

CITY CLERK
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GLOUCESTER CITY COUNCIL
Budget & Finance Committee
Thursday, February 4, 2016 – 5:30 p.m.
1st Fl. Council Committee Room – City Hall

AGENDA

Individual items from committee reports may be consolidated into a consent agenda.

1. *Communication from Superintendent of Schools re: requesting City Council vote on MSBA Statement of Interest-Accelerated Repair Program-Gloucester High School Roof*
2. *Memorandum from Fire Chief re: acceptance of two grants – FY16 S.A.F.E. for \$4,837 and Senior Safe grant for \$2,917 from Dept. of Fire Services*
3. *Memorandum, Grant Application & Checklist from Fire Chief re: FEMA Assistance to Firefighters Grant for \$422,300*
4. *Memorandum from Police Chief re: requesting approval to pay two grievances from previous fiscal years with FY16 funds*
5. *Memorandum from Personnel Dept. re: permission to pay for goods procured in FY15 with FY16 funds*
6. *Memo from City Auditor regarding accounts having expenditures which exceed their authorization & Auditor's Report*

COMMITTEE

Chair, Councilor Scott Memhard
Vice Chair, Councilor Joseph Orlando, Jr.
Councilor Joseph Ciolino

CC: Mayor Theken
Jim Destino
Kenny Costa
John Dunn
Police Chief Leonard Campanello
Fire Chief Eric Smith
Jonathan Pope/Dr. Richard Safier

The listing of matters is those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may be discussed & other items not listed may also be brought up for discussion to the extent permitted by law. Items may be taken out of order.



The Gloucester Public Schools

Our mission is for all students to be successful, engaged, lifelong learners

2 Blackburn Dr.
Gloucester, MA 01930

Phone: (978) 281-9800/Fax: (978) 281-9899

January 20, 2016

To: Mayor

From: Gloucester School Committee

RE: Required City Council Vote for MSBA Accelerated Repair Program, Gloucester High School Roof

Over a number of years, Gloucester High School has experienced significant issues due to a failing roof system. The roof's deficiencies have, over time, inhibited the delivery of the district's educational program. Despite ongoing efforts by the Department of Public Works to address leaks when and where possible, the roof is twenty years old, and we are faced with the fact that the roof system has gone beyond its functional life span. Having reached that twenty-year mark, Gloucester is now eligible to apply to the Massachusetts School Building Authority for assistance in the replacement and/or repair of the roof.

One of the programs offered by the MSBA is the "Accelerated Repair Program." The Accelerated Repair Program is intended for the repair and/or replacement of roofs, windows/doors, and/or boilers with the potential to include additional systems as may be determined by the MSBA contingent upon available funding and capacity in the capital pipeline. The Program focuses on the preservation of existing assets by performing energy-efficient and cost-saving upgrades, which will result in direct operational savings for school districts.

Beginning on January 8, 2016, the Massachusetts School Building Authority announced that they would be accepting Statements of Interest ("SOIs") for consideration in 2016. Submitting an SOI is the critical first step in the MSBA's program to partially fund the construction, renovation, addition or repair of municipally or regionally owned school facilities located in cities, towns and regional school districts. The Statement of Interest calls for the district to inform the MSBA about deficiencies that exist in a local school facility and how those deficiencies inhibit the delivery of the district's educational program. The roof system at Gloucester High School is one such deficiency.

A submission of a Statement of Interest requires separate votes from both the City Council and the School Committee. The attached text is the required and specific language for the City Council.

The Gloucester Public Schools respectfully request that the Statement of Interest vote by the City Council be placed on the agenda for the January 26, 2016 City Council meeting, subsequently referred out to the appropriate subcommittee and recommended for a vote of the full City Council by February 9, 2016. The due date for the Statement of Interest to the Massachusetts School Building Authority is February 12, 2016.

Documentation of the Vote

For the vote of the City Council, a copy of the text of the vote must be submitted with a certification of the City Clerk that the vote was duly recorded and the date of the vote must be provided.

Thank you,

Richard Safer

**City Council Vote on the MSBA Statement of Interest
Gloucester High School**

Resolved: Having convened in an open meeting on February __, 2016, prior to the closing date, the City Council/School Committee of Gloucester, Massachusetts, in accordance with its charter, by-laws, and ordinances, has voted to authorize the Superintendent to submit to the Massachusetts School Building Authority the Statement of Interest Form dated February 10, 2016 for the Gloucester High School, located at 32 Leslie O. Johnson Road, Gloucester, Massachusetts which describes and explains the following deficiencies and the priority category(s) for which an application may be submitted to the Massachusetts School Building Authority in the future;

MSBA Priority #5 from the list of eight priorities calls for, "Replacement, renovation or modernization of school facility systems, such as roofs, windows, boilers, heating and ventilation systems, to increase energy conservation and decrease energy related costs in a school facility." Our specific concern is the replacement, renovation or modernization of Gloucester High School's roof. The roof is twenty (20) years old and it is failing. The roof's deficiencies have, over time, inhibited the delivery of the district's educational program. This includes, but is not limited to major leaks throughout many portions of the building, from the Field House, to classrooms, computer labs, and the auditorium.

and hereby further specifically acknowledges that by submitting this Statement of Interest Form, the Massachusetts School Building Authority in no way guarantees the acceptance or the approval of an application, the awarding of the grant or any other funding commitment from the Massachusetts School Building Authority, or commits the City of Gloucester to filing an application for funding with the Massachusetts School Building Authority.



CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760
Fire Chief Eric Smith



Memorandum

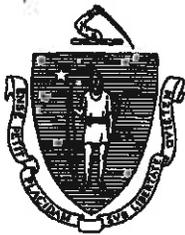
TO: Mayor Romeo Theken
FR: Fire Chief Eric Smith
RE: S.A.F.E. GRANT
DT: 1-14-16

Mayor Romeo Theken,

I respectfully request you place this request to accept from the DFS (Department of Fire Services) the FY2016 Student Awareness of Fire Education (S.A.F.E.) and Senior SAFE grant on the Mayors report to City Council. The Gloucester Fire Department has been awarded \$4,831.00 for your S.A.F.E grant and \$2,917.00 for Senior SAFE. The 10 year contract has been executed for this program ending June 30, 2023.

Best regards,

Eric L. Smith
Fire Chief



CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LT. GOVERNOR

DANIEL BENNETT
SECRETARY

*The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services*

P.O. Box 1025 ~ State Road

Flow, Massachusetts 01775

(978) 567-3100 Fax: (978) 567-3121

www.mass.gov/dfs



STEPHEN D. COAN
STATE FIRE MARSHAL

January 11, 2016

Chief Eric L. Smith
Gloucester Fire Department
8 School Street
Gloucester MA 01930-3529

Dear Chief Smith:

I am pleased to inform you that your FY 2016 Student Awareness of Fire Education (S.A.F.E.) and Senior SAFE grant applications have been approved for funding. The Gloucester Fire Department has been awarded \$4,837.00 for your S.A.F.E. grant and \$2,917.00 for Senior SAFE.

Be sure to alert your treasurer and to check with them to ensure receipt of the funds. We expect the funds to be electronically distributed on or about January 20, 2016.

All grantees are required to submit the FY 2015 year-end report to DFS by January 31, 2016. If there are any unexpended funds, the grantee may apply for a one-time 6-month extension, which will be part of the year-end report form. At the close of the single 6-month extension, all unexpended funds must be returned to the Commonwealth. At this time, any prior year remaining funds must be returned to the Commonwealth.

