



**Truro Board of Selectmen Meeting Agenda**  
**Tuesday, January 26, 2016**  
**Regular Board of Selectmen Meeting - 5:00pm**  
Selectmen's Chambers Town Hall 24 Town Hall Road, Truro

**1. PUBLIC COMMENT**

- A. Open the Regular Meeting
- B. Public Comment Period - *The Commonwealth's Open Meeting Law limits any discussion by members of the Board of an issue raised to whether that issue should be placed on a future agenda*

**2. PUBLIC HEARINGS NONE**

**3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS**

- A. Review, Approve and Interview Marla Perkel for appointment on the Truro Cultural Council

**4. TABLED ITEMS NONE**

**5. BOARD OF SELECTMEN ACTION**

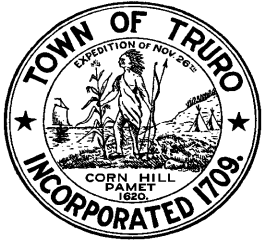
- A. Vote to Open the Warrant for the 2016 Annual Town Meeting effective January 27<sup>th</sup>, 2016  
Presenter: Paul Wisotzky, Chair of Board of Selectmen
- B. Recommendations for Licensing that can be signed by Town Administrator  
Presenter: Rae Ann Palmer, Town Administrator
- C. Review of Proposal – Intermunicipal Agreement with Provincetown  
Presenter: Rae Ann Palmer, Town Administrator
- D. Review and Approve Final Cover Photo for 2015 Annual Town Report  
Presenter: Rae Ann Palmer, Town Administrator
- E. Request for transfer of funds from Truro Affordable Housing Trust to the Truro Housing Authority  
Presenter: Carl Brotman, Chair of Housing Authority

**6. CONSENT AGENDA**

- A. Review/Approve and Authorize the Chair to sign:
  - 1. Project Completion Sign Off for Use of Town Owned Property/Beach Access (2 & 4 Heron Lane, 53 & 55 Fisherman's Road, 39 Bay View Road, 21, 32 & 33 Cooper Road)-Safe Harbor Environmental
  - 2. Project Completion Sign Off for Use of Town Owned Property/Beach Access (Corn Hill Beach)-Stephen Digiovanni and GFM Enterprises
- B. Review and Approve Alcoholic Beverages Control Commission 2016 Seasonal Population Estimate
- C. Review and Approve the Reappointment of Carl Brotman as Truro's Representative to the Barnstable County Home Consortium
- D. Review and Approve Letter requesting Support of Senator Elizabeth Warren and Representative William Keating for Assistance to Firefighters grants
- E. Review and Approve Minutes January 12, 2016 and December 21, 2015 (Budget Task Force)

**7. SELECTMEN AND LIAISON AND TOWN ADMINISTRATOR REPORTS**

**8. NEXT MEETING AGENDA: TUESDAY, February 9, 2016**



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**BOARD/COMMITTEE/COMMISSION:** Truro Cultural Council

**REQUESTOR:** Nicole Tudor, Executive Assistant

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Approval of Marla Perkel's application to serve as a full member with the Cultural Council.

**EXPLANATION:** Marla Perkel submitted an application to serve that the Selectmen's office received on January 12<sup>th</sup> for the Cultural Council; it has been endorsed by the Chair Ken Hawkey, of the Truro Cultural Council.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** If the appointment is not approved there will be a full membership vacancy on the Truro Cultural Council.

**SUGGESTED ACTION:** *MOTION TO appoint Marla Perkel to the Truro Cultural Council as a full member for a three year term ending June 30, 2019.*

**ATTACHMENTS:**

1. Application to Serve –Marla Perkel



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: MARLA S. PERKEL HOME TELEPHONE: [REDACTED]  
 ADDRESS: 6 HILBOURNE TERR. WORK PHONE: [REDACTED]  
 MAILING ADDRESS: PO Box 1043, No Truro, MA 02662 E-MAIL: [REDACTED]  
 FAX: — MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: T. CULTURAL COUNCIL

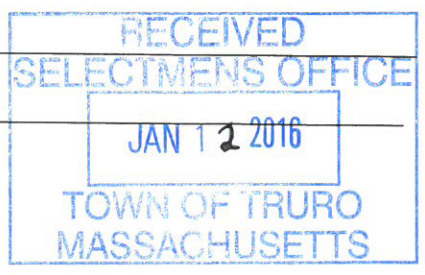
SPECIAL QUALIFICATIONS OR INTEREST: HAVE ~~WORKED~~ WORKED ON SIMILAR COUNCILS in N.Y.C. and DC. - interested in the particular groups which apply for donations

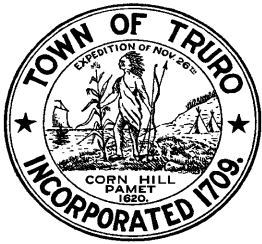
COMMENTS: BERTRAM PERKEL'S wife, very interested in Truro and POLITICAL GROUPS - member of Truro Democ. Club

SIGNATURE: Marla S. Perkel DATE: 1/11/16  
 \*\*\*\*\*

COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL)  
Endorsed by Chair, Ken Hawkey Jan. 13, 2016

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 INTERVIEW DATE: \_\_\_\_\_ APPOINTMENT DATE (IF APPLICABLE): \_\_\_\_\_





# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Administrator

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Action to open the Warrant for the 2016 Annual Town Meeting

**EXPLANATION:** In accordance with the Truro Town Charter, Chapter 2, § 3, 2-3-4, the warrant for Town Meeting shall be opened for submission of articles 90 days before the date of the Town Meeting and shall remain open for 30 days. The deadline for money articles is February 10, 2016 and the warrant will close on March 8, 2016 at 4:00 PM. Please see the attached Municipal Calendar for more information.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** Charter Requirements will not be met.

**SUGGESTED ACTION:** *Motion to open the warrant for the 2016 Annual Town Meeting on January 27, 2016 at 8:00 AM.*

**ATTACHMENTS:**

1. Municipal Calendar



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

September 15, 2015

To: Board of Selectmen  
Department Heads  
Chairs of Boards, Committees and Commissions  
Town Moderator  
Finance Committee

From: Rae Ann Palmer, Town Administrator

Re: Annual Municipal Calendar for 2016 ATM and Fiscal Year 2017 Budget Preparation

The Board of Selectmen has consented to the following Municipal Calendar for the 2016 Annual Town Meeting and the Fiscal 2017 Budget Preparation. The calendar provides you with the upcoming deadlines for meetings, budget and CIP requirements, Annual Town Report requirements, Town Meeting and Elections. The 2016 Annual Town Meeting will be held on Tuesday, April 26, 2016.

**Sept 29, 2015** Board of Selectmen and Finance Committee preliminary discussion on FY2017 budget and fiscal planning parameters

**Oct 13, 2015** Finalize Board of Selectmen Budget Message

**Oct 14, 2015** Budget Meeting with Department Heads

**Oct 16, 2015** Distribution of budget worksheets

**Oct 20, 2015** Department Heads and Board/Committee/Commission Chairs meeting to discuss the FY2017 Operating Budget and Capital Improvement Plan. 10:00AM - Truro Public Safety Building Training Room

**Nov 1, 2015** CPC deadline for application for possible funding at the 2016 ATM

**Nov 13, 2015** **All budgets and CIP requests must be turned into the Town Administrator and the Town Accountant by noon.**

**Dec 15, 2015** All draft budgets and CIP requests to the Board of Selectmen, including preliminary School budget/CIP

**Jan 12, 2016** Board of Selectmen review of budget and CIP and submit to Finance Committee (*Per Truro Charter – on or before January 15*)

**Jan 22, 2016** **All Annual Town Reports must be submitted electronically** to Nicole Tudor ([ntudor@truro-ma.gov](mailto:ntudor@truro-ma.gov)) or Noelle Scoullar ([nscoullar@truro-ma.gov](mailto:nscoullar@truro-ma.gov))

**Jan 26, 2016** Board of Selectmen vote to open the Warrant for the 2015 Annual Town Meeting, effective January 27, 2016

**Jan 27, 2016** **Annual Town Meeting Warrant Opens**

**Feb 9, 2016** Draft FY2017 Town and School Budgets, CIP presented to the Board of Selectmen and Finance Committee

**Feb 10, 2016** **Deadline for Money Articles**

**Mar 8, 2016** **Annual Town Meeting Warrant Closes at 4:00pm**

**Mar 8, 2016** FY2016 “final” Budget and CIP and draft Warrant presented to Board of Selectmen for review and approval.

**Mar 22, 2016** **Last day to file nomination papers with the Registrar**

**Mar 25, 2016** Final Board of Selectmen review and approval of warrant and last day for Board of Selectmen letter to voters on FY2016 Budget/CIP, etc., for inclusion in the Town Meeting Warrant

**Mar 25, 2016** Last day for Finance Committee to submit letter to voters on FY2016 Budget/CIP for including in the Town Meeting Warrant

**Mar 31, 2016** **Warrant to the Printer**

**Apr 7, 2016** Last day to object or withdraw nomination papers

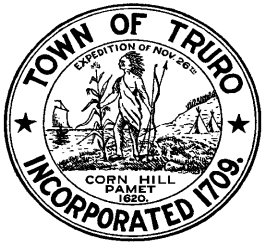
**Apr 12, 2016** **Post Warrant**

**Apr 12, 2016** Pre-Town Meeting and Candidates Night

**Apr 12, 2016** Final date for Finance Committee to hold Public Hearing on the FY2016 Budget

**Apr 26, 2016** **Annual Town Meeting, 6:00 pm Truro Central School**

**May 10, 2016** **Annual Town Election, 7:00 am – 8:00 pm Truro Community Center**



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Nicole Tudor, Executive Assistant on behalf of Rae Ann Palmer, Town Administrator

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Recommendations for licensing that can be signed by the Town Administrator

**EXPLANATION:** The Administration Office/Licensing Department oversees the following applications which currently require Board of Selectmen approval at a posted meeting: Use of Town Property, Application for Bike and Road Races, Filming Agreement, and Construction/Staging Permit for Use of Town-Owned and/or Beach Access (Policy #48). These applications must be submitted in a timely manner for review by staff and pertinent Department Heads. Following the Administrative reviews, the application is designated for final approval on one of the two posted meetings in a given month with the Board of Selectmen.

With Board of Selectmen approval, applications can take up to a month to get final approvals. This current process does not allow for last minute submission of applications. Administrative review of these applications will better serve citizens by allowing for greater efficiency in getting approvals for Bike and Road Races, Use of Town property, filming in Truro and use of area beaches by local contractors.

The listed applications are attached with revisions indicating Town Administrator approval for Use of Town Property, Application for Bike and Road Races, Filming Agreement, Construction/Staging Permit for Use of Town-Owned and/or Beach Access (Policy #48). Upon approval, of this item, the application process can be expedited.

**FINANCIAL SOURCE (IF APPLICABLE):** These applications generally do not require the use of Town funds.

**IMPACT IF NOT APPROVED:** The applications will continue to be reviewed and approved by the Board of Selectmen at posted meetings.

**SUGGESTED ACTION:** *MOTION TO authorize the Town Administrator to approve the following applications: Use of Town Property, Application for Bike and Road Races, Filming Agreement, and Construction/Staging Permit for Use of Town-Owned and/or Beach Access Application ; and to approve revisions to Policy #48.*

**ATTACHMENTS:**

1. Revised Use of Town Property
2. Revised Application for Bike and Road Races
3. Revised Filming Agreement
4. Revised Construction/Staging Permit for Use of Town-Owned and/or Beach Access (Policy #48)



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR PERMIT TO USE TOWN-OWNED PROPERTY

Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Group Affiliation (If Any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Activity (Please be **specific** as to number of persons, equipment to be used (if any), whether food or beverages will be served, parking arrangements, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town Property to be Used: \_\_\_\_\_

Date(s) and Hours of Use: \_\_\_\_\_ Day: \_\_\_\_\_

**Applicant is responsible for obtaining all necessary permits and inspections (see page 2)**

I, as applicant for the above, do hereby acknowledge that the town is exempt from any liability for this activity. I, as applicant for the above, additionally guarantee that the area to be used will be cleaned and left free of any debris at the completion of said activity. A fee of \$50.00 is to be submitted to the Town upon approval of the application by the Board of Selectmen.

\_\_\_\_\_  
Signature of Applicant Date

Action by the Town Administrator ~~Board of Selectmen~~: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved as submitted

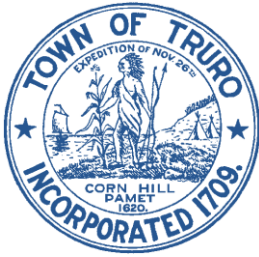
\_\_\_\_\_ Approved with the following condition(s): \_\_\_\_\_

\_\_\_\_\_ Disapproved with the following reason(s): \_\_\_\_\_

Signatures of the ~~Board~~ Town Administrator: \_\_\_\_\_

**APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS & INSPECTIONS**

<b>Health/Conservation Agent Signature:</b> _____ Comments/Conditions:  Permits/Inspections needed:	<b>Building Commissioner Signature:</b> _____ Comments/Conditions:  Permits/Inspections needed:
<b>Police Department Signature:</b> _____ Comments/Conditions:	<b>Fire Department Signature:</b> _____ Comments/Conditions:
<b>DPW Signature:</b> _____ Comments/Conditions:	<b>Harbormaster Signature:</b> _____ Comments/Conditions:
<b>Recreation &amp; Beach Director:</b> _____ Comments/Conditions:	<b>OTHER:</b> _____ Comments/Conditions:



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: 508-349-7004 , Extension: 10 or 24 Fax: 508-349-5505

## APPLICATION FOR PERMIT FOR ORGANIZED BIKE & ROAD RACES

**Applicant:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Group Affiliation (If Any):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Type of Event** (Please be **specific** as to number of persons, equipment to be used (if any), whether food or beverages will be served, parking arrangements, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Streets &/or Roads to be Used:**

\_\_\_\_\_  
\_\_\_\_\_

**Date(s) and Hours Race/Event:**

\_\_\_\_\_ **Day:** \_\_\_\_\_

**Applicant is responsible for obtaining all necessary permits and inspections (see page 2)**

**If Town Beaches are being used the Use of Town Property MUST be completed in addition to this application.** I, as applicant for the above, do hereby acknowledge that the town is exempt from any liability for this activity. I, as applicant for the above, additionally guarantee that the area to be used will be cleaned and left free of any debris at the completion of said activity.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Action by the Town Administrator ~~Board of Selectmen~~: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved as submitted

\_\_\_\_\_ Approved with the following condition(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Disapproved with the following reason(s): \_\_\_\_\_

\_\_\_\_\_

Signature of the Town Administrator ~~s of the Board~~: \_\_\_\_\_

**APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS & INSPECTIONS**

<b>Health/Conservation Agent Signature:</b> <hr/>	<b>Building Commissioner Signature:</b> <hr/>
Comments/Conditions:	Comments/Conditions:
Permits/Inspections needed:	Permits/Inspections needed:
<b>Police Department Signature:</b> <hr/>	<b>Fire Department Signature:</b> <hr/>
Comments/Conditions:	Comments/Conditions:
<b>DPW Signature:</b> <hr/>	<b>Harbormaster Signature:</b> <hr/>
Comments/Conditions:	Comments/Conditions:
<b>Recreation and Beach Director:</b> <hr/>	<b>Other:</b> <hr/>
Comments/Conditions:	Comments/Conditions:



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

## FILMING AGREEMENT

An agreement made in Truro, Massachusetts on this date, \_\_\_\_\_ by and between \_\_\_\_\_ (“Company”), having a principal place of business at \_\_\_\_\_ and the Town of Truro, acting through its Town Administrator Board of Selectmen

(“Town”), a town duly incorporated under the laws of Massachusetts;

WHEREAS, the Company is desirous of filming a portion of its motion picture/advertisement within the Town of Truro; and

WHEREAS, the Company wishes to gain permission to utilize the public lands and ways during part of its filming; and

WHEREAS, the Town is amenable to granting full permission so long as the Town is fully protected from all injury and liability which may be occasioned by granting permission;

NOW THEREFORE, it is mutually agreed as follows:

1. With the prior consent of the Town Administrator Board of Selectmen, the Company may film within the Town of Truro portions of its motion picture/advertisement, at the locations already designated and to be designated by the Town Administrator Board of Selectmen;
2. The Company shall at all times exercise due care and diligence in its filming and associated activities within the Town of Truro;
3. For each day of filming within the Town of Truro the Company shall pay to the Town of sum of \_\_\_\_\_.
4. Should the Chief of Police of the Town of Truro determine that public safety and order requires a police detail at the scene where filming is occurring, he/she shall provide the police detail with all costs of such detail, if there are any, to be paid by the Company as an additional payment in addition to the daily fee.
5. All payments due under this Agreement shall be paid within thirty (30) days of when the filming occurs; in the event payment is not made within this time, interest at the rate of twelve (12%) per annum shall accrue thereon.
6. The Company shall fully reimburse the Town for any property damage cause, directly or indirectly by the Company.
7. The Company shall fully reimburse, indemnify, and hold harmless the Town of Truro for any and all

harm, injury, damage, and liability for property damage and personal injury which may occur to third parties, which is caused directly or indirectly by the Company, and for which the Town may be held responsible. Indemnification shall include all legal expenses, court costs, and attorney fees, if any.

