



20150563  
**Blanket Contract**

**City of Springfield Blanket Contract Tracer Document**

The purpose of this document is to provide continuous responsibility for the custody of **BLANKET CONTRACTS** during the processing period.

**INSTRUCTIONS:** Upon receipt, please initial and write in the date of receipt. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			BK	11.21.14
Planning	CM	12/1/14	CM	12/1/14
City Comptroller	PSB	12-2-14	PSB	12-2-14
Law	PF	12-4-14	PF	12-4-14
CAFO	J	12/4/14	J	12/4/14
Mayor	OCJ	12/11	OCJ	12/12
Office of Procurement	VM	12.12	VM	12.12

Vendor No.: 13254    Blanket Contract No.: 20150563    Blanket Contract Date: 11.5.14

Blanket Contract Amt.: \$70,451.00    Issue Date:    Renewal Date:

Appropriation Code1:  
 Appropriation Code2:  
 Appropriation Code3:  
 Appropriation Code4:

Description of Funding Source:

Bid No.: 14-262    Requisition No.:    PO No.:

Vendor Name: Wndow Preservation LLC

Blanket Contract Type:

Blanket Contract Purpose: Workforce Development Training

Originating Dept.: Planning & Economic Development

Expiration Date:    Amendment Date:    Extension Date:

TYPE OF DOCUMENT (Please select at least one):  
 New     Renewal     Amendment     Extension

CITY CONTRACT NO. 20150563

AGREEMENT FOR SERVICE PROVIDERS  
FOR WORKFORCE DEVELOPMENT TRAINING FOR  
RESIDENTS AFFECTED BY DISASTERS

This **Agreement** (the "Agreement") is made and entered into as of **November 5, 2014**, the ("Effective Date") by and between the **City of Springfield, Massachusetts**, a municipal corporation with a principal offices at 36 Court Street, Springfield, MA 01103, acting by and through its Office of Planning and Economic Development (hereinafter "City"), and **Old Window Workshop**, a Massachusetts limited liability corporation with a mailing address at 81 Mill Street, Springfield, Massachusetts 01108 (hereinafter "Provider");

**WHEREAS**, the City was awarded \$21,896,000 pursuant to the Community Development Building Grant Disaster Recovery ("CDBG-DR") and subject to the guidance provided by the United States Department of Housing and Urban Development ("HUD");

**WHEREAS**, after considerable input from other City departments and agencies, affected neighborhoods, and stakeholder groups, with the support from state and federal government partners, an action plan was developed that included among its goals, providing workforce development training;

**WHEREAS**, the City advertised an Invitation for Bid no. 14-262 ("IFB"), attached hereto and incorporated by reference as Exhibit A, to obtain bids from qualified firms to provide the Services to the City;

**WHEREAS**, the City selected the Provider as the successful Proposer and awarded this Agreement to provide the Services to the City;

NOW THEREFORE, the Parties hereto mutually agree as follows:

I. Scope of Services:

- a. The Provider shall perform the services detailed in the Provider's Proposal, attached hereto and incorporated by reference as Exhibit B.
- b. Deliverables: In addition to the services detailed in Exhibit B, the Provider shall provide the following reports to the City:
  - i. Prior to the commencement of the training program/s, the Provider shall complete and submit an original hardcopy of the "Pre-Program Report" to the City as well as an electronic copy in either a spreadsheet or portable document format ("PDF") file to [shogan@springfieldcityhall.com](mailto:shogan@springfieldcityhall.com). A copy of the "Pre-Program Report" is attached hereto and incorporated herein by reference as Exhibit 1.
  - ii. On a quarterly basis per the below schedule, the Provider shall complete and submit an original hardcopy of the "Quarterly Report" to the City as well as an electronic copy in either a spreadsheet or portable document format ("PDF") file to [shogan@springfieldcityhall.com](mailto:shogan@springfieldcityhall.com). A copy of the "Quarterly Report" is attached hereto and incorporated herein by reference as Exhibit 2. The reports shall be due:

1. For the period of November 1, 2014 through January 31, 2015, Quarterly Report shall be due no later than February 28, 2015.
  2. For the period of February 1, 2015 through April 30, 2015, Quarterly Report shall be due no later than May 31, 2015.
  3. For the period of May 1, 2015 through July 31, 2015, Quarterly Report shall be due no later than August 31, 2015.
  4. For the period of August 1, 2015 through September 30, 2015, Quarterly Report shall be due no later than October 31, 2015.
- c. Provider shall be required to collect completed "Section 3 Resident Application" from all individuals participating and benefitting from the services indicated in Exhibit B. A copy of the "Section 3 Resident Application" is attached hereto and incorporated herein by reference as Exhibit 3.
- d. Warranty: The Provider warrants that the Provider and the members of the Provider's Team have the education, training, expertise, and ability to provide the requested services to the City. The Provider warrants that its services will be performed with integrity and in a competent, professional and proper manner, consistent with the highest industry standards, to the satisfaction of the City's Director of Office of Planning and Economic Development ("Director"), and consistent with all applicable laws, rules, regulations, policies, procedures, and codes. The work will be accurate and free from any material errors. If the services provided hereunder do not conform to this warranty, Provider shall, upon request of the City and at no cost to the City, furnish the City with remedial services to the satisfaction of the City. This warranty is of the essence of this Agreement, and the Provider understands that the City is relying upon the Provider's skill and knowledge in performing the services. Consistent with this warranty, the Provider agrees to provide the services described in this Agreement.
- e. The Provider will perform the services with integrity, and in a competent, professional, and proper manner, consistent with highest industry standards, to the satisfaction of the Director, and consistent with all applicable laws, rules, regulations, policies, procedures, and codes.
- f. QUALIFICATIONS OF ASSIGNED PERSONNEL: The Provider is responsible for ensuring that all personnel assigned or provided by the Provider, including staff, sub Providers and subject matter experts, are licensed, qualified and sufficiently trained to perform the assigned tasks. Any personnel, sub Providers and subject matter experts who are not properly licensed, trained or qualified to perform assigned tasks to the satisfaction of the City shall be replaced within 3 business days of a request from the City.

## II. Term:

This Agreement shall commence on November 1, 2014 and terminates on October 31, 2015, unless otherwise terminated in accordance with this Agreement.

### III. Fees, Compensation, and Reimbursement

- A. Maximum Liability:** During the Term of this Agreement, it is expressly agreed and understood that in no event shall the liability of the City exceed the maximum sum of Seventy Thousand Four Hundred Fifty One Dollars (\$70,451.00). The City shall not be liable for any services, expenses, or costs in connection with this Agreement in excess of the amount currently appropriated therefore under this agreement or any amendments hereto.
- B. Reimbursement:** The Provider shall be compensated through cost reimbursement based on actual costs incurred according to the approved budget, attached hereto and incorporated by reference as Exhibit C. Payment for services provided by Provider will be made only after costs have been incurred and subject to the timely submission of required documentation of all costs. In no event shall reimbursement of costs exceed the City's maximum liability as set forth in Article III, Paragraph A.
- C. Invoices:** Payment shall be made subsequent to processing by the City Comptroller and City Treasurer. The City will make every effort to process payment within 30 days of receipt of invoices. All invoices shall be submitted within 30 days of the close of the month to:

Samalid Hogan  
Office of Planning and Economic Development  
70 Tapley Street  
Springfield, MA 01104

The final invoice pursuant to this Agreement must be received no later than October 15, 2015

- D.** The City shall not be liable for any services, expenses, or costs in connection with this Agreement in excess of the amount currently appropriated therefore under this agreement or any amendments hereto. Appropriations for expenditures by the City and authorizations to spend for particular purposes are made on a fiscal year basis. The fiscal year of the City is the twelve (12) month period beginning on July 1 and ending on June 30 of the following year. The obligations of the City under this Agreement for any subsequent fiscal year following the fiscal year in which the Agreement is executed are subject to the appropriation of funds sufficient to discharge the City's obligation which accrues in such subsequent fiscal year, and to the authorization to spend such funds for the purpose of this Agreement. In the absence of such appropriation or authorization, this Agreement shall be terminated immediately without liability for damages, penalties or other charges arising from early termination.
- E. Fees Include All Costs:** All fees set forth in this Article shall include all costs incurred by the Provider and the City in performance of the service, including air travel, other travel costs (fuel, meals, lodging), copying, e-mail and phone and fax communications, attendance at all meetings (district, school committee etc.), supplies, equipment, wages, trainings, insurance, etc. There are no separately reimbursable expenses other than the expenses indicated in Exhibit C.
- F. Independent Contractor:** The Provider is an independent contractor as such any taxes and other requirements of federal, state and local governmental bodies including worker's compensation and disability insurance if and to the extent required by law, shall be his sole responsibility.

