

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	City of Northampton Police Department
Address	29 Center Street, Northampton, MA 01060-3004
Telephone Number	(413) 587-1100


Population of Municipality	28,629
Geographic Size of Municipality (square miles)	35.6 sq. miles
Department's overall budget for past 3 years (separately)	FY'12 - \$5,055,745; FY'11 - \$4,731,088; FY'10 - \$4,609,400
Amount of budget spent on personnel for past 3 years (separately)	FY'12 - \$4,510,383; FY'11 - \$4,185,726; FY'10 - \$4,091,971

Authorized Official Name	Russell P. Sienkiewicz
Authorized Official Title	Chief of Police
Authorized Official Email Address	rsienkiewicz@northamptonma.gov

Contract Manager Name & Title	Joseph W. Koncas, Captain
Contract Manager Email Address	jkoncas@northamptonma.gov

Total Amount Requested (up to \$20,000)	\$ 20,000
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I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

  
 \_\_\_\_\_  
 [Authorized Official Signature – signed in blue ink]

3 Aug 12  
 \_\_\_\_\_  
 [Date]

Russell P. Sienkiewicz  
 \_\_\_\_\_  
 [Authorized Official Printed Name]

Chief of Police  
 \_\_\_\_\_  
 [Title]

## Attachment B

### **PROJECT NARRATIVE (ONE PAGE MAXIMUM)**

**Applicant:** City of Northampton Police Department

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

1. **Please describe in narrative form how your department will use the funding you are requesting.** The Northampton Police Department is seeking funding to obtain:
  - A. Portable Electronic Surveillance Equipment to aid the detection of criminal activities, including those which could result in emergency situations occurring within the community, such as arson, especially serial arsons which have long plagued this city, and major civil disorder.
  - B. Traffic Control Equipment to better enable the department to respond to and manage both natural and manmade disasters and other major events affecting vehicular and/or pedestrian traffic flow, as well as those requiring large scale crowd control. Specifically, the department would utilize funding to acquire approximately 50 road horses, 50 traffic cones and an assortment of portable signage.
  
2. **Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

Portable Electronic Surveillance Equipment: This equipment would allow for the remote, monitoring and recording at specific locations. The equipment could be covertly mounted at location where there is reason to believe that criminal activity or disorder is or will be occurring. It would primarily be used to monitor/record locations having a pattern of criminal activities. It would very useful in those areas that are not conducive for the use of conventional surveillance methods. Due to its portability, the equipment could be moved from one location to another as needed. The equipment could be used on a regular basis to monitor areas susceptible to street crime, breaking and entering, gang activities, drug trafficking, vandalism and a variety of other offences, more specifically the high number of larcenies from motor vehicles in our public commuter lots and shopping centers, as well as the many bicycle larcenies, as Northampton has a large populations of bicycling enthusiasts. Moreover, the equipment could be utilized in areas that have experienced arsons, one of the most difficult of crimes to solve, and aid in the identification of the perpetrator(s). Additionally, the equipment could be used to gather intelligence, monitor and record activities at large scale gatherings and events, especially those where there is potential for civil disorder or threat to the public safety or infrastructure. Furthermore, the video recording available from this equipment could prove valuable in the prosecution of those who commit serious criminal offenses.

Traffic Control Equipment: This equipment could be used for all types of emergency situations where there is a need for traffic and crowd control. The equipment could be used to close roadway, divert and direct traffic, and cordon off areas that are affected by flooding, winter storms and other weather related emergencies. As the transportation hub and junction for I-91, Rt. 5, 9, 10, & 66; gateway to the University of Massachusetts; and premier destination location in Hampshire County, the City of Northampton has the potential for all sorts of traffic related emergencies, requiring the use of traffic control equipment, including but not limited to motor vehicle crashes, traffic jams and HazMat incidents. Also, the equipment could be well utilized at fires, major crime scenes, civil demonstrations, as well as at the numerous parades, marches, road races, walkathons, etc. that the city experiences with regularity. The accessibility of this equipment would better enable police to expedite the movement of traffic, and more effectively and efficiently avail our police personnel to insure the safety of the public and provide other police services in such emergencies.

**3. If this proposal includes multiple line items, please prioritize your requests.**

First Priority: Portable Electronic Surveillance Equipment  
Second Priority: Traffic Control Equipment

**4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment.**

The police department has personnel who are familiar with and capable of using portable electronic surveillance equipment. Moreover, the police department also has available technical assistance, if needed, from the Massachusetts State Police.

**5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	C30B procurement process & contract execution	12/02/12	12/31/12
2	Issue P.O. to vendor for equipment purchase	01/15/13	01/23/13
3	Receive, inventory & process equipment	02/25/13	03/11/13
4	Equipment ready for use	03/11/13	-----
5			

## Attachment C

### BUDGET WORKSHEET

**Applicant:** City of Northampton Police Department

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$7,000	50 (minimum) plastic road horses @ approx. \$100 each = \$5,000 50 (minimum) traffic cones @ approx. \$20 each = \$1,000 50 assorted signs (road closed, detour, etc) @ approx. \$20 each = \$1,000 To be used by the police Department
B. Technology	\$13,000	1 portable, electronic surveillance system with accessories @ approx. \$13,000
C. Training	\$0.00	
D. Planning	\$0.00	
E. TOTAL	<u>\$20,000</u>	

Attachment E

COMMONWEALTH OF MASSACHUSETTS



CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME: City of Northampton Police Department
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192124

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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

For privacy purposes DO NOT ATTACH any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record.

Table with 2 columns: AUTHORIZED SIGNATORY NAME, TITLE. Rows include Joseph W. Koncas (Captain) and Scott A. Savino (Captain).

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor.

Signature - Russell P. Sienkiewicz Date: 3 Aug 12
Title: Chief of Police Telephone: 413-587-1120

Fax: 413-587-1114 E-mail: rsienkiewicz@northamptonma.gov

[Listing can not be accepted without all of this information completed.]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May  
2004



CONTRACTOR LEGAL NAME: City of Northampton Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192124

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Russell P. Sienkiewicz

Title: Chief of Police

X

Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, Jane A. Lawnicki (NOTARY) as a notary public certifies that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

August 3, 2012.

My commission expires on: November 29, 2013.

AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20 \_\_\_\_.

AFFIX CORPORATE SEAL

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	Wellesley Police Department
Address	485 Washington Street
Telephone Number	781-235-1212

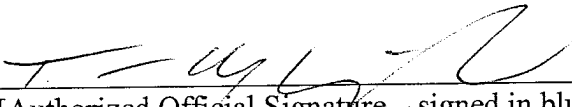
Population of Municipality	26,613
Geographic Size of Municipality (square miles)	10.49
Department's overall budget for past 3 years (separately)	FY13:\$5,283,686   FY12: \$5,291,144   FY11: \$5,211,956
Amount of budget spent on personnel for past 3 years (separately)	FY13: \$4,663,783   FY12: \$4,588,291   FY11: \$4,519,570

Authorized Official Name	Terrence M. Cunningham
Authorized Official Title	Chief of Police
Authorized Official Email Address	<a href="mailto:chieftmc@wellesleyma.gov">chieftmc@wellesleyma.gov</a>

Contract Manager Name & Title	Hans Larsen, Executive Director of General Government Services
Contract Manager Email Address	<a href="mailto:hlarsen@wellesleyma.gov">hlarsen@wellesleyma.gov</a>

Total Amount Requested (up to \$20,000)	\$ 20,000.00

**XX** I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

 _____ [Authorized Official Signature – signed in blue ink]	08/10/2012 _____ [Date]
Terrence M. Cunningham _____ [Authorized Official Printed Name]	Chief of Police _____ [Title]

## Attachment B

### **PROJECT NARRATIVE** **(ONE PAGE MAXIMUM)**

**Applicant:** Wellesley Police Department

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

- 1. Please describe in narrative form how your department will use the funding you are requesting.**

We will replace six aging mobile data computers with airbag compliant mobile data tablet computers that have increased processing power, a more secure operating system, and better ergonomics for the officers as well as superior cockpit visibility to expedite responses to emergencies.

- 2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

New mobile data tablet computers will increase the speed of which officers on the street receive computer aided dispatch information for the calls they are assigned to include cross street and location information, address hazards and cautions, as well as other critical site and mapping information.

Officers will be able to query people they come in contact with through LEAPS/NCIC, The Commonwealth's Fusion Center using Cop Link, and the TriTech Cross Agency System that ties local departments' in-house databases together to identify potential wanted parties or parties of interest that could be crucial to investigations. Officer's can use the secure message platform to disseminate information to other officers on the street that they don't want to broadcast on the radio system.

- 3. If this proposal includes multiple line items, please prioritize your requests.**

This proposal does not include multiple line items.

- 4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment.**

Training on the new mobile data tablet computers will be handled by our in-house information technology staff that has over twenty three years of experience with rolling out technology related projects.

- 5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Order equipment from vendor	Dec 1, 2012	Dec 1, 2012
2	Take Delivery of Equipment	Dec 15, 2012	Dec 15, 2012
3	Configure and Test Configuration	Dec 15, 2012	Dec 20, 2012
4	Install equipment into cruisers	Dec 20, 2012	Dec 22, 2012
5	Train officer's on new equipment	Dec 22, 2012	Dec 23, 2012



## Attachment C

### BUDGET WORKSHEET

**Applicant:** Wellesley Police Department

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$	
B. Technology	\$ 20,000.00	6 Mobile Data Tablet Computers @ \$3333.33 Each = \$20,000.00. To be used by police officers.
C. Training	\$	
D. Planning	\$	
E. TOTAL	\$ 20,000.00	Not Applicable

## Attachment D

(for applications that involve planning for or purchase of interoperable communications equipment)

### ICIP COVER SHEET

#### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>		<b>Proposed Federal Funding Source:</b>		<b>Proposed Federal Funding Amount:</b> \$		
<b>Committee Referred to:</b>				<b>Committee Chairperson:</b>				
<b>Investment Name:</b>			<b>Applicant Organization:</b>			<b>Applicant Signature:</b>		
<b>Investment Summary</b>								
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>				<input type="radio"/> <b>Governance</b> <input type="radio"/> <b>SOP</b> <input type="radio"/> <b>Technology</b>		<input type="radio"/> <b>Training &amp; Exercise</b> <input type="radio"/> <b>Usage</b>		
<b>Project Start Date:</b>		<b>Project End Date:</b>		<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>				
<b>Applicant Contact Name:</b>		<b>Phone:</b>		<b>Email:</b>		<b>Address:</b>		
<b>Review Status</b>						<b>SIEC Member Signature</b>		<b>Date</b>
Assigned to Committee								
Estimated Review Date								
Committee Recommendation to the Executive Management Committee		Approval	Denial	Amend				
Executive Management Committee Recommendation		Approval	Denial	Amend				
SIEC Recommendation		Approval	Denial	Amend				
Applicant notified of Recommendation								

