

## FY 2026 Emergency Medical Dispatch Grant

### Application Checklist

- ☒ Continuity of Operations Plan (COOP) e-mailed to [shahri.moin@mass.gov](mailto:shahri.moin@mass.gov) **{Annually}**
- ☒ Signed and Dated Emergency Medical Dispatch Grant Application Cover Page
- ☒ Completed Emergency Medical Dispatch Grant Budget Worksheet, to include requested funding by category and **detailed narrative**
- ☒ Included Vendor Quote(s), if applicable
- ☐ CEMDR Agreement/Contract if requesting funds under this category
- ☐ Medical Director Contract/Agreement if requesting funds under this category
- ☒ Completed Contractor Authorized Signatory Listing Form signed by a City or Town Official **AND each listed signatory must sign next to their name on the form**
- ☒ Completed Highlighted Sections, Signed and Dated Standard Contract Form

**DO NOT SUBMIT DOUBLE-SIDED APPLICATIONS, QUOTES OR CONTRACTS**

All applications with original signatures shall be submitted to:

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

**NOTE: THIS PAGE IS CALLED THE APPLICATION COVER PAGE**

**FY 2026 Emergency Medical Dispatch Grant**

Name of Eligible Entity / PSAP / RECC Anytown Police Department  
Address 15 Main Street  
City/Town/Zip Anytown, MA 01234  
Telephone Number 617-555-1234  
Fax Number 617-555-4321  
Website www.anytown-ma.org

**Commented [91]:** Name of your PSAP / Regional / RECC

Name/Title of Authorized Signatory Shawn Grant, Chief  
Telephone Number 617-555-1212  
Email Address chief@anytownpd-ma.org

**Commented [92]:** Name of the Authorized Signatory who signs the application.  
Applicant must complete each section / line item.

Name/Title Program/Contract Manager Kyle Sampson, Lieutenant  
Telephone Number 617-555-1214  
Email Address ksampson@anytownpd-ma.org

**Commented [93]:** Name of the person the State 911 Department can contact and/or the person working on the grant.  
Applicant must complete each section / line item.

Total Grant Funds Requested: \$ 6,021.49

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

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

☐ APCO ☒ PowerPhone ☐ Priority Dispatch

**OR**

Utilizing the following Certified EMD Resource: \_\_\_\_\_

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

☐ APCO ☐ PowerPhone ☐ Priority Dispatch

**Authorization and Certification**

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

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

Signed under the penalties of perjury this 5 day of July 2025.

Chief Shawn Grant

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

# FY 2026 Emergency Medical Dispatch Grant

## Budget Worksheet

Funding Category	Amount Requested	Detailed Narrative
1. Certified EMD Resource	\$	<p><b>Name of CEMDR:</b></p> <p><b>(Attached copy of the current contract with CEMDR)</b></p>
2. Emergency Medical Dispatch Protocol Reference System	\$ 299.70	<p>PowerPhone Annual Plan: Total Response Software Renewal for EMD</p> <p><b>NOTE: Site Licensed Training is not eligible under the EMD Grant</b></p> <p><b>EMD Software or EMD Guide/Cardsets, Annual License, Annual Maintenance, Q/A Annual Maintenance</b></p> <p><b>(Attach quote for this category)</b></p>
3. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services	\$ 5,721.69	<p>Lt. Kyle Sampson conducting EMD Q/A review on 10% of 1,500 EMD calls <b>(amount reported on annual Certification of Compliance form)</b>, 30 minutes per call = 75 hours x \$68.47/hr. OT = <b>\$5,135.25</b></p> <p>Officer James Powell is the CPR certified training instructor conducting (3) 4-hour CPR courses at \$48.87/hr. OT = <b>\$586.44</b></p> <p><b>NOTE: Eligible under the EMD Grant ONLY if CPR instructor is NOT a certified telecommunicator/does not answer 911 calls for your PSAP</b></p> <p><b>For Q/A, PSAPs must provide name of the individual(s), pay rate and number of Q/A review hours you are requesting.</b></p> <p><b>Attach contract for Medical Director or Third-party vendor conducting EMD case review for this category.</b></p> <p><b>For CPR Instructor, list name of instructor, # of 4-hour courses being taught and OT pay rate.</b></p>
<b>Total Amount of Emergency Medical Dispatch Grant Funding Requested</b>	<b>\$ 6,021.39</b>	

## COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division 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](#), 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 forms at [macomptroller.org/forms](http://macomptroller.org/forms) or [mass.gov/lists/osd-forms](http://mass.gov/lists/osd-forms).

