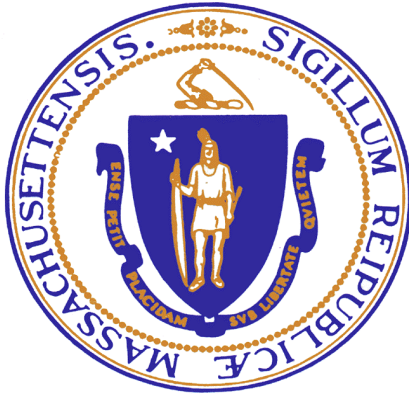


**Commonwealth of Massachusetts**

**Executive Office of Public Safety and Security  
State 911 Department**



**State 911 Department  
Public Safety Answering Point and Regional Emergency Communication Center  
Support and Incentive Grant Application  
Fiscal Year 2025**

**All applications shall be mailed or hand delivered or via Commbuys,  
[www.Commbuys.com](http://www.Commbuys.com), BID # BD-24-1044-EPS90-ADMN-99590**

**All applications must be received by 5:00 P.M. on Monday, December 30, 2024.**

# FY 2025 SUPPORT AND INCENTIVE GRANT

## Application Checklist

### This section is applicable for all applicants

- ☐ **Demonstration of Compliance with MassGIS Reporting Requirement**
  - ☐ Signed and Dated PSAP and RECC Support and Incentive Grant Application Cover Page
  - ☐ Completed Budget Summary Page with Mobile Behavioral Health Crisis Response Services amount, if applicable.
  - ☐ Completed Budget Narrative Page(s) – Must provide **detailed descriptions** to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor) for each item requested.
    - ☐ **Personnel**
    - ☐ **HVAC**
    - ☐ **CAD**
    - ☐ **Radio Console: Include **ICIP Form** for new radio console requests**
    - ☐ **Console Furniture and Dispatcher Chairs**
    - ☐ **Fire Alarm Receiving & Alerting Equipment**
    - ☐ **Other Equipment**
- Regional Secondary PSAPs Only:**
- ☐ **CPE Maintenance**
  - ☐ Attached Quotes, if applicable
  - ☐ Appendix A – Personnel Costs Form (List Certified Enhanced 911 Telecommunicators)
  - ☐ Completed Appendix B – Mobile Behavioral Health Crisis Response Services, if applicable
    - ☐ **PSAP's/RECC's Policy/ Procedures or Standard Operating Procedure (SOP) {{{REQUIRED}}}**
  - ☐ Completed Contractor Authorized Signatory Listing Form signed by your City or Town Official\*
    - ☐ **Completed and Notarized Contractor Authorized Signatory - Individual Form\* for the City or Town Official who signed the Contractor Authorized Signatory Listing Form**
  - ☐ Completed and Notarized Contractor Authorized Signatory - Individual Form\* for **each** Signatory listed on the grant.
  - ☐ Completed Highlighted Sections, Signed and Dated Standard Contract Form

### Regional PSAPs and RECCs ONLY:

- ☐ **Public Safety Radio Systems**
  - ☐ **Interoperable Communications Investment Proposal (ICIP Form)**, if applicable (p. 13).
- ☐ **Regional PSAPs and RECCs shall provide a detailed Departmental budget (FY25 and FY24) (p. 14).**
- ☐ **Regional PSAPs and RECCs shall provide an organizational chart that clearly defines all positions (p. 14).**
- ☐ **Regional PSAPs and RECCs shall provide a five (5) year capital budget (FY25 – FY30) (p. 14).**
- ☐ **Appendix C – Annual Maintenance Contract**

**\*Office of State Comptrollers has confirmed these new forms are applicable to all PSAPs and RECCs.**

**DO NOT SUBMIT DOUBLE-SIDED  
APPLICATIONS, SUPPORTING  
DOCUMENTATION, QUOTES**

**OR**

**INCLUDE BLANK PAGES FOR WHICH NO  
FUNDING IS REQUESTED**

All applications with original “wet” signatures shall be submitted to:

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

or

**[www.Commbuys.com](http://www.Commbuys.com)**

**REMINDER: IF SUBMITTING YOUR GRANT APPLICATION VIA  
COMMBUYS, YOU MUST MAIL THE ORIGINAL SIGNED APPLICATION,  
STANDARD CONTRACT FORM, AUTHORIZED SIGNATORY AND  
NOTARY FORMS TO THE DEPARTMENT**