### IV. Indemnity and Insurance

- A.** The Provider shall defend, hold harmless, and fully indemnify the City as to all claims of any kind and for all expense, including attorneys' fees, arising out of, in connection with, or incident to the services and materials provided by the Provider pursuant to the contract.

- B. The Provider shall be responsible for damages, including repair or replacement, for any damage to person or property caused by the acts or omissions of the Provider, its agents, servants, sub-contractors or employees.
- C. The Provider shall maintain at its expense insurance from insurers authorized to do business in Massachusetts:
1. For all employees and consultants working in Massachusetts, Worker's compensation and employer's liability insurance as required by the Commonwealth of Massachusetts.
  2. Commercial general liability insurance, including completed operations coverage, covering claims including personal injuries or death or damage to property arising out of any act or omission of the Provider or of any of its employees, agents, or subcontractors, with not less than \$1,000,000.00 single limit and \$2,000,000.00 aggregate limit. The City shall be named as an additional insured with respect to liabilities hereunder, and the Provider and its insurers waive subrogation against the City as to said policies. The policies will provide that they will not be cancelled without 30 days prior notice to the City.
  3. Auto Liability Insurance: All required automobile insurance coverage for any vehicles used in the performance of this Agreement, at all times during the term of this Agreement.

The insurance coverage shall remain in effect until ninety (90) days after the termination or expiration of the contract. All required insurance policies must be maintained with companies that may lawfully issue the policies and must have an A.M. Best rating of at least A-7 or a Standard and Poor's rating of at least AA, unless prior written approval is obtained from the City Solicitor.

Copies of ALL insurance certificates are to be attached to this Agreement upon execution by the Provider, and shall be marked as Exhibit 4.

#### V. Remedies

If the Provider shall provide services to the City in a manner which is not to the satisfaction of the City, as determined by the Director, the City may suspend or terminate payment to the Provider in whole or in part and in addition may:

1. Require the Provider to provide services which are satisfactory to the City at no additional cost to the City, or
2. Obtain services at the cost of the Provider in substitution for those due from the Provider, or
3. Terminate this Agreement.

#### VI. Applicable Law and Exclusive Forum

- a. The laws of the Commonwealth of Massachusetts shall govern the validity, interpretation, construction and performance of this Agreement.
- b. The parties hereto expressly agree that the sole and exclusive place, status and forum of this Agreement shall be the City of Springfield, Hampden County, Massachusetts. All actions and legal proceedings which in any way relate to this Agreement shall be solely and exclusively brought, heard, conducted, prosecuted,

tried and determined within the City of Springfield, Hampden County, Massachusetts. It is the express intention of the parties to this Agreement that the exclusive venue of all legal actions and procedures of any nature whatsoever which relate in any way to this Agreement shall be either the Superior Court Department of the Trial Court of the Commonwealth of Massachusetts sitting in the Hampden County Hall of Justice, Springfield, Massachusetts or the United States District Court sitting in Springfield, Massachusetts.

#### VII. Notices

- A. Unless otherwise expressly provided herein, all notices and other communications given pursuant to this Agreement shall be in writing and shall be sent to the persons at the addresses identified below by:
- i. First class, United States Mail, postage prepaid, certified, with return receipt requested, or
  - ii. Hand delivery to the intended address, or
  - iii. Nationally recognized overnight delivery service that provides written proof of delivery.
- B. All such notices and other communications shall be effective on the actual date of delivery, receipt, or rejection of delivery, if known, otherwise:
- i. In three (3) Business Days after deposit in United States Mail in case of (A-i) above,
  - ii. Actual delivery in case of (A-ii) above, and
  - iii. The next Business Day in case of (A-iii) above.
- C. Notices to the Parties shall be sent to:

For the City: Samalid Hogan  
Office of Planning and Economic Development  
70 Tapley Street  
Springfield, MA 01104

With a copy to: City Solicitor  
City of Springfield Law Department  
36 Court Street, Rm 210  
Springfield, MA 01103

For the Provider: Pamela Howland  
Old Window Workshop  
81 Mill Street  
Springfield, MA 01108

#### VIII. Publicity

Provider shall collaborate with the City on any press releases, events, signs, and to plan for any news conference concerning the Project and Services. In any media produced by Provider, Provider will not represent that positions taken or advanced by it represent the opinion or position of the City. Provider agrees that the City shall have the right to make use of and disseminate, in whole or in part, all work product, reports, and other non-confidential information produced in course of performing the Services, and to use the information therein contained to produce summaries, case studies, or similar information resources.

#### IX. Records and Audits

- a. **RECORDS:** The records of the Provider insofar as they relate to this Agreement shall be kept on a generally recognized accounting basis. The City or any of its duly authorized representatives or agents shall have immediate access to any books, documents, papers and records of the Provider which are pertinent to this Agreement for the purposes of making audit, examination, excerpts, copies and transcriptions.
- b. **AUDIT:** City Officials and/or their designated representatives shall have the right to audit, inspect, and review all books and records (in whatever form they may be kept, whether written, electronic or other) relating or pertaining to this Agreement (including any and all documents and other materials, in whatever form they may be kept, which support or underlie those books and records, kept by or under the control of the Provider, including, but not limited to those kept by the Provider, its employees, agents, assigns, successors and subcontractors.)

The Provider shall maintain such books and records, together with such supporting or underlying documents and materials, for the duration of this contract or agreement and for at least seven (7) years following the completion of this Agreement, including any and all renewals thereof. The books and records, together with the supporting or underlying documents and materials shall be made available, upon request, to the City, through its employees, agents, representatives, contractors or other designees, during normal business hours at the Provider's Massachusetts office or place of business, at no cost to the City. In the event that the Provider does not have a Massachusetts location, then the books and records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location which is convenient for the City.

#### X. Termination

- a. **Termination By City for Cause:** The City shall have the exclusive right to terminate this Agreement at any time, by written notice signed by the Mayor or the Director or their respective designees, if:
  - i. the Provider fails to comply with all applicable health, safety, and civil rights laws and regulations;
  - ii. the Provider fails to furnish appropriate and sufficient equipment, supplies, and materials necessary for the effective delivery of the Program;
  - iii. the Provider fails to implement the Program or
  - iv. the Provider breaches any provision in this Agreement.
- b. **Termination by City for Convenience:** The City reserves the right to terminate this Agreement for convenience upon 30 days written notice to the Provider signed by the Mayor or Director or their respective designees designee.

- c. Upon termination of the Agreement, the City shall pay the Provider for satisfactory services rendered up to the date of termination.
- d. If HUD terminates their Agreement with the City in the event of loss of availability of sufficient funds for the purposes of that Agreement or in the event of an unforeseen public emergency or other change of law mandating immediate HUD action inconsistent with performing its obligations under that Agreement, this Agreement shall terminate immediately.

