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2025 OCT -6 P 3:57

CITY OF AMESBURY, MA

CITY OF AMESBURY  
IN THE YEAR TWO THOUSAND TWENTY-FIVE

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SPONSORED BY: Kassandra Gove **BILL No. 2025- 109**  
**Kassandra Gove, Mayor**

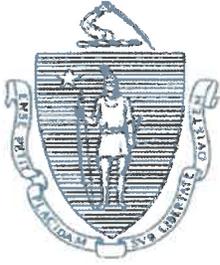
**An Order** to authorize the Mayor to accept and expend a grant in the amount of \$34,967.00 from the Massachusetts Executive Office of Public Safety and Security, Office of Grants and Research FY26 Municipal Road Safety (MRS) Grant Program.

**Summary:** This grant award will be used to fund traffic enforcement. This funding will allow the Police Department to increase the number of hours spent conducting selective enforcement to combat the most problematic areas, which include distracted drivers, impaired driving, and speeding. This is a cost reimbursement grant program with an end date of September 15, 2026.

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

That the City of Amesbury authorizes the Mayor to accept and expend a grant in the amount of \$34,967.00 from the Massachusetts Executive Office of Public Safety and Security, Office of Grants and Research FY26 Municipal Road Safety (MRS) Grant Program.





OFFICE OF THE GOVERNOR  
COMMONWEALTH OF MASSACHUSETTS  
STATE HOUSE BOSTON, MA 02133  
(617) 725-4000

MAURA T. HEALEY  
GOVERNOR

KIMBERLEY DRISCOLL  
LIEUTENANT GOVERNOR

October 6, 2025

Craig Bailey  
Chief of Police  
Amesbury Police Department  
62 Friend St  
Amesbury, MA 01913-2825

Dear Chief Bailey,

Congratulations! We are pleased to inform you that the **Amesbury Police Department** has been awarded **\$34,967.00** in National Highway Traffic Safety Administration funds from the Office of Grants and Research (OGR) to support the **FFY26 Municipal Road Safety Program**.

Additional correspondence, including all the documents necessary to execute this grant award will be forthcoming. In the meantime, if you or your staff have any questions, please feel free to contact Taylor Keown, Program Coordinator at [Taylor.Keown@mass.gov](mailto:Taylor.Keown@mass.gov) or 781-535-0065.

Once again congratulations and thank you for the work your department does to improve traffic safety in Massachusetts.

Sincerely,

A handwritten signature in blue ink that reads "M. T. Healey".

GOVERNOR MAURA T. HEALEY

A handwritten signature in blue ink that reads "Kim Driscoll".

LT. GOVERNOR KIMBERLEY DRISCOLL





The Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants and Research

35 Braintree Hill Office Park  
Braintree, MA 02184

Tel: (617) 725-3301  
Fax: (617) 725-0260

MAURA T. HEALEY  
Governor

SUSAN TERREY  
Interim Secretary

KIMBERLEY DRISCOLL  
Lieutenant Governor

KEVIN STANTON  
Executive Director

October 6, 2025

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Amesbury Police Department  
62 Friend St  
Amesbury, MA 01913-2825

Dear Chief Bailey,

Congratulations! We are pleased to inform you that the **Amesbury Police Department** has been awarded **\$34,967.00** in National Highway Traffic Safety Administration funds from the Office of Grants and Research (OGR) to support the **FFY26 Municipal Road Safety Program**.

Additional correspondence, including all the documents necessary to execute this grant award are enclosed. Please note your official start date will be the date that your Standard Contract Form is signed and dated by OGR's Executive Director. Any costs incurred prior to the date the contract is fully executed will not be eligible for reimbursement.

In the meantime, if you or your staff have any questions, please feel free to contact Taylor Keown, Program Coordinator at [Taylor.Keown@mass.gov](mailto:Taylor.Keown@mass.gov) or 781-535-0065.

Congratulations on your award and we look forward to working with your department to improve traffic safety in Massachusetts.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin J. Stanton".