# FY 2025 SUPPORT AND INCENTIVE GRANT

*Type of PSAP: (please check one)*

- ☐ Primary   ☐ Regional   ☐ Regional Secondary  
☐ Regional Emergency Communication Center

**Name of Eligible Entity (PSAP/RECC)**

Address

City/Town/Zip

Telephone Number

Fax Number

Website

**Name & Title of Authorized Signatory**

Telephone Number

Email Address

**Name & Title of Grant Contract Manager**

Telephone Number

Email Address

**Total Grant Program funds requested:**

\$ \_\_\_\_\_

## **Authorization and Certification**

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

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

***Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.***

\_\_\_\_\_  
**ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY**

# FY 2025 SUPPORT AND INCENTIVE GRANT

## BUDGET SUMMARY

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

<b>APPENDIX B: Mobile Behavioral Health Crisis Response Services</b> <b>REVIEW FOR ELIGIBILITY &amp; ENTER AMOUNT HERE</b>	\$
----------------------------------------------------------------------------------------------------------------------------	----

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

<b>GRAND TOTAL*</b>	\$
---------------------	----

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

# FY 2025 SUPPORT AND INCENTIVE GRANT

## DETAIL NARRATIVE

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

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

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

☐ Attach Appendix A – Personnel Costs Form

**Total Category A**

\$

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

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

**Description:**

**Vendor:**

☐ Attach Quote and mark with letter B

**Total Category B**

\$

## FY 2025 SUPPORT AND INCENTIVE GRANT

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

### C. Computer-aided Dispatch Systems

#### Description(s):

Are the requested items linked to CAD?

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

Where will the requested items be located?

What will run or be displayed on computers/monitors, if requesting?

#### Vendor(s):

☐ Attach Quote and mark with letter C

Total Category C

\$

## FY 2025 SUPPORT AND INCENTIVE GRANT

**D. Radio Consoles** – to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of radio consoles to be used at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such radio consoles used in the physical space used for the provision of enhanced 911 service. All radio consoles shall comply with EOPSS Statewide Inter-Operability Emergency Communications (“SIEC”) special conditions, as may be amended from time to time. The State 911 Department will submit requests for such funding to the SIEC and/or the Statewide Interoperability Coordinator (“SWIC”) for review and confirmation that the requested item(s) comply with the SIEC special conditions. The SIEC special conditions are available at:

<https://www.mass.gov/doc/massachusetts-statewide-communication-interoperability-plan-scip-2020/download>.

Questions relating to the SIEC special conditions should be directed to the SWIC. You may e-mail the SWIC at [MA.SWIC@mass.gov](mailto:MA.SWIC@mass.gov).

**Applicants requesting funds for interoperable communications components, such as radio consoles, or other communication system components must include with their grant application the Interoperable Communications Investment Proposal (ICIP). The ICIP Template can be found here [ICIP Template Download \(mass.gov\)](#).**

D. Radio Consoles

Description(s):

**Include use and location for each of the requested item(s).**

Vendor(s):

☐ Attach Quote and mark with letter D

Total Category D

\$



## FY 2025 SUPPORT AND INCENTIVE GRANT

**E. Console Furniture and Dispatcher Chairs** – to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of console furniture and dispatcher chairs necessary for enhanced 911 telecommunicators working at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs to perform their jobs effectively and in an ergonomically appropriate manner. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such console furniture and dispatcher chairs, including shelving, storage cabinets, and rotary resource files, used in the physical space used for the provision of enhanced 911 service, except as otherwise approved by the State 911 Department, based on supporting documentation that the physical space used for the provision of enhanced 911 service is inadequate to house the equipment, or except as otherwise approved by the State 911 Department based on supporting documentation.

E. Console Furniture and Dispatcher Chairs

**Description(s):**

Have you previously applied for funding for dispatcher chairs?

If so, grant what year?

Are they under warranty?

Include use and location for each of the requested item(s).

**Vendor(s):**

☐ Attach Quote and mark with letter E

**Total Category E**

\$

**F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service** – to defray costs associated with the purchase, installation, replacement, maintenance, and/or update of fire alarm receiving and alerting equipment used at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs. Funding may be used to purchase, install, replace, maintain, and/or update systems used by such PSAPs to alert remote station personnel of emergency responses, including hardware and components installed within remote station locations. Funding for street or structure based cable or radio fire alarm boxes and related hardware is not permitted.

