# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

| | |
|---|---|
| **CONTRACTOR LEGAL NAME: Cape Cod Commission (and d/b/a):** | **COMMONWEALTH DEPARTMENT NAME: MA Emergency Management Agency**<br>**MMARS Department Code: CDA** |
| **Legal Address: (W-9, W-4,T&C): 3225 Main Street Barnstable, MA 02630** | **Business Mailing Address: 400 Worcester Road, Framingham, MA 01702** |
| **Contract Manager: Paul Niedzwiecki, Executive Director** | **Billing Address (if different):** |
| **E-Mail: pniedzwiecki@capecodcommission.org** | **Contract Manager: Scott MacLeod, Mitigation and Disaster Recovery Section Chief** |
| **Phone: (508) 362- 3828** **Fax:** | **E-Mail: scott.macleod@state.ma.us** |
| **Contractor Vendor Code: VC6000194979** | **Phone: 508-820-1445** **Fax: 508-820-1404** |
| **Vendor Code Address ID (e.g. "AD001"): AD001.**<br>**(Note: The Address Id Must be set up for EFT payments.)** | **MMARS Doc ID(s): HMGP405120CAPECOD000**<br>**RFR/Procurement or Other ID Number: FHMGP4051** |

**___ NEW CONTRACT**

**PROCUREMENT OR EXCEPTION TYPE: (Check one option only)**

__ **Statewide Contract** (OSD or an OSD-designated Department)
__ **Collective Purchase** (Attach OSD approval, scope, budget)
__ **Department Procurement** (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
__ **Emergency Contract** (Attach justification for emergency, scope, budget)
__ **Contract Employee** (Attach Employment Status Form, scope, budget)
__ **Legislative/Legal or Other**: (Attach authorizing language/justification, scope and budget)

**_X_ CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to Amendment: **12/2/2016**

Enter **Amendment Amount**: **NO CHANGE** (or "no change")

**AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)**

_X_ **Amendment to Scope or Budget** (Attach updated scope and budget)
__ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
__ **Contract Employee** (Attach any updates to scope or budget)
__ **Legislative/Legal or Other:** (Attach authorizing language/justification and updated scope and budget)

**The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.**

_X_ Commonwealth Terms and Conditions __ Commonwealth Terms and Conditions For Human and Social Services

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

__ **Rate Contract** (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

_X_ **Maximum Obligation Contract** Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$ 45,000.00**

**PROMPT PAYMENT DISCOUNTS (PPD):** Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_agree to standard 45 day cycle __ statutory/legal or Ready Payments (G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

**BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:** (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **The purpose of this contract is to award funds granted under the FEMA HMGP 4051 Hazard Mitigation Grant Program CFDA 97.039 Regional Planning Assistance for Local MHM Plan Development. See attached scope of work for more information. This contract is to extend the period of performance and line item budget change.**

**ANTICIPATED START DATE:** (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

__ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__ 2. may be incurred as of _____, **20**___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

_X_3. were incurred as of **1/28/2014**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

**CONTRACT END DATE**: Contract performance shall terminate as of **6/30/2017** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

**CERTIFICATIONS:** Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

| **AUTHORIZING SIGNATURE FOR THE CONTRACTOR:** | **AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:** |
|---|---|
| **X: _____. Date: _____.**<br>**(Signature and Date Must Be Handwritten At Time of Signature)** | **X: _____. Date: _____.**<br>**(Signature and Date Must Be Handwritten At Time of Signature)** |
| **Print Name: Mary Pat Flynn,, Sheila Lyons, Leo Cakounes** | **Print Name: David Mahr .** |
| **Print Title: Barnstable County Commissioners .** | **Print Title: Chief Administrative Officer .** |

# Federal Funding Accountability and Transparency Act Compliance Form

Please complete and return this form with contracts.

Part 1. In order to comply with the Federal Funding Accountability and Transparency Act (FFATA), the Massachusetts Emergency Management Agency may only award grants and contracts to entities with the Dun and Bradstreet Data Universal Numbering System numbers (DUNS). DUNS numbers are used as identifiers for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and sub-recipients. The DUNS number will be used throughout a grant's life cycle. Please consult your accounting department to obtain your organization's nine-digit DUNS number. If necessary, you may obtain one by calling 1-866-705-5711 or by applying online at http://fedgov.dnb.com/webform/displayHomepage.dio.

**Table 1. Award Information**

| | |
|---|---|
| **Name of Entity Receiving Award** | Cape Cod Commission |
| **Street Address** | 3225 Main Street P O Box 226 |
| **City, State, Zip** | Barnstable, MA 02630 |
| **Contact Name** | Paul Niedzwiecki, Executive Director |
| **Contact Phone Number** | (508) 362-3828 |
| **Congressional District** | 9th |
| **Amount of Award** | $ 45,000.00 |
| **Nine-Digit DUNS Number** | 076612407 |
| **Transaction Type** | Reimbursement |
| **CFDA number or NAICS code** | 97.039 |
| **Program Source** | Hazard Mitigation Grant Program |
| **Award Title** | Regional Planning Assistance for Local MHM Plan Development |

Part 2. FFATA requires information be collected regarding executive compensation. If the gross revenue of your organization exceeds $25,000,000, more than 80% of the gross revenue is from federal sources, and the public does not have access to this information through other government reports the names, titles, and salaries of the executives with the five highest salaries must be provided. If your organization meets these criteria, please complete Table 2. If your organization does not meet these criteria, please check the statement above the table.

