

FY21 Firefighter Safety Equipment Grant

Award Process Overview



Commonwealth of Massachusetts
DEPARTMENT OF FIRE SERVICES
State Fire Marshal

Summary of Contract Documents

Document Title	Purpose
Standardized Contract Form	Formal agreement for provision of grant funds on a reimbursement basis.
Contractor Authorized Signatory Listing	List of municipal/departmental personnel authorized to enter contracts with the Commonwealth.
Statement of Work	Detailed agreement outlining eligible costs and additional grant terms/conditions.
W9 Form	Taxpayer identification number and certification (for non-municipal entities only).



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COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May
2004



CONTRACTOR LEGAL NAME: [Click here to enter text.](#)

CONTRACTOR VENDOR/CUSTOMER CODE: [Click here to enter text.](#)

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

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

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

AUTHORIZED SIGNATORY NAME	TITLE
█	█
█	█
█	█
█	█
█	█

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

Signature _____ Date: █

Title: █ Telephone: █

Fax: █ Email: █

[Listing can not be accepted without all of this information completed.]

The Contractor Authorized Signatory Listing Form documents for the Commonwealth who from a given city, town, or district has the authority to enter into contracts on behalf of that city, town, or district.

The power to delegate the authority to enter into contracts on behalf of the municipality or organization rests with the Mayor, Town Administrator/Manager, Chairman of Select Board, or other equal level of authority (not the fire chief).

The delegating authority may authorize the fire chief or other personnel to sign the contract with DFS by entering the approved names here.

The signature here needs to be from the Mayor, Town Administrator/Manager, Chairman of Select Board, or other equal level of authority (not the fire chief)

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions](#), [Contractor Certifications](#) and [Commonwealth Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment.

Contractors are required to access published forms at CTR Forms: <https://www.mass.gov/lists/ctr-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Department of Fire Services MMARS Department Code: DFS	
Legal Address: (W-9, W-4):		Business Mailing Address: P.O. Box 1025, Stow MA 01775	
Contract Manager:	Phone:	Billing Address (if different):	
E-Mail:	Fax:	Contract Manager: David Clemons	Phone: 978-567-3179
Contractor Vendor Code:		E-Mail: David.Clemons@mass.gov	Fax: 978-567-3121
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT-DFS-1000-2021FFEQWILLIAMSTOWN RFR/Procurement or Other ID Number: BD-21-1021-DFS-DFS01-56872	
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ___ Statewide Contract (OSD or an OSD-designated Department) ___ Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (Includes all Grants - §15 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ___ Emergency Contract (Attach justification for emergency, scope, budget) ___ Contract Employee (Attach Employment Status Form, scope, budget) ___ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: ____, 20__. Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ___ Amendment to Date, Scope or Budget (Attach updated scope and budget) ___ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ___ Contract Employee (Attach any updates to scope or budget) ___ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under §15 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.) <input checked="" type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$12,405.00.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __% PPD; Payment issued within 20 days __% PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle ___ statutory/legal or Ready Payments (M.G.L. c. 29, § 29A); ___ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) FY2021 Firefighter Safety Equipment Grant; This contract is for funds awarded under the Department of Fire Services' FY21 Firefighter Equipment Grant, in accordance with the FY21 Grant Application, and attached Grant Agreement Scope of Work and Budget. Funds for this program will be disbursed on a reimbursement basis only.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ___ 2. may be incurred as of ____, 20__, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ___ 3. were incurred as of ____, 20__, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30, 2021, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)		X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: _____ Print Title: _____		Print Name: Peter J. Ostroskey Print Title: State Fire Marshal	

Verify the information in this section is correct.

An authorized signatory listed on the Contractor Authorized Signatory Form must sign and date this section.

Grant Extensions: Grant recipients may request a single performance period extension if extenuating circumstances beyond the control of the recipient (backordered equipment, supply chain disruptions, vendor errors, etc.) will prevent equipment from being delivered on or before June 30, 2021. Extensions for these purposes must be submitted to the DFS grant manager by email no later than June 15, 2021. Approval of extension requests is at the sole discretion of DFS. A formal signed contract amendment is the only method allowed to approve a date extension. No extensions beyond October 31, 2021 will be approved.

Grant Monitoring: The Department of Fire Services may conduct grant monitoring through either a desk-based review or on-site monitoring visits, or both, in order to obtain additional information or verify information related to grant spending, grant-funded activity, or grant award outcomes. Advance notice will be given prior to a site visit. Findings of non-compliance with any portion of the terms of the FY21 Firefighter Safety Equipment Application, the executed Standard Contract Form, and the DFS Grant Agreement Scope of Work and Budget may result in a demand for funds to be returned to DFS.