F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service

**Description:**

**Vendor:**

☐ Attach Quote and mark with letter F

**Total Category F**

\$

## FY 2025 SUPPORT AND INCENTIVE GRANT

**G. Other Equipment and Related Maintenance Associated with Providing Enhanced 911 Service** – to defray costs associated with the purchase, installation, replacement, and/or maintenance of other equipment used in the physical space used for the provision of enhanced 911 service, except as otherwise approved by the State 911 Department, based on supporting documentation that the physical space used for the provision of enhanced 911 service is inadequate to house the equipment, or except as otherwise approved by the State 911 Department based on supporting documentation. Funding may be used for, but is not limited to: support technology (such as printers, headsets, and call recorders); supplies (such as disc and printer cartridges); hardware and support costs (excluding monthly recurring telephone service costs) for telephones; acoustic wall coverings; ESD-resistant flooring; lighting; and security equipment used for securing access to the PSAP to prevent entry by the public or unauthorized personnel.

**G. Other Equipment and Related Maintenance Associated with Providing Enhanced 911 Service**

**Description(s):**

**Include use and location for each of the requested item(s).**

**What will run or be displayed on computers/monitors, if requesting?**

**Vendor(s):**

☐ Attach Quote and mark with letter G

**Total Category G**

\$

**REMINDER:** Disposal of Equipment Purchased with Grant Funding: Grantees may replace and/or dispose of equipment purchased with funds under the State 911 Department grant programs only if such equipment has reached the end of its useful life, in accordance with the manufacturer's warranty or industry expected useful life, whichever is longer. Disposal shall be in compliance with municipal guidelines, and equipment may be transferred to public entities for public municipal purposes only.

**All goods and/or services shall be received on or before June 30, 2025 to be eligible for reimbursement under the Fiscal Year 2025 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.**

## FY 2025 SUPPORT AND INCENTIVE GRANT

### REGIONAL PSAPs & RECCs ONLY

**H. Public Safety Radio Systems** – to defray costs associated with the acquisition and maintenance of radio systems (including circuit costs for connectivity) used for police, fire, emergency medical services, and/or emergency management communications. Only Regional PSAPs and RECCs are eligible for funding in this category. All radio systems shall comply with EOPSS Statewide Inter-Operability Emergency Communications (“SIEC”) special conditions, as may be amended from time to time. The State 911 Department will submit requests for such funding to the SIEC and/or the Statewide Interoperability Coordinator (“SWIC”) for review and confirmation that the requested item(s) comply with the SIEC special conditions. The SIEC special conditions are available at:

<http://www.mass.gov/eopss/docs/ogr/homesecc/sd-siec-specialconditionsradiofrequenciesdec09.pdf>.

Questions relating to the SIEC special conditions should be directed to the SWIC. You may e-mail the SWIC at [MA.SWIC@state.ma.us](mailto:MA.SWIC@state.ma.us).

**Applicants requesting funds for interoperable communications components, such as radios, or other communication system components must include with their grant application the Interoperable Communications Investment Proposal (ICIP). The ICIP Template can be found here [ICIP Template Download \(mass.gov\)](#).**

**Description(s):**

**Vendor(s):**

☐ Attach Quote and mark with letter H

**Total Category H**

\$

**All goods and/or services shall be received on or before June 30, 2025, to be eligible for reimbursement under the Fiscal Year 2025 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.**

# FY 2025 SUPPORT AND INCENTIVE GRANT

## REGIONAL SECONDARY PSAP ONLY

**I. Regional Secondary PSAP 911 Customer Premises Equipment Maintenance** – to defray costs associated with maintaining PSAP 911 customer premises equipment. ONLY regional secondary PSAPs are eligible for funding in this category.

(The Department assumes the responsibility of all costs for maintenance of CPE at all primary PSAPs and regional PSAPs and RECCs). Note: Regional Secondary PSAPs are eligible for the purchase, installation and/or upgrade of CPE equipment under the State 911 Department Regional PSAP and Regional Secondary PSAP and RECC Development Grant.