√ The gross revenue of my organization does not exceed $25,000,000 and more than 80% of the gross revenue of my organization is not from federal sources and or compensation information is available to the general public.

OR

**Table 2 Executive Compensation (by Salary)**

| First and Last Name | Title | Annual Salary |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Signature of authorized official (signed in blue ink)

Date

Mary Pat Flynn, Sheila Lyons, Leo Cakounes
Printed name of Authorized Official

Barnstable County Commissioners
Title

Massachusetts Emergency Management Agency

Federal OMB Circular A-133 Audit Reporting Form

Name of Organization: Cape Cod Commission

Address: 3225 Main Street

P O Box 226

Barnstable, MA 02630

Was your local government or not for profit organization required to have an audit of Federal Funds performed for the most recently closed fiscal year? (Spending of more than $500,000 in Federal Funds from all sources) If yes, please fill out the rest of this form. If no, please sign it and return.

Yes ☑ No ☐

Does your local government or not for profit organization have any findings or questioned costs related to grants administered by the Massachusetts Emergency Management Agency in your most recent audit?

Yes ☐ No ☑

If yes is checked above, please fill in the summary work sheet attached, listing the number of the finding in the A-133 Audit, the title of the finding, the initial date of the finding and the status of the corrective action taken to eliminate the finding and if questioned costs were identified.

If you have not fully implemented a corrective plan, you may receive a letter from our office requesting a new date for the implementation of your corrective action plan. Failure to implement corrective action plans could result in a loss of funds administered by the Massachusetts Emergency Management Agency.

I verify that the information presented in this form is accurate to the best of my knowledge.

Barnstable County Commissioners

Signature Date Title

Mary Pat Flynn, Sheila Lyons, Leo Cakounes

Printed Name

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

| | |
|---|---|
| **CONTRACTOR LEGAL NAME: Barnstable County/Cape Cod Commission (and d/b/a):** | **COMMONWEALTH DEPARTMENT NAME: MA Emergency Management Agency**<br>**MMARS Department Code: CDA** |
| **Legal Address: (W-9, W-4,T&C): 3225 Main Street Barnstable, MA 02630** | **Business Mailing Address: 400 Worcester Road, Framingham, MA 01702** |
| **Contract Manager: Paul Niedzwiecki, Executive Director** | **Billing Address (if different):** |
| **E-Mail: pniedzwiecki@capecodcommission.org** | **Contract Manager: Scott MacLeod, Mitigation and Disaster Recovery Section Chief** |
| **Phone: (508) 362-3828** Fax: | **E-Mail: scott.macleod@state.ma.us** |
| **Contractor Vendor Code: VC6000194979** | **Phone: 508-820-1445** Fax: **508-820-1404** |
| **Vendor Code Address ID (e.g. "AD001"): AD001.**<br>**(Note: The Address Id Must be set up for EFT payments.)** | **MMARS Doc ID(s): PDMC1404CAPECOD0000A**<br>**RFR/Procurement or Other ID Number: FY14PDMCPJ** |

**___ NEW CONTRACT**

**PROCUREMENT OR EXCEPTION TYPE: (Check one option only)**

__ Statewide Contract (OSD or an OSD-designated Department)
__ Collective Purchase (Attach OSD approval, scope, budget)
_X_ Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation)
__ Emergency Contract (Attach justification for emergency, scope, budget)
__ Contract Employee (Attach Employment Status Form, scope, budget)
__ Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)

**___ CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to Amendment: _____, 20___.
Enter **Amendment Amount**: $ _____. (or "no change")

**AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)**

__ Amendment to Scope or Budget (Attach updated scope and budget)
__ Interim Contract (Attach justification for Interim Contract and updated scope/budget)
__ Contract Employee (Attach any updates to scope or budget)
__ Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)

**The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.**

_X_ Commonwealth Terms and Conditions __ Commonwealth Terms and Conditions For Human and Social Services

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

__ Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

_X_ Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or ***new*** Total if Contract is being amended). **$ 18,149.02**

**PROMPT PAYMENT DISCOUNTS (PPD):** Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: _X_ agree to standard 45 day cycle __ statutory/legal or Ready Payments (G.L. c. 29, § 23A); __ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

**BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:** (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) **The purpose of this contract is to award funds granted under the FEMA PDMC 14 Pre-Disaster Mitigation Competitive CFDA 97.047 for the Regional Planning Assistance for Sandwich, Truro, Provincetowm, MA. This contract is to extend the period of performance .Please refer to MMARS Doc ID PDMC1404CAPECOD00000**

**ANTICIPATED START DATE:** (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

_ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.

