Commonwealth of Massachusetts

Executive Office of Public Safety and Security State 911 Department



State 911 Department Training Grant Application Fiscal Year 2026

All applications shall be mailed or hand delivered or via Commbuys, www.Commbuys.com, BID # BD-25-1044-EPS90-1044E-112936

All applications must be received by 5:00 P.M. on Tuesday, December 30, 2025

FY 2026 TRAINING GRANT

Application Checklist

Continuity of Operations Plan (COOP) e-mailed to shahri.moin@mass.gov {Annually}
Signed and Dated Training Grant Application Cover Page
Completed and Attached the Personnel Costs Worksheet(s) {{REQUIRED}}}
Completed Training Grant Budget Narrative
Included Vendor Quote(s), if applicable
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

Application with original signatures shall be submitted to:

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

FY 2026 TRAINING GRANT

	Eligible Entit	ty / PSAP / 1	RECC				
Address	m/7in						
City/Tow Telephon	e Number			-			
Fax Num				-			
Website							
	Title of Author e Number	orized Signa	atory				
	Title Grant (e Number ldress	Contract Ma	nager				
	Total	l Grant Pro	gram Funds Ro	equested	\$		
* *		•		•		1 Department s and the following	•
Medica	al Dispatch Pr	otocol Refer	ence System (E	(MDPRS):			
	APCO		PowerPhone		Priority Dis	patch	
			OF	₹			
Utilizi	ng the followi	ng Certified	EMD Resource	:			
CEME	OR's Emergen	cy Medical I	Dispatch Protoco	ol Reference	e System (EMI	OPRS):	
	APCO		PowerPhone		Priority Dis	patch	
Autho	orization an	d Certificat	<u>tion</u>				
and the inform modification grant particular above submissingly application and the information of the infor	he authorized nation submitted ications, reported process, its avectoristics and the second second icable to ation.	d signatory ted to the Strting, and a vard and except the street of this a to any and a	of the applyinate 911 Depart ony and all other ecution shall be ding this application by the Il transactions	ng governr tment regar er submissi e true and v cation, will he applying submitted o	mental entity ding the applic ons required the rerifiable thround no longer rec governmental under a contra	he applying gove affirms and decation, reimburs throughout the agh source documenties a signature and authorities awarded as the act awarded as th	eclares that all ements, budget duration of the mentation. The e at the time of orized signatory he result of this
_		0 0	read and agreed to the g			tification above an	a the grant
Signea	l under the pe	nalties of pe	rjury this	day of		, 20	

FY 2026 TRAINING GRANT BUDGET NARRATIVE

A.	Fees – Fees associated with attendance at approved live or online 911 training courses, including certifications/
	recertification for certified Telecommunicators to include 16 hours of continued education or for those working toward
	certification. Add the Total Vendor Fees from the Personnel Costs Worksheet(s) and the total Membership & Conference
	Fees below to get the total for Category A.

For Membership fees, list the name and amount for each below.

Membership Fees:

For Conference fees, list the name of the conference,	number attending and the	amount for each conference below.
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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. Add the Total Salary column(s) from the {{REQUIRED}} Personnel Costs Worksheet(s) and enter below.

Total Category B \ \\$_____

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 preemployment testing software, and additional related training materials such as books and manuals. In addition, funding not to exceed \$2,500 may be authorized for the purchase of skill and ability software/programs/subscriptions utilized by a PSAP to enhance the skill set of its certified telecommunicators.

Description:

Attach quote for this category Total Category C \$_____

D. Lodging – Enter the lodging expenses to include the number of people and number of nights for two (2) or more consecutive days of training (not to include the night prior to the training) and the distance of which is equal to or greater than ninety (90) miles away from where travel originates. NOTE: Lodging for conferences is not eligible.