Twenty-one years ago, the Administration, advocated for the creation of the S.A.F.E. Program. Since that time average annual child fire deaths have been reduced by 70%. Two years ago, the S.A.F.E. program was expanded to offer funds to local communities in support of senior fire prevention training. Seniors are the most vulnerable of populations at risk of fire related deaths. Senior SAFE is aimed at educating seniors on fire prevention, general home safety and how to be better prepared in the event of a fire. It is our hope that with this opportunity we can recreate the success with our older population that we have had with children.

I thank you for your commitment to the S.A.F.E. program and for your continuing efforts to promote fire prevention for all citizens. If you have any questions, please feel free to contact Cynthia Ouellette at (978) 567-3381 or the S.A.F.E. staff at (978) 567-3388.

Sincerely,

Stephen D. Coan
State Fire Marshal

*Administrative Services • Division of Fire Safety
Hazardous Materials Response • Massachusetts Firefighting Academy*



OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617)725-4000

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

January 7, 2016

Chief Eric L. Smith
Gloucester Fire Department
8 School Street
Gloucester, MA 01930-3529

Dear Chief Smith:

Congratulations! We are pleased to inform you that the Gloucester Fire Department has been awarded \$4,837.00 for Student Awareness of Fire Education (S.A.F.E.) and \$2,917.00 for Senior SAFE grants. We look forward to working with you and your community on this public fire and life safety initiative.

Additional correspondence, including all the necessary documents needed to execute this award will be provided by the Executive Office of Public Safety and Security, Department of Fire Services within the next two weeks.

Feel free to contact Cynthia Ouellette at cynthia.ouellette@state.ma.us if you have any questions.

Sincerely,

Governor Charles D. Baker

Lt. Governor Karyn E. Polito

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (EAF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/oc under Guidance For Vendors - Forms or www.mass.gov/oc under OSD Forms.

CONTRACTOR LEGAL NAME: City of Gloucester / Gloucester Fire Department (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Department of Fire Services MMARS Department Code: DFS	
Legal Address: (W-3, W-4,T&C): 9 Dale Ave Ste 9, Gloucester, MA 01930		Business Mailing Address: State Road, P.O. Box 1625, Stow, MA 01775	
Contract Manager: Chief Eric L. Smith		Billing Address (if different):	
E-Mail: esmith@gloucester-ma.gov		Contract Manager: Sheila Ramondi	
Phone: 978-261-9760	Fax: 978-261-8622	E-Mail: Sheila.Ramondi@state.ma.us	
Contractor Vendor Code: VC6000182006		Phone: 978-567-3140	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):	
		RFR/Procurement or Other ID Number: SAFEGRANT	

<p style="text-align: center;">X NEW CONTRACT</p> <p>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</p> <p><input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department)</p> <p><input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget)</p> <p><input checked="" type="checkbox"/> Department Procurement (Includes State or Federal grants §15 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)</p> <p><input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget)</p> <p><input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget)</p> <p><input type="checkbox"/> Legislative Deal or Other: (Attach authorizing language/justification, scope and budget)</p>	<p style="text-align: center;">___ CONTRACT AMENDMENT</p> <p>Enter Current Contract End Date (Prior to Amendment): ____ 20 ____</p> <p>Enter Amendment Amount: \$ ____ (or "no change")</p> <p>AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)</p> <p><input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget)</p> <p><input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget)</p> <p><input type="checkbox"/> Contract Employee (Attach any updates to scope or budget)</p> <p><input type="checkbox"/> Legislative Deal or Other: (Attach authorizing language/justification and updated scope and budget)</p>
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The following **COMMONWEALTH TERMS AND CONDITIONS (T&C)** has been executed, filed with CTR and is incorporated by reference into this Contract.

Commonwealth Terms and Conditions 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.)

Maximum Obligation Contract Enter 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 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: agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ___ 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.) SAFEGRANT. This contract is for grant funds from the Student Awareness of Fire Education (S.A.F.E.) Grant program administered by the Department of Fire Services.

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 June 30, 2023, 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 makes all certifications required under the attached **Contractor Certifications** (incorporated by reference if not attached hereto) under the pains and penalties of perjury, 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 including the **Instructions and Contractor Certifications**, 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:

X: *Carolyn A. Kirk* Date: 1/17/14

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: CAROLYN A. KIRK

Print Title: MAYOR

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: *Julie A. Whirath* Date: 1/31/14

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: Julie A. Whirath

Print Title: Procurement Supervisor



**CITY OF GLOUCESTER FIRE DEPARTMENT
8 SCHOOL ST.
GLOUCESTER, MA 01930
978-281-9760
Fire Chief Eric Smith**



Memorandum

**TO: Mayor Romeo Theken
FR: Fire Chief Eric Smith
RE: 2015 Assistance to Firefighters Grant (AFG) Application
DT: 1/14/16**

Mayor Romeo Theken,

I respectfully request you place this Grant Application and Check List on the Mayors report to City Council. The Gloucester Fire Department has applied for a FEMA Assistance to Firefighters Grant (AFG). This grant is requesting Federal and City funding to replace our outdated Self Contained Breathing Apparatus (SCBA which all reach end of service life in approximately 2 years. This unavoidable capital expense is \$422,300.00 with the Cities cost share being \$38,390.00 which is an incredible opportunity.

In closing I want to thank Captain Tom LoGrande who put in many hours working on this grant. This is a great example of the dedication and effort the Gloucester Firefighter put into this Department and our Community.

Please let me know if Captain LoGrande or I can answer any question you may have.

Best regards,

**Eric L. Smith
Fire Chief**



City of Gloucester
Grant Application and Check List

Granting Authority: State _____ Federal Other _____

Chief

Name of Grant: ASSISTANCE TO FIRE FIGHTERS (AFG)

Department Applying for Grant: FIRE DEPARTMENT

Agency-Federal or State application is requested from: FEMA

Object of the application: REPLACEMENT OF OVERTOATED + END OF LIFE SCBA (AIR PACKS)

Any match requirements: YES 10% of Equipment cost

Mayor's approval to proceed: 1/15/2016
Signature Date

City Council's referral to Budget & Finance Standing Committee: _____
Vote Date

Budget & Finance Standing Committee: _____
Positive or Negative Recommendation Date

City Council's Approval or Rejection: _____
Vote Date

City Clerk's Certification of Vote to City Auditor: _____
Certification Date

City Auditor:
Assignment of account title and value of grant: _____
Title Amount

Auditor's distribution to managing department: _____
Department Date sent

NOTE: A copy of all grant paperwork must be submitted to the Auditor's Office

FORM: AUDIT GRANT CHECKLIST - V.1



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www.lcenl.com/unlock.htm

CITY OF GLOUCESTER

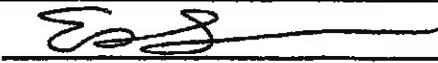
ACCOUNT BUDGET

DEPARTMENT NAME: FIRE DEPARTMENT
 ACCOUNT NAME: TBD
 FUND NUMBER AND NAME: (N/A FOR NEW FUND)
 CFDA # (Required for Federal Grants):
 DATE PREPARED: 1/14/16

APPROVED
 AMENDED BUDGET

OBJECT	ORIGINAL BUDGET	(IF APPLICABLE)	AMENDED REQUEST	REVISED BUDGET
REVENUE (4_____)				\$0.00
				\$0.00
				\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00
EXPENSE (5_____)				
Equipment	\$18,900.00			\$0.00
Personal Protection Equip	\$390,400.00			\$0.00
Training Cost				\$0.00
ON Equipment	\$3,000.00			\$0.00
ON PPE	\$10,000.00			\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Budget TOTAL	\$422,300.00			\$0.00
City Share	\$38,390.00			\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00

DEPARTMENT HEAD SIGNATURE



DATE ENTERED (AUDIT) _____

AUDITING DEPARTMENT INITIALS _____

Applicant's Acknowledgements

- * I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- * As required per 2 CFR ζ 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- * I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- * I certify that the applicant organization is aware that this application period is open from 12/07/2015 to 01/15/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- * I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf
- * I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by Eric L Smith on 2016-01-09

Overview

* Did you attend one of the workshops conducted by an AFG regional fire program specialist?