Kevin J. Stanton  
Executive Director

Enclosure



## Attachment B - Budget Worksheet



### FFY 2026 Municipal Road Safety Grant (MRS)

Name of Applicant Organization	Amesbury Police Department
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Cost Categories	Federal Costs
Traffic Safety Enforcement (TE) Overtime	\$ 34,967.00
Traffic Safety Equipment	\$ -
Pedestrian & Bicyclist Enforcement Overtime	\$ -
Pedestrian & Bicyclist Safety Items	\$ -
Community Awareness, Outreach, and Educational Activities	\$ -
Fringe Benefit Costs	\$ -
Indirect Costs	\$ -
<b>Total Costs</b>	<b>\$ 34,967.00</b>



**COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM**



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

CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name: Town/City of Amesbury Police Department		Department: Executive Office of Public Safety & Security, Office of Grants & Research	MMARS Code EPS
d/b/a		Contract Manager Name Denise Brown	
Legal Address 62 FRIEND ST, AMESBURY, MA 01913-2825		Business Mailing Address 35 Braintree Hill Office Park, Suite 302, Braintree, MA 02184	
Contract Manager Name CHARLES SCIACCA		Billing Address If Different	
Phone (978) 388-1212	Fax	Phone 781-535-0069	Fax 617-725-0260
Email sciaccac@amesburyma.gov		Email Denise.M.Brown@mass.gov	
Vendor Code VC6000191694		MMARS Doc ID(s) 2026MRSPAMESBURYXXXX	
Vendor Code Address ID e.g. "AD001". <b>AD001</b> <small>Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.</small>		RFR/Procurement or Other ID Number BD-25-1044-EPS11-HWY-116032	
<input checked="" type="checkbox"/> <b>NEW CONTRACT</b>		<input type="checkbox"/> <b>CONTRACT AMENDMENT</b>	
Procurement or Exception Type (Check one option only)		Current Contract End Date <i>PRIOR</i> to Amendment	Amendment Amount Or Enter "No Change"
<input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated department.)  <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, and budget.)  <input checked="" type="checkbox"/> <b>Department Procurement</b> - Includes all Grants <a href="#">815 CMR 2.00</a> . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)  <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, and budget.)  <input type="checkbox"/> <b>Contract Employee</b> (Attach Employee Status Form, scope, and budget.)  <input type="checkbox"/> <b>Interim Contract with new Contractor</b> (Attach justification for Interim Contract and updated scope/budget.)  <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)		Amendment Type Check one option only. Attach details of amendment changes.  <input type="checkbox"/> <b>Amendment to Date, Scope, or Budget</b> (Attach updated scope and budget.)  <input type="checkbox"/> <b>Interim Contract with Current Contractor</b> (Attach justification for Interim Contract and updated scope/budget.)  <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget.)  <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language/justification and updated scope/budget.)	
<b>TERMS AND CONDITIONS</b>			
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding. Check ONE option:			
<input checked="" type="checkbox"/> <a href="#">Commonwealth Terms and Conditions</a> <input type="checkbox"/> <a href="#">Commonwealth Terms and Conditions for Human and Social Services</a> <input type="checkbox"/> <a href="#">Commonwealth IT Terms and Conditions</a>			
<b>COMPENSATION</b>			
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 <a href="#">815 CMR 9.00</a> .			
<input type="checkbox"/> <b>Rate Contract (No Maximum Obligation)</b> . (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)  <input checked="" type="checkbox"/> <b>Maximum Obligation Contract</b> . Total maximum obligation for total duration of this contract (or new total if contract is being amended): <b>\$34,967.00</b>			

**PROMPT PAYMENT DISCOUNTS (PPD)**

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting accelerated payments must identify a PPD as follows:

Payment issued within:    10 days            % PPD.  
   15 days            % PPD.  
   20 days            % PPD.  
   30 days            % PPD.

If PPD percentages are left blank, identify reason:

Statutory/legal             Ready Payments (M.G.L. c. 29, § 23A)             Agree to standard 45-day cycle             Only initial payment

**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.

FFY2026-Municipal Road Safety Program PT-26-05-04

80000402/ F40225

ASSISTANCE LISTING# 20.600

**SUPPLIER DIVERSITY PROGRAM (SDP) PLAN**

Does the Supplier Diversity Program apply?

YES            If YES, the Contractor's annual SDP commitment for this Contract is  
 NO            If NO, and the department is an Executive Department, enter the appropriate exemption: Grants

**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 11/01, 2025, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
- 3. were incurred as of \_\_\_\_\_, 20\_\_\_\_, 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 9/15, 2026, 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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable), 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**

Signature and date must be captured at time of signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

**AUTHORIZING SIGNATURE FOR THE DEPARTMENT**

Signature and date must be captured at time of signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name Kevin J. Stanton            Print Title Executive Director, Office of Grants & Research