__ 2. may be incurred as of _____, 20___, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.

X 3. were incurred as of **03/27/2015**, a date **PRIOR** to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

**CONTRACT END DATE:** Contract performance shall terminate as of **01/31/2017** with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

**CERTIFICATIONS:** Notwithstanding verbal or other representations by the parties, the **"Effective Date"** of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

**AUTHORIZING SIGNATURE FOR THE CONTRACTOR:**

X_____ Date: _____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: : Sheila Lyons, Mary Pat Flynn, Leo Cakounes
Print Title: Barnstable County Commissioners

**AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:**

X: _____. Date: _____.
(Signature and Date Must Be Handwritten At Time of Signature)
Print Name: David Mahr.
Print Title: Chief Administrative Officer.

**REVISED Scope of Work:**
**Regional Planning Assistance for Sandwich, Truro, and Provincetown, MA**

Cape Cod is a coastal region located in Barnstable County, Massachusetts. As the Regional Planning Agency, the Cape Cod Commission is working with Towns to develop, update, and implement their local Hazard Mitigation (HM) Plans. There are a total of 15 towns in Barnstable County; all towns are in the process of developing or updating their HM plans with the exception of 2 towns that have expired plans:

- **Certified HM plans**: Barnstable, Chatham, Dennis, Provincetown, Truro
- **HM Plans Under Community Review:** Brewster, Eastham, Wellfleet
- **New HM plans:** Falmouth, Yarmouth (HMGP 4051-20).
- **HM plan Updates:** Bourne, Harwich, Mashpee (HMGP 4051-20)
- **Expired HM plans:** Sandwich, Orleans

For the current funding cycle, the Cape Cod Commission is applying for funds, on behalf of Sandwich, Truro, and Provincetown, to update their HM plans. All three towns recognize the importance of hazard mitigation planning. The Town of Sandwich is highly motivated to update their expired HM plan given the impact and extent of recent hazard events. The Towns of Provincetown and Truro are being especially proactive; their hazard plans are scheduled to expire in June 2016 and they would like to update their HM plan before the expiration date.

Plan Updates:
The planning process for updating a certified local HM plan includes the following tasks and activities:

**Task 1:** Participate in a Kick-off meeting with MEMA Staff; re-convene local HM planning committee; develop a mission statement; assign roles and responsibilities; develop a specific timeline for planning activities; identify stakeholders and neighboring communities; schedule participation activities in collaboration with the Cape Cod Commission's Communication Team; discuss the strengths and weaknesses of the previous HM plan

**Task 2:** Re-convene the planning committee to revisit hazard profiles from the previous HM plan; engage the Natural Resource Specialist at the Cape Cod Commission to provide technical assistance with hazard profiles; update data sources using the state of Massachusetts' HM plan and other web-based resources such as the NOAA National Climatic Data Center Storm Events Database and National Hurricane Center; update critical facilities using GIS data layers; create an online, GIS based tool for coastal erosion and winter storms using aerial photography; determine whether the priority ranking of hazards has changed; address how the Town currently participates and will continue to participate in the NFIP

**Task 3:** Re-evaluate the Town's inventory of buildings, people, and possible damages from hazards; identify new vulnerabilities; analyze the type and number of Repetitive Loss Properties; describe changes in developments since the previous plan; assess the impact of each hazard; invite stakeholders and neighboring communities to participate in the inventory and planning process

**Task 4:** Review loss estimates; estimate the loss for each identified hazard using GIS and planning assistance from regional partners such as Massachusetts Maritime Academy.

**Task 5:** Reassess mitigation goals; update goals as needed; analyze capabilities; identify alternative mitigation actions; identify progress implementing previous action items (including reasons why there may have been little or no progress); describe how town priorities have changed since the previous HM plan; hold a public meeting to obtain public input

**REVISED Scope of Work:**
**Regional Planning Assistance for Sandwich, Truro, and Provincetown, MA**

**Task 6:** Conduct a Benefit-Cost Review of all mitigation actions; identify mitigation actions to implement; prioritize mitigation actions; identify mitigation actions in the previous plan that have been completed or not; determine how to implement priority mitigation actions

**Task 7**: Hold a public meeting to elicit comments on the updated plan; revise as appropriate; seek preliminary local endorsement of the Plan by the Board of Selectmen

**Task 8:** Submit to MEMA for review; revise based on MEMA comments; then submit to FEMA for certification

**Task 9:** Local adoption and report finalization

**Plan Integration:** The HM plans in Sandwich, Truro and Provincetown will be integrated into local and regional planning documents:

- Regional Policy Plan (RPP): The Cape Cod Commission prepares and oversees the implementation of the RPP. This document establishes a set of goals, policies, and standards to guide planning and development on Cape Cod in a way that protects its resources. The Cape Cod Commission is currently updating the 2009 RPP. Data from HM plans in Sandwich, Truro, and Provincetown will be integrated into the 2014 RPP update. The data on critical facilities and vulnerable assets will be incorporated into GIS maps as part of the RPP update. The Cape Cod Commission is also investigating ways to incorporate data on sea level rise into the RPP update. For this task, data gathered from local HM plans will an especially valuable resource.
- Regional Transportation Plan (RTP): The Cape Cod Commission staff is currently updating the RTP, a long range comprehensive plan that describes transportation programs and "smart" solutions for Barnstable County. The hazard mitigation strategies and vulnerable transportation assets outlined in Sandwich, Truro, and Provincetown HM plans will be integrated into the RTP.
- Local Comprehensive Plans (LCP): The Town of Provincetown is currently updating their Local Comprehensive Plan which defines its vision and growth strategy for the future. The HM plan for Provincetown will provide data on valuable assets in the Town and highlight specific mitigation strategies important to Town officials, stakeholders, neighboring communities, and the general public.