#### XI. Equal Employment Opportunity

During the performance of this Agreement, the Provider agrees as follows:

- a. In the performance of this Agreement, the Provider will not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, sexual orientation, disability, family status or national origin. The Provider will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, age, sex, sexual orientation, disability, family status or national origin.
- b. The Provider shall, in all solicitations, or advertisements for employees placed by or on behalf of the City, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, sexual orientation, disability, family status or national origin.
- c. In the event of the Provider's non-compliance with the non-discrimination clauses of this Agreement, this contract may be canceled, terminated or suspended in whole or in part, and the Provider may be declared ineligible for further City contracts.

#### XII. Conflict of Interest

- a. The Provider covenants that it has no interest, nor shall it acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services hereunder.
- b. No member, officer or employee of the City, or its designees or agents, no member of the governing body of the City, and no other public official of the City who exercises any functions or responsibilities with respect to the performance of this Agreement, during his or her tenure, shall have any interest, direct or indirect, in this contract, or proceeds thereof, for the work to be performed under this Agreement in violation of the provisions of Chapter 268A of the General Laws.
- c. Compliance With Ethics Laws Requirements: The Authority agrees to comply with all applicable provisions of the recent amendments to Mass. Gen. Laws ch. 268A, as amended by Chapter 20 of the Acts of 2009 ("Act"), which took effect on September 29, 2009. To the extent that certain of its key employees providing services to the City may be considered "municipal employees" or "special municipal employees" under Mass. Gen. Laws ch. 268A, sec. 1(g) or 1(n), such employees of the Contractor may be required to complete and provide certification of compliance with the new State Ethics Commission online training requirements. Information concerning these requirements is available on the State Ethics Commission website ([www.mass.gov/ethics](http://www.mass.gov/ethics)), or by calling the Commission's Legal Division at 617-371-9500.

#### XIII. Compliance With Laws

The Provider shall comply in every respect with all applicable state and federal laws, orders, regulations and rules, and local ordinances.

XIV. Subcontracting Requirements

This Agreement is for administrative services to be provided to the City on behalf of a state grant by the HUD. In accordance with that grant, the Provider agrees to comply with the terms agreed to by the City and HUD, where applicable, per the attached agreement, Exhibit 3.

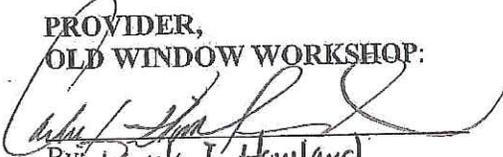
XV. Entire Agreement, Amendments

This Agreement represents the entire and integrated Agreement between the City and the Provider, and supersedes all prior negotiations, representations or agreements, either oral or written. The Parties acknowledge that they are entering into this agreement freely and voluntarily and are not relying on any terms, conditions or promises, which are not expressly set forth within the terms of this agreement. This Agreement may be amended only by written instrument signed by all of the parties listed on the signature page hereto.

(SIGNATURE PAGE FOLLOWS)

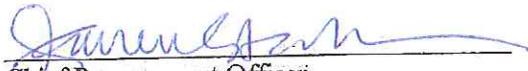
IN WITNESS WHEREOF, the City of Springfield, acting by and through the Director of the Office of Planning and Economic Development, with the approval of the Mayor and Old Window Workshop as the Provider, have executed this Agreement as a sealed instrument on the day and year the same is signed by all parties hereto, on the last date noted below.

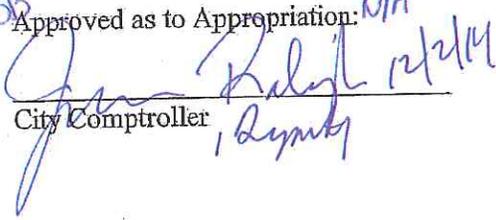
**PROVIDER,  
OLD WINDOW WORKSHOP:**

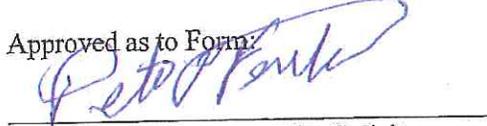
  
By: Pamela I. Henkel  
Title: President  
Date signed: November 22, 2014

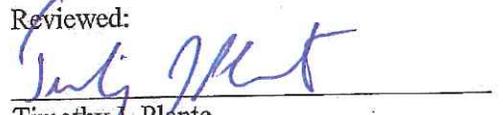
**CITY OF SPRINGFIELD:**

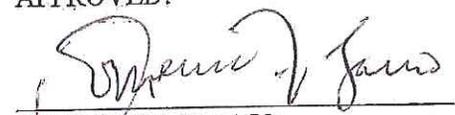
  
Kevin E. Kennedy  
Chief Development Officer

  
Chief Procurement Officer

1583  
Approved as to Appropriation: N/A  
  
City Comptroller, 12/14/14

Approved as to Form:  
  
City Solicitor

Reviewed:  
  
Timothy J. Plante  
Chief Administrative and Financial Officer

APPROVED:  
  
DOMENIC J. SARNO  
MAYOR

Date signed: 12/14/14

**TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS**

27-5301A05  
Federal Identification Number

Individual Social Security Number \_\_\_\_\_ State Identification Number \_\_\_\_\_

Company Window Preservation LLC

P.O. Box (if any): \_\_\_\_\_ Street Address Only: 81 Main St.

City/State/Zip Code: Springfield MA 01108

Telephone Number: 413-552-9255 Fax Number: \_\_\_\_\_ E-mail: PamHowland1@gmail.com

List address(es) of all other property owned by company in Springfield: \_\_\_\_\_  
Please identify if the bidder/proposer is a Corporation \_\_\_\_\_

Individual \_\_\_\_\_ Name of Individual(s) \_\_\_\_\_  
Partnership \_\_\_\_\_ Names of all Partners \_\_\_\_\_  
Limited Liability Company  Names of all Managers: Pamela Howland  
Limited Liability Partnership \_\_\_\_\_ Names of Partners \_\_\_\_\_  
Limited Partnership \_\_\_\_\_ Names of all General Partners \_\_\_\_\_

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

**FEDERAL TAX CERTIFICATION**

I, Pamela Howland certify under the pains and penalties of perjury that Window Preservation LLC to my best knowledge and belief, has/have complied with all United States Federal laws required by law. (authorized agent) (Bidder/Proposer)  
Window Preservation, LLC Date: July 11, 2014  
Bidder/Proposer/Contracting Entity Authorized Person's Signature

**CITY OF SPRINGFIELD, TAX CERTIFICATION**

I, Pamela Howland certify under the pains and penalties of perjury that Window Preservation LLC to my best knowledge and belief, has/have complied with all City of Springfield terms required by law (has/have entered into a Payment Agreement with the City). (authorized agent) (Bidder/Proposer)  
Window Preservation LLC Date: July 11, 2014  
Bidder/Proposer/Contracting Entity Authorized Person's Signature

**COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION**

Pursuant to M.G.L. c. 62C § 49B, I, Pamela J Howland certify under the pains and penalties of perjury that Window Preservation LLC to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. (authorized agent) (Bidder/Proposer)  
Window Preservation LLC Date: July 11, 2014  
Bidder/Proposer/Contracting Entity Authorized Person's Signature

Notary Public

STATE OF Massachusetts July 2014  
County of Hampden

Then personally appeared before me [name] Pamela Howland [title] Officer of [company] Window Preservation LLC, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof, and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed, and the first act and deed of [company name] WPUC.

