01749
978.568.1800

RECEIVED
MAY 26 2009
FINANCE DEPARTMENT

! View All (1 of 2) : Document validated successfully

PRC - SDB- 0625090000000124413- 1- New- Draft

Action Menu

Accounting

Accounting Line	Total Line Amount	Line Closed Amount	Outstanding Amount
1	\$9,750.00	\$0.00	\$9,750.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

Commodity 1: 731615050000 >



General Information

Event Type: AP01 Budget FY: 2009
 Accounting Template: Fiscal Year: 2009
 Bank Account: 0000 Period: 12
 Line Description: bs09.1073cc invoice# 1-1209
 Sub Total Line Amount: \$9,750.00 Check Description: 911
 Tax Amount: \$0.00
 Use Tax Amount: \$0.00 Special Instructions Code:
 Total Line Amount: \$9,750.00 Disbursement Frequency: Daily

n.d.k.

Reference

Ref Doc Code: PC Ref Vendor Line: 1
 Ref Doc Dept: SDB Ref Commodity Line: 1
 Ref Doc ID: 911CTRCHAMPLNMAASNONR Ref Accounting Line: 1
 RefType: Final

COPY

Fund Accounting

Fund: 0056 Object: N50 OBSA:
 Sub Fund: 6614 Sub Object: Sub OBSA:
 Department: SDB Revenue: Dept Object:
 Unit: 1000 Sub Revenue: Dept Revenue:
 Sub Unit: BSA:
 Appr Unit: 80000911 Sub BSA:

Detail Accounting

Additional Amounts

Extended Description

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Menu

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form, to be used for New Contracts and Contract Amendments/Renewals, is jointly issued and published by the *Executive Office for Administration and Finance (ANF)*, the *Office of the Comptroller (CTR)* and the *Operational Services Division (OSD)* for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors should only complete sections marked with a "→". For Instructions and hyperlinks (italics), please view this form at: www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*.

→ Contractor Legal Name (and d/b/a): Champlain Masonry, Inc.		<i>Department MMARS Alpha Code and Name:</i> Berkshire Sheriff's Office	
→ Legal Address (from W-9): 8 Federico Drive, Pittsfield, MA 01201		<i>Business Mailing Address:</i> 467 Cheshire Road, Pittsfield, MA 01201	
→ Payment Remittance Address (from W-9): PO Box 2695, Pittsfield, MA 01202		<i>Billing Address</i> (if different):	
→ Contract Manager: Jeff Cantarella		<i>Contract Manager:</i> John J. Quinn, Jr.	
→ E-Mail Address:	Phone: 413-447-7807	<i>E-Mail Address:</i> john.quinn@sdb.state.ma.us	Phone: 413-443-7220 x 1104
→ Fax: 413-445-6784	TTY:	Fax: 413-499-7200	TTY:
→ State of Incorporation (if a corporation) or "N/A":		<i>MMARS Doc ID(s):</i>	
→ Vendor Code: VC0000128099		<i>RFR/Procurement or Other ID Number</i> (if applicable):	
<i>MMARS Object Code:</i> N50		<i>Account(s) Funding Contract:</i> 89100145	

X **NEW CONTRACT**

COMPENSATION (Check only one):
 Total Maximum Obligation of this Contract \$ 9,750.00
 Rate Contract (Attach details of rate(s) units and any calculations):

The following **COMMONWEALTH TERMS AND CONDITIONS** for this Contract has been executed and filed with CTR (Check only one):
 Commonwealth Terms And Conditions
 Commonwealth Terms And Conditions For Human And Social Services

PROCUREMENT OR EXCEPTION TYPE (Check one option only):
 Single Department Procurement/Single Department User Contract
 Single Department Procurement/Multiple Department User Contract
 Multiple Department Procurement/Limited Department User Contract
 Statewide Contract (OSD or an OSD-designated Department)
 Grant (as defined by 815 CMR 2.00)
 Emergency Contract (attach justification)
 Contract Employee (Complete *Employment Status Form*)
 Collective Purchase (attach OSD approval)
 Legislative/Legal Exemption (attach authorizing language)
 Other (Specify and attach documentation):

ANTICIPATED START DATE: 5/25/2009 (Enter the Date Contract Obligations may begin. Review Certification for Effective Date Below prior to entry.)