8. The Company warrants and represents that it is fully and satisfactorily insured against liability for personal injury and property damage and that, upon request of the Town Administrator ~~Board of Selectmen~~, it shall furnish all applicable certificates of insurance.

9. This Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts, and in the event any portion of this Agreement is deemed to be invalid, that portion shall be severed and deleted, and at the discretion of the Town, the balance shall remain in full force and effect.

Witness our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_,

**Town of Truro by Town Administrator:  
by its Board of Selectmen:**

\_\_\_\_\_

\_\_\_\_\_

**Company by a duly authorized agent:**

In the presence of:

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_

\_\_\_\_\_  
Name and Title (Printed)

Notary Public

\_\_\_\_\_  
Date when signed

## APPLICATION FOR PERMIT TO USE TOWN OWNED PROPERTY

APPLICANT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TOWN PROPERTY TO BE USED:

\_\_\_\_\_

DATES AND HOURS OF USE:

\_\_\_\_\_

DESCRIPTION OF ACTIVITY CONTEMPLATED, INCLUDING PURPOSE FOR FILMING, NUMBER OF PERSONS INVOLVED, EQUIPMENT TO BE USED, WHETHER FOOD OR BEVERAGES WILL BE SERVED OR SOLD, THE NUMBER OF VEHICLES INVOLVED, AND ANY OTHER ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION BY TOWN ADMINISTRATOR ~~BOARD OF SELECTMEN~~:**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Conditions, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (Town Administrator ~~Chairman, Board of Selectmen~~) Date

**ACTION BY POLICE DEPARTMENT:**

Recommendation for a police detail: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments, Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (Chief of Police)

\_\_\_\_\_  
Date

## INDEMNITY AGREEMENT

AGREEMENT made on \_\_\_\_\_ by the Town of Truro, (“Town”) a municipal corporation having its usual place of business in Truro, Massachusetts, and acting by and through its Town Administrator Board of Selectmen, and (“Company”) acting by and through its agent, .

WITNESSETH:

WHEREAS, the Company has requested permission to use that portion of land in the Town of Truro and owned by the Town of Truro, commonly referred to as \_\_\_\_\_ for purposes of holding thereon a \_\_\_\_\_ on the following date(s) \_\_\_\_\_ and;

WHEREAS, the Company has agreed to indemnify the Town of Truro against any and all liabilities, loss, damages, costs or expenses which it may hereinafter occur or suffer or be required to pay as a result of the use of said property for the above purpose, and;

WHEREAS, the Company has agreed to provide a bond to the inhabitants of the Town of Truro;

NOW THEREFORE, in consideration of the above premises and covenants and agreements contained herein, the Company hereby covenants and agrees as follows:

1. In consideration and use of \_\_\_\_\_, so-called, and located in the Town of Truro, for purposes of the holding of a \_\_\_\_\_ on the date(s) of \_\_\_\_\_ the Company hereby agrees to indemnify and hold harmless the Town against any and all liabilities, loss, damages, costs or expenses, which it may hereafter incur, suffer or be required to pay by reason of the use of the said property for the stated purpose on the above date(s).
2. The Company shall post as a bond the sum of \$ \_\_\_\_\_ with the Town in insure that any damage that may occur as a result of the use of said property shall be remedied.
3. This Agreement is conditioned upon the due performance by the Company of all of the terms, covenants, and conditions contained herein to be performed and the prompt payment of all sums required to be paid hereunder.
4. The indemnity under this Agreement shall continue until the Agreement has been fully performed and the premises at \_\_\_\_\_ inspected by the Board of Selectmen or their agent, upon the conclusion of the use of the property.
5. The Company shall be liable for the payment of all obligations that may be incurred by the Town under this Agreement, the fee of which to the Town shall be \$ \_\_\_\_\_ per day, with any additional costs, i.e., police private detail, to be paid separately from the Town fee, anything herein contained to the contrary notwithstanding, and the Town shall have full right to take such steps to compel performance by the Company as may be necessary and proper and to collect from the Company any loss which the Town feels may incur, including reasonable attorney’s fees.



Signed and sealed as to the above written date.

Signature of Applicant/Agent

\_\_\_\_\_

\_\_\_\_\_

Company

=====

=====

=====

=====

Date

TOWN OF TRURO, ~~TOWN ADMINISTRATOR BOARD OF SELECTMEN~~  
APPLICANT/AGENT FOR THE COMPANY

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## POLICY MEMORANDUM #48

**Date:** Adopted September 6, 2011, Revised January 26, 2015

**Subject:** CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

1. Said permit shall be issued by the ~~Truro Board of Selectmen~~ Town Administrator.
2. Said permit issued by the Town Administrator on behalf of the Board of Selectmen ~~Truro Board of Selectmen~~ must be current and valid.
3. The Town Administrator ~~Board of Selectmen~~ shall forward the application to the Director of the Department of Public Works, the Beach Supervisor and/or the Conservation Agent for review and comment.
4. The Contractor shall submit proof of Certificate of Liability Insurance in the amount of \$1,000,000 and/or a bond or other form of security to be determined by the Town Administrator ~~Board of Selectmen~~ upon approval of application and the release of permit.
5. The parking area and beach access, if applicable, shall be inspected by the Director of the Department of Public Works and the Beach Supervisor prior to any equipment or materials being off-loaded on any town-owned property. Upon completion of the project, an inspection shall be conducted by the Director of the Department of Public Works and the Beach Supervisor. If damage to town-owned property from the scope of the project is observed by the Director of the Department of Public Works and the Beach Supervisor, the Contractor shall promptly make all necessary repairs.
6. A layer of sand or other suitable material(s) shall be deposited on areas designated by the Director of the Department of Public Works, or his designee, prior to the offloading and reloading of equipment and materials. In no case shall the equipment or materials block any access or driveways and shall be so located, as much as possible, away from any dwelling(s). Sweeping of the area, at the contractor's expense, shall be required.
7. The entrance of the beach parking and beach area, if applicable, shall be maintained daily.
8. If and where deemed necessary by the Director of the Department of Public Works poles and posts marking the edge of pavement shall be removed prior to use of the beach slope and returned to their original position upon completion of the project by the contractor. Pavement markers are to be replaced at the end of each workday.
9. Any damage to the facility shall be the responsibility of the contractor to repair to the original state, including, but not limited to, cracking or destruction of pavement, scraping, holes, destruction of concrete posts, telephone poles, or replacement of sand.

10. The contractor shall be required to pay to the Town of Truro an application fee in the amount of \$25.00.
11. A project using the town facility may be conducted during the period of October 15<sup>th</sup> through April 15th (the “season”.) The permit is good for the time specified on the application.
12. The Board of Selectmen shall set conditions, including but not limited to, the times of days work may commence, the days of the week, etc.
13. Every contractor and property owner applying for a staging permit to use Town property shall be provided with a copy of these regulations and shall be asked to execute the acknowledgment and application which appear on the following page.
14. This permit does not grant any property rights or any exclusive privileges; it does not authorize any injury to private property or invasion of private rights or approve or imply the approval of access over privately owned properties, including but not limited to the Cape Cod National Seashore.
15. In all cases, the Board of Selectmen may waive any of these provisions.
16. Emergency permission to use Town property may be approved by the Director of the Department of Public Works , Beach Supervisor, Chief of Police, Conservation Agent and/or Health Agent; however, an application must still be made to the Board of Selectmen.
17. Failure to comply with any or all these regulations may result in the suspension and/or revocation of Staging Permit privileges.

\_\_\_\_\_  
~~Paul Wisotzky~~ ~~Curtis Hartman~~, Chairman  
Chairman

\_\_\_\_\_  
~~Jan Worthington~~ ~~Gary Palmer~~, Vice-

\_\_\_\_\_  
~~Janet W. Worthington~~ ~~Maureen Burgess~~, Clerk

\_\_\_\_\_  
~~Jay Coburn~~ ~~Breon N. Dunigan~~

\_\_\_\_\_  
~~Robert Weinstein~~ ~~William F. Golden~~

Board of Selectmen  
\_\_\_\_\_  
Town of Truro

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

Date: \_\_\_\_\_

Location of Staging Area/Access: \_\_\_\_\_

Contractor: \_\_\_\_\_

Legal Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Working for: \_\_\_\_\_ DEP # \_\_\_\_\_

Work Location: \_\_\_\_\_

Property Owners Legal Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment and Materials to be Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Work Start & Finish Dates: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: \_\_\_\_\_

\_\_\_\_\_

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Beach Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Conservation Agent Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Town Administrator Board of Selectmen Signature of**

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Restrictions/Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

**DPW Director Approval** \_\_\_\_\_ Date \_\_\_\_\_

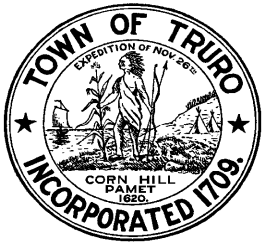
**Beach Supervisor Approval** \_\_\_\_\_ Date \_\_\_\_\_

**For Beach Access, Conservation Agent Approval** \_\_\_\_\_ Date \_\_\_\_\_

**Town Administrator ~~Board of Selectmen~~ Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Administrator

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Review of Proposed Intermunicipal Agreement with Provincetown

**EXPLANATION:** Provincetown Town Manager David Panagore, Attorney Gregg Corbo of Kopelman and Paige, and I have developed an intermunicipal agreement between the two Towns to facilitate regional cooperation and the sharing of resources as appropriate. This agreement is modeled after public safety municipal aid agreements and will institutionalize a process for the Towns to share equipment and staff as appropriate. Attorney Corbo is preparing a set of Administrative Guidelines that will detail the process for initiating the resource sharing to include identification of costs and payments. The agreement is intended to cover one time sharing of equipment such as the electronic sign board and potential staff sharing to cover short term absences of staff, for example, to cover an inspector's family leave. Should the Town's wish to initiate a permanent arrangement to share a staff person, a separate intermunicipal agreement would be negotiated and forwarded to the Board of Selectmen for approval and signature.

This item will be on the joint meeting (February 8, 2016) with the Provincetown Board of Selectmen and I wanted to share it with you prior to the joint meeting.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A at this time.

**SUGGESTED ACTION:** *Motion to*

**ATTACHMENTS:** Proposed Intermunicipal Agreement

## INTERMUNICIPAL AGREEMENT

This Intermunicipal Agreement (hereinafter “Agreement”), dated \_\_\_\_\_, 2015, by and between the Town of Provincetown, acting through its Board of Selectmen (hereinafter “Provincetown”), and the Town of Truro, acting by and through its Board of Selectmen (hereinafter “Truro”), is entered into pursuant to G.L. c. 40 §4A, upon the following terms and conditions:

WHEREAS, the Towns of Provincetown and Truro are adjoining municipalities;

WHEREAS, the Towns have determined that the sharing of personnel and equipment under certain circumstances will increase their ability to provide adequate and professional public services for their communities; and

WHEREAS, the Towns desire to enter into an agreement which sets forth mutually agreeable terms and conditions for the sharing of public employees and equipment.

NOW, THEREFORE, in consideration of these promises and the mutual covenants herein contained, Provincetown and Truro agree as follows:

### **I. Scope of Coverage**

Either party may propose regionalizing services or make a request for assistance from the other party for any public purpose, including but not limited to services performed by or through the departments of public works, health, human services, animal control, harbormaster, recreation, community development and/or inspectional services.

Each “Request” shall be initiated and approved by the Town Manager in Provincetown and by the Town Administrator in Truro, or their designees, who shall hereinafter be referred to as the “Town Managers”, who shall then inform their respective Boards of Selectmen within seven (7) days.

Each Request shall be reduced to writing and include all pertinent information such as the nature, location, and expected duration of the event or situation giving rise to the request; the number and type of employees requested; the type of equipment and logistical support needed; the financial terms and method of allocating costs, the location to which the employees are to report; and the name of supervisor, and any other pertinent information. Each Request shall take effect upon signature of the Town Managers.

The provisions of this Agreement shall not be construed as imposing an obligation on either Town to respond to a request for assistance by the other Town or to provide services within the borders of the other Town. The extent of assistance to be furnished under this Agreement shall be determined solely by the Town Managers, on a case-by-case basis, and it is understood and agreed that the assistance furnished under this Agreement may be recalled upon reasonable notice at the sole discretion of the Town Manager of the Town providing the employees or equipment.



## **II. Command and Control**

All public employees rendering services in the other Town pursuant to this Agreement, shall report to the identified supervisor , and carry out the assigned responsibilities , however they shall remain subject to the command and control of their employer. The Town Managers will work together to coordinate the allocation of personnel to maximize efficiency and to avoid duplicate or conflicting commands.

Any equipment furnished shall, to the extent possible, be operated by the public employees of the Town providing the equipment .

All employment rights, compensation and benefits of public employees rendering services pursuant to this Agreement shall be the responsibility of the Town by which the public employee is regularly employed and such employees shall not be considered employees of the other Town for any purpose.

Each Town shall assume and be responsible for all of its own equipment costs, including but not limited to damage or loss of its own equipment and the use of fuel or other expendable supplies, provided, however, that the parties may agree to provide reimbursement under the circumstances of a particular request.

## **III. Liability and Immunity**

All immunities from liability enjoyed by the public employees of each Town within their own jurisdiction shall extend to their participation in rendering services under this Agreement outside its boundaries and such public employees shall maintain any rights of indemnification granted by law for any claims arising out of the actions taken within the scope of their employment.

Each Town agrees to assume its own liability for services provided under this Agreement and, to the extent permitted by law, each Town shall indemnify, defend and hold harmless the other Town from and against all claims, demands, liabilities, actions, causes of action, costs and expenses, including attorneys' fees, arising out of the actions of its public employees while performing services in the other Town.

Each Town shall provide and maintain throughout the term of this Agreement appropriate insurance coverage for liability for personal injury or property damage and all insurances for its employees and equipment, including health and workers' compensation.

## **IV. Term**

This Agreement shall take effect on the date first written above and continue in effect for a period of twenty-five (25) years unless sooner terminated.

**V. Miscellaneous**

This Agreement is not intended to substitute or preclude any other agreements that may now or hereafter be in effect among the Towns with respect to the provision of mutual aid, nor does it supersede any other means of providing mutual aid.

This Agreement may only be amended or modified by written document signed by the Board of Selectmen in each Town.

This Agreement may be terminated by either party upon thirty (30) days written notice to the other party.

All notices, requests, demands and other communications hereunder shall be in writing and shall be deemed to have been duly given if delivered or mailed, postage prepaid, certified mail, return receipt requested or by electronic mail to:

**The Town of Provincetown**  
Town Manager  
260 Commercial Street  
Provincetown, MA 02657  
[dpanagore@provincetown-ma.gov](mailto:dpanagore@provincetown-ma.gov)

**Town of Truro**  
Town Administrator  
24 Town Hall Road  
Truro, MA 02666  
[rpalmer@truro-ma.gov](mailto:rpalmer@truro-ma.gov)

This Agreement shall be governed in accordance with the laws of the Commonwealth of Massachusetts and any dispute hereunder shall be directed to the appropriate court within Barnstable County.

If any provision, section, phrase or word contained herein is determined by a court of competent jurisdiction to be unenforceable, for any reason, or beyond the scope of the statutory provisions of Chapter 40, Section 4A of the General Laws, as amended, then it is the intention of the parties that, for public purposes, the remaining provisions thereof shall continue in full force and effect.

