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CITY OF AMESBURY MA

CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY-SIX

SPONSORED BY: Kassandra Gove **BILL No.** 2026- 151

Kassandra Gove, Mayor

An Order to authorize the Mayor to accept and expend a grant in the amount of $9,020.00 from the Massachusetts Emergency Management Agency to be used by Amesbury Emergency Management Agency, which is managed by the Amesbury Fire Chief.

Summary: These grant funds will be expended for the purpose of maintaining Amesbury's Radiological Emergency Response Preparedness Program for the Operation Center for FY 2026.

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the City of Amesbury authorizes the Mayor to accept and expend a grant in the amount of $9,020.00 from the Massachusetts Emergency Management Agency to be used by the Amesbury Emergency Management Agency, which is managed by the Amesbury Fire Chief.

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services, or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lists/osd-forms.

CONTRACTOR INFORMATION

Contractor Legal Name
AMESBURY, Town of

d/b/a

Legal Address
As entered on Form W-9 or Form W-4
62 Friend Street, Amesbury, MA 01913

Contract Manager Name
Rob Serino

Phone
351-234-9907

Fax

Email
serinor@amesburyma.gov

Vendor Code
VC 6000191693

Vendor Code Address ID
e.g. "AD001".
AD

Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.

COMMONWEALTH INFORMATION

Department
Massachusetts Emergency Management Agency

Mosaic Department Code
CDA

Contract Manager Name
Kimberly Castle

Business Mailing Address
400 Worcester Road, Framingham, MA 01702

Billing Address If Different
same

Phone
508.820.2044

Fax

Email
kimberly.Castle@mass.gov

Mosaic Transaction ID(s)
FY27PO329AMESBURY000

RFR/Procurement or Other ID Number

NEW CONTRACT

Procurement or Exception Type (Check one option only)

- [ ] **Statewide Contract** (OSD or an OSD-designated department.)
- [ ] **Collective Purchase** (Attach OSD approval, scope, and budget.)
- [x] **Department Procurement** - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)
- [ ] **Emergency Contract** (Attach justification for emergency, scope, and budget.)
- [ ] **Contract Employee** (Attach Employee Status Form, scope, and budget.)
- [ ] **Interim Contract with new Contractor** (Attach justification for Interim Contract and updated scope/budget.)
- [ ] **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)

CONTRACT AMENDMENT

Current Contract End Date *PRIOR* **to Amendment**

Amendment Amount Or Enter "No Change"

Amendment Type
Check one option only. Attach details of amendment changes.

- [ ] **Amendment to Date, Scope, or Budget** (Attach updated scope and budget.)
- [ ] **Interim Contract with Current Contractor** (Attach justification for Interim Contract and updated scope/budget.)
- [ ] **Contract Employee** (Attach any updates to scope or budget.)
- [ ] **Other Procurement Exception** (Attach authorizing language/justification and updated scope/budget.)

TERMS AND CONDITIONS

The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding.
Check ONE option:

- (●) Commonwealth Terms and Conditions
- ( ) Commonwealth Terms and Conditions for Human and Social Services
- ( ) Commonwealth IT Terms and Conditions

COMPENSATION

Check ONE option.

The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

- ( ) **Rate Contract (No Maximum Obligation).** (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)
- (●) **Maximum Obligation Contract.** Total maximum obligation for total duration of this contract (or new total if contract is being amended): $9,020.00