



Public Safety & Transportation Committee Agenda

City of Newton **In City Council**

Wednesday, September 23, 2020

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, September 23, 2020 at 7:00 p.m. To view this meeting using Zoom use this link:

<https://us02web.zoom.us/j/81626690849?pwd=Y2xNRGZURFZmRk8vbXdGVHVWdk5JZz09> or call 1 646 558 8656 and use the following Meeting ID: 816 2669 0849. Passcode: 705732

Items Scheduled for Discussion:

- #355-20 Requesting new public auto license**
LAHCENE BELHOUCHE, 32 Adams Street, Newton, MA 02460 requesting **one (1) new public auto license for Boston Cool Ride Limo Inc.**
- #376-20 Requesting three (3) new public auto licenses**
ANDY WARNER, 6 Silver Lake Avenue, Newton, MA 02458 requesting **three (3) new public auto licenses for NetCars Inc.**
- #233-20 Semi-annual taxi license/public auto inspections**
POLICE DEPARTMENT submitting reports of semi-annual taxi license/public auto inspections for review.
Public Safety & Transportation Held 7-0 on 06/17/20, Councilor Ciccone not voting

The location of this meeting is accessible and reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: jfairley@newtonma.gov or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.

Referred to Public Safety & Transportation and Finance Committees

- #365-20 Authorization to expend a \$164,863 grant from Assistance to Firefighters**
HER HONOR THE MAYOR requesting authorization to accept, appropriate and expend a one hundred sixty-four thousand eight hundred sixty-three dollar grant (\$164,863) from the Assistance to Firefighters Grant for Rapid Intervention and Vehicle Operator Training in the Newton Fire Department.

Referred to Public Safety & Transportation and Finance Committees

- #382-20 Authorization to enter a contract for Emergency Ambulance Services**
HER HONOR THE MAYOR requesting authorization to enter into a contract for Emergency Ambulance Services for up to five years.

Respectfully submitted,

Jacob D. Auchincloss, Chair

Boston Cool Ride Limo Inc
Lahcene Belhouchet , President
32 Adams St Newton, MA 02460
#617-8693141

RECEIVED
2020 AUG 21 AM 9:35
CITY CLERK
NEWTON, MA. 02459

08/21/20
Received
\$ 25. Check
103

August 20th, 2020

To City Council, 100 Commonwealth Avenue, Newton Centre, MA
02459

Dear City Council,

My name is Lahcene Belhouchet, the President of Boston Cool Ride
Limo Inc. I would like to obtain Public Auto License to operate in
Newton, MA.

Sincerely,

Lahcene Belhouchet

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: Lahcene Belhouche / Boston Cool Ride / 32 Adams St Newton / 617-869314
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
belhouche70@gmail.com
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
1. <u>LV65479</u>		<u>1GY54GKJR339279</u>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC
AUTO/EXCLUSIVE TAXI STAND**

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: **LAHCENE BELHOUCHE**
2. Business Name: **Boston Cool Ride Limo Inc**
 Business Address: **32 Adams St Newton MA 02460**
 Business Telephone Number: **#617-8693141**
 email address: **belhouchet70@gmail.com**
3. Total number of Licenses:

PUBLIC AUTO

=

1

TAXI LICENSE

=

4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

corporation S

6. If the business is a sole proprietor, please state the full name and address of the owner:

Lahcene Belhouchet

7. If the business is a partnership, please state the name and address of each partner:

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

Boston Cool Ride Limo Inc
Lahcene Belhouchet - President

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

Lahcene Belhouchet, President
#617-8693141



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Boston Cool Ride Limo Inc

Address: 32 Adams St Newton MA 02460

City/State/Zip: _____ Phone #: 617-8693141

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4); and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other transportation

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____

Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Bes

Date: 8/20/20

Phone #: 617 869 3141

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____

Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

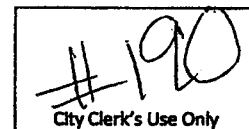
Contact Person: _____

Phone #: _____

www.mass.gov/dia



Commonwealth of Massachusetts
City of Newton
Business Certificate



In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that a business is being conducted under the name of:

Business Name	Boston Cool Ride Limo Inc			
Purposed Use	transportation			
Location of Business	Address	City	State	Zip code

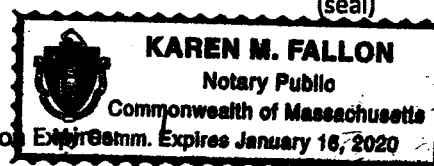
The full name and address of each person conducting such business:

Name	Belhouche Lahcene		Signature (In presence of Notary)	
Address	32 Adams St Newton	Newton	MA	02460
Name			Signature (In presence of Notary)	
Address		City	State	Zip code
Name			Signature (In presence of Notary)	
Address		City	State	Zip code

On JUNE 12, 2017 the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

Karen M. Fallon
Notary Public

My commission



Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars, (\$300.00) for each month during which such violation occurs.

This certificate expires:

June 12, 2021

Date

The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

Inspectional Services Department Official

I hereby certify that this business address is in the following zoning district, and is an allowed use in accordance with the revised zoning ordinances of the City of Newton.

MR-1

Zoning District

Wce

Attest

Received in the City Clerk's Office

56

Book

190

Page

And entered in the records of business titles in the City Clerk's Office in the City of Newton

David A. Olson

David A. Olson
Newton City Clerk

Time Stamp

BOARD OF ELECTION
COMMISSIONERS
2017 JUN 12 P 3:53
NEWTON, MASS

PLATE TYPE LVN	REGISTRATION NUMBER LV65479	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 03/15/19	EXPIRES LAST DAY OF 09 20	TRANSACTION NUMBER 02907442270102					
MFPS MODEL YEAR 2018	MAKE CADI	MODEL ESCALA	BODY STYLE/TYPE SUV	COLOR BLACK	Not valid without official signature of Registrar					
VEHICLE IDENTIFICATION NUMBER 1GYS4GKJ4JR339279		INSURANCE COMPANY ARBELLA PROTECTION		TITLE NUMBER EXAM	REGISTRAR <i>Chen C. Dwyer</i>					
RESIDENTIAL ADDRESS (IF DIFFERENT)					IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED 07					
NAME(S) OF OWNER(S) AND MAILING ADDRESS BELHOUCHE, LAHCENE 32 ADAMS ST NEWTON, MA 02460					FEES					
					<table style="width: 100%;"> <tr> <td>REGISTRATION</td> <td style="text-align: right;">35.00</td> </tr> <tr> <td>TITLE</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>SPECIAL PLATES</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>SALES TAX</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">35.00</td> </tr> </table>	REGISTRATION	35.00	TITLE	0.00	SPECIAL PLATES
REGISTRATION	35.00									
TITLE	0.00									
SPECIAL PLATES	0.00									
SALES TAX	0.00									
TOTAL	35.00									
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.										

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS _____ CITY, STATE, ZIP CODE _____
--	--

Important Information for Vehicle Owners

<ul style="list-style-type: none"> Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place. By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.mass.gov/rmv or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above. 	<ul style="list-style-type: none"> Return the registration plates to the RMV immediately if: <ul style="list-style-type: none"> The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the <i>Bill of Sale, Title</i>, and completed <i>Reassignment of Title</i> for your records to document the transfer. You move to another state and you register the vehicle in that state. The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.
<p>Transferring Your Plates: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this <i>Registration Certificate</i>; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial to commercial); and has the same number of wheels; and, 4. The seller and buyer properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all of the above are met, you may operate the newly acquired vehicle with the transferred plates up to 5:00 pm of the 7th calendar day following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you must carry the <i>Bill of Sale</i> (or the dealer's <i>Purchase Contract</i>) for the newly acquired vehicle and this <i>Registration Certificate</i> when operating the vehicle. See <i>FAQs About the Seven-Day Registration Transfer Law</i> on the RMV's website at www.mass.gov/rmv.</p>	

No Insurance Card Required: Massachusetts's law does **not** require an insurance card. The law, M.G.L. chapter 90, Section 34A and chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's office.