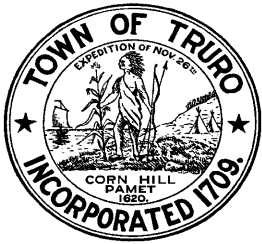
Executed as a sealed instrument as of the day and year first written above.

TOWN OF PROVINCETOWN  
By its Board of Selectmen

TOWN OF TRURO  
By its Board of Selectmen

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# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Nicole Tudor, Executive Assistant on behalf of Rae Ann Palmer, Town Administrator

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Review and Approval of Final Cover Photo for the 2015 Annual Town Report

**EXPLANATION:** The Board of Selectmen traditionally votes on the cover photo for the preceding year. There are additional photos attached for your consideration that were submitted since the December 15, 2015 Board of Selectmen meeting.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** The final cover choice will have to be decided at the next two meetings in February if a decision cannot be made.

**SUGGESTED ACTION:** *MOTION TO approve* the cover photo for the 2015 Annual Town Report.

**ATTACHMENTS:**

1. Sample photos











# TOWN OF TRURO

## Board of Selectmen Agenda Item

**BOARD/COMMITTEE/COMMISSION:** Truro Housing Authority

**REQUESTOR:** Noelle Scoullar, on behalf of Carl Brotman, Chair, Truro Housing Authority

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Request for transfer of funds from Truro Affordable Housing Trust to the Truro Housing Authority.

**EXPLANATION:** On November 4, 2015, the owner of 12 Old Firehouse Road, a deed restricted affordable home, entered into an agreement with the Truro Housing Authority for a maximum selling price of \$205,000. A Purchase and Sale to new buyers for \$192,500 has now been executed, leaving a balance of \$12,500 due to Mr. Jonathan Sawyer. Additionally, there will be \$9,625 in realtor and marketing fees. A total of \$22,125 will need to be placed in escrow with the closing attorney. The Housing Authority is requesting Trust funds to facilitate the transfer of this property to make certain that it remains an affordable home.

**FINANCIAL SOURCE (IF APPLICABLE):** Affordable Housing Trust – current balance is \$93,005.47.

**IMPACT IF NOT APPROVED:** Potential loss of an affordable housing unit.

**SUGGESTED ACTION:** *Motion to approve the transfer of \$22,125 from the Truro Affordable Housing Trust to the Truro Housing Authority.*

**ATTACHMENTS:**

1. Letter of agreement to Mr. Sawyer





# TOWN OF TRURO

## Truro Housing Authority

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

Truro Housing Authority  
Truro Town Hall  
24 Town Hall Road  
PO Box 2030  
Truro, MA 02666

Mr. Jonathan E. Sawyer  
PO Box 288  
Truro, MA 02666

November 4, 2015

Dear Mr. Sawyer,

The Truro Housing Authority ("THA") has received your letter of October 12, 2015 stating your intention to sell the deed restricted affordable home at 12 Old Firehouse Road, Truro ("the Notice"). THA is sending this letter as notification that we are proceeding to locate an Eligible Purchaser for the 12 Old Fire house Road property ("the Authority's Notice").

THA has reviewed your real estate broker's valuation based on comparable sales and we accept the figure of \$375,000 as "the Fair Market Value".

THA has researched the "Land Value of the Property" with the Truro Town Assessor. The number of \$179,300 that you reference in your October 12 letter is incorrect. The correct Land Value of the Property is \$164,450. Correcting this error is actually in your favor.

Using these figure, we derive a "Maximum Selling Price" of \$210,550 (Fair Market Value of \$375,000 less Land Value of Property of \$164,450=\$210,550).

THA would like to offer \$205,000 as a mutually agreed upon Maximum Selling Price.

We note that had your 1999 deed restriction used the formulas that are now part of a typical affordability program, your maximum sale price would likely be just under \$110,000 (these formulas use a "Resale Price Multiplier" that is based on Area Median Income, so the affordable home value increases in relation to increases in incomes, and stays affordable to the next purchasing household). THA has been advised that in order to effectively find an eligible and qualified buyer, we need to price the home at a maximum of \$190,000. Even at the \$205,000 price, THA will need to find additional funds to help offset the higher price.

THA will be proceeding to locate a buyer as quickly as we can, as it is our mission to create affordable housing opportunities. However, with a home priced at the higher end of the affordability range, we have some concerns that it may take more time. We would like to discuss your timeline for sale and see if there is some flexibility.

Thank you in advance for your cooperation. Your home is a great asset to our community, and we are looking forward to working together to keep it affordable for the next family. We also wish you success in your move.

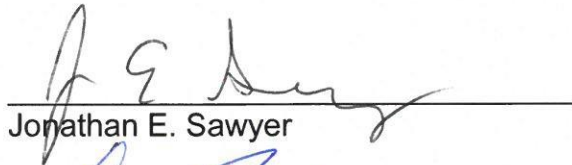
Sincerely,



Carl Brotman, Chair, Truro Housing Authority

**AGREED**

\$375,000 Fair Market Value 12 Old Firehouse Road, Truro  
\$164,450 Land Value of the Property, 12 Old Firehouse Road, Truro  
\$205,000 Maximum Selling Price, as agreed, 12 Old Firehouse Road, Truro



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Jonathan E. Sawyer



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Carl Brotman, Chair, Truro Housing Authority



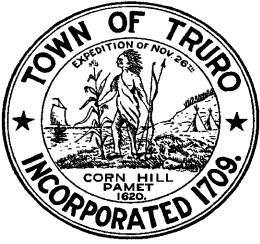
# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004 , Extension: 10 or 24 Fax: 508-349-5505

## 6. CONSENT AGENDA

- A. Review/Approve and Authorize the Chair to sign:
  - 1. Project Completion Sign Off for Use of Town Owned Property/Beach Access (2 & 4 Heron Lane, 53 & 55 Fisherman's Road, 39 Bay View Road, 21, 32 & 33 Cooper Road)-Safe Harbor Environmental
  - 2. Project Completion Sign Off for Use of Town Owned Property/Beach Access (Corn Hill Beach)- Stephen Digiovanni and GFM Enterprises
- B. Review and Approve Alcoholic Beverages Control Commission 2016 Seasonal Population Estimate
- C. Review and Approve the Reappointment of Carl Brotman as Truro's Representative to the Barnstable County Home Consortium
- D. Review and Approve Letter requesting Support of Senator Elizabeth Warren and Representative William Keating for Assistance to Firefighters grants
- E. Review and Approve Minutes January 12, 2016 and December 21, 2015 (Budget Task Force)



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administrative Office

**REQUESTOR:** Noelle Scoullar, Executive Assistant, on behalf of Safe Harbor Environmental

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Project completion sign off for eight locations.

**EXPLANATION:** Safe Harbor Environmental recently was approved to conduct sand nourishment at eight different locations. The work has been completed. DPW, Beach, and Conservation Department Heads have all signed off on the project completion sheet. The Board of Selectmen signs off last to approve the release of certification of liability insurance. (locations are 2 & 4 Heron Lane, 53 & 55 Fisherman's Road, 39 Bay View Road, 21, 32 & 33 Cooper Road)

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** The Administrative office will be unable to close out the eight applications, and they will remain open until the Board of Selectmen sign the release.

**SUGGESTED ACTION:** *MOTION TO approve and authorize the Chair to sign the release of Certification of Liability Insurance and/or Security for the noted properties.*

**ATTACHMENTS:**

1. Eight Project Completion Sign-Off applications.

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS



Date: 10/13/15

Location of Staging Area/Access: Cold Storage Beach

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: Provincetown, MA 02657  
P.O. Box 71

Telephone: Personal Information Redacted

Working for: Safe Harbor Environmental DEP # \_\_\_\_\_

Work Location: 4 Heron Lane, Truro

Property Owners Legal Mailing Address: Atlantic Bay Realty Trust

Telephone: Personal Information Redacted 391 Highland Street  
W. Newton, MA 02465

Project Description: \_\_\_\_\_  
Placement of approx. 125 yds

of locally sourced sand nourishment.

Equipment and Materials to be Used: Dump truck and loader,  
to haul and place  
sand.

Estimated Work Start & Finish Dates: Nov. 15 - Dec. 15, 2015

Contractor's Signature: James W. Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

James W. Silva 10/15/15

Beach Supervisor Comments: Kelly Carr 10/14/15

Conservation Agent Comments: Work approved by the Conservation Commission 10/15/15 — Pat Payne 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval James R. Watts Date 12/30/15

Beach Supervisor Approval Devin Roberts Date 12/10/15

For Beach Access, Conservation Agent Approval Peter Pagan Date 12/22/14

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kaplansky - Truro 154 Shore Road PO Box 267 North Truro, MA 02652 Marilyn Massad	<b>CONTACT NAME:</b> Betsi Corea	
	<b>PHONE (A/C, No, Ext):</b> 508-487-6060	<b>FAX (A/C, No):</b> 508-487-2040
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : National Grange Mutual</b>		
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		


**INSURED**  
 Cape Cod Excavating Inc.  
 Warren J. Silva, Contractor  
 P.O. Box 71  
 Provincetown, MA 02657

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">             Personal Information Redacted           </div>	06/30/2015	06/30/2016	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">             Personal Information Redacted           </div>	12/04/2014	12/04/2015	PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  <b>SAFEH-1</b>  Safe Harbor c/o Gordon Peabody PO Box 880 Wellfleet, MA 02667	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

RECEIVED  
SELECTMENS OFFICE

OCT 13 2015

TOWN OF TRURO  
MASSACHUSETTS

Date: 10/13/15

Location of Staging Area/Access: Cold Storage Beach

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: P.O. Box 71  
Provincetown, MA 02657

Telephone: **Personal Information Redacted**

Working for: Safe Harbor Env. DEP # \_\_\_\_\_

Work Location: 39 Bay View Rd

Property Owners Legal Mailing Address: Ellens. Brown Revocable Trust  
c/o TD Banknorth / CWARTKOWSKI  
Telephone: **Personal Information Redacted** 90 Pearson Blvd - Gardner, MA 01440

Project Description: \_\_\_\_\_  
Placement of approx. 75 yds  
of locally sourced sand nourishment.

Equipment and Materials to be Used: Dump truck + loader,  
to haul and place  
sand.

Estimated Work Start & Finish Dates: NOV. 15 - DEC. 15, 2015

Contractor's Signature: James W. Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

James W. Silva 10/15/15

Beach Supervisor Comments: Kelly Clark 10/14/15

Conservation Agent Comments: Work approved by the Conservation Commission 10/15/15 — Net Payment 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval *James P. White* Date 12/30/15

Beach Supervisor Approval *Tim - [Signature]* Date 12/10/15

For Beach Access, Conservation Agent Approval *Arthur Pagan* Date 12/24/15

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2015

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kaplansky - Truro 154 Shore Road PO Box 267 North Truro, MA 02652 Marilyn Massad	<b>CONTACT NAME:</b> Betsi Corea
	<b>PHONE (A/C, No, Ext):</b> 508-487-6060 <b>FAX (A/C, No):</b> 508-487-2040 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> Cape Cod Excavating Inc. Warren J. Silva, Contractor P.O. Box 71 Provincetown, MA 02657	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A :</b> National Grange Mutual
	<b>INSURER B :</b>
	<b>INSURER C :</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>


**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>Personal Information Redacted</b>	06/30/2015	06/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>Personal Information Redacted</b>	12/04/2014	12/04/2015	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>SAFEH-1</b>  Safe Harbor c/o Gordon Peabody PO Box 880 Wellfleet, MA 02667	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS



Date: 10/13/15

Location of Staging Area/Access: Cold Storage Beach

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: P.O. Box 71  
Pouncetown, MA 02657

Telephone: Personal Information Redacted

Working for: Safe Harbor Environmental DEP # \_\_\_\_\_

Work Location: 2 Heron Lane, Truro

Property Owners Legal Mailing Address: Rajeev Singh-Molanes

Telephone: Personal Information Redacted 2926 131st Place NE  
Bellevue, WA 98005

Project Description: \_\_\_\_\_  
Placement of approx. 75 yards

of locally sourced sand nourishment.

Equipment and Materials to be Used: Dump truck + loader,  
to haul and place  
sand.

Estimated Work Start & Finish Dates: Nov. 15 - Dec. 15, 2015

Contractor's Signature: James W. Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

James R. Natta 10/15/15

Beach Supervisor Comments: Kelly Clark 10/14/15

Conservation Agent Comments: work approved by the Conservation Commission 10/16/15 — Pat Pappas 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval Jay R. White Date 12/30/15

Beach Supervisor Approval Don. [Signature] Date 12/10/15

For Beach Access, Conservation Agent Approval Patricia Popper Date 12/02/16

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**10/06/2015**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Kaplansky - Truro 154 Shore Road PO Box 267 North Truro, MA 02652 Marilyn Massad	<b>CONTACT NAME:</b> Betsi Corea <b>PHONE (A/C, No., Ext):</b> 508-487-6060 <b>FAX (A/C, No):</b> 508-487-2040 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : National Grange Mutual INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Cape Cod Excavating Inc. Warren J. Silva, Contractor P.O. Box 71 Provincetown, MA 02657	<b>NAIC #</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Personal Information Redacted	06/30/2015	06/30/2016	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED                      RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Personal Information Redacted	12/04/2014	12/04/2015	PER STATUTE    OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  SAFEH-1  Safe Harbor c/o Gordon Peabody PO Box 880 Wellfleet, MA 02667	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

RECEIVED  
SELECTMENS OFFICE

OCT 13 2015

TOWN OF TRURO  
MASSACHUSETTS

Date: 10/13/15

Location of Staging Area/Access: Fisher Beach

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: P.O. Box 71  
Provincetown, MA 02657

Telephone: Personal Information Redacted

Working for: Safe Harbor Env. DEP # \_\_\_\_\_

Work Location: 32 Cooper Road

Property Owners Legal Mailing Address: Sarah Lutz c/o 32 Cooper Rd LLC

Telephone: Personal Information Redacted  
211 W. 11th Street  
New York, NY 10014

Project Description: \_\_\_\_\_  
Placement of approx. 75 yards  
of locally sourced sand nourishment.

Equipment and Materials to be Used: Dump truck + loader,  
to haul and place  
sand

Estimated Work Start & Finish Dates: Nov. 15 - Dec. 15, 2015

Contractor's Signature: James W. Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

James R. Watts 10/15/15

Beach Supervisor Comments: Kelly Orr 10/14/15

Conservation Agent Comments: work approved by the Conservation Commission 10/5/15 - Pat Papay 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval James R. Nally Date 12/30/15

Beach Supervisor Approval Dean Pelt Date 12/10/15

For Beach Access, Conservation Agent Approval Patrick Pagnon Date 12/23/15

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Kaplansky - Truro 154 Shore Road PO Box 267 North Truro, MA 02652 Marilyn Massad	<b>CONTACT NAME:</b> Betsi Corea <b>PHONE (A/C, No., Ext):</b> 508-487-6060 <b>FAX (A/C, No):</b> 508-487-2040 <b>E-MAIL ADDRESS:</b>  <div style="text-align: center;"><small>INSURER(S) AFFORDING COVERAGE</small></div> <b>INSURER A:</b> National Grange Mutual <b>NAIC #</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Personal Information Redacted	06/30/2015	06/30/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N	Personal Information Redacted	12/04/2014	12/04/2015	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

SAFEH-1

Safe Harbor  
 c/o Gordon Peabody  
 PO Box 880  
 Wellfleet, MA 02667

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

RECEIVED  
SELECTMENS OFFICE

OCT 13 2015

TOWN OF TRURO  
MASSACHUSETTS

Date: 10/13/15

Location of Staging Area/Access: Fisher Beach

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: P.O. Box 71

Provincetown, MA 02657

Telephone: **Personal Information Redacted**

Working for: Sage Harbor Env. DEP # \_\_\_\_\_

Work Location: 21 Cooper Road

Property Owners Legal Mailing Address: Sarah Lutz c/o 32 Cooper Rd LLC

Telephone: **Personal Information Redacted** 211 W. 11th Street  
New York, NY 10014

Project Description: \_\_\_\_\_

Placement of approx. 25 yards

of locally sourced sand nourishment.

Equipment and Materials to be Used: Dump truck + loader,  
to haul and place  
sand.