No, I have not attended workshop

* Did you participate in a webinar that was conducted by AFG?

No

* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?

Yes, I am a member/officer of this applicant

If you answered "No", please complete the information below. If you answered "Yes", please skip the Preparer Information section.
 Fields marked with an * are required.

Preparer Information

Preparer's Name
 Address 1
 Address 2
 City
 State
 Zip

-
[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title Fire Chief
 Prefix (select one) N/A
 * First Name Eric
 Middle Initial L
 * Last Name Smith
 * Primary Phone 978-281-9780 Ext. Type work
 * Secondary Phone 978-491-9854 Ext. Type cell
 Optional Phone Type
 Fax 978-281-9822
 * Email esmith@gloucester-ma.gov

Contact Information**Alternate Contact Information Number 1**

* Title	Captain		
Prefix (select one)	N/A		
* First Name	Gaetano		
Middle Initial	S		
* Last Name	LoGrande		
* Primary Phone	978-281-9760	Ext.	Type work
* Secondary Phone	978-281-2494	Ext.	Type home
Optional Phone			Type
Fax	978-281-9822		
* Email	GLoGrande@gloucester-ma.gov		

Alternate Contact Information Number 2

* Title	Asststant Chief		
Prefix (select one)	N/A		
* First Name	Thomas		
Middle Initial	L		
* Last Name	Aiello		
* Primary Phone	978-281-9761	Ext.	Type work
* Secondary Phone	781-858-8512	Ext.	Type cell
Optional Phone			Type
Fax	978-281-9822		
* Email	TAiello@gloucester-ma.gov		

Applicant Information

EMW-2015-FO-03916

Originally submitted on 01/14/2016 by Sander Schultz (Userid: saschultz)

Contact Information:

Address: 8 School St
City: Gloucester
State: Massachusetts
Zip: 01930
Day Phone: 9782819760
Evening Phone:
Cell Phone: 9784302760
Email: sschultz@gloucester-ma.gov

Application number is EMW-2015-FO-03916

* Organization Name

Gloucester Fire Department

* Type of Applicant

Fire Department/Fire District

* Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served City

If "Other", please enter the type of Jurisdiction

SAM.gov (System For Award Management)

* What is the legal name of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

Gloucester Fire Department

* What is the legal business address of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

* Mailing Address 1

8 School Street

Mailing Address 2

* City

Gloucester

* State

Massachusetts

* Zip

01930 - 3529

Need help for ZIP+4?

* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile.

04-6001390

* Is your organization using the DUNS number of your Jurisdiction?

Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you selected Yes above)

✓

* What is your 9 digit DUNS number?

073827214

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?

Yes

* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.

Headquarters or Main Station Physical Address

* Physical Address 1

8 School St

Physical Address 2

* City

Gloucester

* State

Massachusetts

* Zip

01930 - 3529

[Need help for ZIP+4?](#)

Mailing Address

* Mailing Address 1

8 School St

Mailing Address 2

* City

Gloucester

* State

Massachusetts

* Zip

01930 - 3529

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Bank Account Information

* The bank account being used is: (Please select one from right)

Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

* Type of bank account

Checking

* Bank routing number - 9 digit number on the bottom left hand corner of your check

011301798

* Your account number

0014435

Additional Information

* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

No

* If awarded, will your organization expend more than

Applicant Information

\$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application.

No

* Is the applicant delinquent on any Federal debt?

No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

Fire Department/Fire District Department Characteristics (Part I)

* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

* What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

* What type of community does your organization serve?

Suburban

* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

No

* What is the square mileage of your first-due response area? (whole number only)

26

* What percentage of your response area is protected by hydrants? (whole number only)

100 %

* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

Essex

* Does your organization protect critical infrastructure?

Yes

If "Yes", please describe the critical infrastructure protected below:

The A. Piatt Andrew Bridge connects the island portion of the city to the mainland via Route 128, a 4 lane state highway. The loss of this bridge would be a catastrophic impact on the community both in potential loss of life in a failure and also the economic impact. Movement of commerce (goods) in and out of town would be critically reduced with only other automobile crossing being the Blynman drawbridge. This old 2 lane span, slated for replacement in 5-10 years, is not capable of servicing the island as the only remaining automobile crossing. The third bridge, exclusively for the Commuter Rail line to Boston, is also a drawbridge spanning the Annisquam river. This span is also slated for replacement but should begin much sooner as it is under design and the permitting process is said to be starting soon. Currently a train can only cross the bridge at appx 5mph to reduce the risk of further stressing this old bridge and increasing the risk of requiring the bridge to be closed until it is replaced.

The working waterfront of America's oldest Seaport is saturated with critical infrastructure to include Gorton's Seafood processing, supplier all of McDonald's fish filets for the Eastern U.S. Gloucester has an approved Cruise ship terminal and dozens of Cruise ships stop in Gloucester as a Port of Call every season. Numerous boat yards operate in the Marine Industrial zone providing the vast majority of marine repair operations in the Massachusetts Bay and Boston Harbor area.

Gloucester is home to a busy U.S. Coast Guard Station and the U.S. Coast Guard Cutter Key Largo. The US Coast Guard also has 3 operational light houses island side of the community.

There are four industrial parks in the city containing numerous businesses vital to the economic wellbeing of the city including numerous freezers and fish processing plants using anhydrous ammonia as their refrigerant. These facilities are all in close proximities to large populations especially around the harbor.

The city operates two water treatment plants, 3 major processed water storage tanks, 5 reservoirs and one sewer treatment plant.

The City of Gloucester on the island side has 1 community hospital, 2 nursing facilities and 6 major elderly housing properties.

The City has a City hall with a public auditorium, 5 elementary schools, 1 middle school, 1 high school, an Emergency Operations Center, emergency shelter (undergoing Red Cross approval), senior center, visitor center, regional Transit Authority (CATA), City Hall annex (houses several city departments), Harbormasters office, Police Department, District Court, Department of Public works complex, and Fire Department (4 stations).

* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 40 %

* What percentage of your primary response area is for commercial and industrial purposes? 30 %

* What percentage of your primary response area is used for residential purposes? 30 %

* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 28830

* Do you have a seasonal increase in population? Yes

If "Yes" what is your seasonal increase in population? 21000

* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 76

* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 76

Does your department have a Community Paramedic program? No

How many personnel are trained to the Community Paramedic level? (whole numbers only)

* How many stations are operated by your organization? (whole numbers only) 4

* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)? Yes

* Do you currently report to the National Fire Incident Reporting System (NFIRS)?
Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy. Yes

If you answered "Yes" above, please enter your FDIN/FDID 01907

* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 76

* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 76

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

* What services does your organization provide?

Advanced Life Support	Emergency Medical Responder	
Basic Life Support	Haz-Mat Operational Level	Structural Fire Suppression
		Wildland Fire Suppression

* Please describe your organization and/or community that you serve.

The City of Gloucester, Americas oldest Seaport, is located approximately 45 miles north of Boston. Gloucester is geographically isolated on a peninsula known as Cape Ann. The City is divided by the Annisquam River, which splits the City from North to South, into two equally sized land areas. Only two vehicular bridges connect the island to the mainland, limiting automobile travel routes and further isolating many areas of Gloucester which are the most populated. There is also a Commuter Rail line that runs into Boston, and is the third bridge crossing over the Annisquam. This bridge is strictly for the rail line and cannot accommodate automobile traffic.