Notary Public  
S/30/2014

**YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED MAY BE REJECTED.**

**LIMITED LIABILITY CERTIFICATE**

**\* THIS MUST BE THE NAME OF THE PERSON AUTHORIZED IN YOUR BY-LAWS TO SIGN CONTRACTS**

**\*\* SINCE AN OFFICER CANNOT CERTIFY HIMSELF, THIS MUST BE SIGNED BY SOMEONE OTHER THAN THE ONE SIGNING THE CONTRACT**

I, \*\* Tommy A. (myl) a resident of Springfield  
in the State Massachusetts, DO HEREBY CERTIFY: that I am the  
Member/Manager of WINDOW PRESERVATION, LLC

a Limited Liability Company duly organized and existing under and by virtue of the laws of the  
State of Massachusetts and that I have custody of the records of such Company;  
and that as of the date herein below recited authorized Pamela J. Howland \* (Officer)  
is the President of such Company to execute and deliver in the name  
TITLE

and on behalf of the Limited Liability Company the following:

**AGREEMENT FOR SERVICE PROVIDERS  
FOR WORKFORCE DEVELOPMENT TRAINING FOR  
RESIDENTS AFFECTED BY DISASTERS  
CONTRACT # 20150563**

WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal  
of such Company this 22<sup>nd</sup> day of November, 2014

(Affix)  
(Seal)  
(Here)

\*\* [Signature]  
Member/Manager

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**EXHIBIT 1: PRE-PROGRAM REPORT EXAMPLE**





# PRE-PROGRAM REPORT

ORGANIZATION'S NAME: \_\_\_\_\_

I hereby verify that the information submitted on this report is complete and accurate. I acknowledge that providing false information may result in losing the grant funding and/or having to repay funding used in addition to any other penalties under the HUD Federal CDBG guidelines and regulations.

\_\_\_\_\_  
Type Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (MM/DD/YR)

\_\_\_\_\_  
Signature by Authorized Representative

<b>FOR OPED OFFICE USE ONLY</b>	
I hereby verify that this report was received on _____	DATE
Check here if report received was complete _____	
_____ Type Name of OPED Staff	_____ Signature of OPED Staff

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**EXHIBIT 2: QUARTERLY REPORT EXAMPLE**

**Workforce Development and Job Training Program**

**QUARTERLY REPORT #:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Quarterly reports are due the Office of Planning and Economic Development on the following dates: April 30, 2015; July 31, 2015; October 31, 2015; and January 31, 2016.  
 Mail the original to: Attn: Samalid Hogan, Spfld Office of Planning and Economic Development, 70 Tapley Street, Springfield, MA 01104.  
 EMAIL a digital copy in EXCEL or PDF to shogan@springfieldcityhall.com by the due date.

**PART 1.** Please attach a detailed explanation of the outreach activities to target areas and individuals in the tornado-affected neighborhood during this quarter. Be as specific as possible listing the names of the staff that performed the activity, dates, brief description of activity, and locations.

**PART 2.** Attach a copy of the "Section 3 Resident Application" completed and signed by NEW PARTICIPANTS ONLY DURING THIS QUARTER.

**PART 3.** Complete the table below (and on page 2) for ALL PARTICIPANTS (existing and new) enrolled in the program.

**PART 4.** Sign the submission form on Page 3. Mail the original report and email a copy to shogan@springfieldcityhall.com as per the instructions at the top of this page.

FULL NAME	EMPLOYED (E), UNDEREMPLOYED(UN) OR UNEMPLOYED(U)	RESIDENTIAL ADDRESS	TYPE OF TRAINING TO BE RECEIVED	LIST OF POTENTIAL CERTIFICATES TO BE EARNED	ANTICIPATED PROGRAM COMPLETION DATE (MM/DD/YR)





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**EXHIBIT 3: CERTIFICATES OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/21/2014

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 CHI Insurance Agency, Inc 17 College Street  South Hadley MA 01075	CONTACT NAME: Lauren Eckhardt	
	PHONE (A/C, No, Ext): (413) 650-5518	FAX (A/C, No): (413) 536-9182
INSURED Window Preservation, LLC, Workshop DBA: Old Window Workshop 81 Mill St. Springfield MA 01107	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Western World	
	INSURER B: Amguard Ins. Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL147901023 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			NNP8242599	7/3/2014	7/3/2015	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 500,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 500,000
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB						\$
	DED						EACH OCCURRENCE \$
	RETENTION \$						AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			tba THRU mawcrib			E.L. EACH ACCIDENT \$ 100000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. DISEASE - EA EMPLOYEE \$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - POLICY LIMIT \$ 500000

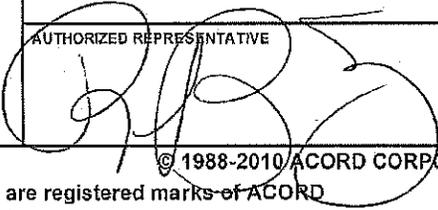
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City of Springfield  
36 Court Street  
Springfield, MA 01103

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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**EXHIBIT A: CITY'S INVITATION FOR BID NO.14-262**

CITY OF SPRINGFIELD, MASSACHUSETTS  
OFFICE OF PROCUREMENT  
36 COURT STREET, ROOM 307, SPRINGFIELD, MA 01103

INVITATION FOR BID

IFB (Bid) Number 14-262

Will be received at the Office of Procurement until 2:00 P.M. JULY 11, 2014 and will be logged in at that time. Proposals received after the due date and time will be returned unopened.

By: Lauren Stabilo, Chief Procurement Officer

**This Invitation for Bid is for: Service Providers to Deliver Workforce Development and Training to Residents Affected by Natural Disasters in Springfield.**

As requested by: Springfield Office of Planning and Economic Development

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID.**

This Proposal is submitted by: \_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Company Address)

I acknowledge receipt of addenda numbered: \_\_\_\_\_.

I certify that:

- (a) I have been authorized to submit and sign this bid on behalf of the submitting organization;
- (b) that the bid is accurate and true to the best of my knowledge, the costs are reasonable and necessary for the proposed service;
- (c) the proposed cost do not duplicate other funds already available, or which may become available, to pay the project costs;
- (d) my organization will implement the services in compliance with the stipulations and guidelines set forth by the City of Springfield, and,
- (e) the organization that I represent is equal opportunity employer/provider

signed by: \_\_\_\_\_  
(Printed or Typed Name and Title of Authorized Representative)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, 2014  
(Signature and Date)

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

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

ADVERTISEMENT  
CITY OF SPRINGFIELD, MASSACHUSETTS  
OFFICE OF PROCUREMENT

**INVITATIONS FOR BID FOR: Workforce Development and Training Services for Springfield Residents affected by natural disasters in Springfield - Per Bid No. 14-262**

will be received until 2:00 PM: July 11, 2014 BY: The Office of Procurement

Lauren Stabilo, Chief Procurement Officer  
36 Court Street, Room 307, Springfield MA 01103  
Phone (413) 787-6284 fax 787-6295

at which time the bids will be publicly reviewed in the Office of Procurement Bid Room. Bid documents and specifications will be available at no charge beginning **May 14, 2014** at the Office of Procurement or email bid request with all contact information to Lauren Stabilo at [lstabilo@springfieldcityhall.com](mailto:lstabilo@springfieldcityhall.com).

This IFB relates to training services for residents affected by the recent natural disasters in the City of Springfield. Workforce training services should enhance the skills of job seekers and assist them with job placement. More specifically, the Six Corners and South End neighborhoods were heavily affected by both the long and short term effects of the natural disasters that occurred in 2011. In addition, the residents of these neighborhoods face multiple barriers to employment.

The City of Springfield supports the goal of twenty percent minority and women (MWBE) participation in all contracts. The Chief Procurement Officer reserves the right to waive any informality in and to reject any or all bids if it is in the public interest to do so.

All questions regarding bid or its specifications must be received by the Office of Procurement business no later than seven (7) (**July 2, 2014**) days prior to deadline for proposal submittals. The Chief Procurement Officer reserves the right to waive any informality in and to reject any or all bids if it is in the public interest to do so.

**Note:** to newspaper: Insert the above advertisement in the Springfield Union-News ONLY under the heading "Legal Notice" on the following date: **May 14, 2014**  
Phone: 787-6284 - Reference: 4137836285 - Bid No. 14-262



**City of Springfield**  
**Invitations for Bid**

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**Workforce Development & Training Services**

**Bid No. 14-262**

**Bids Due: July 11, 2014**

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## BACKGROUND INFORMATION

The City of Springfield was dramatically impacted by multiple Presidentially-Declared Disasters in 2011, the most severe of which was a June 1, 2011 F3 tornado. The tornado ripped through the downtown areas of Springfield and cut a mile path through several neighborhoods, finally exiting the City limits through the East Forest Park and Sixteen Acres Neighborhoods.