Estimated Work Start & Finish Dates: 11/15/15 - 12/15/15

Contractor's Signature: James W. Liker

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

James R. Nitty 10/15/15

Beach Supervisor Comments: Kelly Dean 10/14/15

Conservation Agent Comments: work approved by the Conservation Commission 10/5/15 - Per Report 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval James W. White Date 12/30/15

Beach Supervisor Approval Di -- Pet Date 12/10/15

For Beach Access, Conservation Agent Approval Patricia Papen Date 12/20/15

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Kaplansky - Truro 154 Shore Road PO Box 267 North Truro, MA 02652 Marilyn Massad	CONTACT NAME: <b>Betsi Corea</b>	FAX (A/C, No): <b>508-487-2040</b>
	PHONE (A/C, No, Ext): <b>508-487-6060</b>	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>National Grange Mutual</b>	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED  
**Cape Cod Excavating Inc.**  
**Warren J. Silva, Contractor**  
**P.O. Box 71**  
**Provincetown, MA 02657**

## COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>Personal Information Redacted</b>	06/30/2015	06/30/2016	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/	<b>Personal Information Redacted</b>	12/04/2014	12/04/2015	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

SAFEH-1

Safe Harbor  
c/o Gordon Peabody  
PO Box 880  
Wellfleet, MA 02667

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS



Date: 10/13/15

Location of Staging Area/Access: Fisher Beach

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: P.O. Box 71

Provincetown, MA 02657

Telephone: **Personal Information Redacted**

Working for: Safe Harbor Env. DEP # n/a

Work Location: 33 Cooper Road, Truro

Property Owners Legal Mailing Address: Eileen McDonagh + Robert Davoli

Telephone: **Personal Information Redacted**  
6 Winchelsea Lane  
Lincoln, MA 01773

Project Description: \_\_\_\_\_  
Placement of approx. 125 yds  
of locally sourced sand nourishment.

Equipment and Materials to be Used: Dump truck + loader,  
to haul and place  
sand.

Estimated Work Start & Finish Dates: NOV. 15 - DEC. 15, 2015

Contractor's Signature: James W. Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2146

James R. Nette 10/15/15

Beach Supervisor Comments: Kelly Clam 10/14/15

Conservation Agent Comments: Work approved by the Conservation Commission 10/15/15 - Per signed 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval James R. Nats Date 12/30/15

Beach Supervisor Approval Devin Carter Date 12/10/15

For Beach Access, Conservation Agent Approval Patricia Pagan Date 12/22/15

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2015

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<b>PRODUCER</b> Kaplansky - Truro 154 Shore Road PO Box 267 North Truro, MA 02652 Marilyn Massad	<b>CONTACT NAME:</b> Betsi Corea <b>PHONE (A/C, No, Ext):</b> 508-487-6060 <b>FAX (A/C, No):</b> 508-487-2040 <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : National Grange Mutual</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Grange Mutual		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SAFEH-1

Safe Harbor  
 c/o Gordon Peabody  
 PO Box 880  
 Wellfleet, MA 02667

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

RECEIVED  
PERMITS OFFICE  
OCT 13 2015  
TOWN OF TRURO  
MASSACHUSETTS

Date: 10/13/15

Location of Staging Area/Access: Corn Hill

Contractor: Cape Cod Excavation, Inc.

Legal Mailing Address: P.O. Box 71  
Pronuncetown, MA 02657

Telephone: **Personal Information Redacted**

Working for: Safe Harbor Environmental DEP # n/a

Work Location: 53 Fishermans Road

Property Owners Legal Mailing Address: Peter + Helen Goldstein

Telephone: **Personal Information Redacted** 1 W. 81st Street # 30B  
New York, NY 10024

Project Description: \_\_\_\_\_

Placement of approx. 100 yds  
of locally sourced sand  
nourishment.

Equipment and Materials to be Used: Dump truck + loader,  
to haul and place sand.

Estimated Work Start & Finish Dates: Nov. 15 - Dec. 15, 2015

Contractor's Signature: James in Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

Janet Natta 10/15/15

Beach Supervisor Comments: Kelly Clark 10/14/15

Conservation Agent Comments: work approved by the Conservation Commission 10/15/15 - P. Pappas 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval *James A. White* Date 12/30/15

Beach Supervisor Approval *Don-Cliff* Date 12/10/15

For Beach Access, Conservation Agent Approval *Peter Pagan* Date 12/22/15

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



CAPE-17

OP ID: KL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2015

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INSURED <b>Cape Cod Excavating Inc.</b> <b>Warren J. Silva, Contractor</b> <b>P.O. Box 71</b> <b>Provincetown, MA 02657</b>	

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  SAFEH-1  Safe Harbor c/o Gordon Peabody PO Box 880 Wellfleet, MA 02667	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# TOWN OF TRURO

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## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

Date: 10/13/15



Location of Staging Area/Access: Corn Hill

Contractor: Cape Cod Excavating, Inc.

Legal Mailing Address: P.O. BOX 71

Pronncetown, MA 02657

Telephone

Personal Information Redacted

Working for: Safe Harbor Environmental DEP # n/a

Work Location: 55 Fishermans Road

Property Owners Legal Mailing Address: Robert Klayman

Telephone Personal Information Redacted 3701 33rd Place NW  
Washington, DC 20008

Project Description:

Placement of approx. 100 yds  
of locally sourced sand nourishment.

Equipment and Materials to be Used:

Dumptuek + loader,  
to haul + place sand,

Estimated Work Start & Finish Dates: Nov. 15 - Dec. 15, 2015

Contractor's Signature: James W. Silva

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: Please notify DPW prior to mobilization 349-2140

James R. Witty 10/15/15

Beach Supervisor Comments: Kelly Cook 10/14/15

Conservation Agent Comments: Work approved by The Conservation Commission 10/15/15 - Pat Popper 10/16/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval *James P. White* Date 12/30/15

Beach Supervisor Approval *Devin. Potts* Date 12/10/15

For Beach Access, Conservation Agent Approval *Patrick Dugan* Date 12/22/15

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



CAPE-17

OP ID: KL

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**CERTIFICATE HOLDER****CANCELLATION**

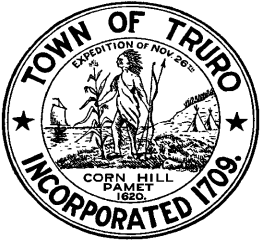
SAFEH-1

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AUTHORIZED REPRESENTATIVE





# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Noelle Scoullar, on Behalf of GFM Enterprises

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Project completion sign off for four locations.

**EXPLANATION:** GFM Enterprises recently was approved to replace pilings and beach fence at four different locations. The work has been completed. DPW, Beach, and Conservation Department Heads have all signed off on the project completion sheet. The Board of Selectmen signs off last to approve the release of certification of liability insurance. (Locations are 0, 3, 4 and 6 Mary's Way.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

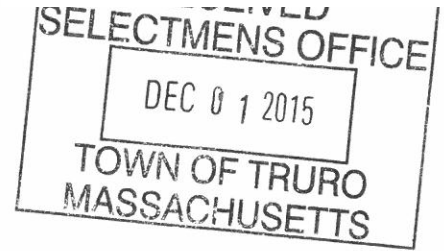
**IMPACT IF NOT APPROVED:** The Administrative office will be unable to close out the four applications, and they will remain open until the Board of Selectmen sign the release.

**SUGGESTED ACTION:** *MOTION TO approve and authorize the Chair to sign the release of Certification of Liability Insurance and/or Security for the noted properties.*

**ATTACHMENTS:**

1. Application for Construction/Staging Permit for use of Town-Owned Property and/or Beach Access along with Project Completion Sign Off.

**TOWN OF TRURO**  
P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505



**APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE  
OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS**

Date: 12-1-15

Location of Staging Area/Access: CORN HILL

Contractor: GFM

Legal Mailing Address: P.O. 1061 TRURO MA

Telephone: 508 349 7300 Cell: \_\_\_\_\_

Working for: MARY DIGIOVANNI DEP # SE-075-0791

Work Location: \_\_\_\_\_

Property Owners Legal Mailing Address: 0, 3, 6 & 4 MARY'S WAY

Telephone: 781 354 1493 P.O. BOX 49

Project Description: \_\_\_\_\_

REPLACE PILINGs + beach fence  
DAMAGED FROM Winter 2014 - 2015

Equipment and Materials to be Used: 10' PILINGs 2x4

2x3 FENCE Sections

MINI ESCAVATOR + CASE SKID

Estimated Work Start & Finish Dates: DEC 3 TO DEC 17<sup>th</sup> (WEATHER PERMITTING)  
Contractor's Signature: <sup>owner</sup> [Signature]

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: [Signature] 11/28/15

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beach Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conservation Agent Comments: Existing Order of Conditions #75-0791  
valid thru 3/29/17.

\* please see attached Turtle Advisory from Mass Audubon  
- P pgram 11/19/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Duarte & Downey Insurance Agency 12 Truro Center Rd. PO Box 2016 Truro, MA 02666		CONTACT NAME:		
		PHONE (A/C, No, Ext):	(508) 349-6326	FAX (A/C, No): (508) 349-9320
		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED GFM ENTERPRISES 2 GEORGE HOLBROOK WAY HARWICH MA 02645		INSURER A: NATIONAL GRANGE MUTUAL INS CO		
		INSURER B:		
		INSURER C: ARBELLA PROTECTION INSURANCE CO		
		INSURER D: EVANSTON INSURANCE COMPANY		
		INSURER E: HARTFORD INSURANCE COMPANY		
		INSURER F: MAIN STREET AMERICA ASSURANCE CO		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MPK9414X MPK9414X	12/02/2014 12/02/2015	12/02/2015 12/02/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
C	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		1020002571	7/22/2015	7/22/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MKLV10LE102999	8/04/2015	8/04/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6S6OUB5824C91606	10/31/2015	10/31/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
F	PROPERTY BROAD			MPK9414X MPX9414X	12/02/2014 12/02/2015	12/02/2015 12/02/2016	PERSONAL PROPERTY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OPERATIONS PERFORMED BY THE NAMED INSURED AS PROVIDED BY TERMS & CONDITIONS OF THE POLICY

### CERTIFICATE HOLDER

TOWN OF TRURO  
PO BOX 2012  
TRURO MA 02666

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

DPW Director Approval James White Date 1-20-16

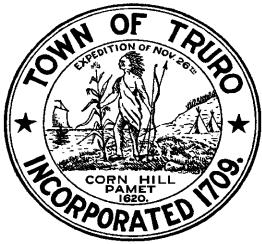
Beach Supervisor Approval Debra Pata Date 1.8.16

For Beach Access, Conservation Agent Approval Pataw Pajon Date 1/20/16

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Licensing Department

**REQUESTOR:** Nicole Tudor, Executive Assistant

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Approval of Temporary Population Estimate for the Alcohol Beverages Control Commission (ABCC)

**EXPLANATION:** Each year, the ABCC requires (under M.G.L. Ch. 138 Section 17) Towns or Cities to provide an estimate of temporary increased resident population. This population estimate is used to establish a quota for seasonal package goods stores licensed under M.G.L. c. 138 Section 15. The seasonal population estimate is 16,398\*.

*\*The 2016 estimate was reached using the current formula, which is as follows:  
2015 estimate (16,356) + (number of new single family residences in 2015 (21) x 2 persons).*

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** The estimate can be tabled for further review but a figure must be submitted to the State by March 1<sup>st</sup>, 2016.

**SUGGESTED ACTION:** *MOTION TO approve the 2016 Estimate for Temporary Increased Population Estimate to be 16,398 for the Town of Truro.*

**ATTACHMENTS:**

1. Memo from Ralph Sacramone, Executive Director, ABCC
2. Estimate of the Temporary Increase Population ABCC Form
3. Copy of M.G.L Ch. 138 Section 17
4. Alcohol Beverages Control Commission Quota System



*The Commonwealth of Massachusetts  
Department of the State Treasurer  
Alcoholic Beverages Control Commission  
Boston, MA 02114*

**Deborah B. Goldberg**  
*Treasurer and Receiver General*

**Kim S. Gainsboro, Esq.**  
*Chairman*

**TO: Local Licensing Authorities**

**FROM: Ralph Sacramone, Executive Director**

**RE: Population Estimates for Seasonal Licenses in 2016**

**DATE: October 14, 2015**

Your attention is directed to M.G.L. Ch. 138 §17, which provides that an estimate of temporary increased resident population shall be made prior to March first, in any year. This population estimate is used to establish a quota of seasonal package goods stores licensed under M.G.L. c. 138 §15. Enclosed is a form to be used for this purpose.

Please complete and return the enclosed form to this office by March 31, 2015. You should be aware that in the absence of this estimate, no seasonal package store license may be granted.

If you have any questions regarding this information or process, please contact Ryan Melville at ext. 718 or Ralph Sacramone at ext. 731.

2016



CITY/TOWN:

DATE:

Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114

To the members of the Alcoholic Beverages Control Commission:

Acting under the authority contained in M.G.L. Ch. 138, §17, as amended the undersigned local licensing authority at a meeting held on:

Date of Meeting

estimated that the temporary increased resident population of:   
City/Town

As of July 10, 2016 will be

Estimate Resident Population

This estimate was made and voted upon by the undersigned at a meeting called for the purpose, after due notice to each of the members of the time, place, and purpose of said meeting, and after investigation and ascertainment by us of all the facts and after cooperative discussion and deliberation. The estimate is true to the best of our knowledge and belief.

**THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY**

Very Truly Yours,  
Local Licensing Authorities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS CERTIFICATION MUST BE SIGNED BY A MAJORITY OF THE MEMBERS OF THE LOCAL LICENSING AUTHORITIES.



THE 188<sup>TH</sup> GENERAL COURT OF  
THE COMMONWEALTH OF MASSACHUSETTS

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## General Laws

**PART I**      **ADMINISTRATION OF THE GOVERNMENT**  
(Chapters 1 through 182)

**TITLE XX**      **PUBLIC SAFETY AND GOOD ORDER**

**CHAPTER 138**      **ALCOHOLIC LIQUORS**

**Section 17**      **Number of licenses quotas; licenses for wines and malt beverages per population unit; additional licenses; estimates of increased population; decrease in quota due to loss in population; determination of population of city or town**

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Section 17. Except as otherwise provided in this chapter, the number of licenses issued in any city or town under sections twelve and fifteen and in force and effect at any one time during any license year shall be limited as hereinafter provided:

The local licensing authorities of any city or town, except the city of Boston, may grant one license under the provisions of section twelve for each population unit of one thousand or additional fraction thereof, and, in addition, one such license for each population unit of ten thousand or fraction thereof, over the first twenty-five thousand, but may, regardless of population, grant at least fourteen licenses under said section twelve; and the local licensing authorities may also grant one license under the provisions of section fifteen for each population unit of five thousand or additional fraction thereof, but may, regardless of population, grant at least two licenses under said section fifteen.

In addition to the number of licenses otherwise authorized to be granted by the provisions of this section, the local licensing authorities of any city or town, except the city of Boston, which has voted to grant licenses for the sale of all alcoholic beverages as provided in the first question appearing in section eleven, may grant not more than one license for the sale of wines or malt beverages only, or both under section twelve, for each population unit of five thousand or fraction thereof; provided, that in any such city or town, said authorities may grant at least five additional licenses for the sale of such beverages, irrespective of its population; and the local licensing authorities may also grant not more than one license for the sale of wines or malt beverages only or both under the provisions of section fifteen for each population unit of five thousand or fraction thereof; provided, that in any such city or town said authorities may grant at least five additional licenses for the sale of such beverages, irrespective of its population; and provided, further, that the establishment of this limitation shall not be construed to prevent the renewal of any license granted prior to June fifteenth, nineteen hundred and thirty-seven.

The local licensing authorities of any city or town, except the city of Boston, which has voted

to grant licenses for the sale of wines and malt beverages, as provided in the second question appearing in section eleven, and which has also voted to grant licenses for the sale of all alcoholic beverages in packages, as provided in the third question appearing in the said section, may grant additional licenses under section fifteen for the sale of wines or malt beverages only, or both, equal to the number of licenses under the said section otherwise authorized to be granted in any such city or town by the provisions of this section.