### Description:

### Vendor:

☐ Attach Quote and mark with letter I

Total Category J

\$

**All goods and/or services shall be received on or before June 30, 2025, to be eligible for reimbursement under the Fiscal Year 2025 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.**

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



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

<b>CONTRACTOR LEGAL NAME:</b> (and d/b/a):		<b>COMMONWEALTH DEPARTMENT NAME:</b> State 911 Department <b>MMARS Department Code:</b> EPS	
<b>Legal Address: (W-9, W-4):</b>		<b>Business Mailing Address:</b> 151 Campanelli Drive, Suite A, Middleborough, MA 02346	
<b>Contract Manager:</b>	<b>Phone:</b>	<b>Billing Address (if different):</b>	
<b>E-Mail:</b>	<b>Fax:</b>	<b>Contract Manager:</b> Cindy Reynolds	<b>Phone:</b> 508-821-7299
<b>Contractor Vendor Code:</b> VC		<b>E-Mail:</b> 911DeptGrants@mass.gov	<b>Fax:</b> 508-947-1452
<b>Vendor Code Address ID (e.g. "AD001"):</b> AD _____. (Note: The Address ID must be set up for EFT payments.)		<b>MMARS Doc ID(s):</b> CT EPS SUPG	
<b>RFR/Procurement or Other ID Number:</b> FY25 SUPG			
<b><input checked="" type="checkbox"/> NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b> <input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated Department) <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <b>Department Procurement</b> (includes all Grants - <a href="#">815 CMR 2.00</a> ) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<b><input type="checkbox"/> CONTRACT AMENDMENT</b> Enter <b>Current Contract End Date</b> <u>Prior</u> to Amendment: ____, 20 ____. Enter <b>Amendment Amount:</b> \$ _____. (or "no change") <b>AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)</b> <input type="checkbox"/> <b>Amendment to Date, Scope or Budget</b> (Attach updated scope and budget) <input type="checkbox"/> <b>Interim Contract</b> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> <a href="#">Commonwealth Terms and Conditions</a> <input type="checkbox"/> <a href="#">Commonwealth Terms and Conditions For Human and Social Services</a> <input type="checkbox"/> <a href="#">Commonwealth IT Terms and Conditions</a>			
<b>COMPENSATION:</b> (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 <a href="#">815 CMR 9.00</a> . <input type="checkbox"/> <b>Rate Contract.</b> (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <b>Maximum Obligation Contract.</b> Enter total maximum obligation for total duration of this contract (or <b>new</b> total if Contract is being amended). \$ _____.			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting <b>accelerated</b> payments must identify a PPD as follows: Payment issued within 10 days ___ % PPD; Payment issued within 15 days ___ % PPD; Payment issued within 20 days ___ % PPD; Payment issued within 30 days ___ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle ___ statutory/legal or Ready Payments ( <a href="#">M.G.L. c. 29, § 23A</a> ); ___ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (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.) <b>Contract is for the reimbursement of funds under the State 911 Department FY 2025 Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.</b>			
<b>ANTICIPATED START DATE:</b> (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 <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. ___ 2. may be incurred as of ____, 20 ____, a date <b>LATER</b> than the Effective Date below and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. ___ 3. were incurred as of ____, 20 ____, a date <b>PRIOR</b> 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.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of <b>June 30, 2025</b> , 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.			
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the " <b>Effective Date</b> " of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b>  X: _____ Date: _____ (Signature and Date Must Be Captured at Time of Signature) Print Name: _____ Print Title: _____		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b>  X: _____ Date: _____ (Signature and Date Must Be Captured at Time of Signature) Print Name: Frank Pozniak Print Title: Executive Director	



# Commonwealth of Massachusetts

## CONTRACTOR AUTHORIZED SIGNATORY LISTING

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

### Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name	Contractor Vendor/Customer Code <small>(if available, not the Taxpayer Identification Number or Social Security Number)</small>
-----------------------	------------------------------------------------------------------------------------------------------------------------------------

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

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

There are three types of electronic signatures that will be accepted on this form: **1) Traditional “wet signature” (ink on paper);** 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory’s hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address

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

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

**Please note you cannot self-certify your own signature as a single signer listed above.**

Signature	Date
Print Name	Phone Number
Title	Email Address

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

# FY 2025 SUPPORT AND INCENTIVE GRANT



## Commonwealth of Massachusetts CONTRACTOR AUTHORIZED SIGNATORY FORM

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

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

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
-----------------------	-------------------------------------------------------------------------------------------