There are also several plans that can be integrated into HM Plans for Sandwich, Truro, and Provincetown. For example, the Planning Committee in each Town can integrate goals and strategies from the State of Massachusetts HM plan, Local Comprehensive Plans, watershed plans as well as other relevant planning documents.

**Plan Maintenance and Monitoring:** The Planning Committee in each Town will reconvene annually to review the HM plan. Specifically the Committee will discuss the progress of their action items (including reasons why there may have been little or no progress), assign a percent complete value to each item, and brainstorm about additional funding opportunities. At this meeting, there will also be a discussion about new developments or vulnerabilities in the Town. The Cape Cod Commission will compile this information into an Annual Report to be submitted to the Town and MEMA. The format of the Annual Report will be similar to the MEMA Mitigation Program Quarterly Report.

**Evaluating and Updating HM Plans:** Each Town will evaluate the mitigation actions and planning process on an annual basis through committee meetings, public forums or online outreach strategies on the Cape Cod Commission website, Town website or social media. During the evaluation process, the Town will address the following questions:

**REVISED Scope of Work:**

**Regional Planning Assistance for Sandwich, Truro, and Provincetown, MA**

- Are the actions achieving the intended results?
- Is vulnerability decreasing?
- Was the planning process successful? Who else should be involved?
- Have priorities changed? Is there new data or new developments to be considered?

If the Town experiences a disaster, the HM Plan will be evaluated and updated to reflect lessons learned from the recent event.

Budget Information- Hazard Mitigation Programs

| Name of Sub-Recipient | | | | | | | | | | Grant Program | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Barnstable County/Cape Cod Commission | | | | | | | | | | PDMC 14-04 | | | | |
| CFDA # | | | Federal Identification Number | | Budget (Check One) | | | Budget Period | | | | | Strategic Funds Management | |
| 97.047 | | | 04-6001419 | | New | Revised XX | m: | 02/04/15 | To: | 1/31/17 | | | Yes | No XX |
| FEMA Ob# | Task | Activity/Cost Classification | | | A. Eligible and Approved Total Cost | | | B. Local Share* | | | | | C. Federal Share** | |
| | 1 | Planning Assistance from Massachusetts Maritime Academy | | | $3,000.00 | | | $750.00 | | | | | $2,250.00 | |
| | 2 | Aerial Videography Services | | | $5,425.00 | | | $1,357.00 | | | | | $4,068.00 | |
| | 3 | Planning Assistance from Cape Cod Commission (Direct Labor) | | | $33,675.00 | | | $8,419.00 | | | | | $25,256.00 | |
| | 4 | Fringe Benefits | | | $20,205.00 | | | $5,051.00 | | | | | $15,154.00 | |
| | 5 | Travel Expenses | | | $2,000.00 | | | $500.00 | | | | | $1,500.00 | |
| | 6 | Management Costs (5%) | | | $3,384.00 | | | $846.00 | | | | | $2,538.00 | |
| | Subtotal | | | | $67,689.00 | | | $16,923.00 | | | | | $50,766.00 | |
| | Project (Program ) income | | | | | | | | | | | | | |
| | Total | | | | $67,689.00 | | | $16,923.00 | | | | | $50,766.00 | |

*** 25% Local Share will be provided by the Cape Cod Commission.**

**Please provide a dollar amount that you anticipate spending in each fiscal year listed below for the federal funds only**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FY 15 | $0.00 | | FY 16 | $32,616.98 | | FY 17 | $18,149.02 | | |

# Federal Funding Accountability and Transparency Act Compliance Form

Please complete and return this form with contracts.

Part 1. In order to comply with the Federal Funding Accountability and Transparency Act (FFATA), the Massachusetts Emergency Management Agency may only award grants and contracts to entities with the Dun and Bradstreet Data Universal Numbering System numbers (DUNS). DUNS numbers are used as identifiers for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and sub-recipients. The DUNS number will be used throughout a grant's life cycle. Please consult your accounting department to obtain your organization's nine-digit DUNS number. If necessary, you may obtain one by calling 1-866-705-5711 or by applying online at http://fedgov.dnb.com/webform/displayHomepage.dio.