The local licensing authorities of any city or town, except the city of Boston, may make an estimate prior to March the first in any year of any temporary increased resident population in such city or town as of July the tenth following, and one additional license under section fifteen, to be effective from April 1 to November 30 or from April 1 to the following January 15 at the discretion of the local licensing authority, may be granted by said authorities for each unit of five thousand or additional fraction thereof of such population as so estimated, and the local licensing authorities of any city or town in Berkshire county, in which the city council, in accordance with the provisions of its charter, or the town, at an annual or special town meeting, votes to authorize such authority to grant winter seasonal licenses, or of any town in Franklin county, may make an estimate not later than October the fifteenth in any year of any temporary increased resident population in such city or town as of February the tenth following, and one additional license under section fifteen, to be effective from December the first to April the first of the year following, may be granted by said authorities for each unit of five thousand or additional fraction thereof of such population as so estimated; provided, that not more than one additional license shall be granted under this paragraph to the same person or for the same premises in any one year; and provided, further, that the local licensing authorities of any city or town, except the city of Boston, may grant, in addition to and irrespective of any limitation of the number of licenses contained in this section, seasonal licenses under section twelve, to be effective from April first to January fifteenth of the following year, or any portion thereof, and in any city or town in Berkshire county in which the granting of winter seasonal licenses is authorized as above provided, and in any town in Franklin county seasonal licenses under section twelve, to be effective from December the first to April the first, to the amount or number that such authorities deem to be in the public interest. Every estimate hereunder of temporary resident population shall be made and voted upon by the local licensing authorities at a meeting of said authorities called for the purpose after due notice to each of the members thereof of the time, place and purpose of said meeting and after investigation and ascertainment by them of all the facts and after co-operative discussion and deliberation. A copy of such an estimate, signed by a majority of the members of said authorities, stating under the penalties of perjury that all the foregoing requirements have been complied with and that the estimate is true to the best of their knowledge and belief, shall be forwarded forthwith to the commission. Upon the petition of twenty-five persons who are taxpayers of the city or town in which a seasonal license has been so granted, or who are registered voters in the voting precinct or district wherein the licensed premises are situated, filed within five days after the granting of such license, the commission shall, and upon its own initiative at any time may, after a hearing, examine and review any estimate made or action taken by the local licensing authorities in granting the same, and after such examination or review, may rescind, revoke, cancel, modify or suspend any such estimate or action. Nothing in this paragraph shall be deemed to authorize or permit the commission to deny a renewal of, or to rescind, revoke or cancel, because of a decrease in population, any seasonal license outstanding and in full force on April thirtieth, nineteen hundred and fifty.



The Commonwealth of Massachusetts  
**Alcoholic Beverages Control Commission**  
 239 Causeway Street Boston, MA, 02114

Contact Us  
 617-727-3040

Home    Licensing Division    Enforcement Division    Download Forms    FAQ's

Local Licensing Authority

ALCOHOLIC BEVERAGES LICENSE GENERAL INFORMATION



Alcoholic beverages retail licenses are distinguished by where a patron may consume the beverages purchased, i.e. off the premises or on the premises. Off-premises licenses include package stores, convenience stores and supermarkets. There are 5 types of on-premises alcoholic beverages licenses: restaurants, clubs (or veterans club), hotels, taverns, and general on premises. Please [click here for Retail Renewals 2014](#).

Retail alcoholic beverages licenses fall into five categories: all alcoholic beverages licenses, wine and malt beverages licenses, wine beverages licenses, malt beverage licenses, and wine and malt with cordials and liqueurs beverages licenses. These licenses may be issued seasonally or annually.

Licensing Procedure    Quota System    Fire Safety Cert.    Transportation Delivery Permit    Pouring Permits

**Quota System**

The Massachusetts Liquor Control Act places a quota or limit on the number of alcoholic beverages licenses a city or town can issue. The quota is based on the population of the community as determined by the most recent federal census.

On-Premises License (M.G.L. c. 138, §12)

Each city or town may grant one on-premises all alcoholic license for each unit of 1,000 persons (or fraction thereof) with a minimum of 14. An additional all-alcoholic beverages license may be granted for each population unit of 10,000 (or fraction thereof) over the first 25,000. One wine and malt license may be granted for each unit of 5,000 persons (or fraction thereof) with a minimum of 5.

Veteran's Club License

The local licensing authority may grant an all-alcoholic beverages license, outside the quota system, subject to ABCC approval, to any corporation whose members are war veterans which owns, hires or leases a building, or space in a building, for the use and accommodation of a post of any war veterans' organization incorporated by the Congress of the United States, to sell to members of that post only, and, subject to local licensing authorities, to guests introduced by such members and to no others.

Off-Premises (M.G.L. c. 138, §15)

Each city or town may issue one off-premises (Section 15) all-alcoholic beverages license for each unit of 5,000 persons (or fraction thereof) with a minimum of 2. One wine and malt license may be granted for each unit of 5,000 persons (or fraction thereof) with a minimum of 5.

Seasonal Licenses

The LLA may issue as many seasonal on-premises alcoholic beverages licenses as it deems to be in the public interest that are effective April 1st to January 15th or any portion thereof.

The LLA may issue a limited number of seasonal off-premises alcoholic beverages licenses based on an estimate of the temporary increase in resident population for the upcoming season as of July 10th. The LLA must set the estimate before March 1st of the calendar year, at a special meeting described in detail by M.G.L. c. 138, §17. The LLA must submit the estimate to the Commission prior to April 1st.

The LLA may issue off-premises seasonal licenses based on that estimate at the rate of one license for each 5,000 persons (or fraction thereof) and can be issued effective April 1st to November 30th until January 15th, or any portion thereof, as set by the LLA. Franklin and Berkshire counties may issue winter seasonal licenses and estimate before October 15th the temporary increased resident population as of the following February 10th. Such licenses are effective from December 1st to April 1st.

ABCC

Email & Bookmark | [More](#)

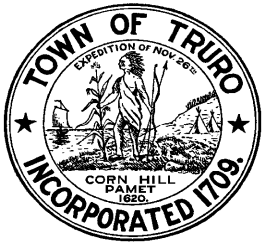
**Local Licensing Authority Forms**

- [Form 43](#)
- [Matrix for Retail Transactions](#)
- [Monetary Transmittal Form](#)
- [No Fee Monetary Transmittal Form](#)
- [Transmittal Form for Reconsideration of a Form 43](#)
- [Petition for Transfer of Ownership](#)
- [Petition for Change of License](#)
- [LLA Attests Re: Liquor Liability Insurance](#)
- [Affidavit of Notice to Abutters](#)
- [Citizenship & Residency Info](#)



Licensing Division  
 Contact Information  
 (617)-727-3040

- Pat Krueger -  
 Licensing Program Coordinator II  
 Ext 718 - [pkruieger@tre.state.ma.us](mailto:pkruieger@tre.state.ma.us)
- Deron Egbuche  
 Ext 723 - [degbuche@tre.state.ma.us](mailto:degbuche@tre.state.ma.us)
- Hurshel Langham  
 Ext 719 - [hlangham@tre.state.ma.us](mailto:hlangham@tre.state.ma.us)
- Jeanily Cruz  
 Ext 720 - [jcruz@tre.state.ma.us](mailto:jcruz@tre.state.ma.us)
- Darla Earl  
 Ext 721 - [dearl@tre.state.ma.us](mailto:dearl@tre.state.ma.us)



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**BOARD/COMMITTEE/COMMISSION:** Truro Housing Authority

**REQUESTOR:** Nicole Tudor, Executive Assistant

**REQUESTED MEETING DATE:** January 26, 2016

**ITEM:** Approval of Carl Brotman's application to serve as Truro's Representative to the Barnstable County HOME Consortium, in his capacity as Chair of the Housing Authority.

**EXPLANATION:** Carl Brotman submitted an application to serve, that the Selectmen's office received on January 11<sup>th</sup>, for his renewal as Truro's Representative on the Barnstable County HOME Consortium. "Since 1994 the HOME Consortium has been allocated more than \$13.6 million in federal HOME Investment Partnerships funds. The HOME Program has provided funding for acquisition and rehabilitation of rental housing, homeowner repairs, rental assistance and first-time homeownership. More than 200 households benefited from a homeowner repair program. More than 615 households have received assistance from the down payment/closing cost program, which is administered by the Housing Assistance Corporation.

<http://www.capecodcommission.org/index.php?id=6&maincatid=5>

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** If the appointment is not approved Carl Brotman will not be able to serve as Truro's Representative to the Barnstable County HOME Consortium.

**SUGGESTED ACTION:** *MOTION TO appoint Carl Brotman as Truro's Representative to the Barnstable County HOME Consortium for a three year term ending January 26, 2019.*

**ATTACHMENTS:**

1. Application to Serve – Carl Brotman





# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: CARL BROTMAN HOME TELEPHONE: [REDACTED]

ADDRESS: 24 Toms Hill Rd WORK PHONE: [REDACTED]

MAILING ADDRESS: Po Box 1128 E-MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: \_\_\_\_\_

Home Advisory Board

SPECIAL QUALIFICATIONS OR INTEREST: Current representative

to Board - Chair Housing Authority

COMMENTS: THE HOME ADVISORY BOARD REVIEWS MANY  
HOUSING PROJECTS IN THE COUNTY AND VOTES TO  
DISTRIBUTE HUD \$ - IT PROVIDES A  
VALUABLE VIEW OF HOUSING COSTS + NEEDS  
IN BARNSTABLE COUNTY

SIGNATURE: C Brotman DATE: 1/1/2016

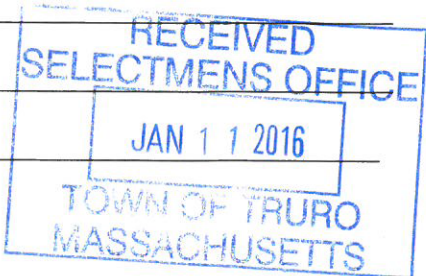
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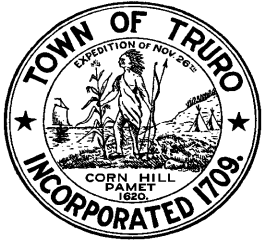
COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL) \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEW DATE: \_\_\_\_\_ APPOINTMENT DATE (IF APPLICABLE): \_\_\_\_\_





# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Fire Department

**REQUESTOR:** Tim Collins, Fire Chief

**REQUESTED MEETING DATE:** 26 January 2016

**ITEM:** Letters to Senator Elizabeth Warren and Representative William Keating requesting support of Truro Fire Department's Federal grant application for equipment and apparatus replacement.

**EXPLANATION:** The Fire Department has applied for two Assistance to Firefighter's Grants (AFG) through the Federal Emergency Management Agency (FEMA); both grants are attached. One grant requests funds to replace the current inventory of SCBA (self-contained breathing apparatus) packs with a RIT (Rapid intervention) pack and a breathing air compressor to fill the bottles. The second grant is for funding to replace the Town's aging water tender. Since these requests are made to a federal grant program, it may be helpful to have support from the Town's legislative representatives. The attached letters, for the Chair to sign, request that support.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** The letters requesting Massachusetts Legislative support in seeking these funds will not be sent.

**SUGGESTED ACTION:** *MOTION TO approve the letters to Senator Elizabeth Warren and Representative William Keating requesting support for the Town's grant applications and to authorize the Chair to sign on behalf of the Board of Selectmen.*

**ATTACHMENTS:**

1. Support Letter to Senator Elizabeth Warren
2. Support Letter to Representative William Keating
3. Fire Grant application 1
4. Fire Grant Application 2



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

**Office of the Board of Selectmen**

Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

January 26, 2016

Honorable Senator Elizabeth Warren  
2400 JFK Federal Building  
15 New Sudbury Street  
Boston, MA 02203

Dear Senator Warren:

The Truro Fire Department has applied for Federal assistance, seeking funding through the, Federal Emergency Management Agency (FEMA), Assistance to Firefighters Grant (AFG) program. To insure firefighter safety and community safety, the Department is requesting funds to replace the current inventory of twenty eight (28) year old SCBA (Self Contained Breathing Apparatus) packs with a RIT (Rapid Intervention) pack, designed to help in the rescue of lost, trapped or disoriented firefighters. The application includes a breathing air compressor used to fill these new high pressure air bottles. The Department has also submitted an application under the AFG vehicle acquisition program to replace an old water tender. On behalf of the Board of Selectmen and Truro's Fire Department and citizens, I am requesting your support in seeking these funds. Attached to this letter are copies of the grant applications for your information.

A good portion of the Department's current roster were not born when the Department took delivery of this equipment that must be replaced, and with the Town's current operating expenses, it will be very difficult to obtain this critical equipment without this Federal Assistance program. The Town's budget is heavily reliant on residential tax revenues and has had to rely on capital exclusions in the past for the purchase of cardiac monitors and other necessary equipment. As I am sure you are aware, the Town is also facing multiple, costly coastal resiliency and tidal restoration projects that must be addressed to maintain the infrastructure of the Town.

We strongly believe that the Truro Fire Department has demonstrated a clear need for federal assistance through the Assistance to Firefighters Grant Program. This program has been the source of many success stories throughout the United States and our great Commonwealth and it has provided much need funds for fire departments to acquire lifesaving equipment that they could not otherwise obtain.

Thank you for your consideration of this request and should you need additional information, please do not hesitate to contact our Town Administrator, Rae Ann Palmer, at 508-349-7004, extension 11 or at [rpalmer@truro-ma.gov](mailto:rpalmer@truro-ma.gov). The Truro Fire Department prides itself on a tradition of service to Truro's residents and visitors; any assistance you can offer would be greatly appreciated.

Respectfully,

Paul Wisotzky  
Chair, Truro Board of Selectmen



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

**Office of the Board of Selectmen**

Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

January 26, 2016

Honorable Representative William Keating  
297 North St., Suite 312  
Hyannis, MA 02601

Dear Representative William Keating:

The Truro Fire Department has applied for Federal assistance, seeking funding through the, Federal Emergency Management Agency (FEMA), Assistance to Firefighters Grant (AFG) program. To insure firefighter safety and community safety, the Department is requesting funds to replace the current inventory of twenty eight (28) year old SCBA (Self Contained Breathing Apparatus) packs with a RIT (Rapid Intervention) pack, designed to help in the rescue of lost, trapped or disoriented firefighters. The application includes a breathing air compressor used to fill these new high pressure air bottles. The Department has also submitted an application under the AFG vehicle acquisition program to replace an old water tender. On behalf of the Board of Selectmen and Truro's Fire Department and citizens, I am requesting your support in seeking these funds. Attached to this letter are copies of the grant applications for your information.

A good portion of the Department's current roster were not born when the Department took delivery of this equipment that must be replaced, and with the Town's current operating expenses, it will be very difficult to obtain this critical equipment without this Federal Assistance program. The Town's budget is heavily reliant on residential tax revenues and has had to rely on capital exclusions in the past for the purchase of cardiac monitors and other necessary equipment. As I am sure you are aware, the Town is also facing multiple, costly coastal resiliency and tidal restoration projects that must be addressed to maintain the infrastructure of the Town.

We strongly believe that the Truro Fire Department has demonstrated a clear need for federal assistance through the Assistance to Firefighters Grant Program. This program has been the source of many success stories throughout the United States and our great Commonwealth and it has provided much need funds for fire departments to acquire lifesaving equipment that they could not otherwise obtain.

Thank you for your consideration of this request and should you need additional information, please do not hesitate to contact our Town Administrator, Rae Ann Palmer, at 508-349-7004, extension 11 or at [rpalmer@truro-ma.gov](mailto:rpalmer@truro-ma.gov). The Truro Fire Department prides itself on a tradition of service to Truro's residents and visitors; any assistance you can offer would be greatly appreciated.

Respectfully,

Paul Wisotzky  
Chair, Truro Board of Selectmen

**Consent Agenda Item: 6D3****Applicant's Acknowledgements**

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\* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.

\* As required per 2 CFR 201.25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.

\* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).

\* I certify that the applicant organization is aware that this application period is open from 12/07/2015 to 01/15/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.

\* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/qpd_ehp_screening_form_51815.pdf)

\* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Tim J Collins** on **2016-01-15**

**Overview**

<p><b>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</b></p> <p>Yes, I have attended workshop</p> <p><b>* Did you participate in a webinar that was conducted by AFG?</b></p> <p>No</p>
<p><b>* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?</b></p> <p>Yes, I am a member/officer of this applicant</p>

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.  
**Fields marked with an \* are required.**

Preparer Information

Preparer's Name  
 Address 1  
 Address 2  
 City  
 State  
 Zip

-  
[Need help for ZIP+4?](#)

In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title	Fire Chief
Prefix (select one)	N/A
* First Name	Tim
Middle Initial	J
* Last Name	Collins
* Primary Phone	5084876589 Ext. Type work
* Secondary Phone	5084877548 Ext. Type home
Optional Phone	5082371367 Type cell
Fax	5084876708
* Email	TCollins@Truro-ma.gov

**Contact Information**

---

## Alternate Contact Information Number 1

\* Title Town Administrator  
Prefix (select one) Ms.  
\* First Name Rae Ann  
Middle Initial  
\* Last Name Palmer  
\* Primary Phone 5083497004 Ext. 11 Type work  
\* Secondary Phone 8609653103 Ext. Type cell  
Optional Phone Type  
Fax 5083495505  
\* Email RPalmer@Truro-ma.gov

## Alternate Contact Information Number 2

\* Title Captain  
Prefix (select one) Ms.  
\* First Name Shannon  
Middle Initial  
\* Last Name Corea  
\* Primary Phone 5084877548 Ext. Type work  
\* Secondary Phone 7747221542 Ext. Type Select  
Optional Phone Type  
Fax 5084876708  
\* Email Corea@trurofirerescue.org

**Applicant Information**

EMW-2015-FV-02254

Originally submitted on 01/15/2016 by Timothy Collins (Userid: trurofd)

**Contact Information:**

Address: 344 Route 6

City: Truro

State: Massachusetts

Zip: 02666

Day Phone: 5084876589

Evening Phone: 5082140823

Cell Phone: 5082371367

Email: TCollins@Truro-ma.gov

**Application number is EMW-2015-FV-02254**

\* Organization Name Truro Fire Rescue

\* Type of Applicant Fire Department/Fire District

\* **Fire Department/District, nonaffiliated EMS, and Regional applicants**, select type of Jurisdiction Served : Town

If "Other", please enter the type of Jurisdiction

**SAM.gov (System For Award Management)**

\* What is the legal name of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction. Truro, Town of

\* What is the legal business address of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

\* Mailing Address 1 P.O.Box 2013

Mailing Address 2

\* City Truro

\* State Massachusetts

\* Zip 02666 - 2013  
[Need help for ZIP+4?](#)

\* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 04-6001327

\* Is your organization using the DUNS number of your Jurisdiction? Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you selected Yes above)

028558716



\* What is your 9 digit DUNS number?

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

\* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)? Yes

\* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.

**Headquarters or Main Station Physical Address**

\* Physical Address 1 344 US Route 6

Physical Address 2

\* City Truro

\* State Massachusetts

\* Zip 02666 - 2013  
[Need help for ZIP+4?](#)

**Mailing Address**

\* Mailing Address 1 P.O. Box 2013

Mailing Address 2

\* City Truro

\* State Massachusetts

\* Zip 02666 - 2013  
[Need help for ZIP+4?](#)

**Bank Account Information**

\* The bank account being used is: (Please select one from right)

Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

\* Type of bank account Checking

\* Bank routing number - 9 digit number on the bottom left hand corner of your check 211370545

\* **Your account number** 008662202

**Additional Information**

\* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? No

\* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application. No

\* Is the applicant delinquent on any Federal debt? No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

**Fire Department/Fire District Department Characteristics (Part I)**

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- \* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property? No
- \* What kind of organization do you represent? Combination
- If you answered "Combination", above, how many career members in your organization? (whole numbers only) 1
- If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only) 0
- \* What type of community does your organization serve? Rural
- \* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters) No
- \* What is the square mileage of your first-due response area? (whole number only) 26
- \* What percentage of your response area is protected by hydrants? (whole number only) 10 %
- \* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located? Barnstable
- \* Does your organization protect critical infrastructure? Yes
- If "Yes", please describe the critical infrastructure protected below:  
 F.A.A. (Federal Aviation Administration) radar installation that monitors inbound air traffic through the east coast corridor. Cape Cod National Seashore wild land fire protection and the water supply for Truro and Provincetown. Payomet Center for Performing Arts
- \* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 70 %
- \* What percentage of your primary response area is for commercial and industrial purposes? 5 %
- \* What percentage of your primary response area is used for residential purposes? 25 %
- \* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 2100
- \* Do you have a seasonal increase in population? Yes
- If "Yes" what is your seasonal increase in population? 20000
- \* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 17
- \* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 17

Does your department have a Community Paramedic program? No

How many personnel are trained to the Community Paramedic level? (whole numbers only)

\* How many stations are operated by your organization? (whole numbers only) 1

\* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)? Yes

\* Do you currently report to the National Fire Incident Reporting System (NFIRS)?  
 Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy. Yes

If you answered "Yes" above, please enter your FDIN/FDID 01300

\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 17

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 13

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

The Department has three in house nationally certified Fire Instructors. Two (2) are certified to the Fire Instructor I level and the third is certified to the Fire Instructor II level. The Department also is able to utilize the services of both the Barnstable Fire Academy and the Massachusetts Fire Academy for training delivery and certification programs. The department has implemented a policy requiring all members be trained to the Firefighter II level in order to remain as active members of the department and is providing the opportunity for training to all members not currently certified to the Firefighter II, with the help of both Barnstable and the Massachusetts Fire Academies. Those members not currently certified to the Firefighter II level will be starting the Firefighter I/II academy at the Barnstable Fire Academy starting 1 February 2016

\* What services does your organization provide?

Advanced Life Support	Emergency Medical Responder	Rescue Operational Level
	Haz-Mat Operational Level	
Basic Life Support		Structural Fire Suppression
		Wildland Fire Suppression

\* Please describe your organization and/or community that you serve.

The Truro Fire Department has a long tradition of service to the residents of Truro a town that was established in 1709, we are located near the tip of Cape Cod, providing a wide range of services to our residents including but not limited to fire/ems, rescue and hazardous material response and water rescue operations. The Truro Fire Department has been in transition and has gone from a strictly call department to one that now employs a full-time Fire Chief and staffing the station with two per-diem firefighters 24 hours a day, seven days a week and supplementing our operation with additional staff of 12 call firefighters. We protect a community of roughly 2,500 residents in an area of 26 square miles, serviced out of one fire station. Our community has a seasonal population increasing by an additional 20,000 residents and visitors and sees a large increase in traffic through our community to reach other popular seasonal destinations here on Cape Cod. This seasonal influx was previously contained to the summer months of July and August but over the years we have seen this season expand out to include the spring and fall months. Our Town consists of two (2) districts, the first is, North Truro which is the more densely populated of the two and contains both residential and commercial properties and includes hotels, inns, seasonal condominiums and seaside rental cottages. The second district (Truro) is predominately single family homes and seasonal

family owned properties. The properties in this district (Truro) are remotely located throughout the district, posing access and water supply issues and are dependent on static water sources and tenders for fire suppression. The North Truro District has limited hydrant coverage and although not as many remotely located properties it does have residential areas that are not serviceable by the limited hydrant coverage provided in the area. We also protect an F.A.A. radar installation which is tasked with monitoring commercial and military traffic that is inbound to the East Coast corridor of the United States. This facility is located on a former United States Air Force base that has been closed but contains numerous abandoned structures and is also home to our outdoor performing arts center that is opened on a seasonal basis. Roughly 68% of the town is contained within the Cape Cod National Seashore which is owned by the National Park service who until recently provided their own wild land assets and fire personnel to combat wild land fires within the seashore boundaries, an area that is classified as a "high" risk area for wildfires in the 2012 Barnstable County Wildfire Preparedness Plan. Unfortunately due to Federal budget cuts, those personnel are no longer available and the assets provided (a wild land attack fire pumper and a 2000 US gallon tender) are being reassigned outside of the area and once the primary response for structural fires within these boundaries the Truro Fire Department is now being tasked with the primary response to those areas for wild land fire protection as well.

**Fire Department Characteristics (Part II)**

	2014	2013	2012
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	1	2
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	0	1	0
*Over the last three years, what was your organization's operating budget?	563150		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	462448		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	No		
If yes, what is the total amount currently set aside?	0		
* What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2014	2013	2012
<u>Taxes?</u>	100 %	100 %	100 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %

\* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

The Town of Truro is a small community with a year-round population of less than 2,000 people; its budget is heavily reliant on residential tax revenues. This year's average tax bill that provides for all basic services to our community including the services of the Fire Department was \$4,791. The Fire Department operating budget for FY 15 was, \$563,150. A breakdown of the department's budget has \$462,448 earmarked for salaries, \$16,852 allocated for the purchase of services, \$6,336 in the training line, \$34,073 is spent on supplies and vehicle maintenance, and \$4,942 for subscriptions dues and travel and the remaining \$38,500 is left for capital outlay. The department has had to rely on capital debt exclusions for the purchase of cardiac monitors and other valuable equipment. The Town is also being tasked with multiple coastal resiliency and tidal restoration projects that will be in the millions of dollars to complete.

Truro's perception of being an affluent community is somewhat misleading due to our median home costs (\$680,000). Our home costs are exceptionally high due to high-cost seasonally owned properties and although there are other communities in the Commonwealth with such high home prices their local economies are vastly different with easier commuting options and access to higher wage jobs. Median home prices may be high but median salaries are not. Truro's median household income is \$69,800 with 40% of those households under \$50,000 dollars and an average wage paid for local jobs being \$754/week (61% of the statewide average of \$1,234/week). Truro's economy is predominately a seasonal one that has very few year

round jobs (374 in 2015) and to add to that we have the largest unemployment rate in the State at over 20%. This small size, geographic isolation, limited land and job opportunities with a large seasonal population influx (additional 20,000 residents), place large demands on the somewhat small infrastructure of the Town, especially on public safety and the ability to sustain and to provide a safe and adequate level of fire protection services with the available funding to the department.

Truro is unique in its rapidly aging demographic. As our population increases in age their income potential is either fixed or decreases hampering the Town's ability to increase its tax base. This increase in population age will most likely require and increased need for services, requiring a greater need for funds that will be difficult for the Town to sustain.

Yet another issue is tax revenues and the Town's ability to raise revenue through property taxes. A 1980 state-wide initiative known as "proposition 2 1/2" restricts the amounts cities and towns' can increase property taxes to an amount no greater than two and one half percent (2 1/2) a year. Reductions in state aid or at times level funding from the state to our community place further constraints on the Town's revenue streams. A large portion of Truro (68%) lies within the Cape Cod National Seashore boundaries and although the Fire Department is expected to provide both structural and wild land fire protection (an area rated as "high risk" in the 2012 Barnstable County Wildfire Preparedness Plan), this federal land is exempt from local property taxation.

One can see the difficult financial picture for Truro and its abilities to raise revenues through taxation and for these noted reasons we strongly believe that the Truro Fire Department has demonstrated a clear need for federal assistance through the Assistance to Firefighters Grant Program.

\* How many vehicles does your organization have in each type or class of vehicle listed below? **You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.** ( Enter numbers only and enter 0 if you do not have any of the vehicles below. )

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	3	0	12
Ambulances for transport and/or emergency response:	2	0	4
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	0	2
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	0	0	0
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	0	0	0
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	2	0	4

**Fire Department Call Volume**

2014                      2013                      2012

\* **Summary** of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Fire - NFIRS Series 100	16	14	13
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	0	0	0
Rescue & Emergency Medical Service Incident - NFIRS Series 300	199	190	242
Hazardous Condition (No Fire) - NFIRS Series 400	17	15	16
Service Call - NFIRS Series 500	42	62	31
Good Intent Call - NFIRS Series 600	299	304	272
False Alarm & False Call - NFIRS Series 700	98	100	95
Severe Weather & Natural Disaster - NFIRS Series 800	0	2	0
Special Incident Type - NFIRS Series 900	2	1	2

**FIRES**

\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	3	1	4
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	1	1	0
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	3	3	4
What is the total acreage of all vegetation fires?	1	1	1

**RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS**

\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	13	16	11
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	5	8	6
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	170	171	229
How many EMS-BLS Response Calls	201	178	217
How many EMS-ALS Response Calls	259	269	252
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

**MUTUAL AND AUTOMATIC AID**

\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

How many times did your organization receive Mutual Aid?	2	2	4
How many times did your organization receive Automatic Aid?	0	0	0
	32	27	33



How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?	1	1	1
Of the Mutual and Automatic Aid responses, how many were structure fires?	2	2	3

**Request Information**

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1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications..**

Program Name

Vehicle Acquisition

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

This piece of apparatus is available to not only Truro but to the communities here in Barnstable county and can be tasked outside the county if need and can be called on to provide mutual aid communities that have limited or no hydrant coverage or in need of additional water supply. This apparatus is also part of both a regional and State tender task force.

3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

<p>* 4. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.</p>	<p>No</p>
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**Request Details**

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The activities for program **Vehicle Acquisition** are listed in the table below.

Item	Total Cost	Additional Funding	Action
Tanker/Tender (maximum 750 gpm pump, minimum 1000 gallon tank)	\$ 310,000	\$ 0	<a href="#">View Details</a> <a href="#">Additional Funding Narrative</a>
Vehicle Inventory			<a href="#">View Vehicle Inventory</a>
Grant-writing fee associated with the preparation of this request.		\$0	

**Budget**

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 310,000
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share	\$ 295,239
Applicant Share	\$ 14,761
Applicant Share of Award (%)	5

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 14,761)

a. Applicant	\$ 14,761
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

**Total Budget** **\$ 310,000**

**Assurances and Certifications**

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**FEMA Form SF 424B**

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**You must read and sign these assurances.** These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

**Note:** Fields marked with an \* are required.

O.M.B Control Number 4040-0007

**Assurances Non-Construction Programs**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination

provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Tim Collins** on **12/29/2015**

**Form 20-16C****You must read and sign these assurances.**

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

**Note:** Fields marked with an \* are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)**

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.



(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

## Place of Performance

Street	City	State	Zip	Action
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If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Tim Collins** on **01/15/2016**

**FEMA Standard Form LLL**

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Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

**Submit Application**

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<b>Application Area</b>	<b>Status</b>
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	Complete
Assurances and Certifications	Complete

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.**

- YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

**Note:** Fields marked with an \* are required.

I, Tim Collins, am hereby providing my signature for this application as of 15-Jan-2016.

**Consent Agenda Item: 6D4****Applicant's Acknowledgements**

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- \* I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- \* As required per 2 CFR § 25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- \* I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- \* I certify that the applicant organization is aware that this application period is open from 12/07/2015 to 01/15/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- \* I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf)
- \* I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by **Tim J Collins** on **2016-01-15**

**Overview**

<p><b>* Did you attend one of the workshops conducted by an AFG regional fire program specialist?</b></p> <p>Yes, I have attended workshop</p> <p><b>* Did you participate in a webinar that was conducted by AFG?</b></p> <p>No</p>
<p><b>* Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?</b></p> <p>Yes, I am a member/officer of this applicant</p>

If you answered "No", please **complete** the information below. If you answered "Yes", please skip the Preparer Information section.

**Fields marked with an \* are required.**

Preparer Information

Preparer's Name  
 Address 1  
 Address 2  
 City  
 State  
 Zip

-  
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In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

Primary Point of Contact

* Title	Fire Chief
Prefix (select one)	N/A
* First Name	Tim
Middle Initial	J
* Last Name	Collins
* Primary Phone	508-487-6589 Ext. Type work
* Secondary Phone	508-237-1367 Ext. Type cell
Optional Phone	Type
Fax	508-487-6708
* Email	Tcollins@Truro-ma.gov

**Contact Information**

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Alternate Contact Information Number 1

\* Title Town Administrator  
 Prefix (select one) Ms.  
 \* First Name Rae Ann  
 Middle Initial  
 \* Last Name Palmer  
 \* Primary Phone 508-349-7004 Ext. 11 Type work  
 \* Secondary Phone 860-965-3103 Ext. Type cell  
 Optional Phone Type  
 Fax 508-349-5505  
 \* Email RPalmer@Truro-ma.gov

Alternate Contact Information Number 2

\* Title Captain  
 Prefix (select one) Ms.  
 \* First Name Shannon  
 Middle Initial  
 \* Last Name Corea  
 \* Primary Phone 508-487-7548 Ext. Type work  
 \* Secondary Phone 774-722-1542 Ext. Type cell  
 Optional Phone Type  
 Fax 508-487-6708  
 \* Email Corea@trurofirerescue.org

**Applicant Information**

EMW-2015-FO-06133

Originally submitted on 01/15/2016 by Timothy Collins (Userid: trurofd)

**Contact Information:**

Address: 344 Route 6

City: Truro

State: Massachusetts

Zip: 02666

Day Phone: 5084876589

Evening Phone: 5082140823

Cell Phone: 5082371367

Email: TCollins@Truro-ma.gov

**Application number is EMW-2015-FO-06133**

\* Organization Name Truro Fire Rescue

\* Type of Applicant Fire Department/Fire District

\* **Fire Department/District, nonaffiliated EMS, and Regional applicants**, select type of Jurisdiction Served : Town

If "Other", please enter the type of Jurisdiction

**SAM.gov (System For Award Management)**

\* What is the legal name of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction. Truro, Town of

\* What is the legal business address of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

\* Mailing Address 1 P.O.Box 2013

Mailing Address 2

\* City Truro

\* State Massachusetts

\* Zip 02666 - 2013  
[Need help for ZIP+4?](#)

\* Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile. 04-6001327

\* Is your organization using the DUNS number of your Jurisdiction? Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application. (Required if you selected Yes above)

028558716



\* What is your 9 digit DUNS number?

