

**BARNSTABLE COUNTY**

**In the Year Two Thousand and Seventeen**

**Ordinance 17-08**

*The Cape Cod regional government, known as Barnstable County hereby ordains;*

To reduce the County's operating budget for FY2017, as enacted in Ordinance No. 16-06, by a transfer and appropriation to the Special Projects Reserve Fund in the Fiscal Year two-thousand and seventeen.

**Section 1.**

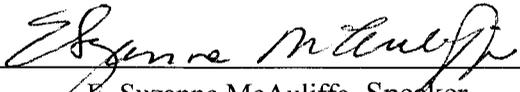
Based on a revised estimate made recently of residual, unencumbered Fiscal Year 2017 income, the sum of \$190,080 is hereby proposed as a supplemental appropriation for Fiscal Year 2017 from the General Fund, for the purpose of funding the Special Projects Reserve Fund in order to provide for grants for regional clean water efforts. This appropriation shall be derived from Fiscal Year 2017 year-end excess revenues.

<u>Budget#</u>	<u>Sub-Program</u>	<u>Group</u>	<u>\$ Amount</u>	<u>Total</u>
	GENERAL GOVERNMENT			
	Special Projects Reserve Fund		\$190,080	\$190,080
	NET SUPPLEMENTAL APPROPRIATION			\$190,080

**Section 2.**

This Ordinance shall be effective on June 30, 2017.

Adopted by the Assembly of Delegates on June 21, 2017

  
\_\_\_\_\_  
E. Suzanne McAuliffe, Speaker  
Assembly of Delegates

Approved by the Board of County Commissioners \_\_\_\_\_ (date), at \_\_\_\_\_ (time).

\_\_\_\_\_  
Leo Cakounes  
Chairman

\_\_\_\_\_  
Mary Pat Flynn  
Vice Chairman

\_\_\_\_\_  
Ronald Beaty  
Commissioner

3225 MAIN STREET • P.O. BOX 226  
BARNSTABLE, MASSACHUSETTS 02630



CAPE COD  
COMMISSION

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(508) 362-3828 • Fax (508) 362-3136 • [www.capecodcommission.org](http://www.capecodcommission.org)

Date: June 15, 2017

To: Barnstable County Commissioners

From: Paul Niedzwiecki, Executive Director

As you know, the Joint Initiatives projects managed by the Cape Cod Commission were not funded for fiscal year 2018 with an agreement, however, that funds remaining at the end of fiscal year 2017 would be brought forward into fiscal year 2018. These funds would then be available to fund necessary expenditures during fiscal year 2018, which would also provide a period of transition for these important regional projects. Please vote to approve the carry forward of appropriations remaining in the Joint Initiatives, Department 260.

Thank you.

Barnstable County Commissioners:

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Leo Cakounes, Chair

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Mary Pat Flynn, Vice-Chair

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Ronald Beaty, Commissioner

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Date

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
BARNSTABLE COUNTY  
AND  
YARMOUTH CHAMBER OF COMMERCE

This document represents the legal understanding between the Commissioners of Barnstable County Regional Government (BCC) as Administrators of a Local License Plate Grant award in the amount of \$40,000 awarded to the Yarmouth Chamber of Commerce (YCC), grant recipient, pursuant to Legislation enabling the Barnstable County Commissioners under Massachusetts General Law C. 90 Sec. 2 to act to promote tourism and economic development on Cape Cod through the award of License plate funds.

Whereas, the Commonwealth of Massachusetts, is the owner of a parcel of land on Route 6 located approximately at the Yarmouth / Barnstable border historically utilized as a public rest area and

Whereas the Commonwealth of Massachusetts has historically assigned the right and duty to operate the facilities located at said rest area including convenience facilities and a tourist information center to Barnstable County for a period of time up to and including Memorial Day weekend in May until Columbus Day weekend in October, and

Whereas the County will extend that assignment with the Commonwealth for this next term but has agreed to transfer that assignment to the grant recipient YCC, YCC hereby agrees to the following as a condition precedent to receiving grant funds:

1. The facilities and convenience center shall be opened daily from 7:30 am until approximately 9:00 pm and that the duty of maintaining the facilities in a clean welcoming condition at all times shall be the grant recipient's imperative. The parties acknowledge that the Commonwealth of Massachusetts under the terms of this assignment will supply cleaning supplies including mops, brooms and toilet paper but excluding soap for the soap dispensers.
2. The YCC acknowledges and agrees that it is the customary practice of the Commonwealth to provide all landscaping subject to the Commonwealth's availability but that at times the task by necessity may fall to the YCC.
3. The YCC acknowledges that the Commonwealth is responsible for all fixtures and repairs thereto including septic pumping and plumbing, lighting and painting related to reasonable wear and tear. The YCC accepts and agrees to providing emergency repairs and services to the facilities should the Commonwealth become unavailable to perform repairs and services in a timely matter and the YCC accepts and acknowledges that the paramount purpose of this grant is to provide a clean and welcoming service area all times during public opening and that upon receipt of this assignment that responsibility falls solely to the grant recipient.

4. Trash collection and disposal is the responsibility of the YCC.

The parties agree that pursuant to the grant that the YCC shall be reimbursed monthly commencing July through October 2017, and again in May, June 2018 pursuant to this assignment by filing monthly invoices with the County Commissioners detailing expenses to date and providing current visitor numbers as they become available.

BARNSTABLE COUNTY COMMISSIONERS

FOR CHAMBER OF COMMERCE

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Leo G. Cakounes, Chair

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Mary Vilbon, Executive Director

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Mary Pat Flynn, Vice-Chair

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Date

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Ron Beaty, Commissioner

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Date

AGREEMENT BETWEEN

Barnstable County  
3225 Main Street  
Barnstable, MA 02630

and

BBE Corporation  
27 Congress Street  
Salem, MA

THIS AGREEMENT is made this 28<sup>th</sup> day of June 2017 by and between BBE Corporation and Mary Pat Flynn, Ron Beaty and Leo Cakounes as they are the Commissioners of Barnstable County, but without any personal liability.

WITNESSETH, that the Contractor and County for the consideration hereinafter named agree as follows:

WHEREAS: The County issued an Invitation for Bids for Barnstable County and other Political Subdivisions for Elevator Maintenance and Repair on April 12, 2017.

WHEREAS: This service was bid in compliance with MA General Laws.

WHEREAS: BBE Corporation was the responsive, responsible bidder for the County Elevators.

NOW THEREFORE, the County and the Contractor do mutually agree as follows:

1. Employment of Contractor. The County hereby agrees to perform the services hereinafter set forth in the Scope of Services. Contractor hereby agrees to hold the County harmless from any claims regarding worker's compensation benefits, unemployment compensation benefits, retirement benefits, or any other benefit normally attributable to the status of "employee" and Contractor specifically agrees to pay for all damages incurred by the County, including costs, benefits, and reasonable attorney fees in the event the Contractor files such claim.
2. Scope of Services. See Exhibit A to this contract: Scope of Services
3. Time of Performance. July 1, 2017 through June 30, 2018, with the option to renew for one additional year.
4. Payment. See Exhibit B to this contract for prices for Barnstable County locations only.
5. Termination or Suspension of Contract for Cause. If through any sufficient cause, the Customer or the County shall fail to fulfill or perform its duties and obligations under this Contract, or if either party shall violate or breach any of the provisions of this Contract, either party shall thereupon have the right to terminate or suspend this Contract, by giving written notice to the other party of such termination or suspension and specifying the effective date thereof. Such notice shall be given at least fifteen (15) calendar days before such effective date.
6. Termination for Convenience of County. The County shall have the right to discontinue the work of the Contractor and cancel this contract by written notice to the Contractor of such termination and specifying the effective date of such termination. In the event of such termination or suspension of this Contract, the Contractor shall be entitled to just and equitable compensation for satisfactory work completed, for services performed and for reimbursable expenses necessarily incurred in the performance of this Contract up to and including the date of termination or suspension.
7. Changes. The County may, from time to time, require changes in the Scope of Services to be performed hereunder. Such changes, including any increase or decrease in the amount of the Customer costs, which are mutually agreed upon by the County and the Customer, shall be incorporated in written amendments to this Contract.
8. Non-Discrimination in Employment and Affirmative Action. The Customer shall take affirmative action to ensure that qualified applicants and employees are treated without regard to age, race, color, religion, sex, marital status, sexual orientation, national origin, disability, or Vietnam Era Veteran status. The Customer agrees to comply with

**all applicable Federal and State statutes, rules and regulations prohibiting discrimination in employment including but not limited to: Title VII of the Civil Rights Act of 1964, as amended; Massachusetts General Laws Chapter 1518§(1); the Americans with Disabilities Act of 1990; and all relevant administrative orders and executive orders including Executive Order 246.**

**9. Subcontracting.** None of the services to be provided by the County pursuant to this Contract shall be subcontracted or delegated in whole or in part to any other organization, association, individual, corporation, partnership or other such entity without the prior written approval of the County. No subcontract or delegation shall relieve or discharge the Customer from any obligation or liability under this Contract except as specifically set forth in the instrument of approval. If this Contract is funded in whole or in part with federal funds, Contractor further agrees to comply with the provisions of the Office of Management and Budget Circular A-110, as amended, with respect to taking affirmative steps to utilize the services of small and minority firms, women's business enterprises and labor surplus area firms. All subcontracts shall be in writing and shall contain provisions which are functionally identical to, and consistent with, the provisions of this Contract. The County shall have the right to obtain a copy of the subcontract upon request.

**10. Interest of Members of County and Others.** No officer, member or employee of the County, and no member of its governing body of the locality or localities in which the Project is situated or being carried out who exercises any functions or responsibility in the review or approval of the undertaking or carrying out of the Project, shall participate in any decision relating to this Contract which affects his personal interest or the interest of any corporation, partnership, or association in which he is directly or indirectly financially interested or has any personal or pecuniary interest, direct or indirect, in this Contract or the proceeds thereof.

**11. Interest of Contractor.** The Contractor covenants that it presently has no interest and shall not acquire any interest directly or indirectly which would conflict in any manner or degree with the performance of its services hereunder.

**12. Assignability.** The Contractor shall not assign any interest in this Contract and shall not transfer any interest in the same (whether by assignment or novation), without the prior written consent of the County thereto; provided, however that claims for money due or to become due the Contractor from the County under this Contract may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer shall be furnished promptly to the County.

**13. Recordkeeping, Audit, and Inspection of Records.** The Contractor shall maintain books, records, and other compilations of data pertaining to the requirements of the Contract to the extent and in such detail as shall properly substantiate claims for payment under the Contract. All such records shall be kept for a period of seven (7) years or for such longer period as is specified herein. All retention periods start on the first day after final payment under this Contract. If any litigation, claim, negotiation, audit or other action involving the records is commenced prior to the expiration of the applicable retention period, all records shall be retained until completion of the action and resolution of all issues resulting therefrom, or until the end of the applicable retention period, whichever is later. If this contract is funded in whole or in part with state or federal funds, the state or federal grantor agency, the County or any of its duly authorized representatives or designees, shall have the right at reasonable times and upon reasonable notice, to examine and copy, at reasonable expense, the books, records and other compilations of data of the Contractor which pertain to the provisions and requirements of this Contract. Such access shall include on-site audits, review and copying of records.

**14. Findings Confidential.** Any reports, information, data, etc., given to or prepared or assembled by the Contractor under this Contract which the County requests to be kept as confidential shall not be made available to any individual or organization by the Contractor without the prior written approval of the County.

**15. Publication, Reproduction and Use of Material.** No material produced in whole or in part under this Contract shall be subject to copyright in the United States or in any other country. The County shall have the unrestricted authority to publish, disclose, distribute, and otherwise use, in whole or in part, any reports, data or other materials prepared under this Contract.

**16. Political Activity Prohibited.** None of the services to be provided by the Contractor shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.

**17. Anti-Boycott Warranty.** During the term of this Contract, neither the Contractor nor any "affiliated company" as hereafter defined, shall participate in or cooperate with an international boycott, as defined in Section 999 (b) (3) and (4) of the Internal Revenue Code of 1954, as amended by the Tax Reform Act of 1986, or engage in

conduct declared to be unlawful by Sections 2 and 3 of Chapter 151E, Massachusetts General Laws. As used herein, an "affiliated company" shall be any business entity of which at least 51% of the ownership interested is directly or indirectly owned by the Contractor or by a person or persons or business entity or entities which directly or indirectly own at least 51% of the ownership interests of the Contractor.

18. Choice of Law. This Contract shall be construed under and governed by the laws of the Commonwealth of Massachusetts. The Contractor and the agents thereof, agree to bring any federal or state legal proceedings arising under this Contract, in which the County is a party, in a court of competent jurisdiction within the Commonwealth of Massachusetts. This paragraph shall not be construed to limit any rights a party may have to intervene in any action, wherever pending, in which the other is a party. All parties to this contract and covenant agree that any disputes be litigated in the District or Superior courts in Barnstable County.