Description:

Total Category D \[\\$_____

E. Mileage – Funding may be authorized for the payment of mileage when an employee utilizes his/her personal vehicle to attend eligible trainings. Mileage, where applicable, will be verified utilizing a recognized mileage guide such as Google Maps. Eligible mileage will be calculated by determining the round-trip mileage from the PSAP to the training location, rounded to the nearest mile. Other expenses associated with travel, such as tolls and parking, may also be eligible. If requesting funding under this category, applicant must provide its employment Agreement.

Description: Show your calculation for the amount you are requesting on an additional sheet of paper.

Total Category E

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 <u>Standard Contract Form Instructions and Contractor Certifications</u>, the <u>Commonwealth Terms and Conditions</u>, the <u>Commonwealth Terms and Conditions</u> which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomatroller and forms or mass conflicting terms.



by reference nerein. Additional non-conflicting terms may be added by Attachment. Conflictors are required to access forms at <u>macompitories or growing to mass govins to own</u>							
CONTRACTOR INFORMATION				COMMONWEALTH INFORMATION			
Contractor Legal Name d/b/a				Department			MMARS Code
Legal Address				Contract Manager Name		Business Mailing A	ddress
As entered on Form W-9 or Fo	orm W-4						
Contract Manager Name				Billing Address			
				If Different			
Phone Phone	Email Email		Fax	Phone	Email		Fax
Vendor Code	VC			MMARS Doc ID(s) CT EPS G	RNT		
Vendor Code Address ID	AD			RFR/Procurement or Other ID	Number		
e.g. "AD001". Note: The Addre	ess ID must be set up for Electron	nic Funds	Transfer (EFT) payments.				
	NEW CONTRACT			CONTRACT AMENDMENT			
Procurement or Exception T	ype (Check one option only)			Current Contract End Date		Amendmen	t Amount
Statewide Contract (OSD	or an OSD-designated departme	ent.)		PRIOR to Amendment		Or Enter "No	o Change"
Collective Purchase (Atta	ch OSD approval, scope, and bu	dget.)		Amendment Type (Check one	option only	y. Attach details of a	mendment changes.)
Department Procurement	- Includes all Grants 815 CMR 2	2.00. (Attac	ch Solicitation Notice or	Amendment to Date, Scop	e, or Budge	t (Attach updated sco	ope and budget.)
RFR, and Response or	r other procurement supporting d	locumenta	tion.)	Interim Contract with Current Contractor (Attach justification for Interim Contract and			
Emergency Contract (Attach justification for emergency, scope, and budget.)				updated scope/budget.)			
Contract Employee (Attach Employee Status Form, scope, and budget.)				Contract Employee (Attach any updates to scope or budget.)			
Interim Contract with new Contractor (Attach justification for Interim Contract and updated				Other Procurement Exception (Attach authorizing language/justification and updated			
scope/budget.)				scope/budget.)			
Other Procurement Exception (Attach authorizing language, legislation with specific							
exemption or earmark,	lget.)						
TERMS AND CONDITIONS							
The Standard Contract Form Instructions and Contractor Contifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE anti-							na (Chook ONE option):

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):

Commonwealth Terms and Conditions

Commonwealth Terms and Conditions or Human and Social Services

Commonwealth IT Terms and Conditions

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.)

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 Prompt Pay Discounts Policy.

Contractors requesting accelerated 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 (M.G.L. c. 29, § 23A) Agree to standard 45-day cycle Only initial paymen

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 2026 Training Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply? YES If YES, the Contractor's annual SDP commitment for this Contract is

NO 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 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 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 , 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.

CERTIFICATION

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 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 CONTRA Signature and date must be captured at time of signature.		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH Signature and date must be captured at time of signature.			
Signature Date			Signature		Date
Print Name	Print Title		Print Name	Print Title	

Please note when completing the Contractor Authorized Signatory Listing form, there must be at least two (2) people noted as signatories and each person must sign next to their name. The individual signing the form can also be listed above as a signatory.

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 Vendor/Customer Code
(if available, not the Taxpayer Identification Number or Social Security Number)

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