**Table 1. Award Information**

| | |
|---|---|
| **Name of Entity Receiving Award** | Barnstable County/Cape Cod Commission |
| **Street Address** | 3225 Main Street P.O. Box 226 |
| **City, State, Zip** | Barnstable, MA 02630 |
| **Contact Name** | Paul Niedzwiecki, Executive Director |
| **Contact Phone Number** | (508) 362-3828 |
| **Congressional District** | 9th |
| **Amount of Award** | $ 50,766.00 |
| **Nine-Digit DUNS Number** | 076612407 |
| **Transaction Type** | Reimbursement |
| **CFDA number or NAICS code** | 97.047 |
| **Program Source** | Pre-Disaster Mitigation Competitive |
| **Award Title** | Regional Planning Assistance for Sandwich, Truro, Provincetowm, MA |

Part 2. FFATA requires information be collected regarding executive compensation. If the gross revenue of your organization exceeds $25,000,000, more than 80% of the gross revenue is from federal sources, and the public does not have access to this information through other government reports the names, titles, and salaries of the executives with the five highest salaries must be provided. If your organization meets these criteria, please complete Table 2. If your organization does not meet these criteria, please check the statement above the table.

✓ The gross revenue of my organization does not exceed $25,000,000 and more than 80% of the gross revenue of my organization is not from federal sources and or compensation information is available to the general public.

OR

**Table 2 Executive Compensation (by Salary)**

| First and Last Name | Title | Annual Salary |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Signature of authorized official (signed in blue ink) — Date

Mary Pat Flynn, Sheila Lyons, Leo Cakounes — Barnstable County Commissioners

Printed name of Authorized Official — Title

Massachusetts Emergency Management Agency

Federal OMB Circular A-133 Audit Reporting Form

Name of Organization: Barnstable County/Cape Cod Commission

Address: 3225 Main Street

P.O. Box 226

Barnstable, MA 02630

Was your local government or not for profit organization required to have an audit of Federal Funds performed for the most recently closed fiscal year? (Spending of more than $750,000 in Federal Funds from all sources) If yes, please fill out the rest of this form. If no, please sign it and return.

Yes ☑ No ☐

Does your local government or not for profit organization have any findings or questioned costs related to grants administered by the Massachusetts Emergency Management Agency in your most recent audit?

Yes ☐ No ☑

If yes is checked above, please fill in the summary work sheet attached, listing the number of the finding in the A-133 Audit, the title of the finding, the initial date of the finding and the status of the corrective action taken to eliminate the finding and if questioned costs were identified.

If you have not fully implemented a corrective plan, you may receive a letter from our office requesting a new date for the implementation of your corrective action plan. Failure to implement corrective action plans could result in a loss of funds administered by the Massachusetts Emergency Management Agency.

I verify that the information presented in this form is accurate to the best of my knowledge.

Signature Date Barnstable County Commissioners

Title

Mary Pat Flynn, Sheila Lyons, Leo Cakounes

Printed Name

GRANT MODIFICATION REQUEST JUSTIFICATION
COMMONWEALTH OF MA

## *(Sub-recipient: Barnstable County/Cape Cod Commission, GRANT NUMBER PDMC1404CAPECOD00000)*

*Date of Request:* September 26, 2016 *Requested By:* Cally Harper
*(by sub-recipient)* *(Contract Manager)*

*Contact Email:* cally.harper@capecodcommission.org

Requests for modifications to the approved scope of work and/or period of performance is an eligible activity, but will not be granted automatically and must be supported by adequate justification in order to be processed. The justification must be a written explanation of the reason (or reasons) for the need to modify or change the existing scope of work or schedule. The language below serves as an outline to your modification request. Once you have completed your justification, forward this document, along with pertinent backup, to your MEMA Project Coordinator. If MEMA determines that the request meets the minimum requirements, set by FEMA, this document will be forwarded to FEMA for their final approval.

### 1. REQUEST:

On behalf of the sub-recipient (Barnstable County/Cape Cod Commission), the Grantee (MA Emergency Management Agency) respectfully requests a modification for the project identified above (PDMC1404CAPECOD00000). The Contract expiration date is September 30, 2016. The (Barnstable County/Cape Cod Commission) is requesting the following modifications.

***CHECK THE MODIFICATION YOU ARE REQUESTING:***

- ☐ ***SCOPE OF WORK MODIFICATION (SOWM)***
- ■ ***PERIOD OF PERFOMANCE MODIFICATION (POPM)***
- ☐ ***BUDGET AMENDMENT***

### 2. REASON FOR MODIFICATION:

a. Identify and describe the reasons and issues that make the modification necessary to complete the project. Identify the current status of the approved scope of work to date.

- ***EXPLANATION:*** Currently, as part of the PDMC1404 grant, Barnstable County/Cape Cod Commission is providing technical services to update hazard mitigation plans for the towns of Provincetown, Truro and Sandwich. Provincetown has completed their plan and it was adopted by the town on May 9, 2016 with an official approval date of May 20, 2016. The Sandwich and Truro Plans are 90% complete. The reasons why both of these plans are not 100% complete are weather issues with Tropical Storm Hermine while scheduling the drone flight and Truro was delayed in posting their public survey in part because of the resignation of the Planning Team Champion (the DPW Director). In both towns, all of the team meetings are done and the remaining tasks are: to review the drone footage in Sandwich which was collected on September 12, 2016, give the public three weeks to provide comments on the Truro hazard planning process, finish drafting both plans, submit the plan to MEMA/FEMA for review and then formal adoption of the plan. A Period of Performance Modification is being requested for the town of Sandwich and Truro and these plans will be completed by January 31, 2017. See attached emails from both towns showing their support for the Period of Performance Modification.

b. Describe what the changes will be and how they will affect the overall performance of the project. Please provide any supplemental information (drawings, designs, photos, bid documents, etc.) which would support and/or clarify your request.