Be first in line by going online at www.mass.gov/rmv

Schedule a Road Test	Request a Duplicate Title
Renew Your Driver's License	Request a Duplicate Registration
Renew Your Registration	Change Your Address
Pay Citations/Court Hearing Fee	Cancel My Plate/Registration
Replace Your Driver's License	Order a Special Plate

NEED TO VISIT AN RMV OFFICE?
SAVE TIME
Complete Your
Application Online!

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS



BELHO-1

OP ID: SH

#355-20
DATE (MM/DD/YYYY)
06/17/2020

CERTIFICATE OF LIABILITY INSURANCE

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 have **ADDITIONAL INSURED** provisions or 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 Brown & Brown of Mass., LLC dba Rodman Insurance Agency 145 Rosemary St., Bldg. A Needham, MA 02494-3238 Evan Tobasky		781-247-7800		CONTACT NAME:		PHONE (A/C, No, Ext): 781-247-7800		FAX (A/C, No): 781-444-0090	
INSURED Lahcene Belhouchet Boston Cool Ride Inc. 32 Adams St Newton, MA 02460				E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE				NAIC #	
				INSURER A: Arbella Protection Insurance				41360	
				INSURER B:					
				INSURER C:					
				INSURER D:					
INSURER E:									
INSURER F:									

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
	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:						
A	AUTOMOBILE LIABILITY			1020065990	06/22/2020	06/22/2021	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> \$1000 Deds <input checked="" type="checkbox"/> Comp/Coll						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

2018 Cadillac 1GYS4GKJ4JR339279

CERTIFICATE HOLDER

CANCELLATION

Lahcene Belhouchet
Boston Cool Ride Inc.
32 Adams St
Newton, MA 02460

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



NEWTON POLICE DEPARTMENT TRAFFIC BUREAU NEW/ANNUAL PUBLIC AUTO INSPECTION FORM

 PA Company: Boston Cool Ride Limo

 Vehicle #: N/A LV65479

 Vehicle Make and Model Cadillac Escalade

 Vehicle Year: 2018

 Vehicle Registration: LV65479

Interior/Exterior

Appearance ☒ Satisfactory () Non-Satisfactory
 Cleanliness: ☒ Satisfactory () Non-Satisfactory
 Mechanical Fitness: ☒ Satisfactory () Non-Satisfactory

Seatbelts

In Working Order: ☒ Yes () No
 In Plain View: ☒ Yes () No
 Available for all Passengers: ☒ Yes () No

Vehicle Recordings

 Odometer Reading: 63141 VIN# 1GY54GKJR339279

Newton PA Medallion# _____

Operating Odometer: ☒ Yes () No
 Valid Inspection Sticker: ☒ Yes () No
 Manufactured within last 10 years: ☒ Yes () No

Directional(s) Working: ☒ Yes () No
 Brake Light(s) Working: ☒ Yes () No
 Hazard Light(s) Working: ☒ Yes () No

 Comments: _____

Does this vehicle pass inspection per Newton City Ordinance 19-309?

☒ Yes () No

 Officer Name: Jeremy Wilson
J. Wilson

 Date of Inspection: 8/21/20



NetCars Inc. 6 Silver Lake Avenue, Newton MA 02458

Danielle Delaney
Committee Clerk
City Council
1000 Commonwealth Avenue
Newton Center, MA 02459

09/01/2020
Received \$75.00
Check.
3 Vehicles for
Public Autos.

RE: New Public Auto License Application

Please find below the business entity information for NetCars, Inc. in order to obtain three public auto licenses.

Summary for: NETCARS, INC.