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

\* Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)? Yes

\* I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.

**Headquarters or Main Station Physical Address**

\* Physical Address 1 344 US Route 6

Physical Address 2

\* City Truro

\* State Massachusetts

\* Zip 02666 - 2013  
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Mailing Address

\* Mailing Address 1 P.O. Box 2013

Mailing Address 2

\* City Truro

\* State Massachusetts

\* Zip 02666 - 2013  
[Need help for ZIP+4?](#)

**Bank Account Information**

\* The bank account being used is: (Please select one from right)

Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

\* Type of bank account Checking

\* Bank routing number - 9 digit number on the bottom left hand corner of your check 211370545

\* **Your account number** 008662202

**Additional Information**

\* For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request? No

\* If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request Details" section of the application. No

\* Is the applicant delinquent on any Federal debt? No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

### Fire Department/Fire District Department Characteristics (Part I)

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- \* Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property? No
- \* What kind of organization do you represent? Combination
- If you answered "Combination", above, how many career members in your organization? (whole numbers only) 1
- If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only) 0
- \* What type of community does your organization serve? Rural
- \* Is your Organization considered a Metro Department? (Over 350 paid career Firefighters) No
- \* What is the square mileage of your first-due response area? (whole number only) 26
- \* What percentage of your response area is protected by hydrants? (whole number only) 10 %
- \* In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located? Barnstable
- \* Does your organization protect critical infrastructure? Yes
- If "Yes", please describe the critical infrastructure protected below:  
 F.A.A. (Federal Aviation Administration) radar installation that monitors all inbound traffic through the east coast corridor. Cape Cod National Seashore wild land fire protection. The water supply for the Town of Provincetown and the Payomet Center for Performing arts outdoor entertainment complex
- \* What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? 70 %
- \* What percentage of your primary response area is for commercial and industrial purposes? 5 %
- \* What percentage of your primary response area is used for residential purposes? 25 %
- \* What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 2100
- \* Do you have a seasonal increase in population? Yes
- If "Yes" what is your seasonal increase in population? 20000
- \* How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 17
- \* How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 17

Does your department have a Community Paramedic program? No

How many personnel are trained to the Community Paramedic level? (whole numbers only)

\* How many stations are operated by your organization? (whole numbers only) 1

\* Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)? Yes

\* Do you currently report to the National Fire Incident Reporting System (NFIRS)?  
 Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for nonaffiliated EMS Organizations and State Fire Training Academy. Yes

If you answered "Yes" above, please enter your FDIN/FDID 013000

\* How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 17

\* How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 13

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001? No

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

The Department has three in house nationally certified Fire Instructors. Two (2) are certified to the Fire Instructor I level and the third is certified to the Fire Instructor II level. The Department also is able to utilize the services of both the Barnstable Fire Academy and the Massachusetts Fire Academy for training delivery and certification programs. The department has implemented a policy requiring all members be trained to the Firefighter II level in order to remain as active members of the department and is providing the opportunity for training to all members not currently certified to the Firefighter II, with the help of both Barnstable and the Massachusetts Fire Academies. Those members not currently certified to the Firefighter II level will be starting the Firefighter I/II academy at the Barnstable Fire Academy starting 1 February 2016

\* What services does your organization provide?

Advanced Life Support	Emergency Medical Responder	Rescue Operational Level
Basic Life Support	Haz-Mat Operational Level	Structural Fire Suppression
		Wildland Fire Suppression

\* Please describe your organization and/or community that you serve.

The Truro Fire Department has a long tradition of service to the residents of Truro a town that was established in 1709, we are located near the tip of Cape Cod, providing a wide range of services to our residents including but not limited to fire/ems, rescue and hazardous material response and water rescue operations. The Truro Fire Department has been in transition and has gone from a strictly call department to one that now employs a full-time Fire Chief and staffing the station with two per-diem firefighters 24 hours a day, seven days a week and supplementing our operation with additional staff of 12 call firefighters. We protect a community of roughly 2,500 residents in an area of 26 square miles, serviced out of one fire station. Our community has a seasonal population increasing by an additional 20,000 residents and visitors and sees a large increase in traffic through our community to reach other popular seasonal destinations here on Cape Cod. This seasonal influx was previously contained to the summer months of July and August but over the years we have seen this season expand out to include the spring and fall months.

Our Town consists of two (2) districts, the first is, North Truro which is the more densely populated of the two and contains both residential and commercial properties and includes hotels, inns, seasonal condominiums

and seaside rental cottages. The North Truro District has limited hydrant coverage and although not as many remotely located properties it does have residential areas that are not serviceable by the limited hydrant coverage provided in the area. The second district (Truro) is predominately single family homes and seasonal family owned properties. The properties in this district (Truro) are remotely located throughout the district, posing access and water supply issues (no hydrant coverage) and are dependent on static water sources and tenders for fire suppression. We also protect an F.A.A. radar installation which is tasked with monitoring commercial and military traffic that is inbound to the East Coast corridor of the United States. This facility is located on a former United States Air Force base that has been closed but contains numerous abandoned structures and is also home to our outdoor performing arts center that is opened on a seasonal basis.

Another unique issue facing the Town is our aging demographic. The population of Truro is getting older at a faster rate, greater than any in Barnstable County and in fact greater than most communities in the country with a fifteen year projection that 65% of all year-round homes in Truro will be headed by someone over the age of 65 and of that group 50% of those homes will be headed by someone who is over the age of 75. Senior households will outnumber working age households, resulting in fewer children and young adults into the population mix. The study, if the projections are accurate, will have the Town of Truro with only 35 young adults (an age group classified between the ages of 20-34) making it difficult in our ability to recruit and retain firefighters from within our community.

Roughly 68% of the town is contained within the Cape Cod National Seashore which is owned by the National Park service who until recently provided their own wild land assets and fire personnel to combat wild land fires within the seashore boundaries, an area that is classified as a "high" risk area for wildfires in the 2012 Barnstable County Wildfire Preparedness Plan. Unfortunately due to Federal budget cuts, those personnel are no longer available and the assets provided (a wild land attack fire pumper and a 2000 US gallon tender) are being reassigned outside of the area and once the primary response for structural fires within these boundaries the Truro Fire Department is now being tasked with the primary response to those areas for wild land fire protection as well.

**Fire Department Characteristics (Part II)**

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	2014	2013	2012
* What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	1	2
* What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	0	0	0
* What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	0	1	0
*Over the last three years, what was your organization's operating budget?	563150		
* How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	462448		
Does your department have any rainy day reserves, emergency funds, or capital outlay?	No		
If yes, what is the total amount currently set aside?	0		
* What percentage of your annual operating budget is derived from:			
Enter numbers only, percentages must sum up to 100%	2014	2013	2012
<u>Taxes?</u>	100 %	100 %	100 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %

\* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

The Town of Truro is a small community with a year-round population of less than 2,000 people; its budget is heavily reliant on residential tax revenues. This year's average tax bill that provides for all basic services to our community including the services of the Fire Department was \$4,791. The Fire Department operating budget for FY 15 was, \$563,150. A breakdown of the department's budget has \$462,448 earmarked for salaries, \$16,852 allocated for the purchase of services, \$6,336 in the training line, \$34,073 is spent on supplies and vehicle maintenance, and \$4,942 for subscriptions dues and travel and the remaining \$38,500 is left for capital outlay. The department has had to rely on capital debt exclusions for the purchase of cardiac monitors and other valuable equipment. The Town is also being tasked with multiple coastal resiliency and tidal restoration projects that will be in the millions of dollars to complete.

Truro's perception of being an affluent community is somewhat misleading due to our median home costs (\$680,000). Our home costs are exceptionally high due to high-cost seasonally owned properties and although there are other communities in the Commonwealth with such high home prices their local economies are vastly different with easier commuting options and access to higher wage jobs. Median home prices may be high but median salaries are not. Truro's median household income is \$69,800 with 40% of those households under \$50,000 dollars and an average wage paid for local jobs being \$754/week (61% of the

statewide average of \$1,234/week). Truro's economy is predominately a seasonal one that has very few year round jobs (374 in 2015) and to add to that we have the largest unemployment rate in the State at over 20%. This small size, geographic isolation, limited land and job opportunities with a large seasonal population influx (additional 20,000 residents), place large demands on the somewhat small infrastructure of the Town, especially on public safety and the ability to sustain and to provide a safe and adequate level of fire protection services with the available funding to the department.

Truro is unique in its rapidly aging demographic. As our population increases in age their income potential is either fixed or decreases hampering the Town's ability to increase its tax base. This increase in population age will most likely require and increased need for services, requiring a greater need for funds that will be difficult for the Town to sustain.

Yet another issue is tax revenues and the Town's ability to raise revenue through property taxes. A 1980 state-wide initiative known as "proposition 2 1/2" restricts the amounts cities and towns' can increase property taxes to an amount no greater than two and one half percent (2 1/2) a year. Reductions in state aid or at times level funding from the state to our community place further constraints on the Town's revenue streams. A large portion of Truro (68%) lies within the Cape Cod National Seashore boundaries and although the Fire Department is expected to provide both structural and wild land fire protection (an area rated as "high risk" in the 2012 Barnstable County Wildfire Preparedness Plan), this federal land is exempt from local property taxation.

One can see the difficult financial picture for Truro and its abilities to raise revenues through taxation and for these noted reasons we strongly believe that the Truro Fire Department has demonstrated a clear need for federal assistance through the Assistance to Firefighters Grant Program.

\* How many vehicles does your organization have in each type or class of vehicle listed below? **You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession.** ( Enter numbers only and enter 0 if you do not have any of the vehicles below. )

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	3	0	12
Ambulances for transport and/or emergency response:	2	0	4
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	1	0	2
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	0	0	0
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	0	0	0
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	2	0	4

**Fire Department Call Volume**

2014                      2013                      2012

\* **Summary** of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Fire - NFIRS Series 100	16	14	13
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	0	0	0
Rescue & Emergency Medical Service Incident - NFIRS Series 300	199	190	242
Hazardous Condition (No Fire) - NFIRS Series 400	17	15	16
Service Call - NFIRS Series 500	42	62	31
Good Intent Call - NFIRS Series 600	299	304	272
False Alarm & False Call - NFIRS Series 700	98	100	95
Severe Weather & Natural Disaster - NFIRS Series 800	0	2	0
Special Incident Type - NFIRS Series 900	2	1	2

**FIRES**

\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	3	1	4
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	1	1	0
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	3	3	4
What is the total acreage of all vegetation fires?	1	1	1

**RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS**

\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	13	16	11
Of the NFIRS Series 300 calls, how many are "Extrications from Vehicles" (NFIRS Code 352)	5	8	6
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	170	171	229
How many EMS-BLS Response Calls	201	178	217
How many EMS-ALS Response Calls	259	269	252
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

**MUTUAL AND AUTOMATIC AID**

\* How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

How many times did your organization receive Mutual Aid?	2	2	4
How many times did your organization receive Automatic Aid?	0	0	0
	32	27	33



How many times did your organization provide Mutual Aid?			
How many times did your organization provide Automatic Aid?	1	1	1
Of the Mutual and Automatic Aid responses, how many were structure fires?	2	2	3

**Request Information**

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1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application **you will need to submit separate applications.**

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

Yes

If you answered "Yes" to Question 2, please explain how this request benefits other organizations below:

The geographic isolation of the communities and limited resources here on Cape Cod, make for a heavy reliance on mutual aid for multiple and larger incidents. Inter-agency Corporation is vital to satisfying our order of operations and mitigation of the incident.

The equipment in our current inventory does not allow for effective regional operation. Most of our mutual aid communities operate with 4.5 4500 psi SCBAs making it impossible to interchange equipment during fire ground operations. Our current compressor does not have the capabilities to fill the higher pressure bottles when mutual aid is received in our town and with no RIT pack this limits additional rescue capabilities that could be provided by having an additional RIT pack on the fire ground all of which limit resource sharing in a multi-agency operation.

The equipment applied for in this grant would allow for greater interoperability and provide for greater resource capabilities to multiple jurisdictions.

3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

<p>* 4. Are you requesting a Micro Grant? A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.</p>	<p>No</p>
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**Request Details**

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The activities for program **Operations and Safety** are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding	Action
Equipment	2	\$ 62,713	\$ 0	<a href="#">View Details</a> <a href="#">View Additional Funding Narratives</a>
Modify Facilities	0	\$ 0	\$ 0	<a href="#">View Details</a>
Personal Protective Equipment	1	\$ 102,595	\$ 0	<a href="#">View Details</a> <a href="#">View Additional Funding Narratives</a>
Training	0	\$ 0	\$ 0	<a href="#">View Details</a>
Wellness and Fitness Programs	0	\$ 0	\$ 0	<a href="#">View Details</a>
Grant-writing fee associated with the preparation of this request.			\$0	

**Budget**

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 165,308
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0

Federal and Applicant Share

Federal Share \$ 157,437

Applicant Share \$ 7,871

Applicant Share of Award (%) 5

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 7,871)

a. Applicant	\$ 7,871
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

**Total Budget** **\$ 165,308**

**Assurances and Certifications**

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**FEMA Form SF 424B**

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**You must read and sign these assurances.** These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.

**Note:** Fields marked with an \* are required.

O.M.B Control Number 4040-0007

## Assurances Non-Construction Programs

**Note:** Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination

provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by **Tim Collins** on **01/14/2016**

**Form 20-16C****You must read and sign these assurances.**

Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.

**Note:** Fields marked with an \* are required.

O.M.B Control Number 1660-0025

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)**

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.



(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 3. Drug-Free Workplace (Grantees other than individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

## Place of Performance

Street	City	State	Zip	Action
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If your place of performance is different from the physical address provided by you in the Applicant Information, press *Add Place of Performance* button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by **Tim Collins** on **01/14/2016**

**FEMA Standard Form LLL**

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Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.

**Submit Application**

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<b>Application Area</b>	<b>Status</b>
Applicant's Acknowledgements	Complete
Overview	Complete
Contact Information	Complete
Applicant Information	Complete
Applicant Characteristics (I)	Complete
Applicant Characteristics (II)	Complete
Department Call Volume	Complete
Request Information	Complete
Request Details	Complete
Budget	Complete
Narrative Statement	Complete
Assurances and Certifications	Complete

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.**

- YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED. If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:

To the best of my knowledge and belief, all data submitted in this application are true and correct.

This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.

To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.

**Note:** Fields marked with an \* are required.

I, Tim Collins, am hereby providing my signature for this application as of 15-Jan-2016.

Budget Task Force  
Selectmen Meeting Minutes  
December 21, 2015 – 8:00am  
Truro Town Hall

**Selectmen Present:** Chair- Paul Wisotzky, Maureen Burgess

**Finance Committee Present:** Richard Wood

**Staff/Others:** Town Administrator-Rae Ann Palmer, Town Accountant-Trudi Brazil, Building Commissioner-Russell Braun, Health and Conservation Agent-Patricia Pajaron

The meeting was called to order by Selectmen Chair Paul Wisotzky at 8:15am. He announced that there was no quorum of the Board of Selectmen or Finance Committee.