19. Force Majeure. Neither party shall be liable to the other nor be deemed to be in breach of this Contract for failure or delay in rendering performance arising out of causes factually beyond its control and without its fault or negligence. Such causes may include, but are not limited to: acts of God or the public enemy, wars, fires, floods, epidemics, strikes, or unusually severe weather. Dates or times of performance shall be extended to the extent of delays excused by this section, provided that the party whose performance is affected notifies the other promptly of the existence and nature of such delay.

20. Compliance with Laws. The Contractor shall promptly comply with all applicable laws, rules, regulations, ordinances, orders and requirements of the Commonwealth and any state or federal governmental authority relating to the delivery of the services described in this Contract subject to section 18 above. Unless otherwise provided by law, the Contractor shall promptly pay all fines, penalties and damages that may arise out of or are imposed because of the Contractor's failure to comply with the provisions of this section and, shall indemnify the County against any liability incurred as a result of a violation of this section. If the Contractor receives federal funds pursuant to this Contract, Contractor understands and agrees to comply with all federal requirements including but not limited to audit requirements. Not-for-Profit entities that receive federal funds from the County must comply with the audit requirements outlined in the Office of Management and Budget OMB Circular A-133.

21. Headings, Interpretation and Severability. The headings used herein are for reference and convenience only and shall not be a factor in the interpretation of the Contract. If any provision of this Contract is declared or found to be illegal, unenforceable, or void, then both parties shall be relieved of all obligations under that provision. The remainder of the Contract shall be enforced to the fullest extent permitted by law.

22. Waiver of Liability. The Contractor and the county hereby covenant and agree to waive any and all claims against Barnstable County and release Barnstable County from any liability arising out of the Scope of Services described in the attached "Exhibit A".

IN WITNESS WHEREOF, the County and Contractor have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_ in the year Two Thousand and Fifteen.

**FOR THE COUNTY:**

**BARNSTABLE COUNTY COMMISSIONERS:**

\_\_\_\_\_  
Ron Beaty

\_\_\_\_\_  
Mary Pat Flynn

\_\_\_\_\_  
Leo Cakounes

**FOR THE CONTRACTOR:**

\_\_\_\_\_  
BBE Corporation  
Date 6/9/17

**Exhibit A:**

**SCOPE OF SERVICES:**

**ELEVATOR SERVICES – INSPECTION AND MAINTENANCE**

The purpose of this solicitation is to obtain contract pricing to inspect and maintain elevators in municipal buildings for the participating towns. It is also the intent of this solicitation to coordinate elevator shaft smoke detector inspection and testing with the state and regular elevator inspections so that they fall on the same date.

- Provide maintenance and repair service for all municipal elevators, for annual compliance and inspection using trained personnel.
- Bid must include the required staff to be present at the time of the state inspection, at no additional charge.
- The contractor will notify the contact person forty-eight (48) hours in advance of entering any building for service work.
- The contractor will notify contact person for the affected location, three (3) workdays in advance of state inspections.
- A schedule of the regular inspections to take place during the course of the first year of this contract will be provided to the appropriate contact person for each location within 30 days of signing this contract and shall include the following:

Examine, adjust, lubricate and wherever required by wear and tear of normal elevator usage, repair and replace the equipment.

**Clean:**

Door operator equipment including linkages, and motor  
Safety edges  
Pumps, pump motors, electro-mechanical valves, drip pan under tank  
Controller and component parts  
Remove oil from bucket in elevator pit

**Lubricate:**

Roller guides  
Guide rails where required  
Pumps, Pump motors  
Couplings  
Valve control equipment  
Interlocks  
Automatic door operator and its linkage parts

**Examine:**

Controllers  
Mechanical starter and contacts for wear  
Operating switches  
Guide shoes or roller guides  
Leveling switches on car and in the hoistway including cams and rollers  
Hall and car operating push buttons

Position indicators in hall and car  
Plunger packing glands  
Interlocks and automatic door operator equipment  
Pump, pump motor, valve, hoses under tanks  
Ride car to ensure proper leveling

- The annual safety test will be performed separately from the routine examinations.
- All bids are to include normal labor and maintenance.
- All bids are to include cost of all parts, tools, equipment, lubricants, cleaning compounds and cleaning equipment.
- Charges for all inspections shall be included in this contract. Participating entities will only pay for reports and certificates from inspections performed.
- Vendor will provide labor for the state safety test including the current fee, per elevator or dumbwaiter required by the Commonwealth as part of the maintenance fee.
- The contractor shall acknowledge all service calls within one (1) hour of the call being placed. At a maximum, the contractor shall respond to service calls within four hours of receipt of call unless otherwise directed by the city official placing the call.

Bidders are also asked to bid on elevator maintenance on an on-call basis for work that is less than \$50,000.00. This bid will be priced at an hourly rate and include all the above work, with a % charge for major parts.

### **Bidding**

The hourly rates reflect the amount a contractor will charge per hour only - not per hour per person. **Only one tradesman shall be assigned to work on a job, unless approved by authorized person at the Town. Prior permission must be received before the contractor can assign more than one worker per job, including apprentices/helpers.** The Awarding Entity reserves the right to question whether additional personnel are warranted on a particular job based upon each job quote/proposal and performance status. Special attention will be given to allow for assistance when needed, or an unexpected parts acquisition is needed during a job to contain costs. However, the contractor must arrive at any routine job that he has quoted prepared with the appropriate personnel, equipment and supplies to perform the project with minor off-site time and travel.

**Exhibit B: Barnstable County Pricing**

<b>Barnstable County</b>		
<b>Elevators:</b>	Cost per elevator per billing cycle Monthly	\$90.00
	On Call Hourly Rate	\$160.00
	Hourly rate - weekend, holidays after hours	\$250.00
	Material cost +	\$0.10
	5 year inspection	\$600.00
	1 year inspection	\$600.00
<b>Lifts:</b>	Cost per Elevator per billing cycle - Monthly	\$50.00
	On Call Hourly Rate	\$160.00
	Hourly rate - weekend, holidays after hours	\$250.00
	Material cost +	\$0.10
	5 year inspection	\$600.00
	1 year inspection	\$600.00
<b>Dumbwaiter</b>	Cost per Elevator per billing cycle Monthly	\$50.00
	On Call Hourly Rate	\$160.00
	Hourly rate - weekend, holidays after hours	\$250.00
	Material cost +	\$0.10
	5 year inspection	\$600.00
	1 year inspection	\$600.00
<b>2nd District</b>	Cost per Elevator per billing cycle - Monthly	\$90.00
	On Call Hourly Rate	\$160.00
	Hourly rate - weekend, holidays after hours	\$250.00
	Material cost +	\$0.10
	5 year inspection	\$600.00
	1 year inspection	\$600.00

COUNTY OF BARNSTABLE  
PURCHASING  
DEPARTMENT OF FINANCE  
SUPERIOR COURT HOUSE  
P.O. BOX 427  
BARNSTABLE, MASSACHUSETTS 02630

Elaine Davis  
Chief Procurement Officer

Phone: (508) 375-6637  
Fax: (508) 362-4136  
Email:  
edavis@barnstablecounty.org

May 18, 2017

MEMORANDUM

TO: County Commissioners  
FROM: Elaine Davis, Chief Procurement Officer  
RE: Notice of Award

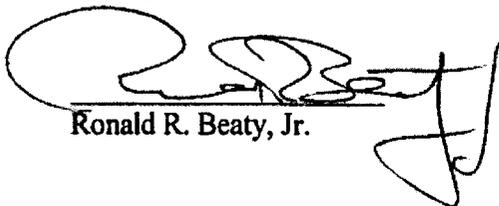
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Barnstable County issued a bid on behalf of the County and other Political Subdivisions for a contract for Elevator Maintenance and Repair. The Towns of Barnstable, Harwich, Wellfleet and the Sandwich Schools participated in this bid along with the County. Four (4) bids were received and the low bid for all locations was BBE Corporation. The Town of Wellfleet has rejected the bid for their locations.

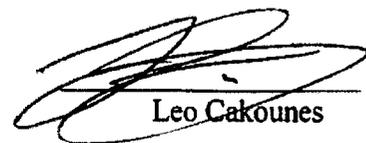
Please vote to award the bids to BBE Corporation as the responsive, responsible bidders offering the lowest prices for all locations, except for the Town of Wellfleet, and as highlighted on the attached spreadsheet.

Thank you.

County Commissioners:

  
Ronald R. Beaty, Jr.

  
Mary Pat Flynn

  
Leo Cakounes

05/24/17  
Date

Elevator Bids- FY '18		07/01/2017 - 6/30/2018 with the option to renew for one additional year			
		Eagle Elevator	BBE Corporation	United Elevator	Associated
<b>Town of Barnstable</b>					
Elevators	Cost per elevator per billing cycle - BI Monthly	\$80.00	\$90.00	\$95.00	\$900.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225.00/250.00
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection	\$0.00	\$600.00	\$1,000.00	\$4,800.00
	1 year inspection	\$5,400.00	\$600.00	\$1,000.00	\$4,500.00
<b>Chair Lift</b>					
	Cost per elevator per billing cycle - BI Monthly	\$50.00	\$50.00	\$95.00	\$75.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection	\$600.00	\$600.00	\$1,000.00	\$800.00
	1 year inspection	\$0.00	\$600.00	\$1,000.00	\$750.00
<b>Barnstable County</b>					
Elevators:	Cost per elevator per billing cycle - Monthly	\$70.00	\$90.00	\$95.00	\$600.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection		\$600.00	\$1,000.00	\$3,200.00
	1 year inspection	\$3,600.00	\$600.00	\$1,000.00	\$3,000.00
<b>Lifts:</b>					
	Cost per Elevator per billing cycle - Monthly	\$50.00	\$50.00	\$95.00	\$150.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection	\$1,200.00	\$600.00	\$1,000.00	\$1,600.00
	1 year inspection	\$0.00	\$600.00	\$1,000.00	\$1,500.00
<b>Dumbwaiter</b>					
	Cost per Elevator per billing cycle - Monthly	\$25.00	\$50.00	\$95.00	\$75.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$1.75
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection	\$6,000.00	\$600.00	\$1,000.00	\$800.00
	1 year inspection	\$0.00	\$600.00	\$1,000.00	\$750.00
<b>2nd Dist</b>					
	Cost per Elevator per billing cycle - Monthly	\$70.00	\$90.00	\$95.00	\$150.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$1.75
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection		\$600.00	\$1,000.00	\$800.00
	1 year inspection	\$900.00	\$600.00	\$1,000.00	\$7.50

Harwich	Cost per elevator per billing cycle - Monthly	\$70.00	\$90.00	\$95.00	\$600.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection		\$600.00	\$1,000.00	\$3,200.00
	1 year inspection	\$3,600.00	\$600.00	\$1,000.00	\$3,000.00
Sandwich Schools	Cost per elevator per billing cycle - Monthly	\$90.00	\$90.00	\$95.00	\$750.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection		\$600.00	\$1,000.00	\$4,000.00
	1 year inspection	\$45,400.00	\$600.00	\$1,000.00	\$3,750.00
Wellfleet	Cost per elevator per billing cycle - Quarterly	\$1,000.00	\$90.00	\$95.00	\$300.00
	On Call Hourly Rate	\$275.00	\$160.00	\$170.00	\$175.00
	Hourly rate - weekend, holidays after hours	\$520.00	\$250.00	\$289.00	225/250
	Material cost +	\$0.10	\$0.10	\$0.10	\$0.10
	5 year inspection		\$600.00	\$1,000.00	\$1,600.00
	1 year inspection	\$1,800.00	\$600.00	\$1,000.00	\$1,500.00

COUNTY OF BARNSTABLE  
PURCHASING

DEPARTMENT OF FINANCE  
SUPERIOR COURT HOUSE  
P.O. BOX 427  
BARNSTABLE, MASSACHUSETTS 02630

**Elaine Davis**  
Chief Procurement Officer

Phone: (508) 375-6637  
Fax: (508) 362-4136  
Email:  
edavis@barnstablecounty.org

June 23, 2017

**MEMORANDUM**

**TO:** County Commissioners  
**FROM:** Elaine Davis, Chief Procurement Officer  
**RE:** Bid Renewal

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The County awarded a contract to provide Household Hazardous Waste Collections across the County to Stericycle Environmental Services as the responsive, responsible bidder offering the lowest prices. The original term of the contract was for one year with two one year options to renew.

Please vote to renew the contract with Stericycle Environmental Services for the final year of the renewal through December, 2017.

Thank you.

County Commissioners:

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Ronald R. Beaty, Jr.

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Mary Pat Flynn

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Leo Cakounes

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Date



# BARNSTABLE COUNTY

OFFICE OF COUNTY ADMINISTRATOR  
SUPERIOR COURTHOUSE  
3195 MAIN STREET  
P.O. BOX 427  
BARNSTABLE, MASSACHUSETTS 02630

**Jack T. Yunits, Jr.**  
County Administrator  
Cell: (508) 510-1127  
Office: (508) 375-6771  
Fax: (508) 362-4136  
Jack.yunits@barnstablecounty.org

## MEMORANDUM

**DATE:** June 15, 2017  
**TO:** Barnstable County Commissioners  
**FROM:** Jack Yunits, County Administrator  
**RE:** Notice of Award

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Barnstable County, through the Cape Cod Commission and Information Technology Departments, issued a Request for Proposals in December 2013 for Regional Wide Area Network connectivity, maintenance and operation. The contract was awarded to CapeNet (now OpenCape) as the proposer offering the most advantageous proposal for the County. The term of the contract was for a three-year period, July 1, 2014 through June 30, 2017, with two optional renewal terms of one to two years each.