CONTRACT END DATE: 06/30/2009

CONTRACT AMENDMENT/RENEWAL

ENTER **CURRENT CONTRACT START** and **END DATES** (prior to amendment)
 Current Start Date: _____, Current End Date: _____

COMPENSATION: (Check Either, "No Compensation Change", "Maximum Obligation" or "Rate change". ATTACH Amended Scope and Budget to support Amendment.)
 NO Compensation Change (Skip to "OTHER" section below and select change)
 Redistribute Budget Line Items (No Maximum Obligation Change)
 Maximum Obligation Change.
 a) **Current Total Contract Maximum Obligation:** \$ _____
 (Total Contract Maximum Obligation, including all prior amendments).
 b) **Amendment Amount** ("+" or "-"): \$ _____
 c) **NEW TOTAL CONTRACT MAXIMUM OBLIGATION:** \$ _____
 Rate Changes to Rate Contract

OTHER: (Check option, explain under "Brief Description" below, and attach documentation.)
 Amend Duration Only (No Compensation or Performance Change)
 Amend Scope of Services/Performance Only (no budget impact.)
 Interim Contract (Temporary Extension to complete new Procurement)
 Other: (Describe Details and Attach documentation):

ANTICIPATED START DATE: _____ (Enter the Date Amendment Obligations may begin. Review Certification for Effective Date Below prior to entry.)

NEW CONTRACT END DATE: _____

→ **PROMPT PAYMENT DISCOUNTS.** Contractor has agreed to the following Prompt Pay Discounts for the listed Payment Issue Dates. See *Prompt Payment Discount Policy*.
 % Within 10 Days % Within 15 Days % Within 20 Days % Within 30 Days OR, Check off the following if:
 Contractor either claims hardship, or chooses not to provide PPD, or compensation is not subject to prompt pay discounts (grants, non-commodity or non-service compensation)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT (Reference to attachments is insufficient):
 This contract is based on your submitted proposal dated May 7, 2009 for the 911 masonry removal for the Dispatch Center.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, or an earlier Start date listed above, the "Effective Date" of this Contract or Amendment shall be the latest date this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, a later Contract or Amendment Start Date specified above, or the date of any required approvals. By executing this Contract/Amendment, the Contractor makes, under the pains and penalties of perjury, all certifications required under the attached *Contractor Certifications*, and has provided all required documentation noted with a "→", or shall provide any required documentation upon request, and the Contractor agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein, including the terms of the applicable Commonwealth Terms and Conditions available at www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*, the terms of the attached *Instructions*, the Request for Response (RFR), solicitation (if applicable) or other authorization, the Contractor's response to the RFR or solicitation (if applicable), and any additional negotiated performance or budget provisions. The terms of this Contract shall survive its termination for the purpose of resolving any claim, dispute or other Contract action, or for effectuating any negotiated representations and warranties. **THE PARTIES HEREBY ALSO CERTIFY THAT (Check one option only):**

- the Contractor has NOT incurred any obligations triggering a payment obligation for dates prior to the Effective Date of this Contract or Amendment; OR
- any obligations incurred by the Contractor prior to the Effective Date of this Contract or Amendment (for which a payment obligation has been triggered) are intended to be part of this Contract/Amendment and shall be considered a final Settlement and Release of these obligations which are incorporated herein, and upon payment of these obligations, the Contractor forever releases the Commonwealth from any further claims related to these obligations.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

→ X: _____ Date: _____
 (Signature and Date Must Be Handwritten At Time of Signature)

→ Print Name: _____

→ Print Title: _____

AUTHORIZING SIGNATURE FOR THE DEPARTMENT:

X: Date: 5-21-09
 (Signature and Date Must Be Handwritten At Time of Signature)

Print Name: John J. Quinn, Jr.

Print Title: Superintendent

WEEKLY PAYROLL REPORT FORM

COMPANY NAME: Champlain Masonry, Inc.

