

ENV/HA/PA

4300
FY15/16

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Contract(CT)

Dept: ENV

ID: 1222140000000001915

Ver.: 1

Function: New

Phase: Draft

Modified by envvaea , 12/22/2014

Header

✓ 12/30

General Information

Document Name:

Town of Chillmark

Award Status:

Active

Record Date:

PCard ID:

Budget FY:

2015

PCard Exp:

Fiscal Year:

2015

Procurement Folder:

4295020

Period:

6

Procurement Type:

Unclassified

Document Description:

FY15 Green Infrastructure grant ENV
15 CZM 02A

Procurement Type ID:

1

Effective Begin Date:

Actual Amount:

\$280,000.00

Expiration Date:

Closed Amount:

\$0.00

Hearing Date:

Closed Date:

Authorization Date:

Supplier Received Date:

Procurement Initiation Date:

Open Amount:

\$280,000.00

Cited Authority:

Open Accrual Amount:

\$0.00

Accounting Profile:

Not to Exceed Amount:

\$0.00

Terms Template:

Amendment Number:

Confirmation Order:

Electronic Order Type:

Default Form:

Last Print Date:

Total of Header Attachments:

0

Total of All Attachments:

0

% Change from Original Not to Exceed Amt:

0.00

Workflow % Change and Pending Increases to Not to Exceed Amt:

0.00

Workflow Pending Total Not to Exceed Amount:

\$0.00

CJG

Contract Details

Original Not to Exceed Amount:

\$0.00

Original Effective Begin Date:

Encumbered Amount:

\$15,000.00

Original Expiration Date:

Outstanding Amount:

Acceptance Date:

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Contract(CT)

Dept: ENV ID: 1222140000000001915 Ver.: 1 Function: New Phase: Draft

Modified by envaea , 12/22/2014

Vendor		Vendor Customer: VC6000191752	Legal Name: TOWN OF CHILMARK		
Vendor Line	Vendor Customer	Legal Name	Line Amount	Modified	
1	VC6000191752	TOWN OF CHILMARK	\$280,000.00	No	
From 1 to 1 Total: 1					

Vendor

Vendor Customer: VC6000191752	Vendor Contact ID: PC999
Legal Name: TOWN OF CHILMARK	Vendor Contact Name: NONE PROVIDED
Alias/DBA:	Vendor Contact Phone: NONE PROVIDED
Address Code: AD001 PO BOX 119 CHILMARK MA 02535-0119 USA	Vendor Contact Phone Ext.: Vendor Contact Email: Fax: Fax Extension:
Web Address http://:	Secondary Reason: <input type="text"/>
Vendor Preference Level: 99	Modified: No



Discount

Discount 1 %: <input type="text"/>	Days: <input type="text"/>	Disc Alw: <input type="text"/>
Discount 2 %: <input type="text"/>	Days: <input type="text"/>	Disc Alw: <input type="text"/>
Discount 3 %: <input type="text"/>	Days: <input type="text"/>	Disc Alw: <input type="text"/>
Discount 4 %: <input type="text"/>	Days: <input type="text"/>	Disc Alw: <input type="text"/>

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Contract(CT) Dept: ENV ID: 1222140000000001915 Ver.: 1 Function: New Phase: Draft

Modified by envaeqa , 12/22/2014

Accounting		Total Lines: 1	Line: 1	Line Amount: \$265,000.00	Line Open Amount: \$265,000.00
Line	Line Amount	Line Closed Amount	Line Open Amount	Modified	
1	\$265,000.00	\$0.00	\$265,000.00	No	 
From 1 to 1 Total: 1					

General Information

Event Type: PR08	Budget FY: 2016
Accounting Template: 	Fiscal Year: 2015
Line Description: <input type="text"/>	Period: 6
Line Amount: \$265,000.00	Freight %: 0.0000
Reserved Funding: Yes	Modified: No
Line Closed Amount: \$0.00	Number of Attachments: 0
Line Closed Date: 	Outyear Adjustments Amount:
Line Open Amount: \$265,000.00	Obligation Amt Adjusted for Outyear: \$0.00
Referenced Line Amount: \$0.00	Related Accounting Line:
Roll Indication 1: <input type="checkbox"/>	
Roll Indication 2: <input type="checkbox"/>	

Reference

Ref Code: 	Ref Vendor Line: 0
Ref Dept: 	Ref Commodity Line: 0
Ref ID: 	Ref Accounting Line:
	Ref Type: Partial



Fund Accounting

Fund: 0200	Object: P01	OBSA:
Sub Fund: 567C	Sub Object: 	Sub OBSA:
Department: ENV	Revenue: 	Dept Object:
Unit: 4300	Sub Revenue: 	Dept Revenue:

View All 1 of 1 | Document validated successfully

Contract(CT) Dept: ENV ID: 12221400000000001915 Ver.: 1 Function: New Phase: Draft

Modified by envaea , 12/22/2014

Accounting		Total Lines: 1	Line: 1	Line Amount: \$15,000.00	Line Open Amount: \$15,000.00
Line	Line Amount	Line Closed Amount	Line Open Amount	Modified	
1	\$15,000.00	\$0.00	\$15,000.00	No	 
From 1 to 1 Total: 1					

General Information

Event Type: PR05	Budget FY: 2015
Accounting Template: 	Fiscal Year: 2015
Line Description: <input type="text"/>	Period: 6
Line Amount: \$15,000.00	Freight %: 0.0000
Reserved Funding: No	Modified: No
Line Closed Amount: \$0.00	Number of Attachments: 0
Line Closed Date: 	Outyear Adjustments Amount:
Line Open Amount: \$15,000.00	Obligation Amt Adjusted for Outyear: \$15,000.00
Referenced Line Amount: \$0.00	Related Accounting Line: <input type="text"/>
Roll Indication 1: <input type="checkbox"/>	
Roll Indication 2: <input type="checkbox"/>	

Reference

Ref Code: <input type="text"/>	Ref Vendor Line: 0
Ref Dept: <input type="text"/>	Ref Commodity Line: 0
Ref ID: <input type="text"/>	Ref Accounting Line: <input type="text"/>
	Ref Type: Partial

Fund Accounting

Fund: 0200	Object: P01	OBSA: <input type="text"/>
Sub Fund: 567C	Sub Object: <input type="text"/>	Sub OBSA: <input type="text"/>
Department: ENV	Revenue: <input type="text"/>	Dept Object: <input type="text"/>
Unit: 4300	Sub Revenue: <input type="text"/>	Dept Revenue: <input type="text"/>

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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

CONTRACTOR LEGAL NAME: Town of Chilmark (and d/b/a):	COMMONWEALTH DEPARTMENT NAME: Executive Office of Energy & Environmental Affairs MMARS Department Code: ENV
Legal Address: (W-9, W-4,T&C): Chilmark Town Hall, PO Box 119, Chilmark, MA 02535	Business Mailing Address: CZM, 251 Causeway Street, Room 800, Boston, MA 02114
Contract Manager: Chuck Hodgkinson	Billing Address (if different):
E-Mail: chodgkinson@chilmarkma.gov	Contract Manager: Patricia Bowie
Phone: 508-645-2114 Fax:	E-Mail: Patricia.Bowie@state.ma.us
Contractor Vendor Code: VC6000191752	Phone: 617 626-1186 Fax: 617-626-1240
Vendor Code Address ID (e.g. "AD001"): AD001 (Note: The Address Id Must be set up for EFT payments.)	MMARS Doc ID(s): CT ENV 122214 1915 RFR/Procurement or Other ID Number: ENV 15 CZM 04
<input checked="" type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)	<input type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____. Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). \$280,000.00	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: X ___agree to standard 45 day cycle ___ statutory/legal or Ready Payments (G.L. c. 29, § 23A); ___ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications. FY15 Green Infrastructure grant. <i>Squibnocket Town Beach expansion and restoration.</i>	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and no obligations have been incurred prior to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date LATER than the <u>Effective Date</u> below and no obligations have been incurred prior to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of _____, 20____, a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>06/30/2016</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the " Effective Date " of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: <u>William Rossi</u> Date: <u>12-17-2014</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>William Rossi</u> Print Title: <u>selectman</u>	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: <u>Kevin Miller</u> Date: <u>12/30/14</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Kevin Miller Print Title: <u>Director, Capital and Federal Finance</u>

Diana L. DeBlase
 Notary Public
 COMMONWEALTH OF MASSACHUSETTS
 My Commission Expires August 3, 2016

Charles A. Hodgkinson
 CHARLES A. HODGKINSON 12/17/14
 (Updated 3/21/2014) Page 1 of 2
 Coordinator of Administrative Support



ATTACHMENT B
Project Budget

The Town of Chilmark shall be paid an amount of \$280,000 as a grant per an award under **RFR ENV 15 CZM 04** (FY15 Green Infrastructure Grant Program). Payment will be made in accordance with the following schedule:

- | | | |
|----------------|---------------------|--|
| FY 2015 | \$15,000.00 | Upon reimbursement request from the municipality, after partial and/or final completion of work, from funds available in Appropriation Account Number 2000-7018. |
| FY 2016 | \$265,000.00 | Upon reimbursement request from the municipality, after partial and/or final completion of work, from funds available in Appropriation Account Number 2000-7018. |