<b>Communications Interoperability Problem Description-</b>		
<b>Background Information / Detailed Investment Description-</b>		
<b>Expected Outcomes-</b> Describe the communications interoperability gaps that will be addressed		
<b>SCIP Goal-</b> Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix "B" for a listing of SCIP goals.	<b>Goal</b>	<b>Describe support</b>
	Governance	
	SOP	
	Technology	
	Training & Exercise	
	Usage	
<b>Ownership-</b> Identify the proposed owners of all assets procured with this investment (add additional lines as needed)	<b>Organization</b>	<b>Asset Description</b>
<b>Usage Plan-</b> Describe the usage plan for the equipment / project		
<b>Disciplines-</b>	<b>Discipline</b>	<b>Enhancement</b>

<ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>		
<p>Please use the following abbreviations to represent the corresponding discipline:</p>	<p>LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other</p>	
<p><b>Multi-Jurisdictional Interoperability-</b></p> <p>All investments must provide interoperability between two or more jurisdictions.</p> <p>Identify each jurisdiction that will achieve interoperability from this investment.</p>		

## Attachment E

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME:** Terrence M. Cunningham, Wellesley Police Department  
**CONTRACTOR VENDOR/CUSTOMER CODE:**

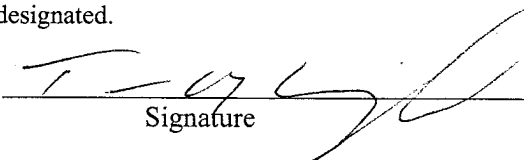
**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.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

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

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

AUTHORIZED SIGNATORY NAME	TITLE
Terrence M. Cunningham	Chief of Police

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

  
Signature \_\_\_\_\_ Date: 08/10/2012

Title: Chief of Police Telephone: 781-235-0062

Fax: 781-235-0062 E-mail: chieftmc@wellesleyma.gov

[Listing can not be accepted without all of this information completed.]  
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME: Terrence M. Cunningham, Wellesley Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE:

**PROOF OF AUTHENTICATION OF SIGNATURE**

**This page is optional and is available for a department to authenticate contract signatures.**

**It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.**

**This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.**

Signatory's full legal name (print or type): Terrence M. Cunningham

Title: Chief of Police

X 

Signature as it will appear on contract or other document (Complete only in presence of notary):

**AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

I, Susan Wicklund (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date: August 10, 2012.

My commission expires on: June 24, 2016



AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20 \_\_\_\_.

SEAL

AFFIX CORPORATE



MADE IN USA  
www.Patrol PC.com

Quote

Date: 8/9/2012

Expiration : 9/8/2012

To: Wellesley Police Department  
485 Washington Street ,Wellesley, MA 02482  
Peter L McLaughlin

Rep	Job	Shipping Method	Shipping Terms	Date	Terms	Due Date
		UPS	FOB North Attleboro		Net 30 Days	

Qty	Item #	Description	Unit Price	Line Total
6	PPC-RT12i-G2-FM	PatrolPC Core i Intel Generation 2 FIXED MOUNT COMPUTER featuring Portscape™ mounting - (12.1" Enhanced Display - Approximately 350NITS, 2.2 GHz Core i3 2 core, removable 250 GB HD, 2 GB DDR3-1333 RAM, No OS, 1 10/100/1G Ethernet, 9 USB 2.0, HDMI, 2 audio ports, 3yr Warranty)	\$ 2,020.78	\$ 12,124.68
<b>Add-ons / Upgrade</b>				
6	PPC-SRD-1200	Upgrade to 12.1" Sunlight Readable Display - Approximately 1200NITS	\$ 666.67	\$ 4,000.02
6	PPC-W-7P64	Windows 7 Pro 64 bit w/Win 7 Pro COA	\$ 208.33	\$ 1,249.98
6	PPC-W-GTS	Ultra Armour Glass-On-Glass Touch Screen	\$ 133.33	\$ 799.98
6	PPC-2-8GB-RAM	Upgrade from 2GB RAM to 8 GB RAM	\$ 166.67	\$ 1,000.02
6	PPC-802-GI	Internal Wireless 802.11 2.45Ghz B/G/N w/internal antenna	\$ 111.11	\$ 666.66
6	PPC-Corei-2ETH	Core i 2nd and 3rd 10/100/1000 Base-T Ethernet Port	\$ 222.22	\$ 1,333.32
6	1-050-100102-1-A	10 AMP Fused Power Cable	\$ 73.33	\$ 439.98

Quotation prepared by: Ryan Garofano

Sub Total \$ 21,614.64

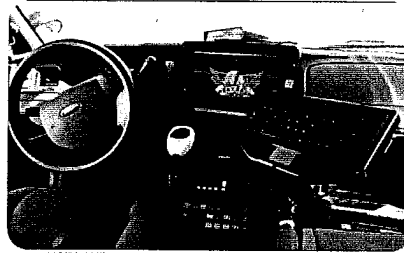
This is a quotation on the goods named, subject to the conditions noted above:

Discount \$ 1,806.64

Unpaid balances accrue 1.5% interest per month

Shipping Cost \$ 192.00

Total \$ 20,000.00



Thank you for your business!

344 John L Dietsch Blvd, Unit #2, North Attleboro, MA 02763 508-699-0249 FAX:508-699-2531

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	City of Fitchburg, Fitchburg Police Department
Address	20 Elm St, Fitchburg MA 01420
Telephone Number	(978) 345-4355

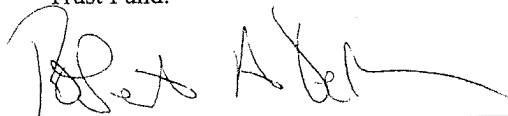
Population of Municipality	40,449
Geographic Size of Municipality (square miles)	27.83
Department's overall budget for past 3 years (separately)	FY 2010 \$6,040,068 FY 2011 \$6,573,049 FY 2012 \$6,557,787
Amount of budget spent on personnel for past 3 years (separately)	FY 2010 \$5,620,968 FY 2011 \$5,804,849 FY 2012 \$6,063,787

Authorized Official Name	Robert A. DeMoura
Authorized Official Title	Chief of Police
Authorized Official Email Address	<a href="mailto:rdemoura@fitchburgpolice.com">rdemoura@fitchburgpolice.com</a>

Contract Manager Name & Title	Kristi Andrews, Crime Analyst
Contract Manager Email Address	<a href="mailto:kandrews@fitchburgpolice.com">kandrews@fitchburgpolice.com</a>

Total Amount Requested (up to \$20,000)	\$ 19,300.00
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I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.



8/29/2012

[Authorized Official Signature – signed in blue ink]

[Date]

Robert A DeMoura

Chief of Police

[Authorized Official Printed Name]

[Title]



## Attachment B

### **PROJECT NARRATIVE** **(ONE PAGE MAXIMUM)**

**Applicant: Fitchburg Police Department**

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*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

**1. Please describe in narrative form how your department will use the funding you are requesting.**

With the support of funding provided by the Commonwealth Security Trust Fund Grant, this department intends to purchase a MPH-900 MS3 device. The MPH-900 MS3, which is also known as a License Plate Reader (LPR), is a three camera mini split mobile system which would allow public safety officials to read over 3,600 license plates per minute. This license plate reader will be mounted and installed to a designated patrol vehicle and will assist law enforcement in the identification and apprehension of criminals, motor vehicle violations, most wanted suspects, amber alerts, homeland security initiatives and other public safety uses.

**2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

Fitchburg is one of Massachusetts' historic "gateway" cities, a historic mill city and former industrial center. Located in Worcester County, Fitchburg sits on the Nashua River, 25 miles north of Worcester and approximately 46 miles northwest of Boston. As one of the Commonwealth's gateway cities, this department receives a great deal of motor vehicle operators from abutting cities, neighboring states and large cities like Worcester and Boston. Many state highways and major roadways lie alongside and within the city, including Route 2, Route 2A, Route 12 and Route 13. As being one of the larger cities in Worcester County, this device will enhance emergency response capabilities in the event of a criminal act, terrorist threat involving a motor vehicle, amber alerts, etc. A significant amount of criminal acts are associated with motor vehicles.

The LPR device will enhance the emergency response capabilities of this department by assisting in the identification of suspected and revoked drivers, recovery of stolen vehicles, terrorist interdiction, AMBER alerts, gang and narcotic interdiction, homeland security initiatives, missing persons, abducted persons, most wanted offenders and traffic safety initiatives. The LPR is designed to capture and collect data that will assist law enforcement issues in real time, as well as provide critical intelligence used to support investigations, apprehension of criminals, homeland security initiatives, terrorist interdiction, traffic safety and missing person (s) cases. The LPR allows for the manual entering of "hot list" data which could include sexual predators, terrorist suspects' vehicles, armed and wanted suspects and amber alerts. Officers have the ability to enter partial plate information which is particularly useful in the case of AMBER alerts because the LPR will fill in missing characters and alert officers to potential matches which makes all the difference in situations where every second counts to ensure the safety of the victim. If the vehicle associated with any crime or incident passes by the patrol vehicle, the officer is immediately notified. Additionally, the license plate reader will assist in the removal of suspended and revoked drivers before they cause a crash.

The license plate reader records the date, time, location, GPS coordinates of each vehicle's location when the photo is captured. This information is crucial when placing a suspect at the scene, identifying potential witnesses and possible visible clues revealed within the image of a car's immediate environment and or unique qualities of the vehicle itself. The importance of the LPR system can be demonstrated in the recent success stories of our department, to include the apprehension of a sexual predator at our local university and it was instrumental in the identifying of a motor vehicle used in a violent armed (firearm) assault in an adjoining community. And most recently, the LPR alerted a patrol officer to a suspended license which resulted in the apprehension of a illegal firearm and gun clip.

The LPR device will enhance the emergency response capabilities of this department

**3. If this proposal includes multiple line items, please prioritize your requests.**

This proposal does not include multiple line items.

**4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment.**

This requested equipment (LPR) will not require technical training as our IT department and Traffic Unit is well versed in its application and installation. Additionally, engineering support (cost) included in the requested amount. A quote can be provided upon request.