The City of Gloucester Fire Department is a municipally operated, public non-profit fire department, employing 76 full-time Fire Fighter EMT's and Paramedics. The Gloucester Fire Department is the primary Advanced Life Support provider for this city spanning 42 square miles of total coverage area, with over 26 square miles being land area and the rest being water. We have a full time population of 28,830 residents, which swells to 50,000 in the summer. We provide Fire, EMS, Hazmat Operations, Operations level Tech Rescue, Public Education, Fire Prevention and Fire Inspection service to the Community, and Mutual Aid to Essex County and Massachusetts Fire District 5 communities. We are currently in discussions with 2 of our bordering communities to provide Automatic Aid, as we have a geographic advantage and can reach areas of their communities before their own first due Fire/EMS response units.

The City of Gloucester Fire Department is applying for this Assistance to Firefighters Grant to replace our aging SCBA (compliant with the 2002 edition of NFPA 1981) with new, reliable equipment that is compliant with the 2013 edition of NFPA 1981. These SCBA will include technology that allows for the tracking of a missing or downed firefighter, significantly improved communications via radio and audible voice amplification, and increased heat resistance to ensure Firefighter survivability and resilience of components, thus increasing safety and saving money over the life of the units. Additionally, the City of Gloucester Fire Department is seeking grant funding to purchase equipment and train personnel to conduct in-house, annual SCBA fit testing as well as continue to provide in-house tech level maintenance on the new system, allowing us to continue to meet NFPA and OSHA requirements in an economical and sustainable manner

Fire Department Characteristics (Part II)

	2014	2013	2012
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	2	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	9	8	7
*Over the last three years, what was your organization's operating budget?	7664425		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	7127915		

Does your department have any rainy day reserves, emergency funds, or capital outlay?

No

If yes, what is the total amount currently set aside?

* What percentage of your annual operating budget is derived from:
Enter numbers only, percentages must sum up to 100%

Taxes?

Bond Issues?

EMS Billing?

Grants?

Donations?

Fund drives?

Fee for Service?

	2014	2013	2012
Taxes?	100 %	100 %	100 %
Bond Issues?	0 %	0 %	0 %
EMS Billing?	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
Fee for Service?	0 %	0 %	0 %

* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

The Gloucester Fire Department has a significant financial need for assistance with the Capital purchase of a new SCBA system. Our current system is quickly approaching its end of life and is currently two versions out of NFPA compliance. Our goal is to replace our aging SCBA with new, NFPA compliant equipment taking advantage of the advances in firefighter safety they will provide.

The Fire Department budget for FY16 is \$8,551,318. Of that total, \$7,996,658, or 94% are Personnel Expenses, \$530,660 or 6% are Ordinary Expenses, and a nominal amount of \$54,000 is budgeted for Capital Expenses. As with many fire departments, most of the budget of the Gloucester Fire Department is appropriated towards personnel costs. This leaves no funding available to for replacing vital equipment such as SCBA without a substantial increase in our Ordinary Expenses budget. Often, the City has turned to bond issues to fund such projects, but at this time, additional monies will not be forthcoming.

Due to current debt levels and the City's financial situation, there is no funding available in the City's budget for any new projects or new debt service. The City has been immersed in critical infrastructure replacement projects and mandates by the Federal Government regarding water quality compliance. This, compounded with the recent winter's record snowfall, has left the City with a snow and ice deficit of \$3.5 million. The total snow bill was crippling, and created an unprecedented deficit that will reverberate through several budget cycles, and contribute to a lack of discretionary funds available to fund much needed equipment purchases, and resulting in the Fire Department's inability to replace aging SCBA without the aid of AFG grant funding.

The restrictions in the budget, has forced the city to focus all capital and debt service primarily on Water and Sewer infrastructure projects, maintaining aged City buildings, and the cost of roadway and vehicle maintenance.

The City cannot absorb further Capital costs.

Proposition 2½, a tax limiting law which was put into effect in 1982, has created chronic budgetary problems for the City of Gloucester. A side effect of Prop 2½ is that municipal income declined in real terms whenever inflation rises above 2.5%. Inflation has been above 2.5% for a significant majority of the years since 1980, resulting in a real decline in local tax rates and local spending ability. This, combined with increasing costs of health insurance, has eroded the City's ability to raise enough revenue to fund all needed services, causing the City to institute fees for such things as trash removal and School sports programs, and increase permit fees in an unsuccessful attempt to fill budgetary gaps. Nearly 8% of Real Estate in the City of Gloucester is exempt from paying property taxes. For the current fiscal year, this lost revenue is valued at \$8,437,000. While the City derives no revenues from these properties, it still must provide services such as Police, Fire and EMS.

Further exacerbating the current financial problems, the City's once vibrant fishing industry has been reduced to a fraction of its former size due to dwindling fish stocks and increasing Federal restrictions. The downsizing of the industry has caused a ripple effect throughout the community. Loss of both vessel and shore side jobs has not been offset by the other areas of growth in the community's tax base, and the City's unemployment directly effects local spending. The City has been expanding its tourism base, but this has not offset the void created by the loss of fishing related jobs or provided the growth that was expected. While the City continues to diversify waterfront and shore side businesses to increase the tax base and employment opportunities, the ability to fund capital projects has declined due to the high priority issues, government mandates, and an unexpected deficit due to a series of historic winter storms.

* How many vehicles does your organization have in each type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. (Enter numbers only and enter 0 if you do not have any of the vehicles below.)

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	6	0	32
Ambulances for transport and/or emergency response:	4	0	8
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	2	0	12
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	2	0	4
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	0	0	0
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	5	0	5

Fire Department Call Volume

2014 2013 2012

* **Summary of responses per year by category** (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Fire - NFIRS Series 100	123	123	141
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	0	1	4
Rescue & Emergency Medical Service Incident - NFIRS Series 300	3204	3006	3106
Hazardous Condition (No Fire) - NFIRS Series 400	166	195	173
Service Call - NFIRS Series 500	493	271	349
Good Intent Call - NFIRS Series 600	243	349	259
False Alarm & False Call - NFIRS Series 700	521	555	503
Severe Weather & Natural Disaster - NFIRS Series 800	7	1	11
Special Incident Type - NFIRS Series 900	13	10	9

FIRES

* **How many responses per year by category?** (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	76	62	74
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	4	6	7
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	28	31	33
What is the total acreage of all vegetation fires?	8	12	9

RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS

* **How many responses per year by category?** (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	155	225	223
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	0	0	0
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	272	148	200
How many EMS-BLS Response Calls	935	1042	1004
How many EMS-ALS Response Calls	1279	1066	1147
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

MUTUAL AND AUTOMATIC AID

* **How many responses per year by category?** (Enter whole number only. If you have no calls for any of the categories, Enter 0)

How many times did your organization receive Mutual Aid?	16	3	6
How many times did your organization receive Automatic Aid?	0	0	0
How many times did your organization provide Mutual Aid?	6	5	9

1/14/2016

Fire Department Call Volume

How many times did your organization provide Automatic Aid?	0	0	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	6	5	9

Request Information

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application you will need to submit separate applications..

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

The City of Gloucester participates as an active member of the Essex County Fire Chiefs Association Mutual Aid system. This system is a well-managed Mutual Aid system that can quickly and efficiently provide up to 10 Alarms of response resources and coverage to all Essex County and bordering communities. As the largest community in the eastern portion of the County (Cape Ann), we are frequently called to the surrounding communities for Mutual Aid. Keeping the Departments SCBA serviceable by meeting NFPA and manufacture requirements and guidelines is a direct benefit to those communities. Without Mutual Aid, communities would not be able to fully protect their residents and firefighters as these are a limited resource. Without serviceable air packs, a fire department is an ineffective resource for firefighting and jeopardizes a community's life safety.