- ***EXPLANATION:*** There is no change to the overall performance of the project.

**3. BUDGET**:

a. Does this modification request change the budget in any way? If so, please provide a revised budget.

- ***EXPLANATION*:** There will be no change to the budget.

b. Describe any remaining funds, both federal and non-federal share, which have not yet been spent. Please outline how these remaining funds will be used.

- ***EXPLANATION***: See attached document for the budget update as of September 26, 2016. Remaining funds will be used as originally planned: for Cape Cod Commission staff labor cost, fringe benefits, travel and indirect costs.

c. If the request for modification results in the need for additional funds to complete the project, identify the source(s) for additional funding. A new Benefit Cost Analysis may be required.

- ***EXPLANATION:*** There is no need for additional funds.

**4. REMAINING OBJECTIVES:**

a. Identify the tasks necessary to complete the project.

- ***EXPLANATION:*** See attached Work Schedules for Truro and Sandwich

b. Include a new project schedule.

- ***EXPLANATION:*** See attached Work Schedules for Truro and Sandwich

c. List the position/person responsible for oversight of the completion of the project.

- ***EXPLANATION:*** Cally Harper, Planner, Cape Cod Commission

**5. PROJECT COMPLETION DATE:** If this request includes a period of performance modification, select and identify the new projected completion date for the Grant Award. Make sure the projected completion date is in compliance with appropriate Program statutes, regulation and Grant Award Agreement Articles.

- ***EXPLANATION:*** Given Barnstable County/Cape Cod Commission's experience in hazard planning, it takes about 3 months to update a local Hazard Mitigation plan. The new projected completion date for PDMC1404CAPECOD00000 is: January 31, 2017.

For State Use Only

Approved by: Date:
Approved by: Date: 10/17/16

**From:** Peters, Joshua
**To:** Caroline Harper
**Cc:** Haney, Blair
**Subject:** Hazard Plan wrap-up
**Date:** Monday, September 26, 2016 10:22:29 AM

---

Hi Cally,
I understand that we are about to pass the original deadline for adoption of the Hazard Mitigation plan. All things considered, I think we're actually in pretty good shape since the main hang-up was the scheduling of the drone for our shoreline imagery. With that now completed, I don't see any obstacles remaining. I anticipate that we will easily wrap this up by year's end since we have support from my department head and also the town manager's office. Thank you for your continued guidance, it is certainly appreciated.

Best regards,
Josh Peters

Cc: Blair Haney, Director of Planning & Development

Josh Peters, Assistant Town Planner
Town of Sandwich, MA
O: (508) 833-8001
C: (774) 313-6872

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit http://www.symanteccloud.com

| | |
|---|---|
| **From:** | Kyle Takakjian |
| **To:** | Caroline Harper |
| **Cc:** | Rae Ann Palmer |
| **Subject:** | FEMA Grant Extension |
| **Date:** | Tuesday, September 27, 2016 1:34:21 PM |
| **Attachments:** | image001.png |

Dear Cally,

I am writing in support of a requested grant extension to support and assist the Town of Truro with developing and updating its Hazard Mitigation Plan.
As a small community with limited staff, we simply do not have the internal resources to complete such a task. To date, the Cape Cod Commission, has been instrumental as the project lead, bringing all departments and agencies to focus on the necessary steps , action items and implementation requirements.

The extension is necessary in order to receive and correlate feedback from a Public Survey up on the town's website, and provide enough time to give a larger portion of our population a chance to complete it. Additionally, the plan will go before the Board of Selectmen in Truro for approval to submit to MEMA and final adoption. If we extend until the end of the calendar year, that will give the Board more time to review and provide comments/edits as needed.

Please feel free to reach out with any questions or concerns.

Respectfully,

**Kyle Takakjian**
**Chief of Police**
**Truro Police Department**
**508-487-8730 (Communications)**
**508-487-8737 (Direct)**