**5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Contact potential vendor (ELSAG)	08-21-2012	08-24-2012
2	Receive Quote and consult with Traffic Unit and IT department	08-24-2012	09-30-2012
3	Purchase equipment and install device	10-01-2012	10-31-2012
4	Report any challenges and or successes with device	Ongoing	ongoing
5	Report programmatic details as required to Grant manager	Ongoing	Ongoing

## Attachment C

### BUDGET WORKSHEET

Applicant: Fitchburg Police Department

---

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$ 19,300	One LPR device to be used by patrol division and traffic unit. MPH-900 MS3 @ 18,050.00. Engineering support provided @ 1,250.00
B. Technology	\$	
C. Training	\$	
D. Planning	\$	
E. TOTAL	\$	

## Attachment D

(for applications that involve planning for or purchase of interoperable communications equipment)

### ICIP COVER SHEET

#### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>		<b>Proposed Federal Funding Source:</b>		<b>Proposed Federal Funding Amount:</b> \$	
<b>Committee Referred to:</b>				<b>Committee Chairperson:</b>			
<b>Investment Name:</b>			<b>Applicant Organization:</b>			<b>Applicant Signature:</b>	
<b>Investment Summary</b>							
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>				<input type="radio"/> Governance <input type="radio"/> SOP <input type="radio"/> Technology		<input type="radio"/> Training & Exercise <input type="radio"/> Usage	
<b>Project Start Date:</b>		<b>Project End Date:</b>		<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>			
<b>Applicant Contact Name:</b>		<b>Phone:</b>		<b>Email:</b>		<b>Address:</b>	
<b>Review Status</b>				<b>SIEC Member Signature</b>		<b>Date</b>	
Assigned to Committee							
Estimated Review Date							
Committee Recommendation to the Executive Management Committee		Approval	Denial	Amend			
Executive Management Committee Recommendation		Approval	Denial	Amend			
SIEC Recommendation		Approval	Denial	Amend			
Applicant notified of Recommendation							

**Communications Interoperability Problem Description-**

**Background Information / Detailed Investment Description-**

**Expected Outcomes-**  
Describe the communications interoperability gaps that will be addressed

<b>SCIP Goal-</b>	<b>Goal</b>	<b>Describe support</b>
Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix "B" for a listing of SCIP goals.	Governance	
	SOP	
	Technology	
	Training & Exercise	
	Usage	

<b>Ownership-</b>	<b>Organization</b>	<b>Asset Description</b>
Identify the proposed owners of all assets procured with this investment (add additional lines as needed)		

**Usage Plan-**  
Describe the usage plan for the equipment / project

<b>Disciplines-</b>	<b>Discipline</b>	<b>Enhancement</b>

<ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>		
<p>Please use the following abbreviations to represent the corresponding discipline:</p>	<p>LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other</p>	
<p><b>Multi-Jurisdictional Interoperability-</b></p> <p>All investments must provide interoperability between two or more jurisdictions.</p> <p>Identify each jurisdiction that will achieve interoperability from this investment.</p>		

Attachment E

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME:
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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

For privacy purposes DO NOT ATTACH any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record.

Table with 2 columns: AUTHORIZED SIGNATORY NAME, TITLE. Rows include Robert A. DeMoura (Chief of Police) and Philip J. Kearns, Jr (Deputy Chief of Police).

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor.

Signature: [Handwritten Signature] Date: 8/27/12

Title: Mayor Telephone: 978-829-1801

Fax: 978-345-9553 E-mail: L WONG @ FITCHBURG MA.GOV

[Listing can not be accepted without all of this information completed.]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

**COMMONWEALTH OF MASSACHUSETTS**  
**CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME : City of Fitchburg DBA Fitchburg Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE:

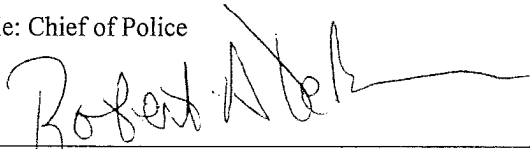
**PROOF OF AUTHENTICATION OF SIGNATURE**

**This page is optional and is available for a department to authenticate contract signatures.**  
**It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.**

**This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.**

Signatory's full legal name (print or type): Robert A. DeMoura

Title: Chief of Police

X 

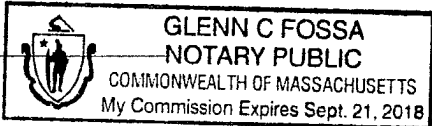
Signature as it will appear on contract or other document (Complete only in presence of notary):

**AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

I, Glenn C. Fossa (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

28 August, 2012.

My commission expires on: \_\_\_\_\_



AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20\_\_\_\_.

SEAL

AFFIX CORPORATE



# COMMONWEALTH OF MASSACHUSETTS

## CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME : City of Fitchburg DBA Fitchburg Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE:

### PROOF OF AUTHENTICATION OF SIGNATURE

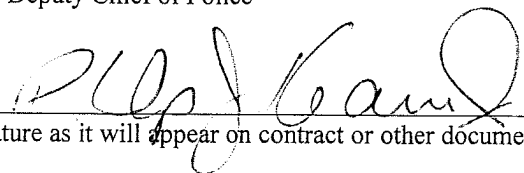
**This page is optional and is available for a department to authenticate contract signatures.**

**It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.**

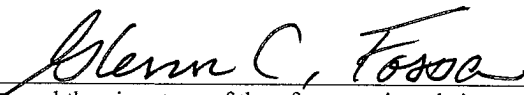
**This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.**

Signatory's full legal name (print or type): Philip J. Kearns, JR

Title: Deputy Chief of Police

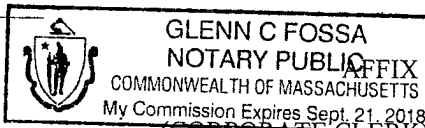
X   
Signature as it will appear on contract or other document (Complete only in presence of notary):

### AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I,  (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

28 August, 2012.

My commission expires on: \_\_\_\_\_



I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20 \_\_\_\_.

SEAL

AFFIX CORPORATE

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	Town of Phillipston Police Department
Address	40 The Common, Phillipston, MA 01331
Telephone Number	978 249-3560 Police Dept.

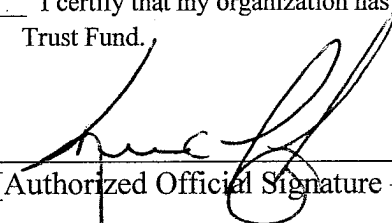
Population of Municipality	1862
Geographic Size of Municipality (square miles)	24.6
Department's overall budget for past 3 years (separately)	2011 - \$ 213,494.00 2012 - \$ 224,524.00 2013 - \$ 251,117.00
Amount of budget spent on personnel for past 3 years (separately)	2011- \$ 127,960.00 2012- \$ 131,000.00 2013- \$ 142,351.00

Authorized Official Name	Kevin C. Dodge
Authorized Official Title	Chief of Police
Authorized Official Email Address	police@phillipston-ma.gov

Contract Manager Name & Title	Kevin C. Dodge Chief of Police
Contract Manager Email Address	police@phillipston-ma.gov

Total Amount Requested (up to \$20,000)	\$ 20,000.00
---	--------------

X I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

  
 \_\_\_\_\_  
 [Authorized Official Signature – signed in blue ink]  
 Kevin C. Dodge

8-28-2012  
 \_\_\_\_\_  
 [Date]  
 Police Chief

## Attachment B

### **PROJECT NARRATIVE** **(ONE PAGE MAXIMUM)**

**Applicant:** Phillipston Police Department

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

- 1. Please describe in narrative form how your department will use the funding you are requesting:** The request is for the purchase of a police marksmanship/judgment simulation hardware and software package. The system provides highly realistic use-of-force training that develops the skills required for personnel armed with both lethal and less-lethal weapons. Portable deployment allows for the equipment to be shared amongst area departments that provide mutual aid and also set up at an off-site venue where a higher number of officers can utilize the training from multiple departments. The equipment and software create a vivid digital environments that are as close as an officer can get to real life situations. The various software scenarios include patrol, school, drug enforcement, active shooter, felony stop situations that can place officers and others lives in danger.
- 2. Please explain how the use of this funding will enhance the emergency response capabilities of your department:** Small towns are not immune to criminal activity and in some cases small towns can actually be inviting to criminals as they can easily learn the tempo of a town, the limited law enforcement resources and the fact that the level of in service training and exposure to dangerous situations may be far less than that of large towns and cities. The Town of Phillipston was recently the focus of a major multiple state FBI and State Police drug operation and brought to light once again, that officers all face the same risks regardless of their location in our country. Funding to send all the full and part time officers to hands on training is limited and costly. The use of this equipment will allow officers to train on their own time or as a department in-service, saving dollars in travel time and fuel, as well as allowing each officer to continually improve their techniques at their own pace and for scenarios they are most exposed to. This is a risk management / reduction tool that while enhancing training, it also decreases risk to the officer and risk to the town in cases where immediate, high stress and lethal actions may need to be used.
- 3. If this proposal includes multiple line items, please prioritize your requests.**  
Only Equipment requested.
- 4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment:** The vendor will train the officers and the department will designate a Train the Trainer to assist other officers in self or group utilization of the equipment. In addition The Police Department will be applying for a Homeland Security grant to fund a formal workshop for police and procedure development and equipment use highlighting the 10 tops his risk scenarios they officers may face.
- 5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Purchase Training Simulator	12-3-12	12-17-12
2	Take Delivery	1-14-13	1-14-13
3	Train Personnel	1-14-13	1-28-13

## Attachment C

### BUDGET WORKSHEET

**Applicant:** Phillipston Police Department

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

<b>CATEGORY</b>	<b>AMOUNT</b>	<b>COMPUTATION</b>
<b>A. Equipment</b>	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

<b>CATEGORY</b>	<b>AMOUNT</b>	<b>COMPUTATION</b>
<b>A. Equipment</b>	\$ 20,000.00	1 multifunction, portable, interactive use of force scenario based judgment training simulator. System includes laser weapons that interact with the audio visual monitor. Total package price is \$ 20, 320.00. Department training funds will be used to supplement the \$ 20,000.00 grants funds.
<b>B. Technology</b>	\$ 0	None
<b>C. Training</b>	\$ 0	Included in purchase price per the vendor
<b>D. Planning</b>	\$ 0	None
<b>E. TOTAL</b>	\$ 20,000.00	

## Attachment D

(For applications that involve planning for or purchase of interoperable communications equipment)

### ICIP COVER SHEET

#### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>	<b>Proposed Federal Funding Source:</b>	<b>Proposed Federal Funding Amount:</b> \$
<b>Committee Referred to:</b>		<b>Committee Chairperson:</b>		
<b>Investment Name:</b>		<b>Applicant Organization:</b>	<b>Applicant Signature:</b>	
<b>Investment Summary</b>				
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>		<input type="radio"/> Governance <input type="radio"/> SOP <input type="radio"/> Technology	<input type="radio"/> Training & Exercise <input type="radio"/> Usage	
<b>Project Start Date:</b>	<b>Project End Date:</b>	<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>		
<b>Applicant Contact Name:</b>	<b>Phone:</b>	<b>Email:</b>	<b>Address:</b>	
<b>Review Status</b>			<b>SIEC Member Signature</b>	<b>Date</b>
Assigned to Committee				
Estimated Review Date				
Committee Recommendation to the Executive Management Committee	Approval	Denial	Amend	
Executive Management Committee Recommendation	Approval	Denial	Amend	
SIEC Recommendation	Approval	Denial	Amend	
Applicant notified of Recommendation				

**Communications Interoperability Problem Description-**

**Background Information / Detailed Investment Description-**

**Expected Outcomes-**  
Describe the communications interoperability gaps that will be addressed

<b>SCIP Goal-</b>	<b>Goal</b>	<b>Describe support</b>
Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix "B" for a listing of SCIP goals.	Governance	
	SOP	
	Technology	
	Training & Exercise	
	Usage	

<b>Ownership-</b>	<b>Organization</b>	<b>Asset Description</b>
Identify the proposed owners of all assets procured with this investment (add additional lines as needed)		

**Usage Plan-**  
Describe the usage plan for the equipment / project

<b>Disciplines-</b>	<b>Discipline</b>	<b>Enhancement</b>

<ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>		
<p>Please use the following abbreviations to represent the corresponding discipline:</p>	<p>LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ - HAZMAT; PW - Public Works; PH - Public Health; GA - Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other</p>	
<p><b>Multi-Jurisdictional Interoperability-</b></p> <p>All investments must provide interoperability between two or more jurisdictions.</p> <p>Identify each jurisdiction that will achieve interoperability from this investment.</p>		

Attachment E

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME: Town of Phillipston
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000191942

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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

For privacy purposes DO NOT ATTACH any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record.