At this time, I have determined that it is in the best interest of the County to renew this contract rather than undertake a new procurement. Please vote to renew the contract with OpenCape for six additional months, through December 31, 2017.

Approved:

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Leo Cakounes, Chair

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Mary Pat Flynn, Vice-Chair

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Ronald Beaty, Commissioner

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Date

**GRANT AGREEMENT**

**PWTF FY18**

This grant agreement made and entered into as of JULY 1, 2017 by and between the **COMMUNITY HEALTH CENTER OF CAPE COD** having its principal place of business as 107 Commercial St, Mashpee, MA 02649, hereinafter called the "PWTF GRANTEE", and the **County of Barnstable**, a public instrumentality of the Commonwealth of Massachusetts having its principal place of business as 3195 Main Street, Barnstable, MA, hereinafter called the "COUNTY". **WITNESSETH**, that the GRANTEE and the COUNTY for the consideration hereinafter named agree as follows:

**WHEREAS**, the Massachusetts Department of Public Health (DPH) has awarded funding from the Massachusetts Prevention & Wellness Trust Fund (PWTF) to the Barnstable County Department of Human Services (hereinafter called the COUNTY "COORDINATING PARTNER") to lead a local partnership of clinical and community providers (GRANTEES) to combat the conditions of Hypertension, Diabetes, and Falls Among Seniors on Cape Cod,

**NOW, THEREFORE, the County and Grantee agree as follows:**

- I. Scope of Services and Contract Exhibits.** Under the terms of this Agreement, and with the financial resources herein provided by the Coordinating Partner, the Grantee shall provide the activities outlined in the attached **Exhibit A (Contract Conditions & Scope of Work)** with the deliverables and timeframes contained therein, and within the budget set forth in **Exhibit B (Grantee Implementation Phase Budget)**.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report)**, see section III.

Monthly Activity Reporting (MAR) by Grantees shall take place via the Excel Workbook template for FY18 provided by the Grantor.

**II. Period of Performance.**

The Grantee shall furnish the services specified in Section I above for the period JULY 1, 2017 through JUNE 30, 2018.

**III. Reporting Requirements.**

The Grantee shall submit detailed Monthly Activity Reports and Monthly Expenditure Reports (Exhibit C) to the County describing the status of activities and expenditures associated with the Scope of Services (Exhibit A).

Reports shall be submitted monthly within 30 days of the end of the prior month.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report).**

Monthly Activity Reporting (MAR) by Grantees shall take place via the template already in use by the Grantor in FY17.

All monthly reports shall be submitted to the Coordinating Partner via email, unless otherwise notified.

Reports will be subject to a quality assurance check conducted by qualified employee(s) of the County, consistent with applicable confidentiality statutes for third-party providers. The County reserves the right to require supplementary back-up material from the Grantee with regard to the activity report and to deem the Grantee's failure to provide the requested documentation as a material breach of the conditions of this grant agreement.

**IV. Payment Mechanism and Compensation**

The County shall pay the Grantee up to the sum of \$34,468.75 for the provision of the services specified in Section I above on the following schedule, contingent upon disbursement of funds by DPH to the Coordinating Partner.

The Grantee will receive payment through Cost Reimbursement. The Grantee shall submit Invoices for payment, using an invoice form to be provided by the Coordinating Partner. The Monthly Expenditure Reports (MER) and Monthly Activity Reports (ACR) supply the backup that is needed to each invoice. Invoices submitted without supporting reports will not be paid until the reports are received.

Invoices for reimbursement may be submitted monthly, but must be submitted no less than quarterly, as follows:

- Quarterly Invoice 1 due no later than 10/31/17
- Quarterly Invoice 2 due no later than 1/31/18
- Quarterly Invoice 3 due no later than 4/30/2018
- Quarterly Invoice 4 due no later than 7/31/2018

Documentation evidencing expenditure of these funds shall consist of the Monthly Activity Reports and Expenditure Reports referenced in Section III of the Grant Agreement. Invoices for payment shall be approved by the Coordinating Partner following approval of the monthly reports.

Once approved, invoices will take between 2 and 3 weeks to process depending on date of arrival, staff leave, and holidays.

In order to ensure that the Grantee has operating cash available while awaiting reimbursement the Grantee may request pre-payment of the anticipated costs of one-month of their FY18/Year 4 budget, or as mutually agreed, based upon necessity.

- Prepayment invoices may be submitted for approval up to one month in advance.

**IV. Monitoring.** The Grantee further agrees to have its staff and/or board members meet with the County's Human Services Director or her designee from time to time upon reasonable request to discuss services provided under this Grant Agreement. Additionally Barnstable County as the pass-through entity may conduct, with advance notice, a fiscal site visit.

- The Grantee shall provide the Grantor with proof of its non-profit status, covering the grant period, upon contract signature and shall update this documentation as necessary.

- V. Contract Termination.** The County, acting autonomously, or in consultation with the DPH, may suspend or terminate this Agreement by providing the Grantee with ten (10) days written notice for the reasons outlined as follows: (a) failure of the Grantee, for any reason, to fulfill in a timely and proper manner its obligations under this Grant Agreement; (b) violation of the provisions of this Grant Agreement by the Grantee; (c) a determination by the Grantor that the Grantee has engaged in fraud, waste, mismanagement, misuse of funds, or criminal activity with any funds provided by the Grant Agreement.
- VI. Assignment.** The Grantee shall not make any assignment of this Grant Agreement without the prior written approval of the County.
- VII. Amendments.** All amendments to the provisions specified in this Grant Agreement can only occur when mutually agreed upon by the County and the Grantee. Further, such amendments shall be in writing and signed by officials with the authority to bind the parties.
- VIII. Appropriation.** This agreement is subject to appropriation for and receipt of funds by the PWTF Trust Fund and the MA Dept of Public Health (DPH) for distribution to the Coordinating Partner.
- IX. Indemnification.** The Grantee hereby agrees to indemnify and hold harmless the County from any and all claims, damages, losses and expenses (including attorney's fees) arising out of the performance of this agreement, when such claims, damages, losses and expenses are caused by the negligent acts, errors or omissions of the Grantee.
- X. Non-Discrimination.** No person shall, on the grounds of race, color, national origin, age, sex or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any form. Additionally, the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 et seq.) prohibits discrimination against disabled individuals in private and public employment, public accommodations, public transportation, government services, and telecommunications. By entering into this agreement with the County, the Grantee assures the County that it complies with the Americans with Disabilities Act and



EXHIBIT A

Prevention & Wellness Trust Fund

**Contract Conditions & Scope of Work, FY18**

July 1, 2017 - June 30, 2018

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**DELIVERABLES—Implementing Partner Organizations**

- DPH and Coordinating Partner reserve the right to change the deliverables listed below as the amount of resources that will be available to support DPH for FY18 are pending. Coordinating partners will be notified of any changes via email and changes will be uploaded on SharePoint.
- DPH and Coordinating Partner reserve the right to add additional deliverables throughout the duration of the FY18 contract. Coordinating partners will be notified of any changes via email.
- Payments may be withheld if conditions or specific deliverables are not successfully met and/or approved.
- All material deliverables shall be added to the “DPH Deliverables” folder on the partnership SharePoint page, unless noted below. Unless listed as an exception, DPH will access deliverables through SharePoint only.

**All contract deliverables are subject to review and approval by DPH staff, including but not limited to the items listed in the table below:**

**IMPORTANT!** *Dates are subject to change.*

*Please read communication from DPH regularly for any changes to the deliverables or deadlines. The updates will also be made to this document and posted on SharePoint.*

See next page

**EXHIBIT A**

<b>TIME-SPECIFIC FY18 DELIVERABLES</b>		
<b>Deadline</b>	<b>Deliverable</b>	<b>Notes</b>
July 17, 2017	Clinical and Community Data due for Q4 of FY17	Please send in email to amy.bettano@state.ma.us, or via secure email system if encounter-level data, and cc. to Coordinating Partner (Vaira)
July 31, 2017	Submit June 2017 Expenditure and Narrative Reports to Coordinating Partner.	Partners that do not submit their FY17 year-end reports by this deadline will not be eligible for funding increases which may become available in the Fall of 2017.
October 16, 2017	Clinical and Community Data due for Q4 of FY17	Please send in email to amy.bettano@state.ma.us, or via secure email system if encounter-level data, and cc. to Coordinating Partner (Vaira)
January 15, 2018	Clinical and Community Data due for Q4 of FY17	Please send in email to amy.bettano@state.ma.us, or via secure email system if encounter-level data, and cc. to Coordinating Partner (Vaira)
April 16, 2018	Clinical and Community Data due for Q4 of FY17	Please send in email to amy.bettano@state.ma.us, or via secure email system if encounter-level data, and cc. to Coordinating Partner (Vaira)
July 16, 2018	Clinical and Community Data due for Q4 of FY17	Please send in email to amy.bettano@state.ma.us, or via secure email system if encounter-level data, and cc. to Coordinating Partner (Vaira)
<b>CLOSE OUT DELIVERABLES</b>		
August 31, 2018	Submit June 2018 Expenditure and Narrative Reports to Coordinating Partner.	
August 31, 2018	Submit Capital Expense Inventory for the entire PWTF project period to Coordinating Partner.	Template pending from DPH
<b>RECURRING DELIVERABLES</b>		
<p>Participate in scheduled site visit(s) and calls with DPH PWTF team, as requested. An annual fiscal site visit is planned for each partnership.</p> <p>Participate in any technical assistance meetings and/or training as available. Frequency will be more limited than previous years but DPH may offer continued technical assistance as feasible. We expect to hold meetings for Coordinating Partners, as needed.</p> <p>Email all data submissions to Amy Bettano (via standard email or secure email as appropriate) as outlined by the evaluation team in the data submission schedule. For sites concluding PWTF interventions before the end of the quarter, please obtain and submit the data that is available for that quarter.</p>		

## EXHIBIT A

# SCOPE OF WORK

## Implementing Partner Organizations

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### **Partnership Infrastructure:**

- Develop, adjust, and implement staffing plan(s).
- Acknowledge partnership and/or DPH communication requests within 48 hours of receipt and respond in a timely fashion.
- Maintain active participation in all required meetings, site visits, and trainings.
- Review and abide by DPH scope of service and contract conditions.

### **Quality Improvement:**

- Update and maintain an algorithm and work plan or scope of work for each health condition.
- As needed, develop strategies to meet the charter goals for each condition.
- Conduct periodic analysis of data (EMR or chart audit data, CBO data, data reports, etc.) to track progress toward charter goals and evaluate opportunities for improvement.
- Participate in any technical assistance meetings and/or training as requested. Frequency will be more limited than previous years but DPH may offer continued technical assistance as feasible.

### **Evaluation:**

- Partner organizations must participate in collecting qualitative and quantitative data for evaluation activities. These data will be collected by DPH.
- Implement a plan for ongoing assessment of data quality.
- On a quarterly basis, submit encounter-level data from all clinical sites, or client-level data from community sites, or aggregate data from all clinical and community sites which are not sending encounter-level data. The data must be submitted in a format approved by the DPH evaluation team. Refer to the list above and communication from DPH for submission deadlines.
- Sites must continue to report on interventions funded by PWTF; for sites concluding PWTF interventions before the end of the quarter, sites must submit the data that is available for that quarter.
- Complete any PWTF evaluation surveys.
- IT lead at participating clinical organizations to develop and maintain a project timeline that includes their EMR vendor or additional IT staff as necessary, to: support data extraction for clinical quality improvement work, modification for interventions and clinical decision supports, or data fields for e-Referral implementation.

### **e-Referral & Linkages:**

- Establish or maintain MOUs between current and planned e-Referral participating clinical/CBO dyads.
- Identify a resource to train clinical users on using the e-Referral system.
- Identify a clinical champion to engage providers on an ongoing basis; develop a provider/care team engagement plan.
- Establish and maintain at least one current e-Referral linkage between a clinical site and community based organization (CBO).
- Ensure that individuals requested by DPH are in attendance for specific meetings.
- All new CBO users must participate in e-Referral Gateway training provided by DPH.
- Maintain updated e-Referral workflows on SharePoint.
- Participate in and support DPH efforts to increase referral volume across existing connections approved for FY18.

## EXHIBIT A

# SCOPE OF WORK COORDINATING PARTNER

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**Maintain and improve partnership and supporting infrastructure** that facilitates the active participation of all clinical and community partners involved in the implementation of PWTF.