#### **Conservation Commission Budget**

Ms. Pajaron stated that there was a slight increase to the 5100 line due to the Conservation Commission Secretary salary. The 5700 line had an increase of \$50 to purchase educational brochures through MACC. The Conservation Commission has been working on public education to inform people about wetlands, etc. The change in the 5200 line (a \$2000.00 increase) is authorized by Town Administrator Rae Ann Palmer for mailing and printing. There is also some money in the 5200 budget for a consultant (SafeHarbor) which was reduced from \$1000.00 to \$800.00. The \$200.00 reduction was then shifted for use for legal ads with the Banner. There was a discussion about the Conservation Commission doing some community outreach.

Selectman Burgess asked if Conservation Commission members had any training. Ms. Pajaron explained that she does encourage members to go to conferences through MACC. There is money set aside for that.

Ms. Pajaron added that she did a fee analysis and that the fees are comparable with other towns.

#### **Board of Health Budget**

Ms. Pajaron went over the 5100 line. Longevity has been added for the Conservation/Health Agent. The biggest change is the new full time Health/Conservation Agent Assistant. Money has been shifted in the 5200 account. There was additional money (\$750) for public health vaccination clinics which has now been allocated. \$450.00 of that money will now go toward advertising in the Banner, and the remaining \$300.00 is for conferences/workshops etc.

Ms. Pajaron has spoken to the COA Director, Susan Travers, about public health programs. They have also discussed the VNA contract for the next fiscal year. They would like to tailor it to better fit Truro's needs.

#### **Building Department Budget**

Mr. Braun stated that 98% of the budget is salary. In the 5100 line, there is a reduction from the removal of the vacation buyback. There is only one person who qualifies to participate and that person has never done so, and is not interested in doing so in the future. The plumbing/gas inspector is on a per inspection basis. Mr. Braun did an analysis based on previous years and has reduced the yearly amount slightly, to be more in line with how much is spent on that inspector for the year. Purchase of Services has increased by \$6.00, which is an increase in the inspection fee for the Building Department vehicle.

Town Administrator Palmer noted that there is a proposal to reduce the Building Commissioner's hours to 30 per week. Mr. Braun believes that, done properly, a  $\frac{3}{4}$  time position is adequate. He feels that

there is a trend towards more express permits and smaller projects, which do not require extensive review. Town Accountant Brazil suggested a trial run at a later date, after public outreach.

**General Discussion**

Richard Wood asked for clarification on the salaries for the Board of Health budget. Town Administrator Palmer stated that the Assistant Health/Conservation Agent position used to be part time, and at the last Special Town Meeting, it was voted in to move the position to full time, hence the increase in salary. Chair Wisotzky asked if anything had changed in the Capital Budget. Town Administrator Palmer said that nothing had changed, however she wanted to share with Finance and the Board of Selectmen a conversation that the Community Preservation Committee is having with the Town Accountant about researching to have bonding for the Highland House. Her concerns are;

1. The Historical Society is requesting the funding and the building belongs to the National Seashore.
2. We do not know if the Historical Society still has a lease.
3. There are some big projects ahead which will require bonding, the Town will carry the debt, and she feels the Town needs to be strategic. Town Accountant Brazil will suggest to the Chair of the CPC to have a conversation with the Board of Selectmen and the Finance Committee. From a policy perspective, priorities need to be chosen.

Chair Wisotzky pointed out that the National Seashore is continuing to withdraw resources from the area and he does not want the Town to continue to fill in those withdrawn services.

**No motion to adjourn was made. Meeting ended at 9:25am.**

Respectively submitted, Noelle Scoullar, Executive Assistant

Board of Selectmen

\_\_\_\_\_  
Paul Wisotzky – Chair

\_\_\_\_\_  
Absent  
Jan Worthington – Vice Chair

\_\_\_\_\_  
Maureen Burgess – Clerk

\_\_\_\_\_  
Absent  
Jay Coburn

\_\_\_\_\_  
Absent  
Robert Weinstein

## Noelle Scoullar

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**From:** Rich Wood [REDACTED]  
**Sent:** Thursday, January 14, 2016 10:28 AM  
**To:** Noelle Scoullar  
**Subject:** Re: Budget Task Force minutes for 12/21

Done, ok

Sent from my iPad

On Jan 14, 2016, at 10:08 AM, Noelle Scoullar <[nscoullar@truro-ma.gov](mailto:nscoullar@truro-ma.gov)> wrote:

Hi Richard,

Attached are the minutes from the Budget Task Force meeting held on December 21<sup>st</sup>. As you were the only Fin Com member present that day, please review these and send me any comments.

Thank you!

Noelle Scoullar

<Budget Task Force Minutes - 15-12-21.pdf>

**Truro Board of Selectmen  
Meeting, January 12, 2016  
Town Hall Meeting Room**

**Members Present:** Chair Paul Wisotzky; Maureen Burgess, Jay Coburn, Robert Weinstein, Janet Worthington

**Present:** Town Administrator Rae Ann Palmer

Chair Paul Wisotzky called the meeting to order at 5:02 p.m., and with no one coming forward for Public Comment, immediately opened the public hearings.

## **PUBLIC HEARINGS**

### ***Dan Smith, Shellfish Aquaculture Grant – 2 Acres off Beach Point Landing***

Dan Smith, of 32 Tom's Hill Road, had filed an application for a new Shellfish Aquaculture Grant. The proposed grant is for 2 acres, located off Beach Point Landing. Abutters had been notified, and a legal opinion has been provided by Kopelman and Paige. Dan Smith and Shellfish Warden Tony Jacket came forward to explain the plan. Mr. Smith gave his background interest in aquaculture and presented a schematic of the steps involved starting an aquaculture farm. He indicated which steps he had completed, what steps remained and the benefits of his proposed aquaculture grant. He sought a conditional approval from the Board of Selectmen at this time.

Richard Rodericks came forward to express his concerns about the impact on tourists, who use the Town Landing Beach. While he supports aquaculture ventures in Truro, his family's motel caters to tourists, who could object to the change. Brian O'Malley of Provincetown discussed State standards for water quality testing. Al Silva of the Topmast, abutter to the north, said the times of operation and loose cages are regulated by the Conservation Commission. He is in favor of the plan. Tony Jackett gave some of the advantages of an aquaculture farm. Richard Rodericks came back to ask if there wasn't another place to locate the grant. Dana Pazolt said tourists are fascinated by his grant, often coming out to talk and ask him questions about it. He said the Beach Point Landing was the right spot for Dan Smith's venture.

BOS members and the Town Administrator addressed the request and asked questions which included: leasing terms; hours of operation; Town Counsel's concern about boat moorings; the choice of location; access for swimmers; setting a precedent for other beaches; policy for uses off of Town property; and getting Beach Department's input.

Dan Smith responded to the concerns, including policy. A pocket of shore without eel grass was a big consideration in choosing the location, he said. Tony Jackett outlined Division of Marine Fisheries, DEP and Conservation Commission procedures.

Robert Weinstein moved to conditionally approve for two year the Shellfish Aquaculture Grant for Dan Smith in a two-acre area off Beach Point Landing with the proviso that Mr.



Smith receive the other necessary approvals from the regulatory bodies and State agencies. Jay Coburn seconded, and the motion carried 5-0.

***Amendments to Regulations for the Taking of Shellfish, Sea Worms, Eels and Crabs***

Dan Smith and Shellfish Warden Tony Jacket returned to review the amendments to the *Regulations for the Taking of Shellfish, Sea Worms, Eels and Crabs* with the Board of Selectmen. One major goal was creating enforceable regulations. Changes for daily and weekly catches, considerations for each type of shellfish, and a harvesting guide were included in the document.

Robert Weinstein suggested adding a prohibition of dogs on shellfish areas. Jay Coburn considered that outside the scope of the present hearing, and the Chair concurred. This could be included in another revision of the *Regulations*.

Jay Coburn moved to approve the amendments to the *Regulations for the Taking of Shellfish, Sea Worms, Eels and Crabs*. Janet Worthington seconded, and the motion carried 5-0.

*Jay Coburn recused himself and asked that Item 5E, Support for the 2016 Community Development Block Grant Proposal, be considered while he is recused from the meeting.*  
***CDBG Applications***

Alice Boyd asked that Truro submit another Community Development Block Grant program for Housing Rehabilitation and Childcare Subsidy Programs this year. She said one million dollars are available. They are working on 17 to 18 housing rehabilitations with forgivable loans of up to \$35,000 and providing up to \$5,000 each for day care of 40 children in Truro, Wellfleet and Provincetown. With her 26-year record of getting these grants, Ms. Boyd is confident the money will be given again as anticipated. Selectmen commented favorably on the housing rehab program and asked about the subsidies for licensed child care providers.

Maureen Burgess moved to approve the submittal of the 2016 applications for CDBG Housing Rehabilitation and Childcare Subsidy Programs and authorize the Chair or Town Administrator to sign the grant application and associated forms. Robert Weinstein seconded, and the motion carried 4-0.

Maureen Burgess moved to allocate Thirty five thousand dollars (\$35,000) as a CDBG income and establish a Contingency Fund to make other income available as necessitated. Robert Weinstein seconded, and the motion carried 4-0.

**BOARD OF SELECTMEN ACTION**

*Jay Coburn had recused himself from the meeting.*

***Support for 2016 Community Development Block Grant Proposal***

Chair Paul Wisotzky said that CDB had requested a letter of support for the 2016 Community Development Block Grant proposal.

Maureen Burgess moved to approve a letter of support for the 2016 Community Development Block Grant Proposal with authorization for the Chair to sign. Robert Weinstein seconded, and the motion carried 4-0.

*Jay Coburn returned to the meeting.*

***Condominium Conversion for Castle Pines and Castle/Sea Pines***

On behalf of Carol and Richard Pesiri, Attorney Lester J. Murphy presented the request for a condominium conversion for Castle Pines and Castle/Sea Scent Pines dba Seascent Pines at 124 and 126 Castle Rd. Attorney Murphy said there were four units at 124 Castle Rd. and three at 126 Castle Rd. The conversion has been reviewed by the Building Department and Board of Health. He was requesting the BOS approval before going onto the Zoning Board of Appeals for a Special Permit.

Jay Coburn moved to approve the Condominium Conversion for Seascent Pines at 124 & 126 Castle Rd. Janet Worthington seconded, and the motion carried 5-0.

***Support for Senate 478, An Act Relative to Vegetation Management***

Laura Kelly, Director of Protect Our Cape Cod Aquifer (POCCA), requested support for Senate 478, An Act relative to vegetation management, and asked for authorization of the Chair to sign a draft letter to MDAR in opposition to Eversource Energy's herbicide use on utility rights-of-way. Secondly, she asked that the Town object to Eversource's Yearly Operational Plan (YOP). She also requested that Truro's Town Counsel have a discussion with POCCA's attorney about taking legal action against Eversource.

Robert Weinstein moved to send a letter to Senators Anne Gobi and Paul Schmid and authorize the Chair to sign. Maureen Burgess seconded, and the motion carried 5-0..

Jay Coburn moved to table approval of a draft letter to Eversource objecting to their YOP until the actual letter is before the Board. Maureen Burgess seconded, and the motion carried 5-0..

The third action requested would require not just a conversation between Town Counsel and POCCA's attorney, but further discussion between Town Counsel and the BOS. Jay Coburn said that most of the power lines are within the National Seashore property. He would like to see how other towns are handling the issue. Paul Wisotzky invited Laura Kelly to return to a future meeting and update the Selectmen on the actions of the other towns.

Jay Coburn moved to table a discussion with POCCA's attorney. Robert Weinstein seconded, and the motion carried 5-0.

***Fire and Fall Prevention Program for Older Adults***

COA Director Susan Travers and Fire Chief Tim Collins discussed a training program "Remembering When: A Fire and Fall Prevention Program for Older Adults." They are planning a workshop in February and will offer it again during the year. Chief Collins

highlighted some of the important points of the program. He and Susan Travers had attended a training session to bring the program to the community.

***Incentives for Firefighter Training Discussion***

Fire Chief Tim Collins discussed a possible incentive for fire fighter training. If his firefighters without certification could take a course, the total number certified would be 12. He asked for approval to offer them to the course. Robert Weinstein said he was interested in the financial ramifications, so would only advocate the training as a one time only offer. Janet Worthington supported his suggestion.

Jay Coburn moved to authorize \$1,000 payment for certification training of firefighters at Firefighter 1 and 2 Level for FY17 and that the stipend be distributed upon proof of completion of certification. Robert Weinstein seconded, and the motion carried 5-0.

**CONSENT AGENDA**

The Consent Agenda consisted of:

- A. Review/Approve and Authorize the Chair to sign:
  - 1. Support Letter for the Cape Cod Chamber of Commerce for the Regional Economic Development Organization (REDO) grant
  - 2. Security Agreement with a participant in the Housing Rehabilitation Loan Program;
- B. Review and Approve Declaration of Surplus Property at the Truro Police Department;
- C. Review and approve Alcoholic Beverages Control Commission 2015 Annual Report;
- D. Review and approve the Common Victualer License (Seasonal) for Captain's Choice at 4 Highland Rd., Truro;
- E. Review and approve an Amendment to the Implementation and Migration Services contract with Barnstable County IT to extend the end date;
- F. Review and approve the Declaration of Surplus Property (Building Dept.) for File Cabinets; and
- G. Review and approve the BOS minutes of December 15, 2015, December 14, 2015 (Budget Task Force) and January 4, 2016 (Budget Task Force).

Town Administrator Rae Ann Palmer asked that the Budget Task Force minutes be removed from the Consent Agenda and be given to the Budget Task Force for approval.

Jay Coburn moved to approve the Consent Agenda with amendments to the minutes of December 15, 2015 and with the Budget Task Force minutes removed. Robert Weinstein seconded, and the motion carried 5-0.

**SELECTMEN & TOWN ADMINISTRATOR'S REPORTS**

The Selectmen's reports were brief. Robert Weinstein had attended the BOH meeting that dealt with Pay-As-You-Throw. They will be scheduling a work session, he said. He reported upon the latest Bike & Walkways Committee meeting. He, Maureen Burgess and Paul Wisotzky had attended two Budget Task Force meetings. Paul Wisotzky said

that he had discussions on PAYT and plowing during his recent Selectmen Hours. Janet Worthington said she was glad to see that the tax rate had been set. Paul Wisotzky urged citizens to apply for vacancies on Boards and Committees listed on the Town website.

Town Administrator Rae Ann Palmer had much to report. She announced that she and Paul Wisotzky would be going to go to Boston to discuss Affordable Housing. She has been working with the Health Agent and DPW Director about recycling and PAYT. She said the attorney for the solar project is pursuing damages to the cap at the Landfill. Cap repairs will be included in solar contract. Staff and the Center for Coastal Studies will meet with engineers and expect the final study on Ballston Beach in February. She reported the interest in parcel of land on Route 6 suitable for Affordable Housing. Lastly, she announced that the Police Union contract had been approved during the Executive Session.

**NEXT MEETING AGENDA**

The next meeting will be a work session to be held on January 19, 2016 at the Library. Rae Ann Palmer and the Board reviewed agenda items for that meeting and the January 26, 2016 regular meeting. Janet Worthington was interested in adding an item for a discussion with the Planning Board on options for Affordable Housing, and Robert Weinstein suggested a Bike & Walkways Committee discussion with the Selectmen on safety issues at a future meeting.

**ADJOURNMENT**

Jay Coburn moved to adjourn. Robert Weinstein seconded, and the motion carried 5-0. The meeting was adjourned at 7:30 p.m.

Respectfully submitted,

Mary Rogers  
Recording Secretary

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Paul Wisotzky, Chair

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Maureen Burgess, Clerk

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Jay Coburn

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Janet Worthington, Vice-chair

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Robert Weinstein

**Public Records Material of January 12, 2016**

1. Shellfish Grant application by Dan Smith
2. Amended Regulations for the Taking of Shellfish, Sea Worms, Eels and Crabs
3. FY16 CDBG application
4. Condominium conversion material for Seascent Pines
5. Draft letter to MDAR
6. Fire & Fall Prevention Program plan
7. 2016 CDB grant proposal
8. Letter of support for Regional Economic Development Organization
9. Security agreement for Housing Rehabilitation Loan Program
10. Declaration of Surplus Property at the Truro Police Dept.
11. Alcoholic Beverages Control Commission's 2015 Annual Report
12. Common Victualer License Seasonal for Captain's Choice, 4 Highland Rd.
13. Amendment to the Barnstable County IT Services Contract
14. Declaration of Surplus Property at Building Dept.