Table with 2 columns: AUTHORIZED SIGNATORY NAME, TITLE. Rows include Kevin C. Dodge (Chief of Police) and Thomas Brouilet (Chairman- Phillipston Selectboard).

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor.

Signature: Thomas I Brouilet

Date: Aug 28 2012

Title: Chairman -Phillipston Selectboard

Telephone: (978) 249-6828

Fax: 978-249-3356

E-mail: selectma@phillipston-ma.gov

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

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



**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME : Town of Phillipston  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000191942

**PROOF OF AUTHENTICATION OF SIGNATURE**

**This page is optional and is available for a department to authenticate contract signatures.**

**It is recommended that Departments obtain authentication of signature for the signatory**

**Who submits the Contractor Authorized Listing.**

**This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.**

Signatory's full legal name (print or type): Thomas L. Braullette

Title: Selectman Chairman

X Thomas L Braullette

Signature as it will appear on contract or other document (Complete only in presence of notary):

**AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

I, Sally A. Kastberg (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

Aug. 28, 2012.

My commission expires on: 12-14-2018

AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20\_\_\_\_.

AFFIX CORPORATE

SEAL

## Attachment A

 ORIGINAL

**Commonwealth Security Trust Fund Grant Program  
2012 Availability of Grant Funds Cover Page**

Municipality (indicate whether police or fire department)	Belmont Police Department
Address	460 Concord Ave , BELMONT MA 02478
Telephone Number	617-993-2501

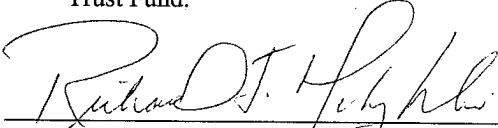
Population of Municipality	24,729
Geographic Size of Municipality (square miles)	4.6 sq. miles
Department's overall budget for past 3 years (separately)	2009 - \$5,447,336.00 2010 - \$5,866,739.00 2011 - \$6,347,031.00
Amount of budget spent on personnel for past 3 years (separately)	2009 - 4,847,493.00 2010 - 5,453,456.00 2011 - 6,374,031.00

Authorized Official Name	Richard J. McLaughlin
Authorized Official Title	Chief of Police
Authorized Official Email Address	rmclaughlin@belmontpd.org

Contract Manager Name & Title	Lt. Richard J. Santangelo
Contract Manager Email Address	rsantang@belmontpd.org

Total Amount Requested (up to \$20,000)	\$ 2585.31
---	------------

I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

  
[Authorized Official Signature – signed in blue ink]

[Date]

8/28/12

Richard J. McLaughlin  
[Authorized Official Printed Name]

[Title] Chief of Police

**PROJECT NARRATIVE  
(ONE PAGE MAXIMUM)**

**Applicant: Belmont Police Department**

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

- 1. Please describe in narrative form how your department will use the funding you are requesting.**

**This funding will be used to purchase equipment used specifically for realistic, force on force training. Items would be Airsoft guns that are identical in feel and functioning to department issue sidearms and rifles, along with protective masks, Airsoft BBs, and propellant gas.**

- 2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

**Due to various court rulings requiring job relevant and realistic training, this funding will allow us to provide officers with such. Using these Airsoft guns will allow officers to conduct training in the actual facility they may have to respond to in a genuine active shooter emergency, such as the local high school, or a workplace, such as the town hall. This type of training allows officers who normally patrol and operate alone, to now work as a team in a high stress, but safe, situation. Airsoft training is well recognized by police trainers as viable training option and the MPTC offers instructor training in this area.**

- 3. If this proposal includes multiple line items, please prioritize your requests. Although various items are being requested, they are all required for this system to function.**

**4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment. Since the Airsoft guns are identical in function to department weapons, no specialized training is required. The department firearms training unit has received instructor training in the use of Airsoft.**

- 5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	<i>Purchase &amp; Order equipment</i>	11/1/2012	12/1/2012
2	Training exercise	2/11/13	2/15/13
3			
4			
5			

**Applicant: Belmont Police Department**

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

<b>CATEGORY</b>	<b>AMOUNT</b>	<b>COMPUTATION</b>
<b>A. Equipment</b>	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

<b>CATEGORY</b>	<b>AMOUNT</b>	<b>COMPUTATION</b>
<b>A. Equipment</b>	\$ 2,585.31	8 Airsoft pistols @ \$99.99 each = \$799.92. 3 Airsoft rifles @ \$309.99 each = 929.97. Protective masks, BBs, mags, propellant, = \$855.42 for police force on force training
<b>B. Technology</b>	\$	
<b>C. Training</b>	\$	
<b>D. Planning</b>	\$	
<b>E. TOTAL</b>	\$2585.31	

## Attachment D

(for applications that involve planning for or purchase of interoperable communications equipment)

### ICIP COVER SHEET

#### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>		<b>Proposed Federal Funding Source:</b>		<b>Proposed Federal Funding Amount:</b> \$	
<b>Committee Referred to:</b>				<b>Committee Chairperson:</b>			
<b>Investment Name:</b>			<b>Applicant Organization:</b>			<b>Applicant Signature:</b>	
<b>Investment Summary</b>							
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>				<input type="radio"/> <b>Governance</b> <input type="radio"/> <b>SOP</b> <input type="radio"/> <b>Technology</b>		<input type="radio"/> <b>Training &amp; Exercise</b> <input type="radio"/> <b>Usage</b>	
<b>Project Start Date:</b>		<b>Project End Date:</b>		<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>			
<b>Applicant Contact Name:</b>		<b>Phone:</b>		<b>Email:</b>		<b>Address:</b>	
<b>Review Status</b>					<b>SIEC Member Signature</b>		<b>Date</b>
Assigned to Committee							
Estimated Review Date							
Committee Recommendation to the Executive Management Committee		Approval	Denial	Amend			
Executive Management Committee Recommendation		Approval	Denial	Amend			
SIEC Recommendation		Approval	Denial	Amend			
Applicant notified of Recommendation							

<b>Communications Interoperability Problem Description-</b>		
<b>Background Information / Detailed Investment Description-</b>		
<b>Expected Outcomes-</b> Describe the communications interoperability gaps that will be addressed		
<b>SCIP Goal-</b> Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix "B" for a listing of SCIP goals.	<b>Goal</b>	<b>Describe support</b>
	Governance	
	SOP	
	Technology	
	Training & Exercise	
	Usage	
<b>Ownership-</b> Identify the proposed owners of all assets procured with this investment (add additional lines as needed)	<b>Organization</b>	
<b>Usage Plan-</b> Describe the usage plan for the equipment / project		
<b>Disciplines-</b>	<b>Discipline</b>	<b>Enhancement</b>

<ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>		
<p>Please use the following abbreviations to represent the corresponding discipline:</p>	<p>LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other</p>	
<p><b>Multi-Jurisdictional Interoperability-</b></p> <p>All investments must provide interoperability between two or more jurisdictions.</p> <p>Identify each jurisdiction that will achieve interoperability from this investment.</p>		

## Attachment E

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME:**

**CONTRACTOR VENDOR/CUSTOMER CODE:**

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

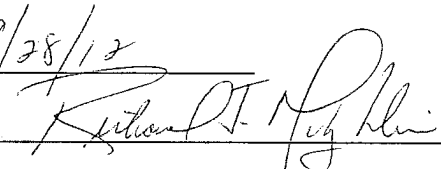
**NOTICE:** *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

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

AUTHORIZED SIGNATORY NAME	TITLE
Richard J. McLaughlin	Chief of Police
James G. MacIsaac	Asst. Chief of Police
Richard J. Santangelo	Lieutenant

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

Date: 8/28/12

Signature: 

Title: Chief of Police

Telephone: 617-993-2573

Fax: 617-993-2571

E-mail: [rmclaughlin@belmontpd.org](mailto:rmclaughlin@belmontpd.org)



[Listing can not be accepted without all of this information completed.]  
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	Revere Police Department
Address	400 Revere Beach Parkway
Telephone Number	781-286-8325

Population of Municipality	51,755
Geographic Size of Municipality (square miles)	Total area = 10.03 square miles; Land area = 5.92 square miles
Department's overall budget for past 3 years (separately)	FY'11 = \$8,426,418; FY'12 = \$8,723,206; FY'13 = \$8,802,747
Amount of budget spent on personnel for past 3 years (separately)	FY'11 = \$7,604,326; FY'12 = \$7,881,914; FY'13 = \$7,886,047

Authorized Official Name	Daniel Rizzo / Richard Penta
Authorized Official Title	Mayor, City of Revere / Acting Mayor
Authorized Official Email Address	drizzo@revere.org

Contract Manager Name & Title	Joseph Cafarelli Chief of Police
Contract Manager Email Address	jcafarelli@reverepolice.org

Total Amount Requested (up to \$20,000)	\$ 18,998.00
---	--------------

I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

Richard A Penta Acting Mayor  
[Authorized Official Signature – signed in blue ink]

8-27-12  
[Date]

**Daniel Rizzo**  
[Authorized Official Printed Name]

**Mayor, City of Revere**  
[Title]

**PROJECT NARRATIVE  
(ONE PAGE MAXIMUM)**

**Applicant:** Revere Police Department

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

1. Please describe in narrative form how your department will use the funding you are requesting.

Please see attached

2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.

Please see attached.

3. If this proposal includes multiple line items, please prioritize your requests.

Please see attached.

4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment.

Please see attached.