### Administrative Responsibilities

**Fiscal Oversight:** (Please refer to the Fiscal Manual on SharePoint for additional details on the items below)

- Abide by the guidelines specified in the fiscal manual.
- Lead the fiscal implementation of the project and oversee the work of each subcontractor (partners and non-partners).
- Fiscal responsibilities include, but are not limited to:
  - Create and sign contracts with all subcontractors within 30 days of new contract cycle. You must notify DPH if this requirement cannot be met.
  - Establish invoice and payment processes which – at a minimum – comply with standard practices of Coordinating Partner agency. Share guidelines with subcontractors, and ensure that subcontractors are in compliance with guidelines.
  - Ensure all funds released to subcontractors are properly utilized in support of approved PWTF activities. This may be achieved by requiring partners to include backup documentation supporting the charges on their monthly invoices and/or conducting annual fiscal site visits to review supporting documentation.
  - Process payments no later than 30 days from receipt of fully completed form or invoice. If you cannot issue payment within this timeframe, you must notify both DPH and the subcontractor in advance, and provide an action plan.
  - Submit Quarterly Expenditure Reports; refer to the calendar above for deadlines.
  - Reconcile all accounts at the conclusion of the fiscal year. Unspent funds must be returned to DPH at the end of the project.
- Budget reallocation which exceeds \$15,000.00 requires approval from DPH. Budget changes \$15,000.00 or less can be reallocated to approved Work Plan activities without PWTF approval. An updated budget must be emailed to your assigned Technical Advisor and Operations Manager as soon as the budget is revised to ensure the PWTF always maintains a copy of your most recent budget. Budget revision requests must be made when a staff person is added or leaves a position, a partner is added or removed from the partnership, a budget line item is deleted, and/or a budget line is exceeded as described in the fiscal manual.
- Partnerships are not obligated to continue all interventions for the whole contract period ending June 30, 2018. Interventions can end earlier depending on available resources. Partnerships must communicate end date of each intervention 30 days in advance of an intervention ending.

### **Payments:**

Payments will only be released upon request and demonstration of need with an updated QER. In addition, payments may be tied to approval of deliverables and adherence to contract conditions. Payment vouchers (PV) will be saved on the partnership SharePoint page in the “DPH Deliverables/PV” folder.

The PV should be printed, signed and mailed back to PWTF for processing.

## EXHIBIT A

**Communication with Partners:** Ensure partnership structure and activities facilitate the active participation of all partners, including:

- Ensure all members of the partnership receive copies, understand, and abide by DPH scope of service and these contract conditions.
- Must be subscribed to receive the weekly update – if continued by DPH, maintain a partnership distribution listserv, and distribute weekly update within 48 hours of receipt from DPH.
- Distribute all other relevant communication (both from partners and DPH) to partners in a timely manner.
- Maintain a contact list of all partner organizations and PWTF staff throughout the duration of the partnership, as well as lists of attendance at partnership meetings, on the partnership's SharePoint page. Document changes in partnership membership.
- Every member of the partnership shall be issued a SharePoint login so they may access all relevant PWTF information independently. The Coordinating Partner is responsible for ensuring that anyone working on PWTF has access and is aware of the intervention-specific and general resources available on SharePoint.
- Share resources, materials and workgroup information through SharePoint. Update and maintain partnership SharePoint page regularly.
- Facilitate regular meetings as established in bylaws of the partnership, and ensure that majority of partners (community, clinical and municipal) are in attendance and participating in all partnership meetings (i.e. 75-80% participation).
- Respond to DPH inquiries and requests within 48 hours of receipt.
- Refine and maintain communications plan.

### **Coordinating Partner Communication & Administrative Obligations with DPH**

#### **Administration:**

- Ensure bylaws and/or partnership organizational requirements are implemented and revised, as needed.
- Seek prior written approval from DPH before eliminating organizations from the partnership.
- Seek prior written approval from DPH before eliminating conditions or interventions not yet approved via the FY18 contracting process.
- Provide immediate notification to DPH of changes to the primary point of contact.
- Deliverables shall be uploaded by the deadline, maintained, and updated as needed on the DPH Deliverables folder in the partnership SharePoint page unless you have received approval from DPH to send via email.
- Some interventions may require use of statewide contracts. This may require a direct contract between the Coordinating Partner and the statewide vendor.

#### **Communications:**

- Respond to DPH communication within 48 hours of receipt.
- Acknowledge PWTF as a funding source on all project-related materials, both in writing and by using the PWTF logo. You may use the general PWTF logo or the partnership-specific logo which DPH created (posted to each partnership SharePoint site), and you may co-brand with your

## EXHIBIT A

organization's logo. A sample attribution statement is "The XXXXXXXX Program is funded by the Prevention and Wellness Trust Fund through the Massachusetts Department of Public Health." Partnerships may also chose to name all participating partner organizations in the attribution statement.

- For any publications related to PWTF, acknowledge PWTF as a funding source with the following statement, "The XXXXXX Program is funded by the Prevention and Wellness Trust Fund through the Massachusetts Department of Public Health. The views and opinions in this publication do not necessarily reflect the views and opinions of the Massachusetts Department of Public Health."
- Implement sustainability plan with minimal support from DPH.

### **DPH Support to Coordinating Partners:**

- If continued by DPH, add all Coordinating Partners to the weekly update distribution list. Coordinating Partners are responsible for distributing the update to all members of the partnership.
- Distribute weekly update, if feasible.
- When possible, assist and provide guidance to the Coordinating Partner in establishing contracts and budget expectations with statewide vendors.
- As feasible, schedule calls, meetings, and webinars; provide opportunities for Coordinating Partner networking and brainstorming; and provide technical support for Coordinating Partner administrative responsibilities.
- Provide additional support or expertise, as needed and as feasible, to facilitate partnership success.
- Minimal support to partnerships with implementation of sustainability plan.

## SUPPORT AND TECHNICAL ASSISTANCE FROM DPH FOR ALL PARTNERS

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Assistance from DPH to funded partnerships in this phase may include:

### **General Partnership Support:**

- Add tools and resources to PWTF SharePoint page.
- Provide technical assistance to Coordinating Partners on contract compliance, fiscal management, and general partnership support.
- Provide limited technical assistance to partnership teams on intervention implementation and QI.
- Review and provide written feedback on budgets, progress reports, and other deliverables.
- Facilitate the sharing among grantees of best practices and processes and lessons learned, as possible.

### **Technical Support for Evaluation, Linkages & e-Referral**

- Develop and disseminate data collection tools for all grantees.
- Share ongoing data reports with grantees on a regular basis as feasible.

### **Additional Terms for Barnstable Partnership:**

The Barnstable partnership's Harbor Community Health Center, Hyannis clinical partner must ensure the clinical team adheres to the revised Home Blood Pressure Monitoring Program protocol approved by DPH in May 2017 that is aligned with the evidence-base for self-monitored blood pressure protocols.

**APPROVED**  
**By DPH at 1:05 pm, Jun 01, 2017**

Approval is for the initial FY18 implementation plan only (July 1, 2017-Fall 2017). The FY18 amendment implementation plan (Fall 2017-June 30, 2018) is not being reviewed or approved at this time.

Barnstable Prevention Partnership FY18 Scope of Work Phase 1

4/7/17: Updated by DPH 6/1/17

**PWTF FY18 Scope of Work – Barnstable Prevention Partnership**

**Requirements:**

To accompany this FY18 Scope of Work, Coordinating Partners are required to submit:

- A Coordinating Partner budget and budget justification
- Affirmation that all partner budgets meet the FY18 cap OR draft partner budgets and budget justifications for all participating partner organizations. Final versions of partner budgets are due June 1, 2017.

Templates for both Coordinating Partner and partner budgets and justifications have been sent to Coordinating Partners. Please refer to the FY18 framework for guidance on developing your Scope of Work.

**Scope of Work:**

1. Please list the partner agencies participating in FY18:

Clinical partners: **Community Health Center of Cape Cod, Harbor Community Health Center—Hyannis, Duffy Health Center**

Community partners: **Health Living Cape Cod Coalition, YMCA-Cape Cod**

Municipality: **Barnstable County (Dept. of Human Services)**

2. DPH is in the process of finalizing the FY18 Contract Conditions. In FY18, DPH expects that Coordinating Partners would carry out the following activities and complete the following deliverables, which will be less extensive than FY17 requirements. Final deliverables will be confirmed in the FY18 Contract Conditions which DPH will provide with your FY18 contract.

- Submit quarterly expenditure reports (QERS);
- Oversight of programmatic and fiscal management for partnership;
- Mid-year narrative progress report (due in January 2018);
- Quarterly data submissions for clinical and community data;
- Submission of budget amendment forms in fall 2017;

- Submission of a final narrative progress report, final expenditure report and capital expense inventory 90 days after the end of the project period;
  - Participation in site visits, calls, and meetings with DPH staff.
- Based on these requirements, please provide a brief description of the Coordinating Partner's planned activities during FY18:

**Provide daily management of grant deliverables and relationship between partners and DPH Team; Oversee activities of implementing partners and their monthly financial and narrative reporting; Oversee financial inflows, outflows, monthly invoicing, and payments; Oversee preparation of contracts and amendments with DPH and with implementing partners.**

3. Please provide the following information about each of the interventions which your partnership plans to continue during FY18. Please describe the activities which you plan to carry out during your initial FY18 award, as well as how you would utilize additional funding which will be available in the fall.

Please list each intervention on a separate row and add additional rows as needed.

Please note that the timing for the FY18 amendment period is not yet finalized.

**EXHIBIT A**

**Health Condition 1: FALLS**

Clinical Intervention	Implementation Agency(ies)	Initial FY18 Award Implementation Plan (July 1, 2017 – fall 2017):	FY18 Amendment Implementation Plan (fall 2017 – June 30, 2018):		Frequency of the Intervention (e.g. monthly review of registry, annual falls screening)	Will you continue this Intervention in the FY18 Amendment period? Yes/No	BARNSTABLE RESPONSES TO DPH COMMENTS ARE IN THIS COLUMN.

**EXHIBIT A**

<p>STEADI: Screening (using the Stay Independent Brochure or CDC's 3 Key questions)</p>	<p>CHC of Cape Cod Harbor CHC—HY Duffy Health Center</p>	<p>Monthly review of registry; Screening during scheduled visits; Opportunistic screening of established patients that walk in.</p>	<p>Yes</p>	<p>Clinical partners will continue to implement all four components of the STEADI protocol.</p>
<p>STEADI: TUG Test (Gait, Strength, and Balance Assessment)</p>	<p>CHC of Cape Cod Harbor CHC—HY Duffy Health Center</p>	<p>Monthly review of registry; Screening during scheduled visits; Opportunistic screening of established patients that walk in.</p>	<p>Yes</p>	<p>Clinical partners will continue to implement all four components of the STEADI protocol.</p>
<p>STEADI: Multifactorial Risk Assessment and Plan of Care</p>	<p>CHC of Cape Cod Harbor CHC—HY Duffy Health Center</p>	<p>Monthly review of registry; Screening during scheduled visits; Opportunistic screening of established patients that walk in.</p>	<p>Yes</p>	<p>Clinical partners will continue to implement all four components of the STEADI protocol.</p>
<p>STEADI: Referral to Community Interventions</p>	<p>CHC of Cape Cod Harbor CHC—HY Duffy Health Center</p>	<p>As recommended, in followup to screening results. Referrals to Home Safety Assessment and/or Matter of Balance.</p>	<p>Yes</p>	<p>Clinical partners will continue to implement all four components of the STEADI protocol. 1. CBOs will return to the clinical settings to present their programs and results at a Provider Meetings. New and existing Provider Champions will be (re-)briefed by clinical PWTF coordinators on PWTF program. Patients that "graduated" from the CBOs' programs will participate in briefings of clinical staff. CBOs will also be invited to</p>

Medication Management	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Reviews during annual visits and/or scheduled office visits for the purpose of identifying drug interactions which	Yes	<p>place information tables in waiting areas of clinical partners.</p> <p>2. Ensure “warm” handoffs by case management when providers make a referral to the CBO’s,</p> <p>3. Clinical partners will query EMRs monthly to identify patients that are newly diagnosed with Falls, HTN, and Diabetes about the interventions. The letter will be followed up by a call from a Care Manager or CHW.</p> <p>4. CBOs will have monthly outreach tables in lobbies of clinical partners to generate referrals.</p> <p>5. (Regarding Harbor) HCHC-H’s Patient Centered Medical Home Program has made falls screening one of its quality goals. The PCMH program meets monthly and includes all clinical staff. This should help maintain focus on falls screening in FY18 and help maintain fall referrals.</p> <p>6. Regarding CHC of CC: Flyers and signage to help explain CDSMP and YDPP have been placed in exam rooms for patients, and monthly motivational rewards for teams with most referrals are on offer.</p> <p>Note that medication review is a common-sense clinical practice for the care of patients. We question comments, found later in this document (e.g Comment #11) that seem to suggest that our inclusion of</p>
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**EXHIBIT A**

		may impact risk of falls.			medication management in our scope of work would, in some way reduce our focus on "PWTF measures".
Health equity	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Ongoing, ensure race/ethnicity/preferred language distribution of patients enrolled and completing interventions matches patients referred from the clinical site(s).			Regarding CHC of CC: MTM is being done on all high risk patients identified to look for medication interactions, potential improved medication regimen, guidelines, interaction, education contraindications, and they also check the Beers list for medications that increase fall risk and make recommendations to the provider to change the medications to less risky ones.

