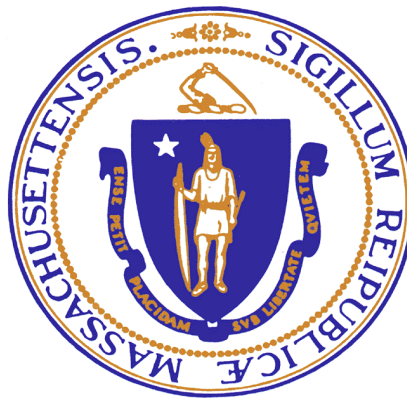


FY 2027 SUPPORT AND INCENTIVE GRANT

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 2027

**All applications shall be mailed or hand delivered or via Commbuys,
www.Commbuys.com, BID # BD-26-1044-EPS90-1044E-125755**

All applications must be received by 5:00 P.M. on Wednesday, December 30, 2026.

FY 2027 SUPPORT AND INCENTIVE GRANT

Application Checklist

This section is applicable for all applicants

- Included Demonstration of Compliance with MassGIS Reporting Requirement**
 - E-mailed Continuity of Operations Plan (COOP) to shahri.moin@mass.gov **{Annually}**
 - Signed and Dated Support and Incentive Grant Application Cover Page
 - Completed Budget Summary Page with Mobile Behavioral Health Crisis Response Services amount and Credentialed TERT Team Member 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. **DO NOT DOUBLE-SIDE APPLICATION OR ATTACHMENTS**
 - Personnel**
 - HVAC**
 - CAD**
 - Radio Console: Included 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
 - Included Call Center's Policy/ Procedures or Standard Operating Procedure (SOP) {{{REQUIRED}}}**
 - Appendix C – Credentialed TERT Team Members, if applicable
 - Included TERT Member's Credentialed Letter(s) {{{REQUIRED}}}**
 - 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

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 (FY27 and FY26)** (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 (FY27 – FY31)** (p. 14).
- Appendix D – Annual Maintenance Contract**

**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

FY 2027 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 2027 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	\$
REGIONAL PSAPs and RECCs ONLY	
H. Public Safety Radio Systems	\$
REGIONAL SECONDARY PSAP ONLY	
I. PSAP Customer Premises Equipment Maintenance	\$
SUBTOTAL/ FY2027 ALLOCATION	\$
APPENDIX B: Mobile Behavioral Health Crisis Response Services REVIEW FOR ELIGIBILITY & ENTER AMOUNT HERE	\$
APPENDIX C: Credentialed TERT Team Member REVIEW FOR ELIGIBILITY & ENTER AMOUNT HERE	\$
REGIONAL PSAPs and RECCs ONLY	
APPENDIX D: Up to 60% of one (1) Annual Maintenance Contract (not to exceed \$314,000)	\$
GRAND TOTAL*	\$

FY 2027 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 2027 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 2027 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 2027 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.

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 2027 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, what grant 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 2027 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, 2027 to be eligible for reimbursement under the Fiscal Year 2027 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.

FY 2027 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 Interoperability 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/homesec/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.

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, 2027, to be eligible for reimbursement under the Fiscal Year 2027 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.

FY 2027 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, 2027, to be eligible for reimbursement under the Fiscal Year 2027 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.

FY 2027 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:

2024 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 2025 call volume is available on our website at www.mass.gov/e911.

The following information is required:

1. Grantee’s requesting this additional funding **must** include a copy of its **Call Center’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 Call Center’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	\$
TOTAL	\$

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 2027 SUPPORT AND INCENTIVE GRANT

PSAPs with Active Credentialed TERT Team Members ONLY

Appendix C – Credentialed TERT Team Members

At time of application, PSAPs that have an active Credentialed TERT Team Member(s) are eligible for additional funding.

Primary PSAPs, Regional Secondary PSAPs, Regional PSAPs, and Regional Emergency Communications Centers shall receive an additional allocation of two thousand dollars (\$2,000) per credentialed TERT member. Applicants that have more than one (1) active TERT member on staff may request an additional \$2,000 for each TERT member.

PLEASE NOTE: This incentive is intended to cover costs associated with TERT deployments, including a mock deployment. PSAPs/RECCs may elect to use this funding for any of the cost categories noted below. Documentation of said deployments is not required by the PSAP/RECC. There shall be no additional funding available for deployments, unless otherwise approved in writing by the State 911 Department.

Name of Credentialed TERT Team Member(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Attached TERT Member's Credentialed Letter(s)

In the section below, enter the amount in the funding category [A – G] and attach quotes, if applicable. **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
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	\$

FY 2027 SUPPORT AND INCENTIVE GRANT

REGIONAL PSAPs & RECCs ONLY

Appendix D – 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	\$

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 or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name		Department	Mosaic Department Code
d/b/a		Contract Manager Name	
Legal Address As entered on Form W-9 or Form W-4		Business Mailing Address	
Contract Manager Name		Billing Address If Different	
Phone	Fax	Phone	Fax
Email		Email	
Vendor Code	VC	Mosaic Transaction ID(s)	
Vendor Code Address ID e.g. "AD001".	AD	RFR/Procurement or Other ID Number	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
NEW CONTRACT		CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date <i>PRIOR</i> to Amendment	Amendment Amount Or Enter "No Change"
<p>Statewide Contract (OSD or an OSD-designated department.)</p> <p>Collective Purchase (Attach OSD approval, scope, and budget.)</p> <p>Department Procurement - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)</p> <p>Emergency Contract (Attach justification for emergency, scope, and budget.)</p> <p>Contract Employee (Attach Employee Status Form, scope, and budget.)</p> <p>Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.)</p> <p>Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)</p>		<p>Amendment Type Check one option only. Attach details of amendment changes.</p> <p>Amendment to Date, Scope, or Budget (Attach updated scope and budget.)</p> <p>Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.)</p> <p>Contract Employee (Attach any updates to scope or budget.)</p> <p>Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)</p>	
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:			
<p>Commonwealth Terms and Conditions Commonwealth Terms and Conditions for Human and Social Services Commonwealth IT Terms and Conditions</p>			
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 .			
<p>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.)</p> <p>Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):</p>			

Mosaic Transaction ID(s)

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 payment
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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.

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 _____, 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 _____, 20____, 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 [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

Signature and date must be captured at time of signature.

Signature	Date
Print Name	Print Title

AUTHORIZING SIGNATURE FOR THE DEPARTMENT

Signature and date must be captured at time of signature.

Signature	Date
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.

Please note we no longer require notary pages with the grant application.



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.