5. Please include a timeline for your proposed project.

Milestone	Tasks/Activities	Start Date	Completion Date
1	Purchase of Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras	Upon notification of award	N.A.
2	Implementation of Judgmental Simulator Training and Night Qualifications	2/13	3/31/13
3			
4			
5			

**2012 Commonwealth Security Trust Fund Grant Application  
Attachment B - Project Narrative**

**Applicant: Revere Police Department**

1. The Revere Police Department will utilize Commonwealth Security Trust Grant funds to purchase two Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras. These handheld imager/thermal imagery cameras will provide patrol officers with excellent, high-fidelity thermal imagery that provides the detail necessary for cutting edge performance and improved detection and recognition ranges in total darkness, as well as through smoke, dust, and light fog. The Department will also utilize funding to cover the costs associated with a mobile range rental for Judgmental Simulator Training and Night Qualifications. Specifically, the rental includes the mobile firing range, live fire judgmental simulator, targets, and an equipment operator to work directly with the Department's Training Officer. The Department will rent this equipment for six days with twelve consecutive hour maximum per day. The Blue Line Corporation of Sudbury, MA will provide the training and run a 2 officer team through the training in a one-hour block of time for a total of eleven blocks per day, which will provide the Revere Police Department with 132 potential slots that will allow for a lunch break and spare slots for missed/emergency fill-ins. It is important to note that starting times can be staggered to minimize Department overtime.

2. The Revere Police Department will enhance its current emergency response capabilities, productivity, and officer safety through the acquisition and implementation of the Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras, and the Judgmental Simulator Training and Night Qualifications. The cameras will provide enhanced search and rescue capabilities for the entire police department, including the SWAT Team. The simulator trainings and night qualifications will present realistic scenarios for live fire during an emergency response; in turn providing officers with a higher degree of proficiency and readiness for unexpected situations. It should be noted that this will be the second round of training for the Revere Police Department. Both the training and the equipment will provide the Department with situational awareness during emergency responses and allow officers to perfect skills in holding, carrying and shooting firearms with alternative light sources.

3. Not applicable.

4. Not applicable.

## Attachment C

### BUDGET WORKSHEET

**Applicant: Revere Police Department**

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$9,998.00	2 Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras = \$9,998.00 (\$4,999.00 each)
B. Technology	\$0	
C. Training	\$9,000.00	Blue Line Corporation -mobile range rental for Judgmental Simulator Training and Night Qualifications. Includes: mobile firing range, live fire judgmental simulator, targets, and equipment operator to work directly with the Department's Training Officer. Cost = \$9,000.00
D. Planning	\$0	
E. TOTAL	\$18,998.00	

## Attachment E

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME:** City of Revere Police Department  
**CONTRACTOR VENDOR/CUSTOMER CODE:**

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

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

AUTHORIZED SIGNATORY NAME	TITLE
Daniel Rizzo	Mayor, City of Revere
Joseph A. Cafarelli	Chief of Police
Richard Penta	Acting Mayor

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

Richard A Penta (Acting Mayor) Date: 8-27-12  
Signature

Title: Mayor, City of Revere

Telephone: (781) 286-8110

Fax: (781) 286-8199

E-mail: drizzo@revere.org

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

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

**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME : City of Revere Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE:

**PROOF OF AUTHENTICATION OF SIGNATURE**

**This page is optional and is available for a department to authenticate contract signatures.**

**It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.**

**This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.**

Signatory's full legal name (print or type): Daniel Rizzo

Title: Mayor, City of Revere

*ACTING MAYOR*

*X Richard A Penta*

Signature as it will appear on contract or other document (Complete only in presence of notary):

**AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

I, *Joyce DiNuccio* (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

*August 27*, 20*13*.

My commission expires on: *02/03/17*

AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20 \_\_\_\_.

SEAL

AFFIX CORPORATE

**Attachment A**

**Commonwealth Security Trust Fund Grant Program  
2012 Availability of Grant Funds Cover Page**

Municipality (indicate whether police or fire department)	Revere Police Department
Address	400 Revere Beach Parkway
Telephone Number	781-286-8325

Population of Municipality	51,755
Geographic Size of Municipality (square miles)	Total area = 10.03 square miles; Land area = 5.92 square miles
Department's overall budget for past 3 years (separately)	FY'11 = \$8,426,418; FY'12 = \$8,723,206; FY'13 = \$8,802,747
Amount of budget spent on personnel for past 3 years (separately)	FY'11 = \$7,604,326; FY'12 = \$7,881,914; FY'13 = \$7,886,047

Authorized Official Name	Daniel Rizzo / Richard Penta
Authorized Official Title	Mayor, City of Revere / Acting Mayor
Authorized Official Email Address	drizzo@revere.org

Contract Manager Name & Title	Joseph Cafarelli Chief of Police
Contract Manager Email Address	jcafarelli@reverepolice.org

Total Amount Requested (up to \$20,000)	\$ 18,998.00
---	--------------

I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

*Richard A Penta* *ACTING Mayor*  
[Authorized Official Signature – signed in blue ink]

8-27-12  
[Date]

**Daniel Rizzo**  
[Authorized Official Printed Name]

**Mayor, City of Revere**  
[Title]



**PROJECT NARRATIVE**  
**(ONE PAGE MAXIMUM)**

**Applicant:** Revere Police Department

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

- 1. Please describe in narrative form how your department will use the funding you are requesting.**

Please see attached

- 2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

Please see attached.

- 3. If this proposal includes multiple line items, please prioritize your requests.**

Please see attached.

- 4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment.**

Please see attached.

- 5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Purchase of Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras	Upon notification of award	N.A.
2	Implementation of Judgmental Simulator Training and Night Qualifications	2/13	3/31/13
3			
4			
5			

**2012 Commonwealth Security Trust Fund Grant Application  
Attachment B - Project Narrative**

**Applicant: Revere Police Department**

1. The Revere Police Department will utilize Commonwealth Security Trust Grant funds to purchase two Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras. These handheld imager/thermal imagery cameras will provide patrol officers with excellent, high-fidelity thermal imagery that provides the detail necessary for cutting edge performance and improved detection and recognition ranges in total darkness, as well as through smoke, dust, and light fog. The Department will also utilize funding to cover the costs associated with a mobile range rental for Judgmental Simulator Training and Night Qualifications. Specifically, the rental includes the mobile firing range, live fire judgmental simulator, targets, and an equipment operator to work directly with the Department's Training Officer. The Department will rent this equipment for six days with twelve consecutive hour maximum per day. The Blue Line Corporation of Sudbury, MA will provide the training and run a 2 officer team through the training in a one-hour block of time for a total of eleven blocks per day, which will provide the Revere Police Department with 132 potential slots that will allow for a lunch break and spare slots for missed/emergency fill-ins. It is important to note that starting times can be staggered to minimize Department overtime.

2. The Revere Police Department will enhance its current emergency response capabilities, productivity, and officer safety through the acquisition and implementation of the Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras, and the Judgmental Simulator Training and Night Qualifications. The cameras will provide enhanced search and rescue capabilities for the entire police department, including the SWAT Team. The simulator trainings and night qualifications will present realistic scenarios for live fire during an emergency response; in turn providing officers with a higher degree of proficiency and readiness for unexpected situations. It should be noted that this will be the second round of training for the Revere Police Department. Both the training and the equipment will provide the Department with situational awareness during emergency responses and allow officers to perfect skills in holding, carrying and shooting firearms with alternative light sources.

3. Not applicable.

4. Not applicable.

## Attachment C

### BUDGET WORKSHEET

#### Applicant: Revere Police Department

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

#### EXAMPLE:

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$9,998.00	2 Simrad Optronics' FLIR HS-324 Handheld imager-patrol model cameras = \$9,998.00 (\$4,999.00 each)
B. Technology	\$0	
C. Training	\$9,000.00	Blue Line Corporation -mobile range rental for Judgmental Simulator Training and Night Qualifications. Includes: mobile firing range, live fire judgmental simulator, targets, and equipment operator to work directly with the Department's Training Officer. Cost = \$9,000.00
D. Planning	\$0	
E. TOTAL	\$18,998.00	

## Attachment E

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME:** City of Revere Police Department  
**CONTRACTOR VENDOR/CUSTOMER CODE:**

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

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AUTHORIZED SIGNATORY NAME	TITLE
Daniel Rizzo	Mayor, City of Revere
Joseph A. Cafarelli	Chief of Police
Richard Penta	Acting Mayor

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

Richard A Penta (acting mayor)

Signature

Date:

8-27-12

Title: Mayor, City of Revere

Telephone: (781) 286-8110

Fax: (781) 286-8199

E-mail: drizzo@revere.org

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

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

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME : City of Revere Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE:

### PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures.

It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Daniel Rizzo

Title: Mayor, City of Revere

*Acting Mayor*

X Richard A. Penta

Signature as it will appear on contract or other document (Complete only in presence of notary):

### AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, Joyce DiNuccio (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

August 27, 2013.

My commission expires on: 02/03/17

AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20\_\_\_\_.

AFFIX CORPORATE

SEAL

**Attachment A  
Commonwealth Security Trust Fund Grant Program  
2012 Availability of Grant Funds Cover Page**

Municipality (indicate whether police or fire department)	City of Chicopee Police Department
Address	110 Church Street, Chicopee, Massachusetts 01020
Telephone Number	(413) 594-1750

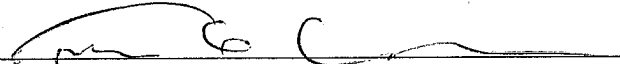
Population of Municipality	55,298
Geographic Size of Municipality (square miles)	23.9 miles
Department's overall budget for past 3 years (separately)	\$9,484,887
Amount of budget spent on personnel for past 3 years (separately)	\$9,022,537

Authorized Official Name	Thomas Charette
Authorized Official Title	Chief of Police
Authorized Official Email Address	tcharette@chicopeepolice.com

Contract Manager Name & Title	John Pronovost
Contract Manager Email Address	jpronovost@chicopeepolice.com

Total Amount Requested (up to \$20,000)	\$ 20,000
---	-----------

\_\_\_ I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.


5/22/12  
 \_\_\_\_\_  
 [Authorized Official Signature – signed in blue ink] [Date]  
 Thomas Charette Chief of Police

\_\_\_\_\_  
 [Authorized Official Printed Name] [Title]

## Attachment B

### PROJECT NARRATIVE (SUMMARY)

**Applicant: Chicopee Police Department**

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

**1. Please describe in narrative form how your department will use the funding you are requesting.**

The Chicopee Police Department will use this funding to defray the cost of administration of (4) reduced rate inter-jurisdictional tactical trainings for it's officers and other law enforcement officials in the region, such as Westfield AFB, Springfield, West Springfield, Grandby, Agawam, South Hadley, Westfield, Northampton, etc. It will also defray the purchase costs of five (5) sets of specialized SWAT team body armor to be used by multiple jurisdictions during regional emergency response initiatives. (See attachment for explanation)

**2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

- (1) Additional emergency response trainings will increase the competence and safety of law enforcement personnel in responding to a wider range of high risk emergencies.
- (2) Regional law enforcement training efforts will be more comprehensive and frequent. The proposed reduced rate, regional approach to law enforcement trainings will reach a greater number of officers than would otherwise be available to individual departments.
- (3) New Body Armor will bring the City's protective body armor equipment into compliance with National Institute of Justice Ballistic Resistance Standard, 0101.06.
- (4) New body armor will effectively increase the safety and confidence of responding SWAT team members.
- (5) Regional law enforcement will have increased access to safety equipment. Because Chicopee often shares equipment during trainings and emergencies, this means that other cooperating law enforcement divisions in the region who also currently lack access to NIJ compliant equipment will also have increased access to safe, compliant protective equipment.