PROJECT NAME: IFB 009 2009 Roof Repair Works

AWARDING AUTH.: Commonwealth of Massachusetts

WORK WEEK ENDING: 06/13/09

PRIME CONTRACTOR

SUBCONTRACTOR

LIST PRIME CONTRACTOR:

EMPLOYER SIGNATURE:

Heidi Ciaburri

PRINT NAME & TITLE:

Heidi Ciaburri, Bookkeeper

Final Report

Employee Name & Address	Work Classification	Hours Worked							(A) Tot. Hrs.	(B) Hourly Base Wage	Employer Contributions			(F) [B+C+D+E] Hourly Total Wage (prev. wage)	(G) (A*F) Weekly Total Amount
		S	M	T	W	T	F	S			(C) Health & Welfare	(D) Pension	(E) Supp. Unemp.		
Cantarella, Joseph 211 Doreen Street Pittsfield, MA 01201 ss# 034-58-6949	Mason	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	35.75	7.38	9.32	4.01	56.46	451.68
Aubin, Jeffrey 240 Wells Road Cheshire, MA 01225 ss# 017-58-6048	Laborer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.64	6.60	4.60	2.60	37.44	0.00
Crofts, Jeffrey 28 Ridgeway Avenue Pittsfield, MA 01201 ss# 013-64-1726	Mason	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.75	7.38	9.32	4.01	55.46	0.00
Cantarella, Vincent 309 East Street Dalton, MA 01226 ss# 033-70-9514	Mason Apprentice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.32	7.38	8.82	3.66	46.18	0.00
Muzzy, William 43 Noblehurst Avenue Pittsfield, MA 01201 ss# 019-56-6759	Laborer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.90	6.60	4.60	2.60	39.70	0.00
Onell, John 580 Lakeway Drive Pittsfield, MA 01201 ss# 031-64-0587	Laborer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.95	6.60	4.60	2.60	36.75	0.00

WEEKLY PAYROLL RECORDS REPORT
& STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. For every week in which an apprentice is employed, a photocopy of the apprentice's identification card must be attached to the payroll report. Once collected, the awarding authority is also required to preserve those records for three years.

In addition, each such contractor, subcontractor, or public body shall furnish to the awarding authority directly, within fifteen days after completion of its portion of the work a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

STATEMENT OF COMPLIANCE	
<u>6-22</u> , 200 <u>9</u>	
I, <u>HEIDI CIABURRI</u> <small>(Name of signatory party)</small>	<u>BOOKKEEPER</u> <small>(Title)</small>
do hereby state:	
That I pay or supervise the payment of the persons employed by <u>CHAMPLAIN MASONRY, INC.</u> on the <u>IFR 009 2009 ROOF REPAIR WORKS</u> <small>(Contractor, subcontractor or public body)</small> <small>(Building or project)</small>	
and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.	
Signature <u>Heidi A. Ciaburri</u>	
Title <u>BOOKKEEPER</u>	

Commonwealth of Massachusetts
Division of Apprenticeship Training



ADAM VRANAS

BRICKLAYER / 20007

INT. UNION OF BRICKLAYERS & Allied CRAFTSMEN

1124 BERKSHIRE AVE. (L.O.)
SPRINGFIELD, MA 01151

REG# B-009-785

Credits: 0

Appr. Start Date	Proj. Com. Date	Card Expires
03/28/07	03/28/10	03/28/11



8090

Accounting

Action Menu

Accounting Line	Total Line Amount	Line Closed Amount	Outstanding Amount
1	\$2,500.00	\$0.00	\$2,500.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

Commodity 1: 721000000000 >

General Information

Event Type: AP01 Budget FY: 2009
 Accounting Template: Fiscal Year: 2009
 Bank Account: 0000 Period: 12
 Line Description: bs09.1043m
 Sub Total Line Amount: \$2,500.00
 Tax Amount: \$0.00
 Use Tax Amount: \$0.00
 Total Line Amount: \$2,500.00
 Check Description: invoice# 11102
 911
 Special Instructions Code:
 Disbursement Frequency: Daily

C.D.-K

Reference

Ref Doc Code: PC Ref Vendor Line: 1
 Ref Doc Dept: SDB Ref Commodity Line: 1
 Ref Doc ID: 2911GABLEELECBS09104 Ref Accounting Line: 1
 RefType: Final

COPY

Fund Accounting

Fund: 0056 Object: N50
 Sub Fund: 6614 Sub Object: Revenue: Dept Revenue:
 Department: SDB Sub Revenue: BSA: Sub BSA:
 Unit: 1000
 Sub Unit: Appr Unit: 80000911