In addition to the tornado, in 2011 the City endured two disastrous snow storms, the worst of which was a surprise October Nor'easter that caused approximately \$30 million in damages and recovery costs. In addition, the City also received another Presidential Disaster Declaration for damages caused by Hurricane Irene.

The City of Springfield was allocated \$21,896,000 of the CDBG-DR fund distribution to assist the City's recovery efforts. CDBG-DR funds appropriated in the Act are subject to guidance provided by HUD in the March 5, 2013 Federal Register.

The Action Plan was developed after having received considerable input from other City departments and agencies, affected neighborhoods and stakeholder groups and with support from state and federal government partners. As part of the Action Plan, the City will undertake a number of economic initiatives that will be:

- Focusing on economic revitalization;
- Providing financial assistance to eligible small businesses;
- **Providing workforce training;**
- Undertaking urban renewal activities
- Addressing infrastructure improvements in commercial/retail corridors;
- Restoring public parks and recreational facilities; and
- Restoring public streetscapes and public spaces.

## SCOPE OF WORK

The purpose of this Invitation for Bids (IFB) is to solicit proposals from eligible service providers who have the capacity to develop and deliver workforce development programs and job training services to residents affected by natural disasters in Springfield, Massachusetts.

## RULE FOR AWARD AND TIMELINE

The funding allocated through CDBG-DR program for job training and workforce development is \$250,000; however, the maximum contract amount for each service provider will be **\$100,000**. Therefore, more than one entity may be selected as a result of this IFB. Further, the organization(s) selected as a provider must begin services by no later than September 1, 2014. Services should be completed by no later than October 31, 2015, assuming continued funding and successful performance by the selected organization(s).

## QUALITY REQUIREMENTS

Any existing public entity, private not-for-profit entity or private for-profit entity with the capability, experience and capacity to provide the services required by City of Springfield under this IFB, may submit a proposal for consideration. Individuals may not propose.

Entities must include a section on their proposal with an explanation on how they meet the following criteria:

- Experience providing job training activities.
- Has worked or will work with residents of neighborhoods affected by the "2012 Tornado" and "October Snow Storm disasters".
- The proposed program provides clear links from training to employment.
- How they intend to prioritize providing job training opportunities to residents of the South End and Six Corners neighborhoods.

#### **BID SCHEDULE**

The anticipated schedule, which in the discretion of the City can be modified, is as follows:

May 12, 2014	IFB advertised in Goods & Services Bulletin
May 14, 2014	IFB available at the Office of Procurement
May 15, 2014	IFB advertised in Republican Newspaper
June 30, 2014	IFB questions due by 4:00 p.m. EST
July 3, 2014	IFB questions answered
July 11, 2014	Proposals are due at 2:00 p.m. EST
July, 2014	Proposals Reviewed
July, 2014	Contract(s) awarded

#### **BID SUBMISSION REQUIREMENTS**

Respondents must submit proposals in hard copy form. One unbound hard copy original, and three copies of the original, must be submitted as described on this IFB. **The original copy must be clearly marked with the Proposer's name, address, phone and fax number must be clearly marked on the outside "Invitation for Bids for Workforce Development and Training Services- Bid No. 14-262" and bear an ink signature of an officer or other person authorized to bind the respondent.**

Facsimile copies will not be accepted. The entire proposal shall also be submitted on a labeled USB drive. On the USB drive, the entire proposal *including* the budget shall be submitted as a Microsoft Word document and the budget shall be saved in Microsoft Excel.

Proposals must be submitted to:

Lauren Stabilo, Chief Procurement Officer  
City of Springfield  
36 Court Street, Room 307  
Springfield, MA 01103

**All proposals must be received by July 11, 2014 by 2:00pm (EST).  
Any proposal received after this date and time will not be considered or evaluated.**

#### **Required Documents**

Forms required to be completed by all Proposers and submitted with the proposal are provided under Attachment B.

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**Inquiries**

To ensure the City maintains an open competition process, all inquiries regarding this IFB must be provided in writing only, via email Lauren Stabilo, [lstabilo@springfieldcityhall.com](mailto:lstabilo@springfieldcityhall.com). Questions must be received by July 2, 2014 at 4:00pm EST. Answers to all questions regarding this proposal will be released in an addendum by July 7, 2014.

**Conditions of BID**

All costs incurred in the preparation of a proposal will be the responsibility of the Proposer and will not be reimbursed by the City of Springfield. The City assumes no responsibility or liability for costs incurred by the proposer prior to the effective date of any contract resulting from this IFB. The bidder may be required to obtain licenses, liability insurance (including bonding of staff responsible for financial transactions) comply with the Americans with Disabilities Act and maintain Equal Opportunity Employment between the bidder and its employees.

**Right to Reject BID**

The City of Springfield reserves the right to reject any or all proposals or any part of same; to waive irregularities and/or informalities; and to make any decisions which the City of Springfield deems to be in its own best interest.

This IFB notice is forwarded for information and invitation only and is not to be construed as a contract, or as a commitment to contract. Award of any contract(s) is subject to the availability of funding.

**Type of Contract**

The contract will be cost reimbursement. Total contract amount will be reimbursed based on actual costs incurred according to approved budgets. Payment for services rendered will be made only when costs have been incurred and documentation of all costs will be required. The contract will be for one year with a maximum value of \$100,000.

**Notification of Award**

Bids will be reviewed with notification of acceptance or refusal within four weeks of submission.

**Performance Measures and Outcomes**

Proposers must include in their proposed program performance measures and outcomes applicable to each particular program. However, the City will require the following performance measures, in the table below, to be included in the proposal and reported to the Office of Planning and Economic Development.

**Participation Goals**

All individuals participating and benefiting from services funded through this IFB shall complete a "Section 3 Resident Application" enclosed as Attachment A. The City of Springfield may require that at least 30% of program participants are public housing residents and/or low and very-low income persons.

This IFB relates to training services for residents affected by the recent natural disasters in the City of Springfield. Workforce training services should enhance the skills of job seekers and assist them with job placement. More specifically, the Six Corners and South End neighborhoods were heavily affected by both the long and short term effects of the natural disasters that occurred in 2011. In addition, the residents of these neighborhoods face multiple barriers to employment.

Therefore, the City is prioritizing job training opportunities for residents of these two neighborhoods and will require that respondents supply a plan for how they intend to provide outreach and/or incentives specifically to ensure participation of residents of the Six Corners and South End neighborhoods.

**BID CONTENT**

Expensive bindings, color displays, or packaging are not necessary or desired. Emphasis should be based on conformity to the instructions and requirements of this IFB. All bids must include the following information clearly label and separated by tabs:

**A. Organizational Background**

Provide a brief description (100 words or less) of your organization.

**B. Required Forms**

See attachment B. All forms must be completed and submitted in this section of the proposal.

**C. Experience/Qualifications**

The proposal should include a brief history of the firm or individual, its size, and its experience providing services to diverse populations in urban areas.

**D. Capacity to Provide Service**

Describe the personnel to be assigned to this project including their relevant experience, along with any specific software or platforms associated with the delivery of service.

**E. Training Content**

Describe proposed training, format (classroom or virtual), target audience, and training outcomes. This should include the proposers plan to prioritize training opportunities for low-income residents of the targeted Six Corners and South End neighborhoods.

**F. Budget and Leveraging**

Provide clear budget including a total cost per training. Please clearly identify other financial sources that are committed to the program in addition to requested funding. Proof of commitments should be included.