**3. If this proposal includes multiple line items, please prioritize your requests.**

- (1) Training (2) Equipment

**4. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Obtain body armor	12/1/2012	3/1/2013
2	Hold Training #1		3/1/2013
3	Hold Training #2		5/1/2013
4	Hold Training #3		7/1/2013
5	Hold Training #4		10/1/2013

## Attachment B

### PROJECT NARRATIVE (Attachment)

#### **Applicant: Chicopee Police Department**

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

The Chicopee Police Department will use this funding to defray the purchase costs of five (5) sets of specialized SWAT team body armor, as well as for the administration of various inter-jurisdictional tactical trainings for law enforcement officials. In addition to the Chicopee Police Department, these resources will be used by multiple jurisdictions during regional emergency response initiatives.

#### OVERVIEW

Beginning in the early 19<sup>th</sup> Century, Chicopee was the site of several thriving textile, munitions and shoe factories surrounded by a densely-built blue collar residential neighborhood that grew towards the nearby Center Street corridor. As industries relocated and traffic was rerouted around the area over the past 50 years, many homes and most of these mills have become underused, vacant, depleted, and environmentally hazardous structures. 37% of the City's West End neighborhood has been deemed a toxic brownfield, which severely limits the amount of recreational green space available to residents.

Chicopee is a diverse, low income, economically distressed area:<sup>1</sup>

	<b>Chicopee</b>	<b>Hampden County</b>	<b>State</b>
Population	55,298	463,490	6.5m
Persons Below Poverty Level (2006-2010)	15.4%	17.2%	10.5%
Per Capita Income Past 12 Months	\$22,829	\$24,718	\$33,966
Median Household Income (2006-2010)	\$44,226	\$47,724	\$64,509
Median Home Value Owner Occupied Units	\$181,900	\$200,500	\$352,300
Unemployment Rate	7.9%	7.2%	6.1%

As the home to the nation's largest Air Force Reserve base (Westover,) Chicopee is placed at a heightened risk for terrorist attacks. Chicopee Police and SWAT team have in the past been called upon to assist the U.S. Military in responding to emergencies and national security threats at Westover. The City works collaboratively with other Federal, State, and local law enforcement divisions to respond to emergencies in the surrounding regions with higher crime rates, such as Springfield, West Springfield, Grandby, Agawam, South Hadley, Westfield, Northampton, etc.

<sup>1</sup> According to the latest census information from the U.S. Department of Commerce, US Census Bureau: [www.census.gov](http://www.census.gov)



For these reasons, the Chicopee Police Department and other regional law enforcement divisions often share emergency response equipment, training, and personnel.

Recent increases in gun violence in the region have highlighted the need for additional inter-jurisdictional emergency response training and equipment for law enforcement:

- *On April 13, 2012 State Trooper John Vasquez suffered multiple gunshot wounds from a suspect's AK-47 while responding to an emergency response call involving hostage situation in Chicopee.*
- *On June 4, 2012 Springfield Patrolman Kevin Ambrose was shot and killed by a suspect while responding to an emergency call.*
- *On April 16, 2012, Chicopee Patrolman Jeff Couture was attacked by a suspect while on duty, resulting in serious head injuries and requiring at least 11 stitches.*

According to a July 2010 report issued by the Massachusetts Executive Office of Public Safety,<sup>2</sup> the five counties with the most populous cities in Massachusetts made up approximately 75% of the firearms related offenses arraigned in the Commonwealth's district, superior, and federal courts. Approximately 27% of charges were arraigned in Suffolk County, followed by **Hampden County (15%)**, Worcester County (12%), and Bristol County (10%). More specifically, firearms related charges were arraigned in Dorchester District Court, Springfield District Court, Roxbury District Court, and Suffolk Superior Court more often than other courts around the state (9%, 7%, 6%, and 6%, respectively).

Funding constraints have severely limited law enforcement's ability to administer potentially life-saving professional trainings to the personnel who must respond to these high risk emergencies. Off-site trainings can cost on average over \$2,000 per officer, meaning that only a small hand full of officers are able to access the limited training opportunities available in a department. The lack of opportunities to train collaboratively with other departments places officers at an increased risk of injury or death when called upon to respond to emergencies with unfamiliar scenarios and assisting agencies.

Currently, the Chicopee Police Department's SWAT team does not have body armor that complies with National Institute of Justice Ballistic Resistance Standard, 0101.06. Officers are more likely to suffer a fatal injury when they are not wearing body armor or are using body armor that is noncompliant with current NIJ standards. The armored vests currently owned by the City were purchased more than 10 years ago, and expired 5 years ago according to NLCTC guidelines.

While the Department of Justice's Bullet Proof Vest Partnership Program does periodically allocate funding for replacement of body armor, the cost match requirements are prohibitive and do not cover the substantially more expensive body armor used by the SWAT team. Body armor is categorized and rated by the National Institute of Justice (NIJ) for different threat levels and

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<sup>2</sup> "Analysis of Massachusetts Firearms Related Offenses: An Overview of Firearms Related Offenses Arraigned In Massachusetts Courts Between 2006 and 2008" Massachusetts Executive Office of Public Safety and Security Office of Grants and Research, Research and Policy Analysis Division, July 2010.  
<http://www.mass.gov/eopss/docs/eops/analysis-of-ma-related-offenses-between-2006-and-2008.pdf>

meant to protect officers against a significant number of types of handgun ammunition and other types of weapons. SWAT team operations, hostage rescues, or Special Operations assignments, require special armor with additional protections when officers may be exposed to a weapon threat greater than the protection provided by regular duty armor. In order to sufficiently protect officers, the SWAT team requires Level IV protective armor to match the lethal capacity of the weapons developed since the City's lower grade (II and III) body armor was purchased more than a decade ago.

### FUNDING REQUESTS

If the City is successful in securing funding from the Security Trust Fund, the Chicopee will use the funds as follows:

- (1) The City will purchase five (5) Point Blank S.P.I.D.E.R.IIIA (PLUS) [PB-TVSPPI] (\$1,749.99) fully integrated tactical entry vests designed to meet the ballistic protection needs of tactical forces, and features the most frequently requested mission specific options, such as security, comfort and functionality.
- (2) The City will purchase five (5) Point Blank Triple Curve Level IV Ceramic Plate 10x12 [PB-THAP3IV10x12] (\$324.99) to accompany the vests.
- (3) The City will organize and host four (4) regional reduced rate tactical trainings for emergency responders across various jurisdictions. These trainings will address topics such as SWAT team response, Dive Team, Accident Investigation, etc. The City will initiate a collaborative effort for the benefit of various local partners:
  - Contract a \_\_\_\_\_ Certified instructor to conduct on-site law enforcement trainings,
  - Secure an appropriate facility in the region (in the past, various locations in Chicopee and the surrounding areas-such as Westover AFB, have been used for this purpose,)
  - Secure the participation of the various regional law enforcement agencies and partners.

**Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

- (1) *Additional emergency response trainings will increase the competence and safety of law enforcement personnel in responding to a wider range of high risk emergencies. This will reduce the risk of injury or death when called upon to respond to emergencies in a wider range of scenarios and increase their familiarity with a broader spectrum of personnel and techniques from various assisting agencies.*
- (2) *Regional law enforcement training efforts will be more comprehensive and frequent. The proposed reduced rate, regional approach to law enforcement trainings will reach a greater number of officers than would otherwise be available to individual departments. Chicopee will be able to obtain a significant savings by contracting an instructor to conduct on-site trainings. Instead of paying several thousand dollars, the cost is reduced to several hundred dollars. By reducing the cost barriers to training and opening up sessions to other jurisdictions, the entire region's law enforcement response capabilities will be strengthened.*

- (3) *New Body Armor will bring the City's protective body armor equipment into compliance with National Institute of Justice Ballistic Resistance Standard, 0101.06. The SWAT team's Level IV protective armor will finally match the lethal capacity of the weapons developed since the City' lower grade (II and III) body armor was purchased more than a decade ago.*
- (4) *New body armor will effectively increase the safety and confidence of responding SWAT team members. Officers are less likely to suffer a fatal injury when they are wearing body armor. More than 3,000 police officers' lives have been saved by body armor since NIJ began developing standards and testing protocols in the mid-1970s.*
- (5) *Regional law enforcement will have increased access to safety equipment. Because Chicopee often shares equipment during trainings and emergencies, this means that other cooperating law enforcement divisions in the region who also currently lack access to NIJ compliant equipment will also have increased access to safe, compliant protective equipment.*

**If this proposal includes multiple line items, please prioritize your requests.**

(1) Training (2) Equipment

**Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Obtain body armor	12/1/2012	3/1/2013
2	Hold Training #1		3/1/2013
3	Hold Training #2		5/1/2013
4	Hold Training #3		7/1/2013
5	Hold Training #4		10/1/2013

## Attachment C

### BUDGET WORKSHEET

**Applicant:** Chicopee Police Department

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$10,375	5 Vests @ \$1,750/pp = \$8,750 5 Armor Plates @ \$325/pp = \$1,625
B. Technology	\$9,625	4 trainings @ \$2,406.25/session=\$9,625
C. Training	\$	
D. Planning	\$	
E. TOTAL	\$20,000	

## Attachment D (N/A for Chicopee)

(for applications that involve planning for or purchase of interoperable communications equipment)

### ICIP COVER SHEET

#### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>		<b>Proposed Federal Funding Source:</b>		<b>Proposed Federal Funding Amount:</b> \$	
<b>Committee Referred to:</b>				<b>Committee Chairperson:</b>			
<b>Investment Name:</b>			<b>Applicant Organization:</b>			<b>Applicant Signature:</b>	
<b>Investment Summary</b>							
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>				<input type="radio"/> <b>Governance</b> <input type="radio"/> <b>SOP</b> <input type="radio"/> <b>Technology</b>		<input type="radio"/> <b>Training &amp; Exercise</b> <input type="radio"/> <b>Usage</b>	
<b>Project Start Date:</b>		<b>Project End Date:</b>		<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>			
<b>Applicant Contact Name:</b>		<b>Phone:</b>		<b>Email:</b>		<b>Address:</b>	
<b>Review Status</b>						<b>SIEC Member Signature</b>	<b>Date</b>
Assigned to Committee							
Estimated Review Date							
Committee Recommendation to the Executive Management Committee		Approval	Denial	Amend			
Executive Management Committee Recommendation		Approval	Denial	Amend			
SIEC Recommendation		Approval	Denial	Amend			
Applicant notified of Recommendation							

<b>Communications Interoperability Problem Description-</b>		
<b>Background Information / Detailed Investment Description-</b>		
<b>Expected Outcomes-</b>		
Describe the communications interoperability gaps that will be addressed		
<b>SCIP Goal-</b>	<b>Goal</b>	<b>Describe support</b>
Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix "B" for a listing of SCIP goals.	Governance	
	SOP	
	Technology	
	Training & Exercise	
	Usage	
<b>Ownership-</b>	<b>Organization</b>	<b>Asset Description</b>
Identify the proposed owners of all assets procured with this investment (add additional lines as needed)		
<b>Usage Plan-</b>	Describe the usage plan for the equipment / project	
<b>Disciplines-</b>	<b>Discipline</b>	<b>Enhancement</b>

<ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>		
<p>Please use the following abbreviations to represent the corresponding discipline:</p>	<p>LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other</p>	
<p><b>Multi-Jurisdictional Interoperability-</b></p> <p>All investments must provide interoperability between two or more jurisdictions.</p> <p>Identify each jurisdiction that will achieve interoperability from this investment.</p>		

Attachment E

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING



CONTRACTOR LEGAL NAME: City of Chicopee-Police Department
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192086

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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

For privacy purposes DO NOT ATTACH any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record.