3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

* 4. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

Request Details

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	4	\$ 18,900	\$ 3,000	View Details View Additional Funding Narratives
Modify Facilities	0	\$ 0	\$ 0	View Details
Personal Protective Equipment	2	\$ 390,400	\$ 10,000	View Details View Additional Funding Narratives
Training	0	\$ 0	\$ 0	View Details
Wellness and Fitness Programs	0	\$ 0	\$ 0	View Details
Grant-writing fee associated with the preparation of this request.			\$0	

Budget

Budget Object Class

a. Personnel	\$ 13,000
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 409,300
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 383,910
Applicant Share	\$ 38,390
Applicant Share of Award (%)	10

* **Non-Federal Resources** (The combined Non-Federal Resources must equal the Applicant Share of \$ 38,390)

a. Applicant	\$ 38,390
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

Total Budget **\$ 422,300**

Assurances and Certifications

FEMA Form SF 424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform

- Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by Eric Smith on 01/04/2016

Form 20-16C**You must read and sign these assurances.****Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.****Note:** Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street

City

State

Zip

Action

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by Eric Smith on 01/04/2016

FEMA Standard Form LLL

Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

Assurances and Certifications

FEMA Form SF 424B

You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

Note: Fields marked with an * are required.

O.M.B Control Number 4040-0007

Assurances Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform

- Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by Eric Smith on 01/04/2016

Form 20-16C

You must read and sign these assurances.

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

Note: Fields marked with an * are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street	City	State	Zip	Action
--------	------	-------	-----	--------

If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Eric Smith** on **01/04/2016**

FEMA Standard Form LLL

Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

Submit Application

Application Area	Status
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	Complete
Assurances and Certifications	Complete

PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.

- YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

Note: Fields marked with an * are required.

I, Eric Smith, am hereby providing my signature for this application as of 14-Jan-2016.



GLOUCESTER POLICE DEPARTMENT
Office of the Chief of Police
197 Main Street
Gloucester, MA 01930

Chief Leonard Campanello
(978)281-9775

Memorandum

January 12, 2016

To: Mayor Sefatia RomeoTheken

From: Chief Leonard Campanello

RE: Permission to pay grievance with FY16 funds

Mayor Romeo Theken,

The Gloucester Police Department requests permission to pay Jamie Eastman and Dianne Corliss for Article 9 premium pay for night shifts & weekends AFSCME A with FY16 funds. Jamie dates back 14 years and Dianne dates back 1. Mr. Eastman is owed \$4,584.00 and Ms. Corliss is owed \$330.00.

We are requesting that this memo and attached paperwork be included in the Mayor's report for submittal to the City Council for referral out to Budget and Finance for permission to pay Mr. Eastman and Ms. Corliss due to grievance determination from Personnel.

Please contact me should you have any questions.

Respectfully,

Leonard Campanello
Chief of Police

Rec-9-15
for the bus

AFSCME LOCAL 687
STEP 1



OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE Jamie Eastman DEPARTMENT Police
CLASSIFICATION Police Dept.
WORK LOCATION Police Dept. IMMEDIATE SUPERVISOR John McCarthy
TITLE Deputy Chief

STATEMENT OF GRIEVANCE:

List applicable violation: Article 9 Premium Pay for Night Shifts & Week-ends "B"

Adjustment required: TO BE MADE WHOLE - Premium pay needs to be reimbursed on the payroll dates that it pertains to.

I authorize the A.F.S.C.M.E. Local 687 as my representative to act for me in the disposition of this grievance

Date 12/4/15 Signature of Employee Jamie Eastman

Signature of Union Representative Shirley M. Edwards Title Recording Secretary

Date Presented to Management Representative 12/4/15

Signature [Signature] Title Deputy Chief

Disposition of Grievance: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO _____

COPY _____

COPY: LOCAL UNION GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION.

3/5/2001
start date
owe \$4,584.-

RE: J. Eastman Grievance

Holly Dougwillo

Sent: Wednesday, December 30, 2015 3:25 PM

To: Stacie Couture

Hi Stacie - I just spoke to Sally, she said to pay him all the way back.

Holly A. Dougwillo
City of Gloucester
9 Dale Avenue
Gloucester, MA 01930
978-281-9742
978-282-3055

-----Original Message-----

From: Stacie Couture
Sent: Wednesday, December 30, 2015 10:03 AM
To: Holly Dougwillo
Cc: Shirley Edmonds
Subject: FW: J. Eastman Grievance

I never heard back from Sally on this. Can either of you help?
Thanks!

Stacie Nicastro

Gloucester Police Department

Financial Coordinator

Office of Chief Leonard Campanello

978-281-9775 (p) ext. 2

978-282-3026 (f)

From: Sally Polzin
Sent: Friday, December 18, 2015 9:00 AM
To: Stacie Couture
Subject: RE: J. Eastman Grievance

No still waiting on AFSCME. Our original hearing was cancelled but I should see her on Tuesday.

-----Original Message-----

From: Stacie Couture
Sent: Thursday, December 17, 2015 11:36 AM
To: Sally Polzin
Cc: Shirley Edmonds
Subject: FW: J. Eastman Grievance

Good Morning Sally,

has this been figured out yet?
Thanks!

Stacie Nicastro

Gloucester Police Department

Financial Coordinator

Office of Chief Leonard Campanello

978-281-9775 (p) ext. 2

978-282-3026 (f)

From: Stacie Couture
Sent: Wednesday, December 09, 2015 2:08 PM
To: Sally Polzin
Cc: Leonard Campanello
Subject: J. Eastman Grievance

Good Afternoon Sally,

Please see attached grievance form for Jamie Eastman. He has been an employee of the Police Department for 14 years. Can you please advise how far back the premium pay for weekends dates so I can calculate the proper reimbursement.
Thanks!

Stacie Nicastro

Gloucester Police Department

Financial Coordinator

Office of Chief Leonard Campanello

978-281-9775 (p) ext. 2

978-282-3026 (f)

From: konica@gloucester-ma.gov [konica@gloucester-ma.gov]
Sent: Wednesday, December 09, 2015 3:05 PM
To: Stacie Couture
Subject: Message from KM_C364e

This e-mail and all attachments are intended for the above-name recipient(s) only and may contain the confidential and legally privileged information of the Gloucester Police Department. Any unauthorized dissemination, distribution, copying or other use of this e-mail or any attachments is strictly prohibited. If you have received this transmission in error, please notify the sender and delete all copies of the received e-mail and attachments from your computer system.

Contract Language

Holly Dougwillo

Sent: Monday, January 04, 2016 9:06 AM

To: Stacie Couture

Cc: Leonard Campanello

Attachments: [Image File] Holly,KMBT200, #455 (62 KB) ; [Image File] Holly,KMBT200, #454 (66 KB) ; [Image File] Holly,KMBT200, #453 (141 KB) ; [Image File] Holly,KMBT200, #452 (140 KB)

Hi Stacie – here are the pages in the AFSCME-A contract on premium shift pay. The missing years are covered by MOA's, with no changes to that section. Let me know what you want me to do.

Holly A. Dougwillo
City of Gloucester
9 Dale Avenue
Gloucester, MA 01930
978-281-9742
978-282-3055

FW: J. Eastman Grievance

Holly Dougwillo

Sent: Monday, January 04, 2016 9:48 AM

To: Stacie Couture

Just got this from Sally.