**EXHIBIT A**

**Health Condition 1: FALLS**

<b>Community Intervention</b>	<b>Implementing Agency(ies)</b>	<b>Initial FY18 Award Implementation Plan (July 1, 2017 – fall 2017)</b>	<b>FY18 Amendment Implementation Plan (fall 2017 – June 30, 2018):</b>

			Duration/Frequency of the Intervention (e.g. two, six-week CDSMP classes)	Will you continue this intervention in the FY18 Amendment period Yes/No	BARNSTABLE RESPONSES TO DPH COMMENTS ARE IN THIS COLUMN.
Home Safety Assessment	Healthy Living Cape Cod Coalition	Upon referral from clinical partners, with follow-up visits/actions as necessary.	Yes	The Coalition plans 6 AHSAs during the first six months of FY18.	
Matter of Balance Classes	Healthy Living Cape Cod Coalition	Upon referral from clinical partners, clients to join 8-week structured group intervention. Both the Coalition and they YMCA recognize that participation in their programs is not limited to PWTF referrals and both actively solicit participation from the community as well.	Yes	The Coalition plans 4 MOB during the first six months of FY18. One each in Mashpee, Falmouth, and Barnstable, and one in a location central to the three (probably Mashpee again).  1. CBOs will return to the clinical settings to present their programs and results at a Provider Meetings. New and existing Provider Champions will be (re-)briefed by clinical PWTF coordinators on PWTF program. Patients that "graduated" from the CBOs' programs will participate in briefings of clinical staff. CBOs will also be invited to place information tables in waiting areas of clinical partners. 2. CBOs will have monthly outreach tables in lobbies of clinical partners to generate referrals. CBO staff will be present to engage patients.	

**EXHIBIT A**

Referral Feedback	Healthy Living Cape Cod Coalition	Provider feedback reports will be generated for clients referred for services.			3. CBOs will continue to advertise their programs to the community.
Health Equity	Healthy Living Cape Cod Coalition	Ongoing, ensure race/ethnicity/preferred language distribution of patients enrolled and completing interventions matches patients referred from the clinical site(s).			
Tai Chi	Will be dropped 7/1/17		No		

**EXHIBIT A**

**Health Condition 2: HYPERTENSION**

Clinical Intervention	Implementation Agency(ies)	Initial FY18 Award Implementation Plan (July 1, 2017 – fall 2017):	FY18 Amendment Implementation Plan (fall 2017 – June 30, 2018):	Will you continue this intervention in the FY18 Amendment period? Yes/No	BARNSTABLE RESPONSES TO DPH COMMENTS ARE IN THIS COLUMN.
		Frequency of the Intervention (e.g. monthly review of registry, annual falls screening)			

Registry: Screening (in accordance with JNC-8 Guidelines)	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Monthly review of registry, BP measured during every patient visit, with follow up as necessary to attain BP control; Opportunistic screening of established patients that walk-in.	Yes	
BP Measurement	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	BP measured during at every patient visit, with follow up as necessary to attain BP control; Opportunistic screening of established patients that walk in	Yes	
BP Control	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	BP measured during at every patient visit, with timely follow up and adaptation of best clinical management to attain BP control; Specifically, we will work toward meeting PWTG Goal's: to increase the % of patients 18 to 85 years of age with a diagnosis of HTN and whose BP is adequately controlled (<140/90) by	Yes	

**EXHIBIT A**

Undiagnosed HTN	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	5%.		Clinical partners will follow established clinical practice in to diagnose and control hypertension amongst their patients. They will also refer clients to CDSMP programs.	Yes	
Medication Management	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Reviews during annual visits and/or scheduled office visits.		Note that medication review is a common-sense clinical practice for the care of patients. We question comments, found later in this document (e.g Comment #11) that seem to suggest that our inclusion of medication management in our scope of work would, in some way reduce our focus on "PWTf measures".	Yes	Regarding CHC of CC: The Clinical Pharmacist reviews PWTf patients' medication regimen and make recommendations related to best practice guidelines for all medications, including those for HTN, DM, and other chronic diseases.
Referral to Community	CHC of Cape Cod Harbor CHC—HY	(All 3 clinics) Persons with uncontrolled BP		1. CBOs will return to the clinical settings to present their programs and results at	Yes	

**EXHIBIT A**

**EXHIBIT A**

Interventions	Duffy Health Center	(140/90), diagnosis of HTN, and/or otherwise deemed at risk for HTN by their clinical provider are referred to CDSMP or Home BP Monitoring (Harbor only).		<p>Provider Meetings and PCMH meetings.</p> <p>2. New and existing Provider Champions will be (re-)briefed by clinical PWTF coordinators on PWTF program. Patients that "graduated" from the CBOs' programs will participate in briefings of clinical staff.</p> <p>3. Ensure "warm" handoffs by case management when providers make a referral to the CBO's,</p> <p>4. Clinical partners will query EMRs monthly to identify patients that are newly diagnosed with Falls, HTN, and Diabetes about the interventions. The letter will be followed up by a call from a Care Manager or CHW.</p> <p>5. CBOs will have monthly outreach tables in lobbies of clinical partners to generate referrals.</p> <p>6. (Regarding Harbor) Harbor will adopt Dr. Fisher's protocol for SMBP program to increase completion rates. See attached Harbor-Hyannis's Home Blood Pressure Monitoring Program protocol approved by DPH in May 2017. Harbor targets patients with uncontrolled HTN for the SMBP program.</p> <p>7. Regarding CHC of CC: Flyers and signage to help explain CDSMP and YDPP have been placed in exam rooms for patients, and monthly motivational rewards for teams with most referrals are on offer.</p>

Health Equity	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Ongoing; ensure race/ethnicity/preferred language distribution of patients enrolled and completing interventions matches patients referred from the clinical site(s).			
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**Health Condition 2: HYPERTENSION**

Community Intervention	Implementing Agency(ies)	Initial FY18 Award Implementation Plan (July 1, 2017 – fall 2017)	FY18 Amendment Implementation Plan (fall 2017 – June 30, 2018):	Will you continue this intervention in the FY18 Amendment period Yes/No	BARNSTABLE RESPONSES TO DPH COMMENTS ARE IN THIS COLUMN.
Chronic Disease Self-Management (CDSMP) Classes	Healthy Living Cape Cod Coalition	Upon referral from clinical partners, clients enroll in a 6-week structured group intervention which consists of weekly sessions.	Yes	The Coalition plans 6 CDSMP during the first six months of FY18; 2 at each CHC center in Mashpee, Falmouth, and Barnstable (Harbor). These classes are shared by both the hypertension and diabetes clinical referrals).  1. CBOs will return to the clinical settings to	

**EXHIBIT A**

		<p>Upon referral from Harbor clinicians, and in accordance with guidelines recommended by PWTF SME Dr. Fisher and Harbor-Hyannis's Home Blood Pressure Monitoring Program protocol approved by DPH in May 2017, clients to monitor their blood pressure on a daily basis, log their readings, and report back to Harbor PWTF staff as required.</p>		<p>present their programs and results at a Provider Meetings. New and existing Provider Champions will be (re-)briefed by clinical PWTF coordinators on PWTF program. Patients that "graduated" from the CBOs' programs will participate in briefings of clinical staff. CBOs will also be invited to place information tables in waiting areas of clinical partners.</p> <p>2. CBOs will have monthly outreach tables in lobbies of clinical partners to generate referrals. CBO staff will be present to engage patients.</p> <p>3. CBOs will continue to advertise their programs to the community.</p>
<p>Home Blood Pressure Monitoring</p>	<p>Harbor CHC—HY</p>		<p>Yes</p>	<p>Harbor will adopt Dr. Fisher's protocol for SMBP program to increase completion rates. See attached Harbor-Hyannis's Home Blood Pressure Monitoring Program protocol approved by DPH in May 2017.</p> <p>Harbor-Hy expect to enroll another 60 patients into the SMBP program for FY18, assuming that funding sufficient for on year's program expenses is forthcoming.</p>
<p>Referral</p>	<p>Healthy Living Cape</p>	<p>Provider feedback</p>		

**EXHIBIT A**

Feedback	Cod Coalition, Harbor CHC-HY	reports will be generated for clients referred for services.			
Health Equity	Healthy Living Cape Cod Coalition, Harbor CHC-HY	Ongoing, ensure race/ethnicity/preferred language distribution of patients enrolled and completing interventions matches patients referred from the clinical site(s).			

**Health Condition 3: DIABETES**

Clinical Intervention	Implementation Agency(ies)	Initial FY18 Award Implementation Plan (July 1, 2017 – fall 2017):	FY18 Amendment Implementation Plan (fall 2017 – June 30, 2018):		
		Frequency of the Intervention (e.g. monthly review of registry, annual falls screening)	Will you continue this intervention in the FY18 Amendment period? Yes/No	BARNSTABLE RESPONSES TO DPH COMMENTS ARE IN THIS COLUMN.	
Screening for pre-diabetes and diabetes in conformance	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Monthly review of registry; Screening during annual visits; Opportunistic screening	Yes		

**EXHIBIT A**

**EXHIBIT A**

with ADA Guidelines		of established patients that walk in.	Yes	
Diabetes Control	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Clinical partners will follow established clinical practice to control their patients' diabetes. They will also refer clients to CDSMP programs.	Yes	Note that medication review is a common-sense clinical practice for the care of patients. We question comments, found later in this document (e.g. Comment # 11) that seem to suggest that our inclusion of medication management in our scope of work would, in some way reduce our focus on "PWTF measures".
Medication Management	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	Reviews during annual visits and/or scheduled office visits.	Yes	Regarding CHC of CC: The Clinical Pharmacist reviews PWTF patients' medication regimen and make recommendations related to best practice guidelines for all medications, including those for HTN, DM, and other chronic diseases.
Referral to Community Interventions	CHC of Cape Cod Harbor CHC—HY Duffy Health Center	As recommended, in follow up to screening results. Referrals to CDSMP (for diabetics) or to YDPP (for pre-diabetics)	Yes	1. CBOs will return to the clinical settings to present their programs and results at Provider Meetings and PCMH meetings. 2. New and existing Provider Champions will be (re-)briefed by clinical PWTF coordinators on PWTF program. Patients that "graduated" from the CBOs' programs will participate in

		Ongoing, ensure race/ethnicity/preferred language distribution of patients enrolled and completing interventions matches patients referred from the clinical site(s).		<p>briefings of clinical staff.</p> <p>3. Ensure "warm" handoffs by case management when providers make a referral to the CBO's,</p> <p>4. Clinical partners will query EMRs monthly to identify patients that are newly diagnosed with Falls, HTN, and Diabetes about the interventions. The letter will be followed up by a call from a Care Manager or CHW.</p> <p>5. CBOs will have monthly outreach tables in lobbies of clinical partners to generate referrals. CBO staff will be present to engage patients.</p> <p>6. Regarding CHC of CC: Flyers and signage to help explain CDSMP and YDPP have been placed in exam rooms for patients, and monthly motivational rewards for teams with most referrals are on offer.</p>
Health Equity	CHC of Cape Cod Harbor CHC—HY Duffy Health Center			

**Health Condition 3: DIABETES**

**EXHIBIT A**

Community Intervention	Implementing Agency(ies)	Initial FY18 Award Implementation Plan (July 1, 2017 – fall 2017)	FY18 Amendment Implementation Plan (fall 2017 – June 30, 2018):	
		Duration/Frequency of the Intervention (e.g. two, six-week CDSMP classes)	Will you continue this intervention in the FY18 Amendment period Yes/No	BARNSTABLE RESPONSES TO DPH COMMENTS ARE IN THIS COLUMN.
Chronic Disease Self-Management (CDSMP) Classes	Healthy Living Cape Cod Coalition	Upon referral from clinical partners, clients to join 6-week structured group intervention which consists of weekly sessions.	Yes	<p>The Coalition plans 6 CDSMP during the first six months of FY18; 2 at each CHC center in Mashpee, Falmouth, and Barnstable (Harbor). These classes are shared by both the hypertension and diabetes clinical referrals).</p> <p>Neither the Coalition nor the YMCA limit their program outreach and enrollment efforts to PVTF referrals only.</p> <p>The YMCA and the Coalition emphasize that enrollment success really hinges on how prepared the clients are by the clinical partners for the referral. They continue to encourage the clinical partners to provide “warm” handoffs to them in terms of preparing the patients with advice and information about the CBO programs when they receive their referrals from their</p>

**EXHIBIT A**

**EXHIBIT A**

<p>YMCA Diabetes Prevention Program (YDPP)</p>	<p>YMCA of Cape Cod</p>	<p>Upon referral from clinical partners, clients to join a year-long structured intervention. The year-long program which consists of 16 weekly sessions and three sessions every other week during the first six months followed by 6 monthly sessions in</p>	<p>Yes</p>	<p>clinicians. This matter is regularly discussed at the partners' monthly Interventions Workgroup meetings.</p> <ol style="list-style-type: none"> <li>1. CBOs will return to the clinical settings to present their programs and results at a Provider Meetings. New and existing Provider Champions will be (re-)briefed by clinical PWTF coordinators on PWTF program. Patients that "graduated" from the CBOs' programs will participate in briefings of clinical staff. CBOs will also be invited to place information tables in waiting areas of clinical partners.</li> <li>2. CBOs will have monthly outreach tables in lobbies of clinical partners to generate referrals. CBO staff will be present to engage patients.</li> <li>3. CBOs will continue to advertise their programs to the community.</li> </ol> <p>The YMCA plans to run three new classes during the first 6 months of FY18.</p> <p>Neither the Coalition nor the YMCA limit their program outreach and enrollment efforts to PWTF referrals only.</p> <p>The YMCA and the Coalition emphasize that enrollment success really hinges on how prepared the clients are by the clinical partners for the referral. They continue to</p>
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		the second six months.			encourage the clinical partners to provide "warm" handoffs to them in terms of preparing the patients with advice and information about the CBO programs when they receive their referrals from their clinicians. This matter is regularly discussed at the partners' monthly Interventions Workgroup meetings.
Referral Feedback	Healthy Living Cape Cod Coalition, YMCA of Cape Cod	Provider feedback reports will be generated for clients referred for services.			
Health Equity	Healthy Living Cape Cod Coalition, YMCA of Cape Cod	Ongoing, ensure race/ethnicity/preferred language distribution of patients enrolled and completing interventions matches patients referred from the clinical site(s).			