Records Management: The grantee shall maintain records in accordance with state grant regulations 815 CMR 2.08 which shall include but is not limited to "... maintain records, books, files and other data as specified in a contract and in such detail as shall properly substantiate claims for payment under a contract, for a minimum retention period of seven years beginning on the first day after the final payment under a contract, or such longer period as is necessary for the resolution, of any litigation, claim, negotiation, audit or other inquiry involving a contract..."

Approved by:

Town of _____

Print Name and Title

Date

Approved by:

Department of Fire Services

Peter J. Ostroskey, State Fire Marshal

Date

An authorized signatory listed on the Contractor Authorized Signatory Form must sign page 3 of the Statement of Work document

Important Dates

Milestone	Date
Extension Request Deadline:	June 15, 2021
End of Grant Performance Period:	June 30, 2021
Final Grant Reports Due:	July 23, 2021



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Important Terms and Conditions Reminder

- No personnel, maintenance, construction, lease, or vehicle costs are allowable with this funding.
 - Installation and setup costs are allowable.
- This is a reimbursement-based grant. Recipients will purchase and pay for approved equipment, then submit documentation to DFS to request reimbursement.
- Expenses that are incurred before a contract has been signed between DFS and the grant recipient **will not be reimbursed** by DFS.
 - The recipient will sign the contract first. DFS will then sign and send you an electronic copy for your records. When you receive this copy, you may begin making grant-related purchases.

****This is not a complete list of terms and conditions. Please review the entire Notice of Funding Opportunity and Statement of Work for more information.****



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Performance Period Extension Requests

- In the event that the equipment you are ordering cannot be delivered by June 30, 2021, you may request a single performance period extension by emailing OPS.DFS-TM-Grants@mass.gov with the following information:
 - Type of equipment ordered
 - Quantity of equipment ordered
 - Vendor(s) equipment was ordered from
 - Total price of equipment
 - Date equipment order was placed
 - Date equipment delivery is expected
- DFS has the sole discretion to approve extension requests. Extension requests will not be approved if equipment is not ordered in a timely manner after contract execution.
- No extension requests beyond October 31, 2021 will be granted.
- Extension requests must be submitted to DFS by June 15, 2021.



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Budget Amendment Requests

- The only equipment eligible for purchase through this program is the equipment listed on page 2 of your Statement of Work.
- DFS may approve amendment requests to adjust this list if a material change in circumstances has taken place between the time your application was submitted and the time of the amendment request is made (equipment broke and needs to be replaced, unplanned personnel changes, etc.).
- Please contact Tim Moore by phone at 978-567-3721 to discuss this process if you have a need to change the equipment listed in your Statement of Work.



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Submitting a Reimbursement Request

- A complete reimbursement request consists of:
 - **Itemized Invoice(s)**
 - Invoices must describe the type, quantity, and price of all items purchased.
 - **Proof of Payment**
 - Must consist of an official financial system record showing the following:
 - Vendor name
 - Amount paid
 - Date paid
 - Warrant number or check number
 - **Completed Final Report**
 - Final report must be completely filled out and signed by the recipient's designated Grant manager.
 - A Word document format of the final report will be provided to you with a copy of your fully executed contract.

All reimbursement requests should be submitted electronically to OPS.DFS-TM-Grants@mass.gov



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Financial Summary

Item Description	Describe How Expense Relates to Grant Project Description	Total Cost	Vendor Name	Invoice Number	Date of Delivery	Date of Payment

Enter only the cost of the equipment being paid for by this grant. For example, if you were awarded \$8,500 but purchased \$9,000 of turnout gear in total, the report should show an \$8,500 total cost.

I certify under the pains and penalty of perjury under Massachusetts law that: i) I am qualified and authorized to execute this document as Grant Manager ii) the foregoing information is true and accurate iii) that all items were purchased and paid for in accordance with the terms and conditions of the FY21 Grant Agreement Scope of Work and Budget, iv) that all items were delivered to and paid for by the grant recipient on the dates so indicated.

Name of Grant Manager

Signature

Date

All line items in this report must be accompanied by an invoice and proof of payment to be eligible for reimbursement.



Grant Monitoring Site Visits

- DFS will conduct grant monitoring site visits with some departments after the performance period has closed to verify compliance with grant requirements. This process will involve an in-person or virtual review of all grant documentation and inspection of purchased equipment.
- If your department is selected for a site visit, you will be notified well in advance and given specific directions to prepare for the visit.
- Remember to document all activities associated with this grant.



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Questions

Contact Tim Moore at OPS.DFS-TM-Grants@mass.gov
978-567-3721 at any time with questions.



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