National Defense University
Keystone 09 - 02

| BUDGET UPDATE | | | | DATE: 9/26/16 | | | |
|---|---|---|---|---|---|---|---|
| NAME OF GRANTEE: Cape Cod Commission | | | | GRANT PROGRAM #: PDMC 14-04 | | | |
| VENDOR CODE: VC6000194979 | | | | | | GRANT AMOUNT: | $50,766.00 |
| | ACTIVITY / COST CLASSIFICATION | a. Total Budget Approved | b. Total of ALL costs PAID to date | c. Federal Share available (% of approved budget) | d. Federal share PAID and not requested as of 9/26/16 | e. Total of previous federal payments requested and/or paid | f. Balance of grant (c less d less e) |
| 1 | Labor Costs | 33,675.00 | 31,548.70 | 25,256.00 | 5,533.02 | 18,128.18 | 1,594.80 |
| 2 | Fringe Benefits | 20,205.00 | 18,929.22 | 15,154.00 | 3,319.81 | 10,876.90 | 957.29 |
| 3 | Travel | 2,000.00 | 1,590.05 | 1,500.00 | - | 1,192.52 | 307.48 |
| 4 | Management Costs (5%) | 3,384.00 | 225.84 | 2,538.00 | - | 169.38 | 2,368.62 |
| 5 | Planning Assistance from MMA | 3,000.00 | 3,000.00 | 2,250.00 | - | 2,250.00 | - |
| 6 | Aerial Videography Services | 5,425.00 | 5,395.00 | 4,068.00 | 4,046.25 | - | 21.75 |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | Subtotal | $67,689.00 | $60,688.81 | $50,766.00 | $12,899.08 | $32,616.98 | $5,249.94 |
| 13 | Program/Project Income(Subtract fron total costs only) | | $0.00 | | | | . |
| 14 | **Total Project Costs** | $67,689.00 | $60,688.81 | $50,766.00 | $12,899.08 | $32,616.98 | $5,249.94 |

**Tasks necessary to complete the project in Sandwich.**

Task 1: Completed

Task 2: Completed

Task 3: Completed

Task 4: Completed with the exception of: estimate losses with planning assistance from regional partners such as Massachusetts Maritime Academy.

Task 5: Completed

Task 6: Completed

Task 7: Hold a public meeting to elicit comments on the updated plan; revise as appropriate; seek preliminary local endorsement of the Plan by the Board of Selectmen

Task 8: Submit to MEMA for review; revise based on MEMA comments; then submit to FEMA for certification

Task 9: Local adoption and report finalization.

**A new project schedule for the Town of Sandwich.**

| **Task** | Estimated Task Start Date | Task Duration (in months) | Estimated Task End Date |
|---|---|---|---|
| Estimate the losses with planning assistance from regional partners such as Massachusetts Maritime Academy | 9/12/16 | 0.5 | 10/7/16 |
| Hold a public meeting to elicit comments on the updated plan; revise as appropriate; seek preliminary local endorsement of the Plan by the Board of Selectmen | 10/7/16 | 1.5 | 11/21/16 |
| MEMA/FEMA reviews/revisions | 11/21/16 | 1.5 | 12/31/16 |
| Local adoption and report finalization | 12/31/16 | 1 | 1/31/17 |

**Tasks necessary to complete the project in Truro.**

Task 1: Completed.

Task 2: Completed

Task 3: Completed except: invite stakeholders and neighboring communities to participate in the inventory and planning process

Task 4: Completed.

Task 5: Completed except: hold a public meeting to obtain public input

Task 6: Completed.

Task 7: Hold a public meeting to elicit comments on the updated plan; revise as appropriate; seek preliminary local endorsement of the Plan by the Board of Selectmen

Task 8: Submit to MEMA for review; revise based on MEMA comments; then submit to FEMA for certification

Task 9: Local adoption and report finalization.

**A new project schedule for the Town of Truro.**

| **Task** | Estimated Task Start Date | Task Duration (in months) | Estimated Task End Date |
|---|---|---|---|
| Invite stakeholders and neighboring communities to participate in the inventory and planning process | 9/12/16 | 0.5 | 10/7/16 |
| Hold a public meeting to elicit comments on the updated plan; revise as appropriate; seek preliminary local endorsement of the Plan by the Board of Selectmen | 10/7/16 | 1.5 | 11/21/16 |
| MEMA/FEMA reviews/revisions | 11/21/16 | 1.5 | 12/31/16 |
| Local adoption and report finalization | 12/31/16 | 1 | 1/31/17 |

**CORPORATION FOR NATIONAL AND COMMUNITY SERVICE**
**AmeriCorps VISTA**
**MEMORANDUM OF AGREEMENT**

Between

Barnstable County
P. O. Box 427
Barnstable, MA 02630-0427
EIN: 046001419

and

Corporation for National and Community Service
Massachusetts State Office
10 Causeway Street
Room 473
Boston, MA 02222-1001

*Pursuant to Title I, Pub.L. 93-113, the Domestic Volunteer Service Act of 1973, as amended, 87 Stat. 394 hereinafter, "the Act"*

This Memorandum of Agreement, hereinafter referred to as "the Agreement", between the two above-captioned parties: 1) Corporation for National and Community Service, hereinafter referred to as "CNCS"; and 2) Barnstable County, hereinafter referred to as the "Sponsor", sets forth the parties' understanding concerning the establishment and operation of a local project under the AmeriCorps VISTA program, pursuant to Title I, Part A of the Domestic Volunteer Service Act, as amended, (42 U.S.C.§§ 4950 et seq.), hereinafter may be referred to as "the Act". The primary purpose of this agreement is for CNCS to provide the Sponsor with up to one(1) AmeriCorps VISTA members to perform volunteer service to strengthen and supplement efforts to eliminate poverty and poverty-related human, social, and environmental problems as specified in the Project Application. The Project Application is incorporated in this Agreement by reference.