Outcomes	Definitions	Reporting Requirements	Timing for Attainment of Outcomes
Employment Re-Entry	Number of participants re-entering workforce as a direct result of program activities.	To be reported quarterly and due 15 days after last day of quarter. The report must include the neighborhood where each participant resides.	Throughout the program.
Employment Retention	Number of participants employed prior to enrolling and who remain employed by the end of the program.		Throughout the program.
Credential Rate	Number of participants who receive a credential as a direct result of their participation in the program.		Must be attained during program through 4 <sup>th</sup> quarter.

**G. Performance Measures & Outcomes**

List your proposed performance measures and outcomes for your program. Refer to page 3 of this IFB for the requirements.

**H. References**

Please attach references including names, organization, and contact information for three (3) clients who can provide insights regarding skills, qualifications and delivery of requested training services.

*Important Note: This IFB relates to training services for residents affected by the recent natural disasters in the City of Springfield: Workforce training services should enhance the skills of job seekers and assist them with job placement.*

**QUALITY REQUIREMENTS**

**A. Experience:**

The Proposer must have between 5-10 years of experience providing job training programs and workforce development services to diverse populations in urban areas.

**B. Service Provision**

The Proposer must demonstrates some understanding of the workforce development and job training needs of individuals living in target area but it is not clear how the services to be provided will address the needs.

**C. Staffing Plan**

The Proposer has documented a clear staffing plan comprised of a team of professionals with the expertise to provide high quality job training program, multilingual services, and workforce development services.

**D. Management and Implementation Plan**

The Proposer has documented a clear comprehensive management and implementation plan. The Proposer clearly demonstrates they are able to begin the program by no later than September 1, 2014.

**E. Leveraging**

The Proposer has leveraged the highest amount of other committed financial resources to match requested funding in order to provide a greater amount of services.

**F. Prioritization of Training Opportunities for Residents of Target Neighborhoods**

The Proposer has submitted a high quality and detailed plan that includes extensive outreach, incentives and access to job training opportunities for residents of the targeted Six Corners and South End neighborhoods.

## CERTIFICATIONS AND OTHER TERMS AND CONDITIONS

If awarded funding, the applicant hereby certifies and assures that it will fully comply with the following federal regulations (if applicable to your organization):

- The signing individual certifies that he/she is authorized to sign a contract on behalf of the organization offering this proposal.
- The signing individual certifies that the prices in this proposal have been arrived at independently, without consultation, communication, or agreements made for the purpose of restricting competition.
- When delivering services under an approved contract, the contractor shall work under the broad supervision of the Office of Planning and Economic Development.
- The signing individual certifies that there has been no attempt by him/her or anyone in their organization to discourage any potential applicant from submitting a proposal.
- The signing individual certifies that he/she has read and understands all of the information in this Invitation for Bids.
- The signing individual certifies that his/her organization, and any individuals to be assigned to the project, does not have a record of substandard work and has not been debarred or suspended from doing work with any federal, state, or local government.
- The City of Springfield reserves the right to negotiate the contract amount with the provider(s) selected within the guidelines of the CDBG-DR program funding.
- Payments shall be made on a cost reimbursement basis (no advances). Invoices shall detail expenses based on the line items in the proposal budget. Generally, the City of Springfield will pay invoices within 30 days of receipt, unless questions arise as to the appropriateness of an expense.
- All information received by the provider during the course of the contract period is considered confidential, and shall be protected to the utmost ability of the contractor.
- The contract awarded under this IFB shall be subject to and interpreted under the laws and jurisdiction of the State of Massachusetts.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(Signed certification/conditions to be returned with the Bid)**

**ATTACHMENT A**  
**Section 3 Resident Application**

# City of Springfield Office of Housing Section 3 Resident Application



Please note: This is not a job application. The information that you provide here will be entered into a database and shared with employers as job and training opportunities become available through the City of Springfield Office of Housing and its affiliates.

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	Zip
Phone	Email	
Public Housing Resident YES <input type="checkbox"/> NO <input type="checkbox"/>	Section 8 Participant YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you speak a language other than English? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify:

EDUCATION		
High School	Street Address	
City	State	Zip
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
College	Street Address	
City	State	Zip
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		If yes, describe degree:

**City of Springfield**  
**Office of Housing**  
**Section 3 Resident Application**



TRAINING			
Driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OSHA 10 Safety Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
HUD YouthBuild	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe
Apprenticeship/ Pre-Apprenticeship	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe
Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe
Union Membership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe
Other training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe

DESIRED TRAINING/EMPLOYMENT OPPORTUNITIES	
I am seeking Employment YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify desired job(s) <input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Bricklayer <input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Insulator <input type="checkbox"/> Laborer <input type="checkbox"/> Secretary <input type="checkbox"/> Painter <input type="checkbox"/> Maintenance <input type="checkbox"/> Tenant Coordinator <input type="checkbox"/> Other (specify)
I am seeking training opportunities YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify training type(s) Examples: <input type="checkbox"/> Construction <input type="checkbox"/> Administrative <input type="checkbox"/> Management <input type="checkbox"/> Other (specify)

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		City	State Zip
Job Title			
Responsibilities			
From	To	Reason for leaving	

**City of Springfield  
Office of Housing  
Section 3 Resident Application**



PREVIOUS EMPLOYMENT				
Company			Phone:	
Address		City	State	Zip
Job Title:				
Responsibilities				
From	To	Reason for leaving		
Company			Phone	
Address		City	State	Zip
Job Title:				
Responsibilities				
From	To	Reason for leaving		
Company			Phone	
Address		City	State	Zip
Job Title:				
Responsibilities				
From	To	Reason for leaving		

**City of Springfield  
Office of Housing  
Section 3 Resident Application**



**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that if the information provided leads to employment, false or misleading information may result in my release. I authorize the City of Springfield Office of Housing to share this information with prospective employers. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, driving, financial, and credit records through any investigative or credit bureaus of your choice. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature

Date

**FOR NON PUBLIC HOUSING RESIDENTS ONLY: FY 2014 INCOME LIMITS DOCUMENTATION**

The undersigned on oath deposes under penalty of law as follows:

- My household income from this year for the number of people in my household **IS MORE THAN** the income limits below.
- My household income from this year for the number of people in my household **IS LESS THAN** the income limits below.

SPRINGFIELD CITY, MASSACHUSETTS									
FY 2014 INCOME LIMIT AREA	MEDIAN INCOME	FY 2014 INCOME LIMIT CATEGORY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON
SPRINGFIELD CITY	\$65,700	LOW (80% INCOME LIMIT)	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250

I understand that the information above relating to the size and annual income of my family may require verification. I agree to provide upon request documents verifying this information and I authorize the release of this information required for the United States Department of Housing and Urban Development or the City of Springfield Office of Housing to verify my status as a "Section 3 Resident" under Section 3 of the Housing and Urban Development Act of 1968 (and the related regulations).

Signature

Date

**Return to:**

Melanie Acobe

Section 3 Program Manager

1600 E. Columbus Ave.

Springfield, MA 01103

Phone: (413) 750-2877

Fax: (413) 787-6515

Email: MAcobe@springfieldcityhall.com

**ATTACHMENT B**  
**Required Forms**

**City of Springfield, Massachusetts  
Office of Procurement**

**Invitation and Instructions to Bidders**

Proposals shall be typewritten or written in ink on the enclosed forms. Officials of Corporations shall designate their official titles. Partners or Sole Owners shall so state, giving names of all interested Parties. Bids must be submitted in a sealed container and shall be guaranteed for thirty (30) days. Bidder shall not base Proposals on verbal information from any employee of the City. The City reserves the right to reject any or all bids.