COPY

Detail Accounting

Additional Amounts

Extended Description

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Save Undo Print Validate Submit Close

Menu

Vendor Line	Vendor Customer	Legal Name	Line Amount	Action Menu
1	VC6000184399	GABLE ELECTIC INC	2500.00	

Insert New Line Insert Copied Line

First Prev Go To Next Last

General Information

Vendor Customer :	VC6000184399	Vendor Contact ID :	PC999
Legal Name :	GABLE ELECTIC INC	Vendor Contact Name :	NONE PROVIDED
Alias/DBA :		Vendor Contact Phone :	NONE PROVIDED
Address Code :	AD001	Vendor Contact Phone Ext. :	
Address 1 :	5 WESTVIEW RD	Vendor Contact Email :	
Address 2 :		Fax :	
City :	PITTSFIELD	Fax Extension :	
State :	Massachusetts	Web Address http:// :	
Zip Code :	01201-8021	Taxpayer ID Number :	
Country :	USA	Taxpayer ID Type :	
County :		Merchant ID :	
		Tax Profile :	
		Received Service From Date :	
		Received Service To Date :	

Disbursement Options

Disbursement Type :	Warrant	Handling Code :	
Disbursement Format :	REGW	Disbursement Category :	100
Scheduled Payment Date :	06/19/2009		
Disbursement Priority :	99		
Single Payment :	<input type="checkbox"/>		
Pay Third Party :	<input type="checkbox"/>		
On-line Disbursement Rqst :	<input type="checkbox"/>		
EFT Status :	N/A		

Invoice Information

Agreement Reference

Discount Terms

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Save	Undo	Print	Validate	Submit	Close
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MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM



Company's Name: Gable Electric, Inc.		Address: 5A Westview Road, Pittsfield, MA 01201		Phone No.:		Payroll No.:	
Employer's Signature: <i>[Signature]</i>		Title: President		Contract No.:		Work Week Ending: MAY 24, 2009	
Awarding Authority's Name:		Public Works Project Name: 911 Dispatch Center		Public Works Project Location: Pittsfield, MA		Min. Wage Rate Sheet No.:	
General / Prime Contractor's Name: Berkshire Sheriffs Dept		Subcontractor's Name:		"Employer" Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Employee is OSHA 10 Certified (?)	Work Classification	Appr. Rate (%)	Worked							Project Hours (A)	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Simp. Unemp. (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (A x F)		Check No. (H)				
				Su.	Mo.	Tu.	We.	Th.	Fr.	Sa.							Total Gross Wages (G)						
<i>James Mc Donough 76 Newbury St Pittsfield, MA</i>	<input checked="" type="checkbox"/>	Elec. Journeyman			18	19	20	21	22	23							45.41	1.12	1.16	46.69	512.59	10752	
	<input type="checkbox"/>																						
	<input type="checkbox"/>																						
	<input type="checkbox"/>																						
	<input type="checkbox"/>																						
	<input type="checkbox"/>																						
	<input type="checkbox"/>																						

RECEIVED
JUN 04 2009
FINANCE DEPARTMENT

NOTE: Pursuant to MGL Ch. 149 s.27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date received by awarding authority _____ / _____ / _____

WEEKLY PAYROLL RECORDS REPORT
& STATEMENT OF COMPLIANCE

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form has been printed on the reverse of this page and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

In addition, every contractor and subcontractor is required to submit a copy of their weekly payroll records to the awarding authority. For every week in which an apprentice is employed, a photocopy of the apprentice's identification card must be attached to the payroll report. Once collected, the awarding authority is also required to preserve those records for three years.

In addition, each such contractor, subcontractor, or public body shall furnish to the awarding authority directly, within fifteen days after completion of its portion of the work a statement, executed by the contractor, subcontractor or public body who supervises the payment of wages, in the following form:

STATEMENT OF COMPLIANCE

I, Clark M Gable, May 24, 2009
(Name of signatory party) (Title) President

do hereby state:

That I pay or supervise the payment of the persons employed by
Gable Electric Inc on the 911 Dispatch Center
(Contractor, subcontractor or public body) (Building or project)

and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature [Signature]
Title President

**BERKSHIRE SHERIFF'S OFFICE
PURCHASE REQUISITION**

OBJECT: **N50**

APPROPRIATION #:

P.O. NUMBER: **BS09.1043M**

DATE ORDERED: **5/6/2009**

SOURCE: **GABLE ELEC.**

DATE NEEDED BY: **5/11/2009**

DEPARTMENT: **maintenance**

QUOTE #:

LN#	ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL COST
1		911 CENTER ELECTRICAL WORK			\$0.00
2		WALL REMOVAL	1	\$2,500.00	\$2,500.00
3					\$0.00
4		Based on FAC 29 contract rates			\$0.00
5		est labor 32 hours @ 61		\$1,952.00	\$0.00
6		material expense		\$548.00	\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
11					\$0.00
12					\$0.00
13					\$0.00
TOTAL					\$2,500.00

**RECEIVED
MAY 07 2009
FINANCE DEPARTMENT**

*all
done*

Ordered By: **Jeff Hescock**

Dept. Head Approval: **ADS Thomas Mazzeo**

Date: **5/5/2009**

Supt. Approval:

Date: **5-6-09**

ADS 5609

View All (1 of 2) : Document validated successfully

PRC - SDB- 0625090000000124413- 1- New- Draft

Action Menu

Vendor Line	Vendor Customer	Legal Name	Line Amount
1	VC0000128099	CHAMPLAIN MASONRY INC	9750.00

Insert New Line Insert Copied Line First Prev Go To Next Last

General Information

Vendor Customer :	VC0000128099	Vendor Contact ID :	PC001
Legal Name :	CHAMPLAIN MASONRY	Vendor Contact Name :	Jeff Cantarella
Alias/DBA :		Vendor Contact Phone :	413-447-7807
Address Code :	AD003	Vendor Contact Phone Ext. :	
Address 1 :	8 FEDERICO DR	Vendor Contact Email :	
Address 2 :		Fax :	413-445-6784
City :	PITTSFIELD	Fax Extension :	
State :	Massachusetts	Web Address http:// :	
Zip Code :	01201-5518	Taxpayer ID Number :	
Country :	USA	Taxpayer ID Type :	
County :		Merchant ID :	
		Tax Profile :	
		Received Service From Date :	
		Received Service To Date :	

Disbursement Options

Disbursement Type :	EFT	Handling Code :	
Disbursement Format :	CTX	Disbursement Category :	100
Scheduled Payment Date :	07/20/2009		
Disbursement Priority :	99		
Single Payment :	<input type="checkbox"/>		
Pay Third Party :	<input type="checkbox"/>		
On-line Disbursement Rqst :	<input type="checkbox"/>		
EFT Status :	Eligible for EFT		

Invoice Information

Agreement Reference

Discount Terms

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Save Undo Print Validate Submit Close

Menu



P.O. Box 2695, Federico Dr.
Pittsfield, MA 01202

Phone: (413)447-7807
Fax: (413)445-6784

INVOICE #1-1209

RECEIVED

June 22, 2009

JUN 25 2009

Berkshire County House of Correction
264 Second Street
Pittsfield, MA 01201

FINANCE DEPARTMENT

Re: Second Street Emergency Masonry Repairs – Pittsfield, MA

For work completed at the above referenced project per contract signed 5-21-09.

Total Amount Due

\$ 9,750.00

Terms: Due upon receipt

Balances outstanding after 30 days will accrue interest.

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form, to be used for New Contracts and Contract Amendments/Renewals, is jointly issued and published by the *Executive Office for Administration and Finance (ANF)*, the *Office of the Comptroller (CTR)* and the *Operational Services Division (OSD)* for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors should only complete sections marked with a "→". For instructions and hyperlinks (italics), please view this form at: www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*.