The exact name of the Domestic Profit Corporation: NETCARS, INC.		<i>S-CORP</i>
Entity type: Domestic Profit Corporation		
Identification Number: 001129039		
Date of Organization in Massachusetts: 03-01-2014		
Last date certain:		
Current Fiscal Month/Day: 12/31	Previous Fiscal Month/Day: 12/31	
The location of the Principal Office:		
Address: 6 SILVER LAKE AVENUE		
City or town, State, Zip code, Country: NEWTON, MA 02458 USA		
The name and address of the Registered Agent:		
Name: ANDREW J. WARNER		
Address: 6 SILVER LAKE AVENUE		
City or town, State, Zip code, Country: NEWTON, MA 02458 USA		
The Officers and Directors of the Corporation:		
Title	Individual Name	Address
PRESIDENT	ANDREW J. WARNER	6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
TREASURER	ANDREW J. WARNER	6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
SECRETARY	ANDREW J. WARNER	6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
VICE PRESIDENT	ANYA N. WARNER	6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
DIRECTOR	ANDREW J. WARNER	6 SILVER LAKE AVENUE NEWTON, MA 02458 USA

Best Regards,

Andy J Warner, President
NetCars Inc.
Mobile: +1 781 775 5927
Office: +1 781 775 4236
Email: andy@netcars.com

2020 SEP - 1 PM 4:04
CITY CLERK
NEWTON, MA. 02459

RECEIVED

**APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC
AUTO/EXCLUSIVE TAXI STAND**

Applicant is required to keep current information on file with the City of Newton City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant:

2. Business Name: NETCARS INC.
 Business Address: 6 SILVER LAKE AVE
 Business Telephone Number: 781 775 5927
 email address: info@netcars.com

3. Total number of Licenses:

PUBLIC AUTO = 3

TAXI LICENSE =

4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

N/A

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

S-CORP

6. If the business is a sole proprietor, please state the full name and address of the owner:

N/A

7. If the business is a partnership, please state the name and address of each partner:

N/A

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

ANDREW J WARNER - PRESIDENT
ANYA N. WARNER - VICE PRESIDENT

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

ANDREW J WARNER - PRESIDENT
+1 781 775 4236
info@netcars.com

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: Andy Warner NETCARS INC. 6 SILVER LAKE AVE 781 775 5927
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)
andy@netcars.com
 (email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
1. <u>NETCAR</u>		<u>5</u> <u>5LMJJ3JT</u>	<u>74522</u>			
2.		<u>4GGL08497</u>				
3. <u>NET 22</u>		<u>5LMJJ3JT</u>	<u>61517</u>			
4.		<u>8HELO7192</u>				
5. <u>NET 36</u>		<u>2LMHJSNK</u>	<u>31855</u>			
6.		<u>1JBL01979</u>				
7.						
8.						
9.						
10.						



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: NBT CARS INC.

Address: 6 SILVER LAKE AVE

City/State/Zip: NEWTON, MA 02458 Phone #: 781 775 5927

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 3 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4); and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other LIMOUSINE TRANSPORTATION

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: ZURICH AMERICAN INSURANCE GROUP

Insurer's Address: PO Box 1450

NAIC # 40142

City/State/Zip: MIDDLEBURY MA 02344-1450

Policy # or Self-ins. Lic. # 622037485171920 Expiration Date: 01/13/2021

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: A. J. WANNER Date: 08/25/2020

Phone #: 781 775 5927

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____

Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____

Phone #: _____

www.mass.gov/dia



Commonwealth of Massachusetts
City of Newton
Business Certificate

102

City Clerk's Use Only

In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that a business is being conducted under the name of:

Business Name	NETCALS INC.		
Purposed Use	LIMOUSINE TRANSPORTATION		
Location of Business	6 SILVER LAKE AVE.	NEWTON	MA 02458
	Address	City	State Zip code

The full name and address of each person conducting such business:

Name	ANDREW J. WARNER		
Address	6 SILVER LAKE AVE.		
	Signature (in presence of Notary)	NEWTON	MA 02458
		City	State Zip code
Name			
Address			
	Signature (in presence of Notary)		
		City	State Zip code
Name			
Address			
	Signature (in presence of Notary)		
		City	State Zip code

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

LIC #
587313556

Notary Public

Mass Licensed verified
By Karen McFall

My commission Expires:

JAN 16, 2020

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars, (\$300.00) for each month during which such violation occurs.

This certificate expires:

Date

2/27/2022

The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

Inspectional Services Department Official

I hereby certify that this business address is in the following zoning district, and is an allowed use in accordance with the revised zoning ordinances of the City of Newton.