**EXHIBIT A**

**EXHIBIT B**

	A	B	C	D	E	F	G	H	
1	Department of Public Health								
2	<b>Prevention Wellness Trust Fund</b>								
3	BARNSTABLE PWTF, July 1, 2017-June 30, 2018								
4	<b>MONTHLY EXPENDITURE REPORT--IMPLEMENTATION, FY18</b>								
5									
6	Partner Organization:	<b>COMMUNITY HEALTH CENTER OF CAPE COD</b>							
7	Budget Point of Contact for questions:								
8	Emma McMahon	Phone: 508/778-5402 x6481	Email: emcmahon@hhsi.us						
9	<b>1. Program Support--Staffing</b>			<b>Minimum Budget FY18</b>	<b>Budget Increase</b>	<b>TOTAL EXPENDED</b>	<b>Balance</b>		
10									
11	Complex Care Lead Manager			\$ 4,375.00		\$ -	\$ 4,375.00		
12	Complex Care Program Admin Support			\$ 3,700.00		\$ -	\$ 3,700.00		
13	Community Health Workers (2 Staff)			\$ 18,720.00		\$ -	\$ 18,720.00		
14				\$ -		\$ -	\$ -		
15	<b>SUB TOTAL</b>			<b>\$ 26,795.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,795.00</b>		
16	Fringe Benefits %			15% \$ 4,019.25	\$ -	\$ -	\$ 4,019.25		
17	Payroll Taxes %			10% \$ 2,679.50	\$ -	\$ -	\$ 2,679.50		
18	Other				\$ -	\$ -	\$ -		
19									
20	<b>1. Program Support--Staffing--TOTAL</b>			<b>\$ 33,493.75</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 33,493.75</b>		
21									
22									
23	<b>2. Other Program Costs (add additional categories, as needed)</b>			<b>Minimum Budget FY18</b>	<b>Budget Increase</b>	<b>TOTAL EXPENDED</b>	<b>Balance</b>		
24									
25	<b>Supplies:</b>								
26				\$ -		\$ -	\$ -		
27				\$ -		\$ -	\$ -		
28	<b>Travel:</b>								
29				\$ 750.00		\$ -	\$ 750.00		
30						\$ -	\$ -		
31				\$ -		\$ -	\$ -		
32	<b>Training:</b>								
33				\$ -		\$ -	\$ -		
34				\$ -		\$ -	\$ -		
35				\$ -		\$ -	\$ -		
36				\$ -		\$ -	\$ -		
37	<b>Consultants:</b>								
38						\$ -	\$ -		
39						\$ -	\$ -		
40						\$ -	\$ -		
41	<b>2.e. Subcontracts (partners):</b>								
42				\$ -		\$ -	\$ -		
43				\$ -		\$ -	\$ -		
44	<b>2.f. Memberships</b>								
45						\$ -	\$ -		
46				\$ -		\$ -	\$ -		
47	<b>2. Total Other Program Costs (2.a. to 2.f)--TOTAL</b>			<b>\$ 750.00</b>		<b>\$ -</b>	<b>\$ 750.00</b>		
48									
49	<b>3. Occupancy</b>			<b>Minimum Budget FY18</b>	<b>Budget Increase</b>	<b>TOTAL EXPENDED</b>	<b>Balance</b>		
50									
51	3.a. Program Facility					\$ -	\$ -		
52	3.b. Facility Operations, Maint. and Furn.			\$ -		\$ -	\$ -		
53									
54	<b>3. Occupancy--TOTAL</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>		
55									
56	<b>4. Agency Admin Support</b>								
57									
58	Administrative Support			0.70% \$ 225.00		\$ -	\$ 225.00		
59									
60	<b>4. Agency Admin Support--TOTAL</b>			<b>\$ 225.00</b>		<b>\$ -</b>	<b>\$ 225.00</b>		
61									
62	<b>MONTHLY REPORT Totals</b>								
63									
64	<b>TOTAL 1+2+3+4</b>			<b>\$ 34,468.75</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 34,468.75</b>		

**EXHIBIT C**

Department of Public Health Prevention Wellness Trust Fund BARNSTABLE PWTF, July 1st, 2017 - June 30, 2018 <b>MONTHLY EXPENDITURE REPORT--IMPLEMENTATION, FY18</b>						
Partner Organization: <b>COMMUNITY HEALTH CENTER OF CAPE COD</b>		Name of Partnership: <b>Barnstable Prevention &amp; Wellness Partnership</b>		Date of Report: <b>July, 2017</b>		
Budget Point of Contact for questions: <b>Name: Emma McMahon Phone: 508/778-5462 x6481 Email: emcmahon@hhsi.us</b>				For Month of: <b>July, 2017</b>		
<b>1. Program Support--Staffing</b> (List by Name and Title) Minimum Budget FY18 EXPENDITURES IN MONTH OF July, 2017 TOTAL EXPENDED THRU July, 2017 BRIEF DESCRIPTION OF STAFF ACTIVITIES						
Complex Care Lead Manager		\$ 4,375.00	-	-		
Complex Care Program Admin Support		\$ 3,700.00	-	-		
Community Health Workers (2 Staff)		\$ 18,720.00	-	-		
<b>SUB TOTAL</b>		\$ 26,795.00	-	-		
Fringe Benefits % 15%		\$ 4,019.25	\$0.00	-		
Payroll Taxes % 10%		\$ 2,679.50	\$0.00	-		
Other		\$ -	-	-	If "Other", please describe:	
<b>1. Program Support--Staffing--TOTAL</b>		\$ 33,493.75	-	-		
<b>2. Other Program Costs</b> (add additional categories, as needed) Minimum Budget FY18 EXPENDITURES IN MONTH OF July, 2017 TOTAL EXPENDED THRU July, 2017 BRIEF DESCRIPTION / JUSTIFICATION OF LINE ITEMS						
<b>2.a. Supplies:</b>						
		-	-	-		
<b>2.b. Travel:</b>						
		750.00	-	-		
<b>2.c. Training:</b>						
		-	-	-		
<b>2.d. Consultants:</b>						
		-	-	-		
<b>2.e. Subcontracts (partners):</b>						
		-	-	-		
<b>2.f. Memberships</b>						
		-	-	-		
<b>2. Total Other Program Costs (2.a. to 2.f)--TOTAL</b>		750.00	-	-		
<b>3. Occupancy</b> Minimum Budget FY18 EXPENDITURES IN MONTH OF July, 2017 TOTAL EXPENDED THRU July, 2017						
3.a. Program Facility		-	-	-		
3.b. Facility Operations, Maint. and Furn.		-	-	-		
<b>3. Occupancy--TOTAL</b>		-	-	-		
<b>4. Agency Admin Support</b> BRIEF DESCRIPTION / JUSTIFICATION OF LINE ITEMS						
Administrative Support		0.70% 225.00	-	-		
<b>4. Agency Admin Support--TOTAL</b>		225.00	-	-		
<b>MONTHLY REPORT Totals</b>						
<b>TOTAL 1+2+3+4</b>		<b>34,468.75</b>	-	-	Report Detail Attached? <input checked="" type="checkbox"/> (click)	

**GRANT AGREEMENT**

**PWTF FY18**

This grant agreement made and entered into as of JULY 1, 2017 by and between the **DUFFY HEALTH CENTER** having its principal place of business as 94 Main St, Hyannis, MA 02601, hereinafter called the "PWTF GRANTEE", and the **County of Barnstable**, a public instrumentality of the Commonwealth of Massachusetts having its principal place of business as 3195 Main Street, Barnstable, MA, hereinafter called the "COUNTY".

**WITNESSETH**, that the GRANTEE and the COUNTY for the consideration hereinafter named agree as follows:

**WHEREAS**, the Massachusetts Department of Public Health (DPH) has awarded funding from the Massachusetts Prevention & Wellness Trust Fund (PWTF) to the Barnstable County Department of Human Services (hereinafter called the COUNTY "COORDINATING PARTNER") to lead a local partnership of clinical and community providers (GRANTEES) to combat the conditions of Hypertension, Diabetes, and Falls Among Seniors on Cape Cod,

**NOW, THEREFORE, the County and Grantee agree as follows:**

- I. Scope of Services and Contract Exhibits.** Under the terms of this Agreement, and with the financial resources herein provided by the Coordinating Partner, the Grantee shall provide the activities outlined in the attached **Exhibit A (Contract Conditions & Scope of Work)** with the deliverables and timeframes contained therein, and within the budget set forth in **Exhibit B (Grantee Implementation Phase Budget).**

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report)**, see section III.

Monthly Activity Reporting (MAR) by Grantees shall take place via the Excel Workbook template for FY18 provided by the Grantor.

**II. Period of Performance.**

The Grantee shall furnish the services specified in Section I above for the period **JULY 1, 2017 through JUNE 30, 2018.**

**III. Reporting Requirements.**

The Grantee shall submit detailed Monthly Activity Reports and Monthly Expenditure Reports (Exhibit C) to the County describing the status of activities and expenditures associated with the Scope of Services (Exhibit A).

Reports shall be submitted monthly within 30 days of the end of the prior month.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report).**

Monthly Activity Reporting (MAR) by Grantees shall take place via the template already in use by the Grantor in FY17.

All monthly reports shall be submitted to the Coordinating Partner via email, unless otherwise notified.

Reports will be subject to a quality assurance check conducted by qualified employee(s) of the County, consistent with applicable confidentiality statutes for third-party providers. The County reserves the right to require supplementary back-up material from the Grantee with regard to the activity report and to deem the Grantee's failure to provide the requested documentation as a material breach of the conditions of this grant agreement.

**IV. Payment Mechanism and Compensation**

The County shall pay the Grantee up to the sum of **\$86,582.90** for for the provision of the services specified in Section I above on the following schedule, contingent upon disbursement of funds by DPH to the Coordinating Partner.

The Grantee will receive payment through Cost Reimbursement. The Grantee shall submit Invoices for payment, using an invoice form to be provided by the Coordinating Partner. The Monthly Expenditure Reports (MER) and Monthly Activity Reports (ACR) supply the backup that is needed to each invoice. Invoices submitted without supporting reports will not be paid until the reports are received.

Invoices for reimbursement may be submitted monthly, but must be submitted no less than quarterly, as follows:

- Quarterly Invoice 1 due no later than 10/31/17
- Quarterly Invoice 2 due no later than 1/31/18
- Quarterly Invoice 3 due no later than 4/30/2018
- Quarterly Invoice 4 due no later than 7/31/2018

Documentation evidencing expenditure of these funds shall consist of the Monthly Activity Reports and Expenditure Reports referenced in Section III of the Grant Agreement. Invoices for payment shall be approved by the Coordinating Partner following approval of the monthly reports.

Once approved, invoices will take between 2 and 3 weeks to process depending on date of arrival, staff leave, and holidays.

In order to ensure that the Grantee has operating cash available while awaiting reimbursement the Grantee may request pre-payment of the anticipated costs of one-month of their FY18/Year 4 budget, or as mutually agreed, based upon necessity.

- Prepayment invoices may be submitted for approval up to one month in advance.

**IV. Monitoring.** The Grantee further agrees to have its staff and/or board members meet with the County's Human Services Director or her designee from time to time upon reasonable request to discuss services provided under this Grant Agreement. Additionally Barnstable County as the pass-through entity may conduct, with advance notice, a fiscal site visit.

- The Grantee shall provide the Grantor with proof of its non-profit status, covering the grant period, upon contract signature and shall update this documentation as necessary.