→ Contractor Legal Name (and d/b/a): Gable Electric, Inc.		Department MMARS Alpha Code and Name: BERKSHIRE SHERIFF DEPARTMENT	
→ Legal Address (from W-9): 5A Westview Road, Pittsfield, MA 01201		Business Mailing Address: 467 CHESHIRE ROAD, PITTSFIELD, MA 01201	
→ Payment Remittance Address (from W-9):		Billing Address (if different):	
→ Contract Manager: Clark Gable		Contract Manager: JOHN J. QUINN, JR.	
→ E-Mail Address:	→ Phone: 413-443-4082	E-Mail Address: john.quinn@sdb.state.ma.us	Phone: 413-443-7220 x 1104
→ Fax: 413-496-9416	→ TTY:	Fax: 413-443-7200	TTY:
→ State of Incorporation (if a corporation) or "N/A":		MMARS Doc ID(s):	
→ Vendor Code: VC6000184399		RFR/Procurement or Other ID Number (if applicable):	
MMARS Object Code: N50		Account(s) Funding Contract: 8900145	

NEW CONTRACT

COMPENSATION (Check only one):
 Total **Maximum Obligation** of this Contract \$ 2,500.00
 Rate Contract (Attach details of rate(s) units and any calculations):

The following **COMMONWEALTH TERMS AND CONDITIONS** for this Contract has been executed and filed with CTR (Check only one):
 Commonwealth Terms And Conditions
 Commonwealth Terms And Conditions For Human And Social Services

PROCUREMENT OR EXCEPTION TYPE (Check one option only):
 Single Department Procurement/Single Department User Contract
 Single Department Procurement/Multiple Department User Contract
 Multiple Department Procurement/Limited Department User Contract
 Statewide Contract (OSD or an OSD-designated Department)
 Grant (as defined by 815 CMR 2.00)
 Emergency Contract (attach justification)
 Contract Employee (Complete Employment Status Form)
 Collective Purchase (attach OSD approval)
 Legislative/Legal Exemption (attach authorizing language)
 Other (Specify and attach documentation):

ANTICIPATED START DATE: 5/11/2009 (Enter the Date Contract Obligations may begin. Review Certification for Effective Date Below prior to entry.)

CONTRACT END DATE: 6/30/2010

CONTRACT AMENDMENT/RENEWAL

ENTER **CURRENT CONTRACT START** and **END DATES** (prior to amendment)
 Current Start Date: _____ Current End Date: _____

COMPENSATION: (Check Either, "No Compensation Change", "Maximum Obligation" or "Rate change". ATTACH Amended Scope and Budget to support Amendment.)
 NO Compensation Change (Skip to "OTHER" section below and select change)
 Redistribute Budget Line Items (No Maximum Obligation Change)
 Maximum Obligation Change.
 a) **Current Total Contract Maximum Obligation:** \$ _____
 (Total Contract Maximum Obligation, including all prior amendments).
 b) **Amendment Amount** ("+" or "-"): \$ _____
 c) **NEW TOTAL CONTRACT MAXIMUM OBLIGATION:** \$ _____
 Rate Changes to Rate Contract

OTHER: (Check option, explain under "Brief Description" below, and attach documentation.)
 Amend **Duration Only** (No Compensation or Performance Change)
 Amend **Scope of Services/Performance Only** (no budget impact)
 Interim Contract (Temporary Extension to complete new Procurement)
 Other: (Describe Details and Attach documentation):

ANTICIPATED START DATE: _____ (Enter the Date Amendment Obligations may begin. Review Certification for Effective Date Below prior to entry.)

NEW CONTRACT END DATE: _____

→ **PROMPT PAYMENT DISCOUNTS.** Contractor has agreed to the following Prompt Pay Discounts for the listed Payment Issue Dates. See *Prompt Payment Discount Policy*:
 % Within 10 Days % Within 15 Days % Within 20 Days % Within 30 Days OR, Check off the following if:
 Contractor either claims hardship, or chooses not to provide PPD, or compensation is not subject to prompt pay discounts (grants, non-commodity or non-service compensation)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT (Reference to attachments is insufficient):
 Electrical work to be performed in regards to expansion of 911 Dispatch Center for the Berkshire Sheriff's Office. Estimated labor rate is \$61 per hour @ approximately 32 hours; with balance of contract for material cost. This project is not to exceed the maximum obligation of \$2,500.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, or an earlier Start date listed above, the "Effective Date" of this Contract or Amendment shall be the latest date this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, a later Contract or Amendment Start Date specified above, or the date of any required approvals. By executing this Contract/Amendment, the Contractor makes, under the pains and penalties of perjury, all certifications required under the attached *Contractor Certifications*, and has provided all required documentation noted with a "→", or shall provide any required documentation upon request, and the Contractor agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein, including the terms of the applicable Commonwealth Terms and Conditions available at www.mass.gov/osc under *Guidance For Vendors - Forms* or at www.mass.gov/osd under *OSD Forms*, the terms of the attached *Instructions*, the Request for Response (RFR), solicitation (if applicable) or other authorization, the Contractor's response to the RFR or solicitation (if applicable), and any additional negotiated performance or budget provisions. The terms of this Contract shall survive its termination for the purpose of resolving any claim, dispute or other Contract action, or for effectuating any negotiated representations and warranties. **THE PARTIES HEREBY ALSO CERTIFY THAT (Check one option only):**