MR2
Zoning District

AD
Attest

Received in the City Clerk's Office

57
Book

102
Page

And entered in the records of business titles in the City Clerk's Office in the City of Newton



David A. Olson
Newton City Clerk

Time Stamp

RECEIVED
NEWTON CITY CLERK
2018 FEB 27 PM 12:12
DAVID A. OLSON, CMC
NEWTON, MA 02459



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVV	Registration Type LIVERY VANITY	Plate Number NETCAR	Effective Date 01-Jul-2020	Title Number BS105569	Expires On →	Month 06	Year 21
Model Year 2016	Make LINC	Model NAVIGA	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 5LMJJ3JT4GEL08497		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 6 SILVER LAKE AVE NEWTON MA 024581109					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 000050 *****SNGLP NETCARS INC 6 SILVER LAKE AVE NEWTON MA 02458-1109					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					Signature of Registrar Not Valid Without Official Signature of Registrar		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage <hr/>			

Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. ~~The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses.~~ The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions

211599122



CERTIFICATE OF REGISTRATION

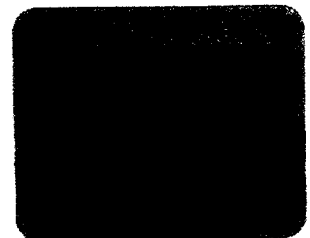
M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVV	Registration Type LIVERY VANITY	Plate Number NET22	Effective Date 01-Jul-2020	Title Number BT332250	Expires On →	Month 06	Year 21
Model Year 2017	Make LINC	Model NAVIGA	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 5LMJJ3JT8HEL07192		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 6 SILVER LAKE AVE NEWTON MA 024581109					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 000048 *****SNGLP NETCARS INC 6 SILVER LAKE AVE NEWTON MA 02458-1109					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					Signature of Registrar Not Valid Without Official Signature of Registrar		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage <hr/>			

Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
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- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.



Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions.

211599120



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVV	Registration Type LIVERY VANITY	Plate Number NET36	Effective Date 01-Jul-2020	Title Number BV661761	Expires On →	Month 06	Year 21
Model Year 2018	Make LINC	Model MKT	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 2LMHJ5NK1JBL01979		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 6 SILVER LAKE AVE NEWTON MA 024581109					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 000049 *****SNGLP NETCARS INC 6 SILVER LAKE AVE NEWTON MA 02458-1109					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 5		
					Signature of Registrar Not Valid Without Official Signature of Registrar		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage <hr/>			

Information for Vehicle Owners

- Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.



Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions

211599121

Office / Agent: 46-2000

Tax I.D. No.:

Policy Number: 1020059584 04

**DECLARATIONS - MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
SCHEDULE - MM 00 97 09 98**

#376

ARBELLA

PROTECTION INSURANCE COMPANY

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**VEHICLE INFORMATION**

DESCRIPTION				
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
001	2016 LINCOLN NAVIGATOR L SELECT WAGON 4 5LMJJ3JT4GEL08497	69,030		MA BOSTON
002	2017 LINCOLN NAVIGATOR L SELECT WAGON 4 5LMJJ3JT8HEL07192	69,135		MA NEWTON
003	2018 LINCOLN MKT OTHER 2LMHJ5NK1JBL01979	48,315		MA NEWTON

CLASSIFICATION								
Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
001		11	5	42590	LOCAL			/
002		11	4	42590	LOCAL			/
003		10	3	42590	LOCAL			/

LIABILITY LIMITS (* Limit(s) in Thousands)											
Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.		Personal Injury Protection \$8,000 Each Person	Optional Bodily Injury and Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
Auto No.	Premium	Premium	*Limit	PD Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
001	515	119	1,000		1,331			20 40	14	20 40	INCL
002	515	119	1,000		1,331			20 40	14	20 40	INCL
003	515	119	1,000		1,331			20 40	14	20 40	INCL

PHYSICAL DAMAGE										
Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision	
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
001	ACV				1,000	2,143	1,000	2,590		
002	ACV				1,000	2,192	1,000	2,642		
003	ACV				1,000	1,734	1,000	2,473		