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

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

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents ( <b>Complete only in presence of notary</b> )	
Print Signatory's full legal name	Title

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

**AFFIX NOTARY SEAL/STAMP**

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

# FY 2025 SUPPORT AND INCENTIVE GRANT



## Commonwealth of Massachusetts CONTRACTOR AUTHORIZED SIGNATORY FORM

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

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

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
-----------------------	-------------------------------------------------------------------------------------------

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

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Signature (ink on paper) Contractor Signature as it will appear on contract or other documents ( <b>Complete only in presence of notary</b> )	
Print Signatory's full legal name	Title

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name	Notary Signature (ink on paper)
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**A copy of this document must be attached to the "record copy" of a contract filed with the department.**



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

**{List ALL in Alphabetical Order by LAST Name - Not by Rank or Seniority}**

**\*Please use additional pages if needed.**

## FY 2025 SUPPORT AND INCENTIVE GRANT

### Appendix B: Mobile Behavioral Health Crisis Response Services

In addition to the allocation amount noted in the Appendix A of the grant guidelines, Primary PSAPs, Regional Secondary PSAPs, Regional PSAPs, and Regional Emergency Communications Centers that **dispatch** mobile behavioral health crisis response services shall receive additional Support Grant funding to be **used for allowable expenses under this grant program** as follows:

2023 911 Call Volume	Funding Amount
0 - 2,999	\$15,000
3,000 – 3,999	\$20,000
4,000 – 4,999	\$25,000
5,000 – 9,999	\$35,000
10,000 – 19,999	\$45,000
20,000 – 39,999	\$60,000
40,000 – 59,999	\$80,000
60,000 – 99,999	\$100,000
100,000 or more	\$125,000

The calendar year 2023 call volume is available on our website at [www.mass.gov/e911](http://www.mass.gov/e911).

#### The following information is **required**:

1. Grantee's requesting this additional funding **must** include a copy of its PSAP's/RECC's **policy/procedure** detailing the dispatching of mobile behavioral health crisis response services that clearly explains how the certified telecommunicator dispatches the Behavioral Health Clinician.

**Please note the PSAP's/RECC's policy/procedure is a requirement for all requesting this funding. {NOT THE POLICE DEPARTMENT'S POLICY ON MENTAL HEALTH}**

2. Who are you partnered with for the provision of providing the mobile behavioral health crisis response services?
3. In the section below, enter the amount(s) in the funding category(ies) [A – G] where the additional mobile behavioral health crisis response service funds are to be added. **Please note this appendix, and the Budget Summary page are where you identify the additional funding, DO NOT add these funds to the funding category(ies) in the budget narrative.**

Funding Category	Amount
A: Personnel Costs	\$
B: Heat, Ventilation, Air Conditioning	\$
C: Computer-aided Dispatch Systems	\$
D: Radio Consoles	\$
E: Console Furniture & Dispatch Chairs	\$
F: Fire Alarm Receiving & Alerting	\$
G: Other Equipment	\$
<b>TOTAL</b>	<b>\$</b>

If requesting funds in Category B – G, you must provide the vendor quote(s) AND the detailed description including quantity and the use and location of the requested item(s) below. Please use additional page(s) if needed.

#### Description:

## FY 2025 SUPPORT AND INCENTIVE GRANT

### REGIONAL PSAPs & RECCs ONLY

**Appendix C – Annual Maintenance Contract** – Regional PSAPs and RECCs may apply for a one-time increase in its allocation to defray costs associated with the support of up to sixty percent (60%) of one **(1) maintenance contract** which meets all other eligibility criteria of the grant guidelines. However, no such request shall exceed three hundred and fourteen thousand dollars **(\$314,000)** and shall not be eligible for budget modifications.

**Description:**

**Vendor:**

☐ Attach Contract

In the section below, enter the amount in the funding category [B – H] where you are requesting the annual maintenance to be added. **Please note this appendix, and the Budget Summary page are where you identify the additional funding, DO NOT add these funds to the funding category in the budget narrative.**

Funding Category	Amount
B: Heat, Ventilation, Air Conditioning	\$
C: Computer-aided Dispatch Systems	\$
D: Radio Consoles	\$
E: Console Furniture & Dispatch Chairs	\$
F: Fire Alarm Receiving & Alerting	\$
G: Other Equipment	\$
H: Public Safety Radio Systems	\$