Table with 2 columns: AUTHORIZED SIGNATORY NAME, TITLE. Row 1: Thomas Charette, Chief of Police.

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor.

Handwritten signature of Robert Bissonette over a horizontal line, with the word 'Signature' printed below.

Date: \_\_\_\_\_

Title: Mayor Telephone: (413) 594-1500

Fax: (413) 594-1504 E-mail: mbissonette@chicopeema.gov

[Listing can not be accepted without all of this information completed.]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.



**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**



CONTRACTOR LEGAL NAME: City of Chicopee-Police Department  
CONTRACTOR VENDOR/CUSTOMER CODE: VC6000192086

**PROOF OF AUTHENTICATION OF SIGNATURE**

This page is optional and is available for a department to authenticate contract signatures.  
It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Thomas Charette

Title: Chief of Police

X

Signature as it will appear on contract or other document (Complete only in presence of notary):

**AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

I, Janina Surdyka (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

Aug. 27, 20 12.

My commission expires on: March 8, 2013



AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20 \_\_\_\_.

SEAL

AFFIX CORPORATE

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	Boston Police Department
Address	One Schroeder Plaza Boston MA 02120
Telephone Number	(617) 343- 5096

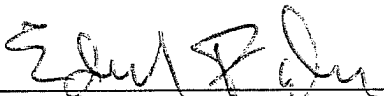
Population of Municipality	617,594
Geographic Size of Municipality (square miles)	48.43 square miles (125.43 square km)
Department's overall budget for past 3 years (separately)	<b><u>FY</u>   <u>Amount</u></b>
	2012 - \$269,229,759
	2011 - \$270,874,944
Amount of budget spent on personnel for past 3 years (separately)	<b><u>FY</u>   <u>Amount</u></b>
	2012 - \$255,179,696
	2011 - \$249,849,931
	2010 - \$255,953,967

Authorized Official Name	Edward Davis
Authorized Official Title	Police Commissioner
Authorized Official Email Address	DavisEd.bpd@cityofboston.gov

Contract Manager Name & Title	Cheryl Joyce
Contract Manager Email Address	Joycec.bpd@cityofboston.gov

Total Amount Requested (up to \$20,000)	\$19,980.61
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\_\_\_ I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

 _____ [Authorized Official Signature – signed in blue ink]	29 AUG 12 _____ [Date]
Edward Davis _____ [Authorized Official Printed Name]	Police Commissioner _____ [Title]

**PROJECT NARRATIVE  
(ONE PAGE MAXIMUM)**

**Applicant:** Boston Police Department

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

Mayor Thomas M. Menino has made addressing "Quality of Life" issues for the residents of the City of Boston (COB) one of his top priorities. Some of the more notable "Quality of Life" issues include panhandling, prostitution, vandalism and ensuring the overall public safety of the residents of Boston. Keeping the public safe in the COB can be particularly challenging when hosting several large venues such as the Boston Marathon, Occupy Boston, Political Venues, July 4<sup>th</sup> festivities, Local and National Protesters, Sporting Events that include parades, Tall Ships, Concert Events, and other local venues like the Caribbean festival and National Night Out.

One effective tool currently used by the City to address these issues is the Boston Police Department (BPD) Safe Street Teams (SSTs). These teams are composed of twelve six-person teams of bicycle patrol officers assigned to certain geographical areas. SST officers work closely with residents and business owners in their assigned areas to identify problems and work together to take the necessary corrective action.

While they are sufficient for SST Officers, bicycles are less than ideal when responding to issues of public safety that present themselves during large venues and when responding to calls for service given their slow response time. A bicycle patrol officer might average 5-10 M.P.H. while on patrol, taking approximately 1-2 hours to cover their entire beat one time. Furthermore, a bike patrol officer is very limited with respect to what he/she can carry around while on patrol (e.g., equipment, report forms, etc.).

Through this grant opportunity from the Executive Office of Public Safety and Security, the BPD seeks to enhance the department's ability to respond to calls for service and address many of the above mentioned "Quality of Life" issues by acquiring a fully equipped all-terrain vehicle (ATV). An ATV couples the maneuverability of bicycles with the speed needed to respond proficiently to emergency situations. The ATV will enable the department to effectively patrol remote areas that are inaccessible to regular motor vehicles or foot patrol. Furthermore, an ATV would be extremely useful during the many special events hosted in the City of Boston throughout the year, when the density of the crowds makes it extremely difficult to use patrol cars for enforcement. The ATV will be equipped with a spotlight and a storage box containing a first aid kit, fire extinguisher, traffic safety vest, rain gear, gloves and goggles, and a rescue rope.

To ensure safety and compliance, officers assigned to ATV patrol will attend an eight-hour training session, learning how to safely and properly operate the ATV, and will become familiarized with department policy, as well as state and local laws, before he or she is permitted to use an ATV while on patrol. The BPD would assign a supervisor to attend training provided by the ATV Safety Institute and become certified as a department ATV instructor.

<b>Milestone</b>	<b>Tasks/Activities</b>	<b>Start Date</b>	<b>Completion Date</b>
1	Proposal and bid specifications developed	01/02/13	01/16/13
2	Bids received from at least 3 vendors	02/01/13	03/01/13
3	The ATV is delivered to the department and equipped with a siren, a spotlight, & a storage box with necessary equipment	03/15/13	06/01/13
4	Training provided to officers assigned to the ATV	05/01/13	06/01/13
5	The ATV is utilized by the department	07/01/13	Indefinite

## Attachment C

### BUDGET WORKSHEET

**Applicant:** Boston Police Department

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$17,200.00	\$12,000.00 - Polaris Ranger 800 EFI Mid Size \$600.00 - 2 <sup>nd</sup> Battery Kit <i>Street Legal Kit</i> \$1600.00 Street Legal Wheels / Tires \$300.00 - Roof \$400.00 - Windshield \$600.00 - Doors \$60.00 - Side Mirrors \$200.00 - 5X 12 Volt Charger \$80.00 - 2X Battery Ports \$600.00 - Labor \$400.00 - Prep & Freight \$100.00 - Document and title preparation \$100.00 - First Aid Kit \$100.00 - Safety Gear \$60.00 - Fire Extinguisher Kit
B. Technology	\$	
C. Training	\$2,217.50	\$615.00 - ATV Instructor Preparation (IP) Course. 4 days in length, with each day lasting approximately 8 hours. \$410.00 - Airfare \$875.00 - Lodging. \$175 per night for 5 nights \$175.00 - Per Diem \$35/day for 5 days \$142.50 - Miscellaneous \$28.50/day for 5 days
D. Planning	\$	
<b>E. TOTAL</b>	\$19,980.61	\$19,417.50 - Subtotal \$563.11 - City Of Boston Indirect Cost of 2.9% (\$19,417.50*2.9%)

## Attachment D

(for applications that involve planning for or purchase of interoperable communications equipment)

### ICIP COVER SHEET

#### Interoperable Communications Investment Proposal

Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC).

<b>Date Received by the SWIC:</b>		<b>Control #</b>		<b>Proposed Federal Funding Source:</b>		<b>Proposed Federal Funding Amount:</b> \$	
<b>Committee Referred to:</b>				<b>Committee Chairperson:</b>			
<b>Investment Name:</b>			<b>Applicant Organization:</b>			<b>Applicant Signature:</b>	
<b>Investment Summary</b>							
<b>Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)</b>				<input type="radio"/> <b>Governance</b> <input type="radio"/> <b>SOP</b> <input type="radio"/> <b>Technology</b>		<input type="radio"/> <b>Training &amp; Exercise</b> <input type="radio"/> <b>Usage</b>	
<b>Project Start Date:</b>		<b>Project End Date:</b>		<b>Is an Environmental &amp; Historic Preservation (EHP) review required for this project?</b>			
<b>Applicant Contact Name:</b>		<b>Phone:</b>		<b>Email:</b>		<b>Address:</b>	
<b>Review Status</b>				<b>SIEC Member Signature</b>		<b>Date</b>	
Assigned to Committee							
Estimated Review Date							
Committee Recommendation to the Executive Management Committee		Approval	Denial	Amend			
Executive Management Committee Recommendation		Approval	Denial	Amend			
SIEC Recommendation		Approval	Denial	Amend			
Applicant notified of Recommendation							

**Communications Interoperability Problem Description-**

**Background Information / Detailed Investment Description-**

**Expected Outcomes-**  
Describe the communications interoperability gaps that will be addressed

SCIP Goal-	Goal	Describe support
Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix "B" for a listing of SCIP goals.	Governance	
	SOP	
	Technology	
	Training & Exercise	
	Usage	

Ownership-	Organization	Asset Description
Identify the proposed owners of all assets procured with this investment (add additional lines as needed)		

**Usage Plan-**  
Describe the usage plan for the equipment / project

Disciplines-	Discipline	Enhancement

<ul style="list-style-type: none"> <li>Identify each responder discipline that will enhance its communications interoperability from this investment</li> <li>Describe the interoperability enhancement</li> </ul>		
<p>Please use the following abbreviations to represent the corresponding discipline:</p>	<p>LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety. Communications; HC - Health Care; O-Other</p>	
<p><b>Multi-Jurisdictional Interoperability-</b></p> <p>All investments must provide interoperability between two or more jurisdictions.</p> <p>Identify each jurisdiction that will achieve interoperability from this investment.</p>		

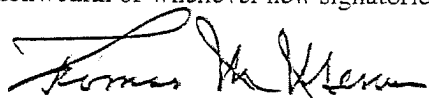
**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.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

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

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

AUTHORIZED SIGNATORY NAME	TITLE
Thomas M. Menino	Mayor
Edward F. Davis	Police Commissioner
Lisa O'Brien	Finance Director

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



Signature

Date: 8/6/12

Title: Thomas M. Menino

Telephone: 617-635-4500

Fax: 617-635-2851

Email: Mayor@cityofboston.gov

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

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



**PROOF OF AUTHENTICATION OF SIGNATURE**

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Thomas M. Menino

Title: Mayor

X 

Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, Kathryn M. Jenkins (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

August 8, 2012.