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	** F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.
001			Y			
002			Y			
003			Y			

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.
001	ALLY FINANCIAL, PO BOX 8138, COCKEYSVILLE, MD 21030
002	ALLY FINANCIAL, PO BOX 8138, COCKEYSVILLE, MD 21030
003	ALLY FINANCIAL, PO BOX 8138, COCKEYSVILLE, MD 21030

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**INSURED COPY
09/21/2019**

Office Agent: 46-2000

Tax I.D. No.:

Policy Number: 1020059584 04

**DECLARATIONS - MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
MM 00 97 09 98**

#376

ARBELLA

PROTECTION INSURANCE COMPANY

ITEM ONE - NAMED INSURED AND ADDRESS
NETCARS INC
6 SILVER LAKE AVE
NEWTON, MA 02458

Producer Name and Address 46-2000
EASTERN INS GROUP LLC
P.O. BOX 4000
WAKEFIELD, MA 01880

POLICY PERIOD: Policy Covers FROM 10/07/2019 TO 10/07/2020 12:01 A.M. Standard Time at the Named
Reason for Declaration: RENEWAL Insured's Address stated above
Named Insured's Business: CORPORATION DIRECT BILL
Effective Date: 10/07/2019

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any accident or loss	PREMIUM
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	1,545
Personal Injury Protection	7	8,000 Each Person	357
Optional Bodily Injury and Property Damage (compulsory Limit 5,000)	7	1,000,000 Each Accident Combined Single Limit(CSL)	3,993
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	42
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	7	SEE SCHEDULE Deductible	6,069
Specified Perils Coverage		Deductible	
Collision Coverage	7	SEE SCHEDULE Deductible	7,705
Limited Collision Coverage		Deductible	

Loss of Use-Rental Reimbursement			
Towing and Labor		For each disablement of a private passenger auto.	

Forms and Endorsements attached to this Coverage Form:

26 AP 1033 (01/10) CA 00 01 (10/01) IL 00 21 (04/98)
26 AP 1056 (01/10) CA 23 86 (01/06) MM 99 11 (10/11)
26 AP 1057 (01/10) CA 23 94 (03/06) MM 99 17 (09/98)
26 AP 1092 (01/10) CA 24 02 (12/93) MM 99 23 (09/98)
26 AP 1102 (04/11) IL 00 17 (11/85) MM 99 50 (09/98)

PREMIUM FOR ENDORSEMENTS	25
ADDITIONAL OR RETURN PREMIUM	
*ESTIMATED TOTAL PREMIUM	19,736

* This policy may be subject to final audit

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Countersigned by:

Authorized Representative

**INSURED COPY
09/21/2019**

Taxi/Public Auto List**Docket #233-20****Semi-annual taxi license/public auto inspections****09/16/20 Public Safety & Transportation Committee**

Company and Business Address	Contact and Business Phone	Medallion/PA
Veteran's Taxi of Newton, LLC. 224 Calvary Street Waltham, MA 02453 09/2020 OUT OF BUSINESS	Michael Antonellis 781-693-5423 617-527-0300 09/2020 OUT OF BUSINESS	Medallions #1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 14, 18, 19, 21, 23, 24, 25, 26, 29, 52, 63, 64, 66, 69, 70, 72, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85 (Total 37 taxi licenses) 09/2020 OUT OF BUSINESS
Holden's Taxi, Inc. 50 Union Street Newton, MA 02459	George Marry 617-527-6400 617-244-2404	Medallion #60 (Total 1 taxi license)
Newtonville Cab Co., Inc. 50 Union Street Newton, MA 02459	George Marry 617-527-6400 617-244-2404	Medallions #54, 55 (Total 2 taxi licenses)
Newton Taxi Co. 50 Union Street Newton, MA 02459	George Marry 617-527-6400 617-244-2404	Medallion #56 (Total 1 taxi license)
Mahase Livery Services, LLC. 60 Solon Street Newton, MA 02461	Dhanraj Mahase 774-444-9888 Dhanraj.mahase@gmail.com	PA PA (Total 2 Public Auto licenses)
Don's Car Service, Inc. 395 Lexington Street, Apt. 3 Auburndale, MA 02466	Donald LaPlante 617-510-1485 617-962-4446 don'scarservice@live.com	PA #14 (Total 1 Public Auto license)
American Truck & Equipment, LLC. 274 Dedham Street Newton, MA 02461	Michael Gimmelfarb 617-834-5964 mgim@verizon.net	PA (Total 1 Public Auto license)
Bace Limousine Services, LLC. 9 Elmwood Park Newtonville, MA 02460	Jose Gregorio Cedeno 786-271-5814 cedenogreg@aol.com	PA (Total 1 Public Auto license)
Newton Limos Company, LLC. 9 Elmwood Park, #2 Newtonville, MA 02460	Noel Diaz 508-577-0533 noeldiaz02@yahoo.com	PA (Total 1 Public Auto license)
Izmo Limo, LLC. 184 River Street West Newton, MA 02465	Ismail Unkoc 617-775-4784 ismail@ismailunkoc.com	PA (Total 1 Public Auto license)
Om Sai Enterprises Inc. 2323 Washington Street, #G3 Newton, MA 02462	Rajiv Kumar 781-985-9461 rajivberlin@yahoo.com	PA (Total 1 Public Auto license)