**Invitation for Bid for: Workforce Development & Training Services  
Bid No. 14-262  
For: Office of Planning and Economic Development  
Opening Date: July 11, 2014 at 2:00 PM**

**Submission Requirement Checklist**

**Bids must be received on or before the due date and must include the following, signed, & notarized as required: Failure to submit the following may be cause for immediate rejection:**

- \_\_\_\_\_ (1) Invitation to Bid Form (Cover Page) Completed & Signed
- \_\_\_\_\_ (2) Non-Collusion Statement Completed
- \_\_\_\_\_ (3) Tax Certification Affidavit Signed & Notarized
- \_\_\_\_\_ (4) Affirmative Action Form, Completed and Signed
- \_\_\_\_\_ (5) Provide Clear Budget, to be submitted with bid
- \_\_\_\_\_ (6) Reference Form Completed
- \_\_\_\_\_ (7) Section 3 Resident Application must be Completed and Signed (Attachment A)
- \_\_\_\_\_ (8) One (1) Original and Three (3) Copies of Complete Bid
- \_\_\_\_\_ (9) All other Requirements as requested in the bid documents
- \_\_\_\_\_ (10) Receipt of all addenda if issued

Questions regarding the bid must be directed in writing to the Chief Procurement Officer no later seven (7) working days (July 2, 2014) before the day on which the bids are due. All communications should include reference to the bid number and opening date. Facsimile communications are acceptable.

BID NO. 14-262

**COST SHEET**

**PRICE (OR COST) INFORMATION MUST BE SIGNED, SEALED AND SUBMITTED WITH BID DOCUMENTS.**

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(Name of Proposer Firm/Individual)

Provide clear budget including a total cost per training. Please clearly identify other financial sources that are committed to the program in addition to requested funding. Proof of commitments should be included.

Total Cost per Training \$ \_\_\_\_\_

Total Budget For Services \$ \_\_\_\_\_

(in words) \_\_\_\_\_ dollars.

Please attach your completed budget that will coincide with your comprehensive services for implementation of workforce development and job training needs for local residents.

This sheet is to be signed below by a representative of the Proposer Firm who is authorized by the Chief Executive Officer of that firm to sign:

Name and title typed or printed: \_\_\_\_\_

by: \_\_\_\_\_

(Signature)

**COLLUSION OR FRAUD STATEMENT**

THE UNDERSIGNED CERTIFIES UNDER PENALTIES OF PERJURY THAT THIS BID IS IN ALL RESPECTS BONA FIDE, FAIR AND MADE WITHOUT COLLUSION OR FRAUD WITH ANY OTHER PERSON. AS USED IN THIS SECTION THE WORD "PERSON" SHALL MEAN ANY NATURAL PERSON, JOINT VENTURE, PARTNERSHIP, CORPORATION OR OTHER BUSINESS OR LEGAL ENTITY.

\_\_\_\_\_  
(NAME OF PERSON SIGNING BID)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(COMPANY)

THIS FORM MUST BE SIGNED & RETURNED WITH YOUR BID OFFER. FAILURE TO SUBMIT THIS FORM IS CAUSE FOR IMMEDIATE REJECTION.

**TO BE INCLUDED IN ALL SPECIFICATIONS**

**COMPLIANCE WITH FEDERAL, COMMONWEALTH OF MASSACHUSETTS, AND CITY OF SPRINGFIELD TAX LAWS.**

**A. COMPLIANCE WITH TAX LAWS**

The contractor must be in compliance at the time it submits its bid and afterwards if selected as the contractor, with all Federal, Commonwealth of Massachusetts and City of Springfield tax laws, the contractor will be disqualified from the bidding procedure.

**B. TAX CERTIFICATION AFFIDAVIT.**

The contractor must complete and return the Tax Certification Affidavit with the contractor's bid/proposal. Failure to complete and return the Tax Certification Affidavit will disqualify the contractor from the bidding procedure.

**C. VERIFICATION OF COMPLIANCE WITH FEDERAL AND MASSACHUSETTS TAX LAWS.**

If the City of Springfield discovers that the contractor is not in compliance with Federal or Massachusetts tax laws, the contractor shall be excluded from the bidding procedure.

**D. COMPLIANCE WITH THE CITY OF SPRINGFIELD TAXES.**

If the City of Springfield discovers that the contractor owes the City of Springfield any assessments, excise, property or other taxes, including any penalties and interest thereon, the contractor shall be excluded from the bidding procedure.

The contractor at all times during the term of an awarded contract shall observe and abide by all Federal, Commonwealth of Massachusetts and City of Springfield tax laws and remain in compliance with such laws, all as amended.

## TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number \_\_\_\_\_

State Identification Number \_\_\_\_\_

Federal Identification Number \_\_\_\_\_

Company: \_\_\_\_\_

P.O. Box (if any): \_\_\_\_\_

Street Address Only: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

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

List address(es) of all other property owned by company in Springfield: \_\_\_\_\_

Please identify if the bidder/proposer is a:

Corporation \_\_\_\_\_

Individual \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Partnership \_\_\_\_\_

Names of all Partners: \_\_\_\_\_

Limited Liability Company \_\_\_\_\_

Names of all Managers: \_\_\_\_\_

Limited Liability Partnership \_\_\_\_\_

Names of Partners: \_\_\_\_\_

Limited Partnership \_\_\_\_\_

Names of all General Partners: \_\_\_\_\_

You must complete the following certifications and have the signature(s) **notarized** on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

### FEDERAL TAX CERTIFICATION

I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to my best knowledge and  
(authorized agent) (Bidder/Proposer)  
belief, has/have complied with all United States Federal taxes required by law.

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

Bidder/Proposer/Contracting Entity \_\_\_\_\_

Authorized Person's Signature \_\_\_\_\_

### CITY OF SPRINGFIELD TAX CERTIFICATION

I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_, to my best knowledge and  
(authorized agent) (Bidder/Proposer)  
belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

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

Bidder/Proposer/Contracting Entity \_\_\_\_\_

Authorized Person's Signature \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, \_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_,  
(authorized agent) (Bidder/Proposer)  
to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and  
withholding and remitting child support.

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

Bidder/Proposer/Contracting Entity \_\_\_\_\_

Authorized Person's Signature \_\_\_\_\_

Notary Public

STATE OF \_\_\_\_\_

\_\_\_\_\_, 2014

County of \_\_\_\_\_, ss.

Then personally appeared before me [name] \_\_\_\_\_, [title] \_\_\_\_\_ of [company  
name] \_\_\_\_\_, being duly sworn, and made oath that he/she has read the foregoing document, and knows the  
contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act  
and deed of [company name] \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED MAY BE REJECTED.**

**AFFIRMATIVE ACTION PLAN  
(GOODS AND SERVICES BID ONLY)**

NAME OF PROJECT \_\_\_\_\_ BID NO. \_\_\_\_\_

A.) What is the total number of employees that is currently employed by your company?

NUMBER OF EMPLOYEES										
OVERALL TOTALS (SUM OF COL.B THRU F) A	MALE					FEMALE				
	WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F	WHITE (NOT OF HISPANIC ORIGIN) B	BLACK (NOT OF HISPANIC ORIGIN) C	HISPANIC D	ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F

B.) What is your anticipated work force for this project/service? \_\_\_\_\_  
 Number of Minorities \_\_\_\_\_ Number of Females \_\_\_\_\_

C.) Is your company at least 51% owned and controlled by one of the following groups members? Please circle the appropriate categories.

MALE--FEMALE: Black, Hispanic, Asian, American Indian,  
 Alaskan Native, Cape Verdean, Caucasian.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FIRM

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 TELEPHONE NUMBER

**THIS FORM MUST BE SUBMITTED BY THE BIDDER WITH THE BID /PROPOSAL,  
 AND SIGNED BY THE BIDDING COMPANY IF THE REQUIRED INFORMATION IS  
 PROVIDED OR NOT.**

**BIDDERS REFERENCE FORM**

List at a minimum three (3) business references whom you have done volume business and service for in the past five (5) years.