My commission expires on: October 8, 2015

AFFIX NOTARY SEAL

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20\_\_\_\_.

AFFIX CORPORATE SEAL

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	University of Massachusetts Police Department
Address	175 Cabot Street Suite #100 Lowell, Massachusetts 01854
Telephone Number	978-934-2384

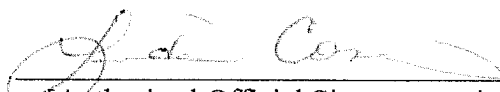
Population of Municipality	19,718 (students, staff and faculty)
Geographic Size of Municipality (square miles)	135 Acres (University Property Only)
Department's overall budget for past 3 years (separately)	FY10( \$220,300), FY11 (\$220,300), FY12 (\$220,300)
Amount of budget spent on personnel for past 3 years (separately)	FY10 (\$52,725),FY11 (\$63,845.29), FY 12 (\$50,085.00)

Authorized Official Name	Linda Concino
Authorized Official Title	Director of Grants and Contracts Administration
Authorized Official Email Address	Linda_Concino@uml.edu

Contract Manager Name & Title	Linda Gladu Ennis, Grants & Contracts Administrator
Contract Manager Email Address	Linda_GladuEnnis@uml.edu

Total Amount Requested (up to \$20,000)	\$ 19, 813
---	------------

I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.

  
[Authorized Official Signature – signed in blue ink]

8/29/10  
[Date]

Linda Concino  
[Authorized Official Printed Name]

Director Grants & Contracts Administration  
[Title]

## Attachment B

### PROJECT NARRATIVE (ONE PAGE MAXIMUM)

**Applicant:** University Of Massachusetts Lowell

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

**1. Please describe in narrative form how your department will use the funding you are requesting.**

The University Of Massachusetts Lowell Police Department (UMLPD) is applying for grant funds through the Commonwealth Security Trust Fund (CSTF). This funding will allow the UMLPD purchase specialized police equipment to respond to Active Shooter on campus or to provide mutual aid. Funding of this project will allow UMLPD to purchase 3 ballistic shields. The ballistic shield will be placed in our patrol vehicles for immediate access if the situation warrants it.

The next items purchased would be 5 tactical ballistic vests with polyethylene multi-curved rifle plates. This rifle plates will provide ballistic protection from high velocity projectiles and each carrier will have pouches (Molle gear) affixed to the vests to hold assorted equipment. These vests will also have ballistic collars, throat protection and spacer inserts. Five 2 inch Velcro "POLICE" patches attached externally will make the officers distinguishable. The ballistic vests will be stored in a tactical carry bag to provide minimal protection against premature wear and tear.

We will also purchase 5 Delta 4 HC (hi cut) helmets in order to provide minimal ballistic protection and pre-staged them in the trunks of our police vehicles. We will also purchase a conversion kit for our Remington 870 pump shotgun that will allow us to use it in a less lethal manner. The last items we are looking to purchase with grants funds are three single point rifle slings with shoulder pad and three shotguns single point slings. This will allow officer's to carry patrol rifles or shotguns in a tactical manner.

**2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

These funds will allow the UMLPD to purchase equipment that is desperately needed to deal with active shooter situations and our response to a high risk threats.

**3. If this proposal includes multiple line items, please prioritize your requests.**

- 1) Three Assault III Tactical Shields with ballistic yoke, patch & Molle gear
- 2) Five FAV MK II Ballistic/Tactical body armor
- 3) Five Tactical Hard Protech plates for rifle threat (ballistic Plates)
- 4) Five Delta 4 HC (high cut) level IIIA ballistic helmets
- 5) One shot gun less lethal shotgun configuration for Remington 870
- 6) Three Single point Rifle slings & three shotgun slings

**4. If requesting equipment requiring technical training, please describe how your department is capable of effectively using the equipment. None required**

**5. Please include a timeline for your proposed project.**

Milestone	Tasks/Activities	Start Date	Completion Date
1	Meet bid requirements	12/01/12	12/15/12
2	Purchase Equipment	12/16/12	01/04/13
3	EOPSS Programmatic Reporting	02/04/13	11/30/13

## Attachment C

### BUDGET WORKSHEET

**Applicant:** University Of Massachusetts Lowell

Use the worksheet provided below to describe the amounts you plan to spend in each category, and to provide an explanation of how each item was derived. The example below should be used as a guideline for completing this worksheet. Applicants may apply for up to \$20,000 in CSTF grant funding.

**EXAMPLE:**

CATEGORY	AMOUNT	COMPUTATION
A. Equipment	\$4,500	3 portable radios at \$1,500 each = \$4,500. To be used by firefighters.

CATEGORY	AMOUNT	COMPUTATION
<b>A. Equipment</b>	\$19,813	5 Tactical Assault Carriers @ \$1,230.00ea.= \$6,150 3 Tactical Ballistic Shields @ \$2,425 ea. = \$7,275 5 Protech Rifle Threat hard plates@ \$550 ea.= \$2,750 5 Delta 4 HC (Hi cut) IIIA Helmets@ \$315 ea.= \$1,575 1 Less Lethal conversion kit REM.870@ \$96 3 Single Point Tactical Slings@ \$55.20ea.= \$166 3 Shotgun Single Point Tactical Slings@ \$8.80 ea.= \$26 3 Modular Pouch Set (6 pouch black)@ \$105.00 ea. = \$315 5 Ballistic Collars @ \$80.00ea. = \$400 5 Ballistic Throat (protection) @ \$75.00 ea. = \$375 5 Spacer inserts for ballistic carriers @\$67.00 ea. = \$335 3 Tactical Carry Bags (body armor) @ \$75.00 ea. = \$225 5 Large 2 inch lettering (POLICE) patch @ \$25.00 ea.= \$125
<b>B. Technology</b>	\$	
<b>C. Training</b>	\$	
<b>D. Planning</b>	\$	
<b>E. TOTAL</b>	\$19,813	

## Attachment E

# COMMONWEALTH OF MASSACHUSETTS CONTRACTOR AUTHORIZED SIGNATORY LISTING



**CONTRACTOR LEGAL NAME:** University of Massachusetts Lowell  
**CONTRACTOR VENDOR/CUSTOMER CODE:** 04-3167352 0210

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

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

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

AUTHORIZED SIGNATORY NAME	TITLE
Linda Concino	Director, Grants and Contracts Administration
Julie Chen	Vice Provost of Research

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

  
Signature

Date: 3/29/10

Title: Director, Grants and Contracts Administration

Telephone: 978-934-4723

Fax: 978-934-2027

E-mail: Linda\_Concino@uml.edu

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

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

## Attachment A

### Commonwealth Security Trust Fund Grant Program 2012 Availability of Grant Funds Cover Page

Municipality (indicate whether police or fire department)	University of Massachusetts Police Department
Address	175 Cabot Street Suite #100 Lowell, Massachusetts 01854
Telephone Number	978-934-2384

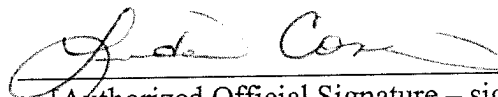
Population of Municipality	19,718 (students, staff and faculty)
Geographic Size of Municipality (square miles)	135 Acres (University Property Only)
Department's overall budget for past 3 years (separately)	FY10( \$220,300), FY11 (\$220,300), FY12 (\$220,300)
Amount of budget spent on personnel for past 3 years (separately)	FY10 (\$52,725),FY11 (\$63,845.29), FY 12 (\$50,085.00)

Authorized Official Name	Linda Concino
Authorized Official Title	Director of Grants and Contracts Administration
Authorized Official Email Address	Linda_Concino@uml.edu

Contract Manager Name & Title	Linda Gladu Ennis, Grants & Contracts Administrator
Contract Manager Email Address	Linda_GladuEnnis@uml.edu

Total Amount Requested (up to \$20,000)	\$ 19, 813
--	------------

I certify that my organization has not been previously awarded funds from the Commonwealth Security Trust Fund.


8/29/12  
 \_\_\_\_\_  
 [Authorized Official Signature – signed in blue ink] [Date]

Linda Concino  
 [Authorized Official Printed Name]

Director Grants & Contracts Administration  
 [Title]

## Attachment B

### **PROJECT NARRATIVE (ONE PAGE MAXIMUM)**

**Applicant: University Of Massachusetts Lowell**

*This section will be provided to the CSTF Board of Trustees, and will serve as a summary of your CSTF plan*

**1. Please describe in narrative form how your department will use the funding you are requesting.**

The University Of Massachusetts Lowell Police Department (UMLPD) is applying for grant funds through the Commonwealth Security Trust Fund (CSTF). This funding will allow the UMLPD purchase specialized police equipment to respond to Active Shooter on campus or to provide mutual aid. Funding of this project will allow UMLPD to purchase 3 ballistic shields. The ballistic shield will be placed in our patrol vehicles for immediate access if the situation warrants it.

The next items purchased would be 5 tactical ballistic vests with polyethylene multi-curved rifle plates. This rifle plates will provide ballistic protection from high velocity projectiles and each carrier will have pouches (Molle gear) affixed to the vests to hold assorted equipment. These vests will also have ballistic collars, throat protection and spacer inserts. Five 2 inch Velcro "POLICE" patches attached externally will make the officers distinguishable. The ballistic vests will be stored in a tactical carry bag to provide minimal protection against premature wear and tear.

We will also purchase 5 Delta 4 HC (hi cut) helmets in order to provide minimal ballistic protection and pre-staged them in the trunks of our police vehicles. We will also purchase a conversion kit for our Remington 870 pump shotgun that will allow us to use it in a less lethal manner. The last items we are looking to purchase with grants funds are three single point rifle slings with shoulder pad and three shotguns single point slings. This will allow officer's to carry patrol rifles or shotguns in a tactical manner.

**2. Please explain how the use of this funding will enhance the emergency response capabilities of your department.**

These funds will allow the UMLPD to purchase equipment that is desperately needed to deal with active shooter situations and our response to a high risk threats.

**3. If this proposal includes multiple line items, please prioritize your requests.**

- 1) Three Assault III Tactical Shields with ballistic yoke, patch & Molle gear
- 2) Five FAV MK II Ballistic/Tactical body armor
- 3) Five Tactical Hard Protech plates for rifle threat (ballistic Plates)
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- 5) One shot gun less lethal shotgun configuration for Remington 870
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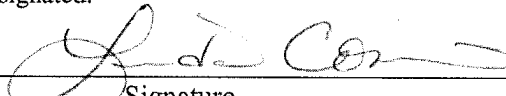
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