1. the Contractor has NOT incurred any obligations triggering a payment obligation for dates prior to the Effective Date of this Contract or Amendment; OR
 2. any obligations incurred by the Contractor prior to the Effective Date of this Contract or Amendment (for which a payment obligation has been triggered) are intended to be part of this Contract/Amendment and shall be considered a final **Settlement and Release** of these obligations which are incorporated herein, and upon payment of these obligations, the Contractor forever releases the Commonwealth from any further claims related to these obligations.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

→ X: [Signature] Date: 5-6-09
 (Signature and Date Must Be Handwritten At Time of Signature)

→ Print Name: Scott Webster
 → Print Title: Project Coordinator

AUTHORIZING SIGNATURE FOR THE DEPARTMENT:

X: [Signature] Date: 5-11-09
 (Signature and Date Must Be Handwritten At Time of Signature)

Print Name: John J. Quinn, Jr.
 Print Title: Superintendent

Gable Electric, Inc.,
5A Westview Road
Pittsfield, MA 01201
413-443-4082
413-496-9416 Fax
Email: gableelectric@gableelectricinc.com

Contractor Name: Gable Electric Inc.,
Address: 5A Westview Road
Pittsfield, MA 01201
Contact Person: Joseph Knysk - Service Manager
Contractor E-mail & Website: jknysk@gableelectricinc.com
Specialty (Primary Trade): Electrical
Secondary Trades: Painting
Brief Description of Services: All aspects of electrical and painting
Location Services Offered by District: District 1

Cost Information:
Electrical

Regular Rate:	\$ 61.00	per hour
Overtime Rate:	\$ 87.50	per hour after 4 pm weekdays & Saturday's
After Hours Rate (and define after hours):	\$ 115.00	per hour, Sunday's & Holidays
Weekend Rate:	\$ 87.50	per hour, Saturday's
Fees for Specialty Equipment:	\$ 50.00	per hour, 30 ft bucket truck
Travel Charges/Mileage Fees:	\$ 61.00	per hour/.45¢ per mile

Cost Information:
Painting

Regular Rate:	\$ 52.00	per hour
Overtime Rate:	\$ 72.00	per hour
Weekend Rate:	\$ 98.00	per hour, Sunday's & Holiday's

Pay by Discount: 2% within 10 days

View All (1 of 2) : Document validated successfully

PRC - SDB- 0601090000000114692- 1- New- Draft

Action Menu

Accounting

Accounting Line	Total Line Amount	Line Closed Amount	Outstanding Amount
1	\$4,635.00	\$0.00	\$4,635.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

Commodity 1: 432217000000 >

C.R.K.

General Information

Event Type: AP01 Budget FY: 2009

Accounting Template: Fiscal Year: 2009

Bank Account: 0000 Period: 12

Line Description: 2009.1 2

Sub Total Line Amount: \$4,635.00

Tax Amount: \$0.00

Use Tax Amount: \$0.00

Total Line Amount: \$4,635.00

Check Description: invoice# 41132397
acct.# 103620943-0001
911

Special Instructions Code:

Disbursement Frequency: Daily

Reference

Ref Doc Code: PC Ref Vendor Line: 1

Ref Doc Dept: SDB Ref Commodity Line: 1

Ref Doc ID: MOTOROLA20091.SETB2B Ref Accounting Line: 1

RefType: Final

COPY

Fund Accounting

Fund: 0056 Object: U07 OBSA:

Sub Fund: 6614 Sub Object: Sub OBSA:

Department: SDB Revenue: Dept Object:

Unit: 1000 Sub Revenue: Dept Revenue:

Sub Unit: BSA:

Appr Unit: 80000911 Sub BSA:

COPY

Detail Accounting

Additional Amounts

Extended Description

Top

Save Undo Print Validate Submit Close

Menu

View All (1 of 2) : Document validated successfully
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Action Menu

Vendor Line	Vendor Customer	Legal Name	Line Amount
1	VC6000239139	MOTOROLA, INC	4635.00

Insert New Line Insert Copied Line

First Prev Go To Next Last

General Information

Vendor Customer: VC6000239139

Legal Name: MOTOROLA, INC

Alias/DBA:

Address Code: AD007

Address 1: 13108 COLLECTIONS C

Address 2:

City: CHICAGO

State: Illinois

Zip Code: 60693

Country: USA

County:

Vendor Contact ID: PC999

Vendor Contact Name: NONE PROVIDED

Vendor Contact Phone: NONE PROVIDED

Vendor Contact Phone Ext.:

Vendor Contact Email:

Fax:

Fax Extension:

Web Address http://:

Taxpayer ID Number:

Taxpayer ID Type:

Merchant ID:

Tax Profile:

Received Service From Date:

Received Service To Date:

Disbursement Options

Disbursement Type: EFT

Disbursement Format: CTX

Scheduled Payment Date: 07/09/2009

Disbursement Priority: 99

Single Payment:

Pay Third Party:

On-line Disbursement Rqst:

EFT Status: Eligible for EFT

Handling Code:

Disbursement Category: 100

- Invoice Information
- Agreement Reference
- Discount Terms

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Save Undo Print Validate Submit Close

Menu



Mass State Contract ITT10

Date: 11/12/2008

Motorola
 Pittsfield Communications Systems, Inc.
 John Ullrich
 1502 West Housatonic Street
 Pittsfield, Ma .01201
 \$13-448-8214

Quotation valid for 90 days

Prepared by: John Ullrich

email address: jullrich@bcn.net

Quotation for: Berkshire County Sheriffs Office

Reference: Gold Elite Console Upgrade

Mass State Contract ITT10						SHIP DATE	TERMS		
APC	ITEM	QTY	MODEL	DESCRIPTION	LIST PRICE	Discount %	CONTRACT PRICE	EXTENDED AMOUNT	
							x weeks ARO	NET 30 DAYS	
404		2	B1822B	GOLD ELITE INTERFACE	\$12,650.00	20%	\$ 10,120.00	\$ 20,240.00	
404		2	K704AE	HEADSET JACK	\$ 240.00	20%	\$ 192.00	\$ 384.00	
228		2	K670AE	HEADSET JACK	\$ 240.00	20%	\$ 192.00	\$ 384.00	
228		2	K572AF	FOOTSWITCH	\$ 96.00	20%	\$ 76.80	\$ 153.60	
404		2	K703	GOOSENECK MICROPHONE	\$ 308.00	20%	\$ 246.40	\$ 492.80	
228		2	K742AB	100' PLENIUM CEB CABLE	\$ 792.00	20%	\$ 633.60	\$ 1,267.20	
404		1	B1827	SOFTWARE LICENSE MANAGER	\$ 165.00	20%	\$ 132.00	\$ 132.00	
404		2	X293	ELITE OP SOFTWARE LICENSE	\$ 6,000.00	20%	\$ 4,800.00	\$ 9,600.00	
729		1	B1879	REFRESH PACKAGE	\$ -		\$ -	\$ -	
729		4	X69	COIM REFRESH SOFTWARE	\$ 800.00	20%	\$ 640.00	\$ 2,560.00	
228		1	B1425	CEB CARD CAGE	\$ 5,267.00	20%	\$ 4,213.60	\$ 4,213.60	
708		2	DS019BLK	19" LCD MONITOR	\$ 1,520.00	10%	\$ 1,368.00	\$ 2,736.00	
708		2	TT2066	GOLD ELITE WORKSTATIONS	\$ 2,575.00	10%	\$ 2,317.50	\$ 4,635.00	
		1	I/A	EXTENSION COMPUTER CABLES	\$ 426.00	0%	\$ 426.00	\$ 426.00	
		1	I/A	INSTALLATION	\$ 9,800.00	0%	\$ 9,800.00	\$ 9,800.00	
								\$ -	
Notes:								TOTAL	\$ 57,024.20
								SALES TAX	n/a
								GROUND SHIPPING	Included
								TOTAL	\$ 57,024.20