- V. **Contract Termination.** The County, acting autonomously, or in consultation with the DPH, may suspend or terminate this Agreement by providing the Grantee with ten (10) days written notice for the reasons outlined as follows: (a) failure of the Grantee, for any reason, to fulfill in a timely and proper manner its obligations under this Grant Agreement; (b) violation of the provisions of this Grant Agreement by the Grantee; (c) a determination by the Grantor that the Grantee has engaged in fraud, waste, mismanagement, misuse of funds, or criminal activity with any funds provided by the Grant Agreement.
- VI. **Assignment.** The Grantee shall not make any assignment of this Grant Agreement without the prior written approval of the County.
- VII. **Amendments.** All amendments to the provisions specified in this Grant Agreement can only occur when mutually agreed upon by the County and the Grantee. Further, such amendments shall be in writing and signed by officials with the authority to bind the parties.
- VIII. **Appropriation.** This agreement is subject to appropriation for and receipt of funds by the PWTF Trust Fund and the MA Dept of Public Health (DPH) for distribution to the Coordinating Partner.
- IX. **Indemnification.** The Grantee hereby agrees to indemnify and hold harmless the County from any and all claims, damages, losses and expenses (including attorney's fees) arising out of the performance of this agreement, when such claims, damages, losses and expenses are caused by the negligent acts, errors or omissions of the Grantee.
- X. **Non-Discrimination.** No person shall, on the grounds of race, color, national origin, age, sex or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any form. Additionally, the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 et seq.) prohibits discrimination against disabled individuals in private and public employment, public accommodations, public transportation, government services, and telecommunications. By entering into this agreement with the County, the Grantee assures the County that it complies with the Americans with Disabilities Act and

does not discriminate against the disabled. The Grantee shall also include this requirement in any agreements entered into with any subcontractors associated with the permitted use.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year first above written.

**BARNSTABLE COUNTY COMMISSIONERS**

**GRANTEE**

\_\_\_\_\_  
Leo Cakounes (Chair)                      Date

HEIDI NELSON                      06/19/2017  
Name                                      Date

\_\_\_\_\_  
Mary Pat Flynn (Commissioner)      Date

Heidi R. Nelson  
Authorized Signature

\_\_\_\_\_  
Ronald Beaty (Commissioner)      Date

**CERTIFICATION OF COMPLIANCE  
M.G.L. Chapter 62C, Section 49A**

Pursuant to Section 49A of Chapter 62C of the General Laws of Massachusetts, I hereby certify that I have complied with all Laws of the Commonwealth of Massachusetts relating to taxes. This statement is made under the pains and penalties of perjury this 19<sup>th</sup> day of JUNE, 2017.

DUFFY HEALTH CENTER  
Printed Name of Individual or Corporation:

HEIDI NELSON, CEO  
Name and Title of Corporate Officer (if applicable):

Heidi R. Nelson  
Signature of Individual or Corporate Officer:

DUFFY EIN 043 37 3741  
Social Security or Federal Identification Number:

**GRANT AGREEMENT**

**PWTF FY18**

This grant agreement made and entered into as of JULY 1, 2017 by and between the between **HEALTHY LIVING CAPE COD COALITION** having its principal place of business as c/o Cape Cod Foundation, 261 Whites Path, Unit 2, South Yarmouth, MA 02664, hereinafter called the "PWTF GRANTEE", and the **County of Barnstable**, a public instrumentality of the Commonwealth of Massachusetts having its principal place of business as 3195 Main Street, Barnstable, MA, hereinafter called the "COUNTY".

**WITNESSETH**, that the GRANTEE and the COUNTY for the consideration hereinafter named agree as follows:

**WHEREAS**, the Massachusetts Department of Public Health (DPH) has awarded funding from the Massachusetts Prevention & Wellness Trust Fund (PWTF) to the Barnstable County Department of Human Services (hereinafter called the COUNTY "COORDINATING PARTNER") to lead a local partnership of clinical and community providers (GRANTEES) to combat the conditions of Hypertension, Diabetes, and Falls Among Seniors on Cape Cod,

**NOW, THEREFORE, the County and Grantee agree as follows:**

- I. Scope of Services and Contract Exhibits.** Under the terms of this Agreement, and with the financial resources herein provided by the Coordinating Partner, the Grantee shall provide the activities outlined in the attached **Exhibit A (Contract Conditions & Scope of Work)** with the deliverables and timeframes contained therein, and within the budget set forth in **Exhibit B (Grantee Implementation Phase Budget).**

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report)**, see section III.

Monthly Activity Reporting (MAR) by Grantees shall take place via the Excel Workbook template for FY18 provided by the Grantor.

**II. Period of Performance.**

The Grantee shall furnish the services specified in Section I above for the period **JULY 1, 2017 through JUNE 30, 2018.**

**III. Reporting Requirements.**

The Grantee shall submit detailed Monthly Activity Reports and Monthly Expenditure Reports (Exhibit C) to the County describing the status of activities and expenditures associated with the Scope of Services (Exhibit A).

Reports shall be submitted monthly within 30 days of the end of the prior month.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report).**

Monthly Activity Reporting (MAR) by Grantees shall take place via the template already in use by the Grantor in FY17.

All monthly reports shall be submitted to the Coordinating Partner via email, unless otherwise notified.

Reports will be subject to a quality assurance check conducted by qualified employee(s) of the County, consistent with applicable confidentiality statutes for third-party providers. The County reserves the right to require supplementary back-up material from the Grantee with regard to the activity report and to deem the Grantee's failure to provide the requested documentation as a material breach of the conditions of this grant agreement.

**IV. Payment Mechanism and Compensation**

The County shall pay the Grantee up to the sum of **\$81,753.53** for for the provision of the services specified in Section I above on the following schedule, contingent upon disbursement of funds by DPH to the Coordinating Partner.

The Grantee will receive payment through Cost Reimbursement. The Grantee shall submit Invoices for payment, using an invoice form to be provided by the Coordinating Partner. The Monthly Expenditure Reports (MER) and Monthly Activity Reports (ACR) supply the backup that is needed to each invoice. Invoices submitted without supporting reports will not be paid until the reports are received.

Invoices for reimbursement may be submitted monthly, but must be submitted no less than quarterly, as follows:

- Quarterly Invoice 1 due no later than 10/31/17
- Quarterly Invoice 2 due no later than 1/31/18
- Quarterly Invoice 3 due no later than 4/30/2018
- Quarterly Invoice 4 due no later than 7/31/2018

Documentation evidencing expenditure of these funds shall consist of the Monthly Activity Reports and Expenditure Reports referenced in Section III of the Grant Agreement. Invoices for payment shall be approved by the Coordinating Partner following approval of the monthly reports.

Once approved, invoices will take between 2 and 3 weeks to process depending on date of arrival, staff leave, and holidays.

In order to ensure that the Grantee has operating cash available while awaiting reimbursement the Grantee may request pre-payment of the anticipated costs of one-month of their FY18/Year 4 budget, or as mutually agreed, based upon necessity.

- Prepayment invoices may be submitted for approval up to one month in advance.

**IV. Monitoring.** The Grantee further agrees to have its staff and/or board members meet with the County's Human Services Director or her designee from time to time upon reasonable request to discuss services provided under this Grant Agreement. Additionally Barnstable County as the pass-through entity may conduct, with advance notice, a fiscal site visit.

- The Grantee shall provide the Grantor with proof of its non-profit status, covering the grant period, upon contract signature and shall update this documentation as necessary.

- V. Contract Termination.** The County, acting autonomously, or in consultation with the DPH, may suspend or terminate this Agreement by providing the Grantee with ten (10) days written notice for the reasons outlined as follows: (a) failure of the Grantee, for any reason, to fulfill in a timely and proper manner its obligations under this Grant Agreement; (b) violation of the provisions of this Grant Agreement by the Grantee; (c) a determination by the Grantor that the Grantee has engaged in fraud, waste, mismanagement, misuse of funds, or criminal activity with any funds provided by the Grant Agreement.
- VI. Assignment.** The Grantee shall not make any assignment of this Grant Agreement without the prior written approval of the County.
- VII. Amendments.** All amendments to the provisions specified in this Grant Agreement can only occur when mutually agreed upon by the County and the Grantee. Further, such amendments shall be in writing and signed by officials with the authority to bind the parties.
- VIII. Appropriation.** This agreement is subject to appropriation for and receipt of funds by the PWTF Trust Fund and the MA Dept of Public Health (DPH) for distribution to the Coordinating Partner.
- IX. Indemnification.** The Grantee hereby agrees to indemnify and hold harmless the County from any and all claims, damages, losses and expenses (including attorney's fees) arising out of the performance of this agreement, when such claims, damages, losses and expenses are caused by the negligent acts, errors or omissions of the Grantee.
- X. Non-Discrimination.** No person shall, on the grounds of race, color, national origin, age, sex or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any form. Additionally, the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 et seq.) prohibits discrimination against disabled individuals in private and public employment, public accommodations, public transportation, government services, and telecommunications. By entering into this agreement with the County, the Grantee assures the County that it complies with the Americans with Disabilities Act and

does not discriminate against the disabled. The Grantee shall also include this requirement in any agreements entered into with any subcontractors associated with the permitted use.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year first above written.

**BARNSTABLE COUNTY COMMISSIONERS**

**GRANTEE**

\_\_\_\_\_  
Leo Cakounes (Chair)                      Date

\_\_\_\_\_  
Mary Pat Flynn (Commissioner)      Date

\_\_\_\_\_  
Ronald Beaty (Commissioner)        Date

MARY DEVLIN                      6/20/17  
\_\_\_\_\_  
Name                      Date  
CO CHAIR HLCC

Mary Devlin  
\_\_\_\_\_  
Authorized Signature

Ellen McDonough                      6/20/17  
\_\_\_\_\_  
CO CHAIR HLCC  
Ellen McDonough

**CERTIFICATION OF COMPLIANCE  
M.G.L. Chapter 62C, Section 49A**

Pursuant to Section 49A of Chapter 62C of the General Laws of Massachusetts, I hereby certify that I have complied with all Laws of the Commonwealth of Massachusetts relating to taxes. This statement is made under the pains and penalties of perjury this 20<sup>th</sup> day of JUNE, 2017.

Cape Cod Foundation, Inc.  
\_\_\_\_\_  
Printed Name of Individual or Corporation:

Kristin O'Malley, Pres and CEO  
\_\_\_\_\_  
Name and Title of Corporate Officer (if applicable):

[Signature]  
\_\_\_\_\_  
Signature of Individual or Corporate Officer:

51-0140462  
\_\_\_\_\_  
Social Security or Federal Identification Number:

## **GRANT AGREEMENT**

### **PWTF FY18**

This grant agreement made and entered into as of JULY 1, 2017 by and between the **HARBOR COMMUNITY HEALTH CENTER HYANNIS** having its principal place of business as 735 Attucks Ln, Hyannis, MA 02601, hereinafter called the "PWTF GRANTEE", and the **County of Barnstable**, a public instrumentality of the Commonwealth of Massachusetts having its principal place of business as 3195 Main Street, Barnstable, MA, hereinafter called the "COUNTY".

**WITNESSETH**, that the GRANTEE and the COUNTY for the consideration hereinafter named agree as follows:

**WHEREAS**, the Massachusetts Department of Public Health (DPH) has awarded funding from the Massachusetts Prevention & Wellness Trust Fund (PWTF) to the Barnstable County Department of Human Services (hereinafter called the COUNTY "COORDINATING PARTNER") to lead a local partnership of clinical and community providers (GRANTEES) to combat the conditions of Hypertension, Diabetes, and Falls Among Seniors on Cape Cod,

**NOW, THEREFORE, the County and Grantee agree as follows:**

- I. Scope of Services and Contract Exhibits.** Under the terms of this Agreement, and with the financial resources herein provided by the Coordinating Partner, the Grantee shall provide the activities outlined in the attached **Exhibit A (Contract Conditions & Scope of Work)** with the deliverables and timeframes contained therein, and within the budget set forth in **Exhibit B (Grantee Implementation Phase Budget)**.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report)**, see section III.

Monthly Activity Reporting (MAR) by Grantees shall take place via the Excel Workbook template for FY18 provided by the County.

**II. Period of Performance.**

The Grantee shall furnish the services specified in Section I above for the period **JULY 1, 2017 through JUNE 30, 2018.**

**III. Reporting Requirements.**

The Grantee shall submit detailed Monthly Activity Reports and Monthly Expenditure Reports (Exhibit C) to the County describing the status of activities and expenditures associated with the Scope of Services (Exhibit A).

Reports shall be submitted monthly within 30 days of the end of the prior month.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report).**

Monthly Activity Reporting (MAR) by Grantees shall take place via the template already in use by the Grantor in FY17.

All monthly reports shall be submitted to the Coordinating Partner via email, unless otherwise notified.

Reports will be subject to a quality assurance check conducted by qualified employee(s) of the County, consistent with applicable confidentiality statutes for third-party providers. The County reserves the right to require supplementary back-up material from the Grantee with regard to the activity report and to deem the Grantee's failure to provide the requested documentation as a material breach of the conditions of this grant agreement.

**IV. Payment Mechanism and Compensation**

The County shall pay the Grantee up to the sum of **\$31,064.86** for the provision of the services specified in Section I above on the following schedule, contingent upon disbursement of funds by DPH to the Coordinating Partner.

