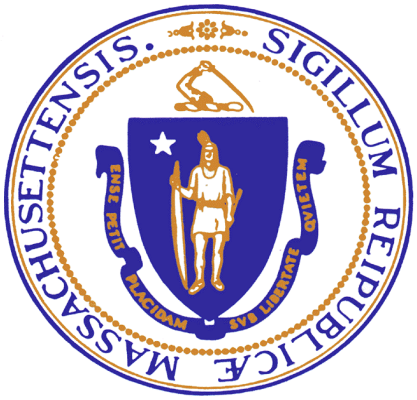
Commonwealth of Massachusetts

Executive Office of Public Safety and Security
State 911 Department



State 911 Department

Training Grant Application

Fiscal Year 2022

All applications shall be mailed or hand delivered

All applications must be received by 5:00 P.M. on Thursday, December 30, 2021

FY 2022 TRAINING GRANT

Application Checklist

- ☐ Annual Certification of Compliance Form Submitted to the State 911 Department
- ☐ Signed and Dated Training Grant Application Cover Page
- ☐ Completed and Attached the ***Personnel Costs Worksheet(s)*** **{{REQUIRED}}**
- ☐ Completed Training Grant Budget Narrative
- ☐ Completed Contractor Authorized Signatory Listing Form signed by a City or Town Official
  - ☐ **Completed and Notarized Proof of Authentication of Signature Form for the City or Town Official who signed the Contractor Authorized Signatory Listing Form**
- ☐ Completed and Notarized Proof of Authentication of Signature Form(s) for **each** Signatory listed
- ☐ Completed Highlighted Sections, Signed and Dated Standard Contract Form

DO NOT SUBMIT DOUBLE-SIDED APPLICATIONS

Application with original signatures shall be submitted to:

State 911 Department
151 Campanelli Drive, Suite A
Middleborough, MA 02346

FY 2022 TRAINING GRANT

1. **Name of Eligible Entity / PSAP / RECC** _____
   Address _____
   City/Town/Zip _____
   Telephone Number _____
   Fax Number _____
   Website _____

2. **Name & Title of Authorized Signatory** _____
   Telephone Number _____
   Email Address _____

3. **Name & Title Grant Contract Manager** _____
   Telephone Number _____
   Email Address _____

4. **Total Grant Program Funds Requested** **$ 0.00** _____

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

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

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

OR

6. **Utilizing the following Certified EMD Resource:** _____

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

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

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

   Signed under the penalties of perjury this _____ day of _____, 20 ____.

_____

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2022 TRAINING GRANT

BUDGET NARRATIVE

A. Fees – Fees associated with attendance at approved live or online 911 training courses, including certifications/recertifications for certified Telecommunicators to include 16 hours of continued education or for those working toward certification, membership fees, and/or conference registration fees.

Membership Fees:

Conference Fees:

Total Category A [ ]

B. Personnel Costs – Straight time **or** overtime expenses for participants or replacement/backfill (who are certified telecommunicators), to cover participant class hours but not both to meet the minimum training and certification requirements for enhanced 911 telecommunicators and minimum training requirements governing emergency medical dispatch established by the State 911 Department; for administrator backroom training; for other authorized training; and straight time or overtime expenses for attendance at the State 911 Department Dispatch Academy.

Total Category B [ ]

Completed / Attached the *Personnel Costs Worksheet(s)* {{REQUIRED}}

C. Training Materials and Other Products – Funding may be authorized for the purchase, installation, replacement, maintenance, and /or upgrade of software and other products related to the certification and training of enhanced 911 telecommunicators, including but not limited to, call handling guide cards, call handling software, skill and ability testing software, and additional related training materials such as books and manuals.

Description:

Attach quote for this category

Total Category C [ ]

D. Lodging – Funding for lodging expenses may be authorized for participation in training courses that are scheduled for two (2) or more consecutive days **and** the distance of which is equal to or greater than ninety (90) miles away from where travel originates. Lodging expenses may only be authorized for nights of stay that occur between consecutive training course days, except with the prior WRITTEN approval of the State 911 Department *prior to travel* where (1) travel originates from the Islands of Martha's Vineyard and/or Nantucket; or (2) in cases of extreme hardship; or (3) unless otherwise approved by the State 911 Department in its sole discretion. Travel distance for lodging will be calculated using the place of employment as the origination point and will be verified utilizing a recognized mileage guide such as MapQuest.

Description:

Total Category D [ ]

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: (and d/b/a):		**COMMONWEALTH DEPARTMENT NAME: State 911 Department** **MMARS Department Code: EPS**	
Legal Address: (W-9, W-4):		**Business Mailing Address: 151 Campanelli Drive, Suite A, Middleborough, MA 02346**	
Contract Manager:	**Phone:**	**Billing Address (if different):**	
E-Mail:	**Fax:**	**Contract Manager: Cindy Reynolds**	**Phone: 508-821-7299**
Contractor Vendor Code: VC		**E-Mail: 911DeptGrants@mass.gov**	**Fax: 508-947-1452**
Vendor Code Address ID (e.g. "AD001"): AD_____. **(Note: The Address ID must be set up for EFT payments.)**		**MMARS Doc ID(s): CT EPS GRNT** **RFR/Procurement or Other ID Number: FY22 GRNT**	

X NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
X **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
__ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

__ CONTRACT AMENDMENT

Enter **Current Contract End Date *Prior*** to Amendment:_____, 20___.
Enter **Amendment Amount**: $_____. (or "no change")

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

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

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

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

__ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

X **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or ***new*** total if Contract is being amended). $ _____.

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

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **Contract is for the reimbursement of funds under the State 911 Department FY 2022 Training Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.**

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

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

CONTRACT END DATE: Contract performance shall terminate as of **June 30, 2022**, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

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

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

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

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X:_____. **Date:**_____.
(Signature and Date Must Be Handwritten at Time of Signature)
Print Name: Frank Pozniak.
Print Title: Executive Director.

FY 2022

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name:
Contractor Vendor/Customer Code:

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

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.

_____ **Date**: _____
Signature

Name & Title: _____ **Telephone**: _____

Fax: _____ **Email**: _____

[Listing cannot 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.

REMINDER:

THE STATE 911 DEPARTMENT REQUIRES A NOTARIZED *PROOF OF AUTHENTICATION OF SIGNATURE FORM* FOR THE PERSON WHO SIGNS THE *CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM ABOVE* AND FOR EACH PERSON LISTED AS AN AUTHORIZED SIGNATORY ON THE GRANT.

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name:
Contractor Vendor/Customer Code:

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:

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Notary Public Signature
My MA Commission expires on: _____

AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name:
Contractor Vendor/Customer Code:

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:

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Notary Public Signature
My MA Commission expires on: _____

AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

_____
Corporate Clerk Signature

AFFIX CORPORATE SEAL