**COMPANY:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contract Amount: \$** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owner & Address:** \_\_\_\_\_

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

**COMPANY:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contract Amount: \$** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owner & Address:** \_\_\_\_\_

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

**COMPANY:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contract Amount: \$** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owner & Address:** \_\_\_\_\_

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**COMPANY:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contract Amount: \$** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owner & Address:** \_\_\_\_\_

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**COMPANY:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contract Amount: \$** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owner & Address:** \_\_\_\_\_

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**EXHIBIT B: PROVIDER'S BID RESPONSE TO**  
**CITY'S INVITATION FOR BID NO.14-262**

IFB 14-262: PROPOSAL SUBMITTED BY:  
Window Preservation, LLC and the Hampden County Sheriff's Department  
81 Mill St., Springfield, MA and 736 State St., Springfield, MA

**REVISED SCOPE OF WORK: October 20, 2014**

***"PRESERVATION JOBS AND BUSINESS OPPORTUNITY PROGRAM"***

The Preservation Jobs and Business Opportunity Program will provide income, skill-building and entrepreneurial opportunity for women residents of the South End and Six Corners neighborhoods living in poverty or returning to the community from incarceration.

The program will build a permanent infrastructure for entrepreneurship and employable skills. The grant of \$70,000 will pay for:

1. Establishment of the Old Window Workshop (OWW) and a Trades Learning Center (TLC) in the South End with a fully licensed, insured and equipped facility for restoration of wood windows and historic architectural building components.
2. EPA Asbestos and Lead Abatement Training Program to credential women residents as asbestos and lead abatement supervisors.
3. On-the-Job Training for women who stay in school for their HiSet, trades learning and entrepreneurship skill-building.

Components of the program are:

1. **Trades Learning Center:** The purpose of the TLC is to open the door wide for the entrepreneurship potential of women to explore viable income strategies for their families. They will access tools and workshop space at OWW to make salvage-art for sale on internet sites and at craft fairs. Women will have the opportunity to learn how to build panels to insulate their own windows and doors. Some women may choose a focus on developing business and marketing skills using social media.
2. **EPA Abatement Credential Program and On-the-Job Training (OJT):** Women will apply to receive lead and asbestos abatement credentials which will qualify them for high-paying jobs on historic preservation projects. Skilled women will become OJT employees of the Old Window Workshop. At this level, women must actively pursue the HiSET exam and will be encouraged to achieve an Associate's Degree in Historic Preservation and/or business.

OWW will serve as a launch pad for women residents of Six Corners and the South End to escape the steel trap of part-time low-wage jobs. This grant will allow 10 to 25 women to earn income while they actively pursue education to become models of successful employment in their neighborhood.

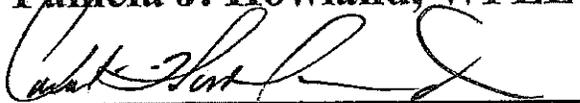
✓

**TO: Lauren Stabilo, Chief Procurement Officer**  
**City of Springfield**  
**36 Court Street, Room 307**  
**Springfield, MA 01103**

**Invitation for Bids for Workforce  
Development and Training Services –  
Bid No. 14-262**

**SUBMITTED BY: OLD WINDOW WORKSHOP**  
**81 MILL STREET, SPRINGFIELD MA 01108**  
**Phone: 413-552-9255**

**Pamela J. Howland, WPLLC Officer**

 *Pamela J. Howland*  
*July 11, 2014*

ORIGINAL

IFB 14-262: PROPOSAL SUBMITTED BY:  
Window Preservation, LLC and the Hampden County Sheriff's Department  
81 Mill St., Springfield, MA and 736 State St., Springfield, MA

**REVISED SCOPE OF WORK: October 20, 2014**

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City of Springfield, Massachusetts  
Office of Procurement

Invitation and Instructions to Bidders

Proposals shall be typewritten or written in ink on the enclosed forms. Officials of Corporations shall designate their official titles. Partners or Sole Owners shall so state, giving names of all interested Parties. Bids must be submitted in a sealed container and shall be guaranteed for thirty (30) days. Bidder shall not base Proposals on verbal information from any employee of the City. The City reserves the right to reject any or all bids.

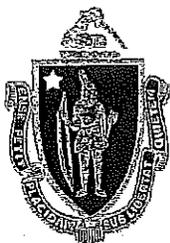
Invitation for Bid for: Workforce Development & Training Services  
Bid No. 14-262  
For: Office of Planning and Economic Development  
Opening Date: July 11, 2014 at 2:00 PM

Submission Requirement Checklist

Bids must be received on or before the due date and must include the following, signed, & notarized as required: Failure to submit the following may be cause for immediate rejection:

- (1) Invitation to Bid Form (Cover Page) Completed & Signed
- (2) Non-Collusion Statement Completed
- (3) Tax Certification Affidavit Signed & Notarized
- (4) Affirmative Action Form, Completed and Signed
- (5) Provide Clear Budget, to be submitted with bid
- (6) Reference Form Completed
- (7) Section 8 Resident Application must be Completed and Signed (Attachment A)
- (8) One (1) Original and Three (3) Copies of Complete Bid + USB
- (9) All other Requirements as requested in the bid documents
- (10) Receipt of all addenda if issued Addendum #1

Questions regarding the bid must be directed in writing to the Chief Procurement Officer no later seven (7) working days (July 2, 2014) before the day on which the bids are due. All communications should include reference to the bid number and opening date. Facsimile communications are acceptable.



MICHAEL J. ASHE, JR.  
SHERIFF

THE COMMONWEALTH OF MASSACHUSETTS  
SHERIFF OF HAMPDEN COUNTY  
627 RANDALL ROAD  
LUDLOW, MA 01056

July 11, 2014

TEL: (413) 547-8000  
FAX: (413) 589-1851

Pamela Howland  
Old Window Workshop  
Window Preservation, LLC  
99 Mill St.  
Springfield, MA 01105

*Pamela*  
Dear Ms. Howland:

The Hampden County Sheriff's Department is pleased to provide our full collaboration, partnership and support to the proposal by Window Preservation, LLC, of Massachusetts (WPLLC) as lead agency in its application for the *2014 Workforce Development and Training Services for Springfield Residents affected by natural disasters grant request*.

The Sheriff's Department has been involved with The Olde Window Workshop (OWW) for several years providing laborers for much of their work. OWW is a woman owned, worker-owned cottage industry located on Mill Street in the South End neighborhood. OWW has performed old window restoration and related training to enable woman entering the workforce an opportunity to learn skills and secure a well-paying trade.

Upon securing this grant The Hampden County Sheriff's Department plans to begin a certificate training program inside the women's house of correction in both old window restoration and the related Abatement Training Program to credential asbestos and lead abatement workers and supervisors. This will allow women upon release to move directly into employment in these trades.

Window Preservation, LLC and its founder Pamela Howland are uniquely qualified to manage this CDGB Workforce Training Grant. Their knowledge of community needs, the demographics of Springfield's South End as well as their innovative employment initiatives, and their ability to connect community resources is crucial to the success of this initiative.

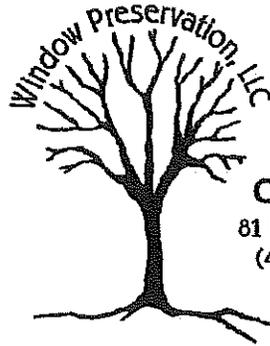
We look forward to further growing our collaborative relationship with the Window Preservation, LLC and its partners to improve opportunities for women reentering our communities from incarceration and thus reducing recidivism for these individuals. The result will be an improved quality of life and enhanced public safety for all the citizens of Springfield and Hampden County.

Sincerely,

A handwritten signature in cursive script that reads 'Michael J. Ashe, Jr.'.

Michael J. Ashe, Jr.  
Sheriff

MJA/sro



**OLD WINDOW WORKSHOP**

81 Mill Street • Springfield, MA 01108

(413) 788-2122 • (413) 552-9255

[www.OldWindowWorkshop.com](http://www.OldWindowWorkshop.com)

HIC#166670