The Grantee will receive payment through Cost Reimbursement. The Grantee shall submit Invoices for payment, using an invoice form to be provided by the Coordinating Partner. The Monthly Expenditure Reports (MER) and Monthly Activity Reports (ACR) supply the backup that is needed to each invoice. Invoices submitted without supporting reports will not be paid until the reports are received.

Invoices for reimbursement may be submitted monthly, but must be submitted no less than quarterly, as follows:

- Quarterly Invoice 1 due no later than 10/31/17
- Quarterly Invoice 2 due no later than 1/31/18
- Quarterly Invoice 3 due no later than 4/30/2018
- Quarterly Invoice 4 due no later than 7/31/2018

Documentation evidencing expenditure of these funds shall consist of the Monthly Activity Reports and Expenditure Reports referenced in Section III of the Grant Agreement. Invoices for payment shall be approved by the Coordinating Partner following approval of the monthly reports.

Once approved, invoices will take between 2 and 3 weeks to process depending on date of arrival, staff leave, and holidays.

In order to ensure that the Grantee has operating cash available while awaiting reimbursement the Grantee may request pre-payment of the anticipated costs of one-month of their FY18/Year 4 budget, or as mutually agreed, based upon necessity.

- Prepayment invoices may be submitted for approval up to one month in advance.

**IV. Monitoring.** The Grantee further agrees to have its staff and/or board members meet with the County's Human Services Director or her designee from time to time upon reasonable request to discuss services provided under this Grant Agreement. Additionally Barnstable County as the pass-through entity may conduct, with advance notice, a fiscal site visit.

- The Grantee shall provide the Grantor with proof of its non-profit status, covering the grant period, upon contract signature and shall update this documentation as necessary.

- V. Contract Termination.** The County, acting autonomously, or in consultation with the DPH, may suspend or terminate this Agreement by providing the Grantee with ten (10) days written notice for the reasons outlined as follows: (a) failure of the Grantee, for any reason, to fulfill in a timely and proper manner its obligations under this Grant Agreement; (b) violation of the provisions of this Grant Agreement by the Grantee; (c) a determination by the Grantor that the Grantee has engaged in fraud, waste, mismanagement, misuse of funds, or criminal activity with any funds provided by the Grant Agreement.
- VI. Assignment.** The Grantee shall not make any assignment of this Grant Agreement without the prior written approval of the County.
- VII. Amendments.** All amendments to the provisions specified in this Grant Agreement can only occur when mutually agreed upon by the County and the Grantee. Further, such amendments shall be in writing and signed by officials with the authority to bind the parties.
- VIII. Appropriation.** This agreement is subject to appropriation for and receipt of funds by the PWTF Trust Fund and the MA Dept of Public Health (DPH) for distribution to the Coordinating Partner.
- IX. Indemnification.** The Grantee hereby agrees to indemnify and hold harmless the County from any and all claims, damages, losses and expenses (including attorney's fees) arising out of the performance of this agreement, when such claims, damages, losses and expenses are caused by the negligent acts, errors or omissions of the Grantee.
- X. Non-Discrimination.** No person shall, on the grounds of race, color, national origin, age, sex or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any form. Additionally, the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 et seq.) prohibits discrimination against disabled individuals in private and public employment, public accommodations, public transportation, government services, and telecommunications. By entering into this agreement with the County, the Grantee assures the County that it complies with the Americans with Disabilities Act and

does not discriminate against the disabled. The Grantee shall also include this requirement in any agreements entered into with any subcontractors associated with the permitted use.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year first above written.

Administrator  
BARNSTABLE COUNTY COMMISSIONERS

GRANTEE

~~\_\_\_\_\_  
Leo Cakounes (Chair)                      Date~~

Nancy Bucken 6/15/17  
Name    Date

~~\_\_\_\_\_  
Mary Pat Flynn (Commissioner)      Date~~

Nancy Bucken  
Authorized Signature

~~\_\_\_\_\_  
Ronald Beaty (Commissioner)      Date~~

JACK Yunits                      Date

**CERTIFICATION OF COMPLIANCE  
M.G.L. Chapter 62C, Section 49A**

Pursuant to Section 49A of Chapter 62C of the General Laws of Massachusetts, I hereby certify that I have complied with all Laws of the Commonwealth of Massachusetts relating to taxes. This statement is made under the pains and penalties of perjury this 17<sup>th</sup> day of JUNE, 2017.

President & CEO  
Printed Name of Individual or Corporation:

Charles T Jones  
Name and Title of Corporate Officer (if applicable):

Chuck Jones  
Signature of Individual or Corporate Officer:

237 100 550  
Social Security or Federal Identification Number:

## GRANT AGREEMENT

### PWTF FY18

This grant agreement made and entered into as of JULY 1, 2017 by and between the **YMCA CAPE COD** having its principal place of business as 2245 Iyannough Road, West Barnstable, MA 02668, hereinafter called the "PWTF GRANTEE", and the **County of Barnstable**, a public instrumentality of the Commonwealth of Massachusetts having its principal place of business as 3195 Main Street, Barnstable, MA, hereinafter called the "COUNTY".

**WITNESSETH**, that the GRANTEE and the COUNTY for the consideration hereinafter named agree as follows:

**WHEREAS**, the Massachusetts Department of Public Health (DPH) has awarded funding from the Massachusetts Prevention & Wellness Trust Fund (PWTF) to the Barnstable County Department of Human Services (hereinafter called the COUNTY "COORDINATING PARTNER") to lead a local partnership of clinical and community providers (GRANTEES) to combat the conditions of Hypertension, Diabetes, and Falls Among Seniors on Cape Cod,

**NOW, THEREFORE, the County and Grantee agree as follows:**

- I. Scope of Services and Contract Exhibits.** Under the terms of this Agreement, and with the financial resources herein provided by the Coordinating Partner, the Grantee shall provide the activities outlined in the attached **Exhibit A (Contract Conditions & Scope of Work)** with the deliverables and timeframes contained therein, and within the budget set forth in **Exhibit B (Grantee Implementation Phase Budget).**

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report)**, see section III.

Monthly Activity Reporting (MAR) by Grantees shall take place via the Excel Workbook template for FY18 provided by the Grantor.

**II. Period of Performance.**

The Grantee shall furnish the services specified in Section I above for the period **JULY 1, 2017 through JUNE 30, 2018.**

**III. Reporting Requirements.**

The Grantee shall submit detailed Monthly Activity Reports and Monthly Expenditure Reports (Exhibit C) to the County describing the status of activities and expenditures associated with the Scope of Services (Exhibit A).

Reports shall be submitted monthly within 30 days of the end of the prior month.

Monthly Expenditure Reporting (MER) by Grantees shall take place via templates supplied by Coordinating Partner, **Exhibit C (Monthly Expenditure Report).**

Monthly Activity Reporting (MAR) by Grantees shall take place via the template already in use by the Grantor in FY17.

All monthly reports shall be submitted to the Coordinating Partner via email, unless otherwise notified.

Reports will be subject to a quality assurance check conducted by qualified employee(s) of the County, consistent with applicable confidentiality statutes for third-party providers. The County reserves the right to require supplementary back-up material from the Grantee with regard to the activity report and to deem the Grantee's failure to provide the requested documentation as a material breach of the conditions of this grant agreement.

**IV. Payment Mechanism and Compensation**

The County shall pay the Grantee up to the sum of **\$35,350.67** for the provision of the services specified in Section I above on the following schedule, contingent upon disbursement of funds by DPH to the Coordinating Partner.

The Grantee will receive payment through Cost Reimbursement. The Grantee shall submit Invoices for payment, using an invoice form to be provided by the Coordinating Partner. The Monthly Expenditure Reports (MER) and Monthly Activity Reports (ACR) supply the backup that is needed to each invoice. Invoices submitted without supporting reports will not be paid until the reports are received.

Invoices for reimbursement may be submitted monthly, but must be submitted no less than quarterly, as follows:

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- Quarterly Invoice 3 due no later than 4/30/2018
- Quarterly Invoice 4 due no later than 7/31/2018

Documentation evidencing expenditure of these funds shall consist of the Monthly Activity Reports and Expenditure Reports referenced in Section III of the Grant Agreement. Invoices for payment shall be approved by the Coordinating Partner following approval of the monthly reports.

Once approved, invoices will take between 2 and 3 weeks to process depending on date of arrival, staff leave, and holidays.

In order to ensure that the Grantee has operating cash available while awaiting reimbursement the Grantee may request pre-payment of the anticipated costs of one-month of their FY18/Year 4 budget, or as mutually agreed, based upon necessity.

- Prepayment invoices may be submitted for approval up to one month in advance.

**IV. Monitoring.** The Grantee further agrees to have its staff and/or board members meet with the County's Human Services Director or her designee from time to time upon reasonable request to discuss services provided under this Grant Agreement. Additionally Barnstable County as the pass-through entity may conduct, with advance notice, a fiscal site visit.

- The Grantee shall provide the Grantor with proof of its non-profit status, covering the grant period, upon contract signature and shall update this documentation as necessary.

- V. Contract Termination.** The County, acting autonomously, or in consultation with the DPH, may suspend or terminate this Agreement by providing the Grantee with ten (10) days written notice for the reasons outlined as follows: (a) failure of the Grantee, for any reason, to fulfill in a timely and proper manner its obligations under this Grant Agreement; (b) violation of the provisions of this Grant Agreement by the Grantee; (c) a determination by the Grantor that the Grantee has engaged in fraud, waste, mismanagement, misuse of funds, or criminal activity with any funds provided by the Grant Agreement.
- VI. Assignment.** The Grantee shall not make any assignment of this Grant Agreement without the prior written approval of the County.
- VII. Amendments.** All amendments to the provisions specified in this Grant Agreement can only occur when mutually agreed upon by the County and the Grantee. Further, such amendments shall be in writing and signed by officials with the authority to bind the parties.
- VIII. Appropriation.** This agreement is subject to appropriation for and receipt of funds by the PWTF Trust Fund and the MA Dept of Public Health (DPH) for distribution to the Coordinating Partner.
- IX. Indemnification.** The Grantee hereby agrees to indemnify and hold harmless the County from any and all claims, damages, losses and expenses (including attorney's fees) arising out of the performance of this agreement, when such claims, damages, losses and expenses are caused by the negligent acts, errors or omissions of the Grantee.
- X. Non-Discrimination.** No person shall, on the grounds of race, color, national origin, age, sex or sexual orientation, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any form. Additionally, the Americans with Disabilities Act of 1990 (42 U.S.C. 1201 et seq.) prohibits discrimination against disabled individuals in private and public employment, public accommodations, public transportation, government services, and telecommunications. By entering into this agreement with the County, the Grantee assures the County that it complies with the Americans with Disabilities Act and

does not discriminate against the disabled. The Grantee shall also include this requirement in any agreements entered into with any subcontractors associated with the permitted use.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year first above written.

**BARNSTABLE COUNTY COMMISSIONERS**

**GRANTEE**

\_\_\_\_\_  
Leo Cakounes (Chair)                      Date

\_\_\_\_\_  
Mary Pat Flynn (Commissioner)      Date

\_\_\_\_\_  
Ronald Beaty (Commissioner)        Date

Stacie Peugh                      6/21/17  
Name & Title                      Date  
Stacie Peugh  
Authorized Signature

**CERTIFICATION OF COMPLIANCE  
M.G.L. Chapter 62C, Section 49A**

Pursuant to Section 49A of Chapter 62C of the General Laws of Massachusetts, I hereby certify that I have complied with all Laws of the Commonwealth of Massachusetts relating to taxes. This statement is made under the pains and penalties of perjury this 21<sup>st</sup> day of JUNE, 2017.

YMCA Cape Cod, Inc.

Printed Name of Individual or Corporation:

Stacie Peugh, President & CEO

Name and Title of Corporate Officer (if applicable):

Stacie Peugh

Signature of Individual or Corporate Officer:

042394925

Social Security or Federal Identification Number:

YPSA

As of 6/9/17

## EXHIBIT A

# Prevention & Wellness Trust Fund

## Contract Conditions & Scope of Work, FY18

July 1, 2017 - June 30, 2018

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### **DELIVERABLES—Implementing Partner Organizations**

- DPH and Coordinating Partner reserve the right to change the deliverables listed below as the amount of resources that will be available to support DPH for FY18 are pending. Coordinating partners will be notified of any changes via email and changes will be uploaded on SharePoint.
- DPH and Coordinating Partner reserve the right to add additional deliverables throughout the duration of the FY18 contract. Coordinating partners will be notified of any changes via email.
- Payments may be withheld if conditions or specific deliverables are not successfully met and/or approved.
- All material deliverables shall be added to the “DPH Deliverables” folder on the partnership SharePoint page, unless noted below. Unless listed as an exception, DPH will access deliverables through SharePoint only.

**All contract deliverables are subject to review and approval by DPH staff, including but not limited to the items listed in the table below:**

**IMPORTANT!** *Dates are subject to change.*

*Please read communication from DPH regularly for any changes to the deliverables or deadlines.*

*The updates will also be made to this document and posted on SharePoint.*

See next page