CONTRACTOR INFORMATION			COMMONWEALTH INFORMATION		
Contractor Legal Name		d/b/a	Department		MMARS Code
Legal Address As entered on Form W-9 or Form W-4			Contract Manager Name		Business Mailing Address
Contract Manager Name			Billing Address If Different		
Phone	Email	Fax	Phone	Email	Fax
Vendor Code VC			MMARS Doc ID(s) CT EPS EMDG		
Vendor Code Address ID AD e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number		
NEW CONTRACT			CONTRACT AMENDMENT		
<b>Procurement or Exception Type (Check one option only)</b> <b>Statewide Contract</b> (OSD or an OSD-designated department.) <b>Collective Purchase</b> (Attach OSD approval, scope, and budget.) <b>Department Procurement</b> - Includes all Grants <a href="#">815 CMR 2.00</a> . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) <b>Emergency Contract</b> (Attach justification for emergency, scope, and budget.) <b>Contract Employee</b> (Attach Employee Status Form, scope, and budget.) <b>Interim Contract with new Contractor</b> (Attach justification for Interim Contract and updated scope/budget.) <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			<b>Current Contract End Date</b> <b>PRIOR to Amendment</b>		
			<b>Amendment Amount</b> Or Enter "No Change"		
			<b>Amendment Type (Check one option only. Attach details of amendment changes.)</b> <b>Amendment to Date, Scope, or Budget</b> (Attach updated scope and budget.) <b>Interim Contract with Current Contractor</b> (Attach justification for Interim Contract and updated scope/budget.) <b>Contract Employee</b> (Attach any updates to scope or budget.) <b>Other Procurement Exception</b> (Attach authorizing language/justification and updated scope/budget.)		
TERMS AND CONDITIONS					
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option): <a href="#">Commonwealth Terms and Conditions</a> <a href="#">Commonwealth Terms and Conditions for Human and Social Services</a> <a href="#">Commonwealth IT Terms and Conditions</a>					
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 <a href="#">815 CMR 9.00</a> . 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.) Maximum Obligation Contract. 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 Electronic Funds Transfer (EFT) 45 days from invoice receipt. See <a href="#">Prompt Pay Discounts Policy</a> .					
Contractors requesting <b>accelerated</b> payments must identify a PPD as follows: Payment issued within: 10 days      % PPD. 15 days      % PPD. 20 days      % PPD. 30 days      % PPD. If PPD percentages are left blank, identify reason:					
Statutory/legal      Ready Payments ( <a href="#">M.G.L. c. 29, § 23A</a> )      Agree to standard 45-day cycle      Only initial payment					
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. <b>Contract is for the reimbursement of funds under the State 911 Department FY 2026 Emergency Medical Dispatch Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.</b>					
SUPPLIER DIVERSITY PROGRAM (SDP) PLAN					
Does the Supplier Diversity Program apply? <b>YES</b> If YES, the Contractor's annual SDP commitment for this Contract is <b>NO</b> If NO, and the department is an Executive Department, enter the appropriate exemption:					
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 <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.					
CONTRACT END DATE					
Contract performance shall terminate as of _____, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS					
Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <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.					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR			AUTHORIZING SIGNATURE FOR THE COMMONWEALTH		
Signature and date must be captured at time of signature.			Signature and date must be captured at time of signature.		
Signature <i>Chief Shawn Grant</i>	Date <i>7/11/2025</i>		Signature	Date	
Print Name	Print Title		Print Name	Print Title	



## 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 City of Anytown	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number) VC 6000000000
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**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
Shawn Grant	<i>Shawn Grant</i>	Chief of Police	617-555-1212	chief@anytownpd-ma.org
Kyle Sampson	<i>Kyle Sampson</i>	Lieutenant	617-555-1212	ksampson@anytownpd-ma.org

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

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

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

Signature <i>Gerald M. Lee</i>	Date 7-2-2024
Print Name Gerald M. Lee	Phone Number 617-555-0000
Title Mayor of Anytown	Email Address mayorlee@anytown-ma.org

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

**Commented [9(6):** As of May 1, 2023, this is the **NEW Contractor Authorized Signatory Listing form** for governmental agencies/ municipalities to complete for grant applications.

**Commented [9(7):** The State 911 Department **REQUIRES** all grant applications to have an original "wet" signature, **WE DO NOT ACCEPT ELECTRONIC SIGNATURES ON GRANT APPLICATIONS.**

**Commented [9(8):** Signatories listed on this form **MUST** sign their name and must include two (2) signatories

**This section must be signed by a City or Town Official, i.e. Mayor, Town Manager/Administrator/Select Board Chair (NOT the Chief of Police)**

Products & Services	SKU	Billing Frequency	Quantity	Unit price	Price
Items due now					
Annual Plan: Total Response Software July 2025-June 2026 for EMD	TRASWP		1	\$299.70 / year	\$299.70 / year
Annual Plan: Site Licensed Training from July 2025 - June 2026	TRATL		1	\$4,179.00 / year	\$4,179.00 / year
			NOT ELIGIBLE UNDER EMD GRANT		
Annual Service Plan					
Annual Plan: Total Response Software Renewal	TRASWPR	Annually	1	\$299.70 / year	\$299.70 / year
Payment starts: July 1, 2026					
Annual Plan: Site Licensed Training Renewal	TRATLR	Annually	1	\$4,179.00 / year	\$4,179.00 / year
Payment starts: July 1, 2025					
Subtotal				\$4,478.70	
Due now				\$4,478.70	