Holly A. Dougwillo
City of Gloucester
9 Dale Avenue
Gloucester, MA 01930
978-281-9742
978-282-3055

-----Original Message-----

From: Sally Polzin
Sent: Monday, January 04, 2016 9:39 AM
To: Holly Dougwillo
Subject: RE: J. Eastman Grievance

Go back to appointment date unless you know when the clause was put into B. For the record, I don't remember seeing any actual grievance for the record.

From: Holly Dougwillo
Sent: Wednesday, December 30, 2015 10:05 AM
To: Sally Polzin
Subject: FW: J. Eastman Grievance

Sally - any resolution on this grievance?

Holly A. Dougwillo
City of Gloucester
9 Dale Avenue
Gloucester, MA 01930
978-281-9742
978-282-3055

-----Original Message-----

From: Stacie Couture
Sent: Wednesday, December 30, 2015 10:03 AM
To: Holly Dougwillo
Cc: Shirley Edmonds
Subject: FW: J. Eastman Grievance

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Stacie Nicastro

Gloucester Police Department

Financial Coordinator

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Gloucester Police Department

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Gloucester Police Department

Financial Coordinator

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or any attachments is strictly prohibited. If you have received this transmission in error, please notify the sender and delete all copies of the received e-mail and attachments from your computer system.



OFFICIAL GRIEVANCE FORM

NAME OF EMPLOYEE Dianne Corliss DEPARTMENT Police Dept.
CLASSIFICATION Animal Control Officer
WORK LOCATION Police Dept. IMMEDIATE SUPERVISOR John McCarthy
TITLE Deputy Chief

STATEMENT OF GRIEVANCE:

List applicable violation: Article 9 Premium Pay for Night Shifts & Week-ends "g"

Adjustment required: TO BE MADE WHOLE- Premium pay needs to be reimbursed on the payroll dates that it pertains to.

I authorize the A.F.S.C.M.E. Local 687 as my representative to act for me in the disposition of this grievance

Date 1/8/16 Signature of Employee Dianne M Corliss

Signature of Union Representative Shirley M. Edmunds Title Recording Secretary

Date Presented to Management Representative Jan. 11, 2016

Signature [Signature] Title Deputy Chief

Disposition of Grievance: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE OUT IN TRIPLICATE. ALL THREE ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE AFSCME REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO Police

COPY Personnel, Payroll, Union

COPY: LOCAL UNION GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF LOCAL UNION:

Corliss - P5012

October 2014

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Owed for 55 days² @ .75¢ per hr. = 6¢ x 55 = \$3.30
330.00

Start date
↓

5 Unit: ANIMAL WD 0900-1700	6 Unit: ANIMAL WD 0900-1700	7 Unit: ANIMAL WD 0900-1700	8 Unit: ANIMAL WD 0900-1700	9 Unit: ANIMAL WD 0900-1700 Unit: ANIMAL WD 0800-1600	10 Scheduled Day Off	11 Scheduled Day Off
12 Unit: ANIMAL WD 0900-1700	13 Unit: ANIMAL WD 0900-1700	14 Unit: ANIMAL WD 0900-1700	15 Unit: ANIMAL WD 0900-1700	16 Unit: ANIMAL WD 0900-1700	17 Scheduled Day Off	18 Scheduled Day Off
19 Unit: ANIMAL WD 0900-1700	20 Unit: ANIMAL WD 0900-1700	21 Unit: ANIMAL WD 0900-1700	22 Unit: ANIMAL WD 0900-1700	23 Unit: ANIMAL WD 0900-1700	24 Scheduled Day Off	25 Scheduled Day Off
26 Unit: ANIMAL WD 0900-1700	27 Unit: ANIMAL WD 0900-1700	28 Unit: ANIMAL WD 0900-1700	29 Unit: ANIMAL WD 0900-1700	30 Unit: ANIMAL WD 0900-1700	31 Scheduled Day Off	

4

Corliss - P5012

November 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Scheduled Day Off
2 Unit: ANIMAL WD 0900-1700	3 Unit: ANIMAL WD 0900-1700 Unit: ANIMAL AN 1700-2100	4 Unit: ANIMAL WD 0900-1700	5 Unit: ANIMAL WD 0800-1600	6 Unit: ANIMAL WD 0800-1600	7 Scheduled Day Off	8 Scheduled Day Off
9 Unit: ANIMAL WD 0800-1600	10 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-1900	11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600	13 Unit: ANIMAL WD 0800-1600	14 Scheduled Day Off	15 Unit: ANIMAL SI 0800-1600
16 Unit: ANIMAL WD 0800-1600	17 Unit: ANIMAL WD 0800-1600	18 Unit: ANIMAL WD 0800-1600	19 Unit: ANIMAL WD 0800-1600	20 Unit: ANIMAL WD 0800-1600	21 Scheduled Day Off	22 Scheduled Day Off
23 Unit: ANIMAL SD 0800-1600	24 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-2000	25 Unit: ANIMAL WD 0800-1600	26 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Scheduled Day Off	29 Scheduled Day Off
30 Unit: ANIMAL WD 0800-1600						

5

Corliss - P5012

December 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Unit: ANIMAL WD 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL WD 0800-1600	4 Unit: ANIMAL WD 0800-1600 Unit: AN 1930-2300	5 Scheduled Day Off	6 Scheduled Day Off
7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600	10 Unit: ANIMAL WD 0800-1600	11 Unit: ANIMAL WD 0800-1600 Unit: AN 1700-2100	12 Scheduled Day Off	13 Scheduled Day Off
14 Unit: ANIMAL WD 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Unit: ANIMAL WD 0800-1600	17 Unit: ANIMAL WD 0800-1600	18 Unit: ANIMAL WD 0800-1600	19 Scheduled Day Off	20 Scheduled Day Off
21 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-2000	22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Unit: ANIMAL WD 0800-1600	25 Unit: ANIMAL WD 0800-1600	26 Scheduled Day Off	27 Scheduled Day Off
28 Unit: ANIMAL WD 0800-1600	29 Unit: ANIMAL WD 0800-1600	30 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-1700	31 Unit: ANIMAL WD 0800-1600			

4

Corliss - P5012

January 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Unit: ANIMAL WD 0800-1600	2 Scheduled Day Off	3 Scheduled Day Off
4 Unit: ANIMAL WD 0800-1600	5 Unit: ANIMAL WD 0800-1600	6 Unit: ANIMAL WD 0800-1600	7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Scheduled Day Off Unit: ANIMAL AN 0800-1600	10 Scheduled Day Off Unit: ANIMAL AN 0800-1600
11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-1700	13 Unit: ANIMAL PA 0800-1600	14 Unit: ANIMAL PA 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Scheduled Day Off	17 Scheduled Day Off
18 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-1800	19 Unit: ANIMAL WD 0800-1600	20 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-1700	21 Unit: ANIMAL WD 0800-1600	22 Unit: ANIMAL WD 0800-1600	23 Scheduled Day Off	24 Scheduled Day Off
25 Unit: ANIMAL WD 0800-1600	26 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Unit: ANIMAL WD 0800-1600	29 Unit: SD 0800-1600	30 Scheduled Day Off	31 Scheduled Day Off

4

Corliss - P5012

February 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Unit: ANIMAL SD 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL WD 0800-1600	4 Unit: ANIMAL WD 0800-1600	5 Unit: ANIMAL WD 0800-1600	6 Scheduled Day Off	7 Scheduled Day Off
8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600	10 Unit: ANIMAL WD 0800-1600	11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600	13 Scheduled Day Off	14 Scheduled Day Off
15 Unit: ANIMAL WD 0800-1600	16 Unit: ANIMAL WD 0800-1600	17 Unit: ANIMAL WD 0800-1600	18 Unit: ANIMAL WD 0800-1600	19 Unit: ANIMAL WD 0800-1600	20 Scheduled Day Off	21 Scheduled Day Off
22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-1700	25 Unit: ANIMAL VA 0800-1600	26 Unit: ANIMAL VA 0800-1600	27 Scheduled Day Off	28 Scheduled Day Off