The Agreement provides for the assignment of up to one (1) AmeriCorps VISTA members(s) and up to zero (0) Summer Associates supported by the CNCS. The final number of AmeriCorps VISTA members and/or Summer Associates placed may be less than the number listed above due to considerations, such as those related to the management, resources, and budget of the VISTA program.

This Agreement is for one year, and shall become effective on the date of 10/06/2016 execution of this Agreement. The date of execution of this agreement is the date that the final signatory for either party signs and dates this Agreement. This Agreement is subject to performance of the terms as set forth in this Agreement, below in Part II. Activity on the project shall be deemed to have begun on 10/06/2016 and shall end thereafter on 09/30/2017, unless terminated sooner by either or both of the parties.

**Click below to view:**

**General Provisions of the Standard MA**

## OFFICIAL SIGNATURE SHEET

In witness whereof, the parties whose signatures appear below attest to having the authority to enter into this Agreement and agree that this Agreement will become effective on the aforementioned date.

**Sponsor**

Electronically
Signed By: Ferguson, Julie M

Title:

Date: 06-OCT-16

Address: Barnstable County
P. O. Box 427
Barnstable, MA 02630-0427

Phone: (508) 375-6869

**Corporation for National and Community Service**

Electronically
Signed By: McClintock, Sherry

Title: State Program Director

Date: 06-OCT-16

Address: Massachusetts State Office
10 Causeway Street
Room 473
Boston, MA 02222-1001

Phone:

For Official Use Only

# Notice of Grant Award

**Corporation for National and Community Service**
601 Walnut Street, Suite 876 E
Philadelphia, PA 19106-3323

## VISTA State

## Grantee

Barnstable County
P. O. Box 427 Barnstable MA 02630-0427

EIN: 046001419
DUNS: 076612407

## Award Information

| | | | |
|---|---|---|---|
| Agreement No.: | **16VSAMA010** | Performance Period: | **10/02/2016 - 09/30/2017** |
| Amendment No.: | **0** | Budget Period: | **01/01/2017 - 12/23/2017** |
| CFDA No.: | **94.013** | Grant Year: | **1** |

## Award Description

## Purpose

The purpose of this award is to assist the Project Sponsor in carrying out an anti-poverty AmeriCorps VISTA project as authorized under Title I, Part A of the Domestic Volunteer Service Act of 1973, as amended (Pub. L. 93–113).

## Funding Information

| Year 1 | Previously Awarded This Year | This Award/ Amendment | Total Current Year |
|---|---|---|---|
| Total Obligated by CNCS | $0 | $0 | $0 |
| Grantee's Unobligated Balance (Carryover) | $0 | $0 | $0 |
| Total Available | $0 | $0 | $0 |

**Cumulative Funding for Project Period**

| | |
|---|---|
| Total Awarded in Previous Amendments | $0 |
| Total CNCS Funds Awarded to Date | |

## Funding Source and Amount

Not applicable to this award.

Terms of Acceptance: The Sponsor agrees to comply with all terms and conditions of the Memorandum of Agreement and all applicable federal statutes, regulations and guidelines of VISTA. The Terms & Conditions are also binding on grantees receiving cash awards. By accepting VISTA funds, the grantee agrees to comply with the Terms & Conditions: https://egrants.cns.gov/termsandconditions/FinalGeneralTermsandConditions20151201.pdf, https://egrants.cns.gov/termsandconditions/VISTA_Program_Rev2016.pdf or https://egrants.cns.gov/termsandconditions/VISTA_Support_Rev2016.pdf, and all applicable federal statutes, regulations and guidelines. The grantee agrees to operate in accordance with the approved application and budget.

Corporation for National and Community Service:

| | | |
|---|---|---|
| | 10/06/2016 | Barnstable County |
| Signature | Award Date | Legal Applicant |

# Notice of Grant Award

601 Walnut Street, Suite 876 E
Philadelphia, PA 19106-3323

## VISTA State

## Grantee

Barnstable County
P. O. Box 427 Barnstable MA 02630-0427

EIN: 046001419
DUNS: 076612407

Corporation for National and Community Service:

Sherry McClintock
Senior Grants Officer

Stacy Gallagher
Project Director

Janet Caranci, 215-964-6315
Grants Officer

Julie M. Ferguson
Certifying Official/Executive Officer

Christine Robles, (617)565-7017
Program Officer

Cape Light Compact
P.O. Box 427, Barnstable, MA 02630
1.800.797.6699 | Fax: 508.362.4136 | capelightcompact.org

October 24, 2016

TO: County Commissioners

FROM: Maggie Downey

RE: Establishment of New Cape Light Compact Fund

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In order for the Compact to set aside funds for its projected liabilities (i.e. pension/retirement and other post-employment benefits), I respectfully request the Commissioners authorize the establishment of a new reserve fund for these liabilities.

VOTE: to establish a new Cape Light Compact fund for unfunded pension/retirement liability and other post-employment benefits.

| | | |
|---|---|---|
| Mary Pat Flynn | Sheila Lyons | Leo Cakounes |

Cc: Jack Yunits
Mary McIsaac
Compact Governing Board