4

Corliss - P5012

March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Unit: ANIMAL WD 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL WD 0800-1600	4 Unit: ANIMAL WD 0800-1600	5 Unit: ANIMAL WD 0800-1600	6 Scheduled Day Off	7 Scheduled Day Off
8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600	10 Unit: ANIMAL WD 0800-1600	11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600	13 Scheduled Day Off	14 Scheduled Day Off
15 Unit: ANIMAL WD 0800-1600	16 Unit: ANIMAL WD 0800-1600	17 Unit: ANIMAL WD 0800-1600	18 Unit: ANIMAL WD 0800-1600	19 Unit: ANIMAL WD 0800-1600	20 Scheduled Day Off	21 Scheduled Day Off
22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Unit: ANIMAL WD 0800-1600	25 Unit: ANIMAL WD 0800-1600	26 Unit: ANIMAL WD 0800-1600	27 Scheduled Day Off	28 Scheduled Day Off
29 Unit: ANIMAL WD 0800-1600	30 Unit: ANIMAL WD 0800-1600 Unit: AN 2200-0200	31 Unit: ANIMAL WD 0800-1600				

5

Corliss - P5012

April 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Unit: ANIMAL WD 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Scheduled Day Off	4 Scheduled Day Off
5 Unit: ANIMAL WD 0800-1600	6 Unit: ANIMAL WD 0800-1600	7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600	10 Scheduled Day Off	11 Scheduled Day Off
12 Unit: ANIMAL WD 0800-1600	13 Unit: ANIMAL WD 0800-1600	14 Unit: ANIMAL WD 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Unit: ANIMAL WD 0800-1600	17 Scheduled Day Off	18 Scheduled Day Off
19 Unit: SO 0800-1600	20 Unit: ANIMAL WD 0800-1600	21 Unit: ANIMAL WD 0800-1600	22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Scheduled Day Off	25 Scheduled Day Off
26 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Unit: ANIMAL WD 0800-1600	29 Unit: ANIMAL WD 0800-1600	30 Unit: ANIMAL WD 0800-1600		

4

Corliss - P5012

May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Scheduled Day Off	2 Scheduled Day Off Unit: AN 1730-2130
3 Unit: ANIMAL WD 0800-1600	4 Unit: ANIMAL WD 0800-1600	5 Unit: ANIMAL WD 0800-1600	6 Unit: ANIMAL WD 0800-1600	7 Unit: ANIMAL WD 0800-1600	8 Scheduled Day Off	9 Scheduled Day Off
10 Unit: ANIMAL WD 0800-1600	11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600	13 Unit: ANIMAL WD 0800-1600	14 Unit: ANIMAL WD 0800-1600	15 Scheduled Day Off	16 Scheduled Day Off
17 Unit: ANIMAL WD 0800-1600	18 Unit: ANIMAL WD 0800-1600	19 Unit: ANIMAL WD 0800-1600	20 Unit: ANIMAL WD 0800-1600	21 Unit: ANIMAL WD 0800-1600	22 Scheduled Day Off Unit: ANIMAL SI 0800-1600	23 Scheduled Day Off
24 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-1800	25 Unit: ANIMAL WD 0800-1600	26 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-1700	29 Scheduled Day Off	30 Scheduled Day Off
31 Unit: ANIMAL WD 0800-1600						

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Corliss - P5012

June 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Unit: ANIMAL -SO 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL WD 0800-1600	4 Unit: ANIMAL WD 0800-1600	5 Scheduled Day Off	6 Scheduled Day Off
7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600	10 Unit: ANIMAL WD 0800-1600	11 Unit: ANIMAL VA 0800-1600	12 Scheduled Day Off	13 Scheduled Day Off
14 Unit: ANIMAL WD 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Unit: ANIMAL WD 0800-1600	17 Unit: AN 0600-0800 Unit: ANIMAL WD 0800-1600 Unit: AN 1700-1900	18 Unit: ANIMAL WD 0800-1600	19 Scheduled Day Off	20 Scheduled Day Off
21 Unit: ANIMAL WD 0800-1600	22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Unit: ANIMAL WD 0800-1600	25 Unit: ANIMAL WD 0800-1600	26 Scheduled Day Off	27 Scheduled Day Off
28 Unit: ANIMAL WD 0800-1600	29 Unit: ANIMAL WD 0800-1600	30 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-1900				

4

Corliss - P5012

July 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Unit: ANIMAL WD 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Scheduled Day Off	4 Scheduled Day Off
5 Unit: ANIMAL WD 0800-1600	6 Unit: ANIMAL WD 0800-1600	7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600	10 Scheduled Day Off	11 Scheduled Day Off
12 Unit: ANIMAL WD 0800-1600	13 Unit: ANIMAL WD 0800-1600	14 Unit: ANIMAL WD 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Unit: WD 1200-1600 Unit: ANIMAL PA 0800-1200	17 Scheduled Day Off Unit: AN 1730-2130	18 Scheduled Day Off Unit: AN 1800-2200
19 Unit: ANIMAL WD 0800-1600	20 Unit: ANIMAL WD 0800-1600	21 Unit: ANIMAL WD 0800-1600	22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Scheduled Day Off	25 Scheduled Day Off
26 Unit: ANIMAL AN 0700-0800 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Unit: ANIMAL WD 0800-1600	29 Unit: ANIMAL WD 0800-1600	30 Unit: ANIMAL WD 0800-1600	31 Scheduled Day Off	

4

Corliss - P5012

August 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Scheduled Day Off
2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL SD 0800-1600	4 Unit: ANIMAL SD 0800-1600	5 Unit: ANIMAL WD 0800-1600	6 Unit: ANIMAL WD 0800-1600	7 Scheduled Day Off	8 Scheduled Day Off
9 Unit: ANIMAL WD 0800-1600	10 Unit: ANIMAL WD 0800-1600 Unit: AN 2200-0200	11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600	13 Unit: ANIMAL VA 0800-1600	14 Scheduled Day Off	15 Scheduled Day Off
16 Unit: ANIMAL VA 0800-1600	17 Unit: ANIMAL WD 0800-1600	18 Unit: ANIMAL WD 0800-1600	19 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-1800	20 Unit: ANIMAL WD 0800-1600	21 Scheduled Day Off	22 Scheduled Day Off
23 Unit: ANIMAL WD 0800-1600	24 Unit: ANIMAL SO 0800-1600	25 Unit: ANIMAL WD 0800-1600 Unit: AN 1700-2100	26 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Scheduled Day Off	29 Scheduled Day Off
30 Unit: ANIMAL WD 0800-1600	31 Unit: ANIMAL WD 0800-1600					

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Corliss - P5012

September 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Unit: ANIMAL WD 0800-1600	2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL WD 0800-1600	4 Scheduled Day Off	5 Scheduled Day Off
6 Unit: ANIMAL WD 0800-1600	7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Unit: ANIMAL WD 0800-1600 Unit: ANIMAL AN 1600-1800	10 Unit: ANIMAL WD 0800-1600	11 Scheduled Day Off Unit: AN 0800-1200	12 Scheduled Day Off
13 Unit: ANIMAL WD 0800-1600	14 Unit: ANIMAL WD 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Unit: ANIMAL WD 0800-1600 Unit: AN 1700-1900	17 Unit: ANIMAL WD 0800-1600	18 Scheduled Day Off	19 Scheduled Day Off
20 Unit: ANIMAL WD 0800-1600	21 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-1700	22 Unit: ANIMAL WD 0800-1600	23 Unit: ANIMAL WD 0800-1600	24 Unit: ANIMAL WD 0800-1600	25 Scheduled Day Off	26 Scheduled Day Off
27 Unit: ANIMAL WD 0800-1600	28 Unit: ANIMAL WD 0800-1600	29 Unit: ANIMAL WD 0800-1600	30 Unit: ANIMAL WD 0800-1600			

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Corliss - P5012

October 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Unit: ANIMAL WD 0800-1600	2 Scheduled Day Off	3 Scheduled Day Off
4 Unit: ANIMAL WD 0800-1600	5 Unit: ANIMAL WD 0800-1600 Unit: AN 1600-2000	6 Unit: ANIMAL WD 0800-1600	7 Unit: ANIMAL WD 0800-1600	8 Unit: ANIMAL WD 0800-1600	9 Scheduled Day Off	10 Scheduled Day Off
11 Unit: ANIMAL WD 0800-1600	12 Unit: ANIMAL WD 0800-1600	13 Unit: ANIMAL WD 0800-1600	14 Unit: ANIMAL WD 0800-1600	15 Unit: ANIMAL WD 0800-1600	16 Scheduled Day Off	17 Scheduled Day Off
18 Unit: ANIMAL WD 0800-1600	19 Unit: ANIMAL WD 0800-1600	20 Unit: ANIMAL WD 0800-1600	21 Unit: ANIMAL WD 0800-1600	22 Unit: ANIMAL WD 0800-1600	23 Scheduled Day Off	24 Scheduled Day Off
25 Unit: ANIMAL WD 0800-1600	26 Unit: ANIMAL WD 0800-1600	27 Unit: ANIMAL WD 0800-1600	28 Unit: ANIMAL WD 0800-1600	29 Unit: ANIMAL WD 0800-1600	30 Scheduled Day Off	31 Scheduled Day Off

End Here Retro



went on 11/13/15 PR

3

Corliss - P5012

November 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Unit: ANIMAL WD 0800-1600 <i>11/1/15 ends 11/13/15 PR</i>	2 Unit: ANIMAL WD 0800-1600	3 Unit: ANIMAL WD 0800-1600	4 Unit: ANIMAL WD 0800-1600	5 Unit: ANIMAL WD 0800-1600	6 - No Hours Today -	7 - No Hours Today -
<i>11/2 → all set to pay premium going forward</i>						
8 - No Hours Today -	9 - No Hours Today -	10 - No Hours Today -	11 - No Hours Today -	12 - No Hours Today -	13 - No Hours Today -	14 - No Hours Today -
15 - No Hours Today -	16 - No Hours Today -	17 - No Hours Today -	18 - No Hours Today -	19 - No Hours Today -	20 - No Hours Today -	21 - No Hours Today -
22 - No Hours Today -	23 - No Hours Today -	24 - No Hours Today -	25 - No Hours Today -	26 - No Hours Today -	27 - No Hours Today -	28 - No Hours Today -
29 - No Hours Today -	30 - No Hours Today -					

①

City Hall
Nine Dale Avenue
Gloucester, MA 01930



TEL 978-281-9742
FAX 978-282-3055

CITY OF GLOUCESTER
PERSONNEL DEPT

TO: MAYOR ROMEO THEKEN
FROM: HOLLY DOUGWILLO, WC/BENEFITS AGENT
DATE: JANUARY 8, 2016
SUBJECT: REQUEST TO PAY BILL

I respectfully request approval to pay a bill from September 2014, in the amount \$763.16, to New England Office Supply with FY'16 funds. A purchase order was requested and issued as required, but was closed at the end of FY'15 in error. We were unaware that that bill was overlooked for payment. Thank you.



New England Office Supply

CLICK: www.neosusa.com
CALL: (781) 794-8800
FAX: (781) 794-8888

DATE: 9/26/2014
INVOICE NUMBER: IN-0281026
SO-0321624

FEDERAL ID# 04-2880476

REMIT TO: Department 106022
P.O. BOX 150400
Hartford, CT 06115-0400

TERMS
NET 30 DAYS

SALESPERSON: WRITER

R271
SVC_N

TIME: 11:38:22 am
PAGE: 1

CUSTOMER NO: 82283 DEPT: PURC

P.O. NO: sample

BILLING ADDRESS

GLOUCESTER, CITY OF
ATTN: PURCHASING
9 DALE AVE
GLOUCESTER, MA 01930

Checks-Lockbox
ROUTE#F

SHIPPING ADDRESS

GLOUCESTER - PURCHASING
9 DALE AVE
GLOUCESTER, MA 01930

ITEM NUMBER	DESCRIPTION	U/M	ORDER QUAN	BACK QUAN	SHIP QUAN	NET PRICE	EXTENDED PRICE
Who Called: Mary Patey **Attention: Holly Dougwillo Special Instructions: SAMPLE; SAVE BOXES Notes: DO NOT DELIVER AFTER 12:30 PM ON FRIDAYS DO NOT DELIVER AFTER 12:30 PM ON FRIDAYS							
GLB54503SCBKJN02	TRUFORM IN JN02 Line Comments: SAMPLE CHAIR	EA	1	0	1	311.52	311.52
OTGOTG11692BL20	CHAIR,ADJ,MESH,OTG Line Comments: SAMPLE CHAIR	EA	1	0	1	205.40	205.40
GLB31443NBKPB09	CHAIR,LB,TLT,GRAHAM,ASP Line Comments: SAMPLE CHAIR	EA	1	0	1	246.24	246.24

Req# 512145 9/30/14 } FY'15
PO # 1501954

** WWW.NEOSUSA.COM POINT. CLICK. ORDER.

SUBTS 763.16
TAXS 0.00

Checks-Lockbox

INVOICE OVER 30 DAYS WILL BE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH

RETURNS ARE SUBJECT TO APPROVAL AND MUST BE MADE WITHIN 30 DAYS. CONTACT CUSTOMER SERVICE FOR A RETURN AUTHORIZATION

PLEASE PAY THIS AMOUNT 763.16

Holly Dougwillo

From: Kenny Costa
Sent: Thursday, January 07, 2016 7:46 PM
To: Holly Dougwillo
Subject: RE: Bill

Holly,

Aleesha and I have reviewed various State Laws and was unable to find any language to exempt the purchase. The invoice is dated September 26, 2014 and is clearly a FY2015 obligation. There was a FY2015 PO that was closed as of June 30, 2015. The PO should have remained open as of June 30th and a carryover into FY2016. Please include a memo to the Mayor's Office respectfully recommending that the City Council appropriate funds to pay a prior year obligation with current year funds in accordance with MGL Chapter 44 Section 64. The matter should be included in a future Mayor's Report to the City Council and referred to the Budget & Finance Committee for approval.

Thanks,

Kenny

Kenny Costa
City Auditor
City of Gloucester
Auditor's Office
9 Dale Avenue
Gloucester, MA 01930
Phone: 978-281-9730 X4137
e-mail: kcosta@gloucester-ma.gov

-----Original Message-----

From: Holly Dougwillo
Sent: Wednesday, January 06, 2016 12:57 PM
To: Kenny Costa
Subject: Bill

Kenny - per the attached NE Office was never paid, PO # 1501954 was cut in September, 2014 and closed at year end, we were probably never billed. What do you want me to do to pay this? Thanks.

Holly A. Dougwillo
City of Gloucester
9 Dale Avenue
Gloucester, MA 01930
978-281-9742
978-282-3055

-----Original Message-----

From: HR-copier@gloucester-ma.gov [mailto:HR-copier@gloucester-ma.gov]
Sent: Wednesday, January 06, 2016 12:52 PM
To: Holly Dougwillo