Boston Cool Ride Limo Inc. 32 Adams Street Newton,MA 02460	Lahcene Belhouchet 617-869-3141 belhouchet70@gmail.com	PA (Total 1 Public Auto license)
NetCars Inc. 6 Silver Lake Avenue Newton, MA 02458	Andy Warner 781-775-4236 cell 781-775-5927 andy@netcars.com	PA PA PA (Total 3 Public Auto licenses)
Covenant Transportation 406 Eliot Street Newton Upper Falls, MA 02464	Andrew Wantate 1-978-881-8668	PA (Total 1 Public Auto license)

365-20



RUTHANNE FULLER
MAYOR

City of Newton, Massachusetts
Office of the Mayor

Telephone
(617) 796-1100

Telefax
(617) 796-1113

TDD
(617) 796-1089

E-mail
rfuller@newtonma.gov

August 31, 2020

Honorable City Council
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, MA 02459

Councilors:

I respectfully submit a docket item to your Honorable Council requesting authorization to accept, appropriate and expend the sum of \$164,863 from the Assistance to Firefighters Grant for Rapid Intervention and Vehicle Operator Training.

Two key areas were identified by the Newton Fire Department where training would be beneficial. NFD requested \$120,900 to provide Emergency Vehicle Operator Training from an outside company and funding necessary to "back fill" positions while members receive the training. Additionally, the Department requested \$43,963 for Rapid Intervention Training (RIT). RIT training reduces fatalities and injuries and is critical to the safety of both firefighters and civilians.

The \$164,863 Grant requires a 10% match from the City, or \$16,486.36. The City's match is available in the Fire/Rescue Overtime Account.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in dark ink that reads "Ruthanne Fuller".

Ruthanne Fuller
Mayor

RECEIVED

2020 AUG 31 PM 12:41

CITY CLERK
NEWTON, MA. 02459

Award Letter

U.S. Department of Homeland Security
Washington, D.C. 20472

Phillip McCully
NEWTON, CITY OF
1164 CENTRE ST
NEWTON, MA 02459



FEMA

EMW-2019-FG-07130

Dear Phillip McCully,

Congratulations on behalf of the Department of Homeland Security. Your application submitted for the Fiscal Year (FY) 2019 Assistance to Firefighters Grant (AFG) Grant funding opportunity has been approved in the amount of \$164,863.64 in Federal funding. As a condition of this grant, you are required to contribute non-Federal funds equal to or greater than 10.0% of the Federal funds awarded, or \$16,486.36 for a total approved budget of \$181,350.00. Please see the FY 2019 AFG Notice of Funding Opportunity for information on how to meet this cost share requirement.

Before you request and receive any of the Federal funds awarded to you, you must establish acceptance of the award through the FEMA Grants Outcomes (FEMA GO) system. By accepting this award, you acknowledge that the terms of the following documents are incorporated into the terms of your award:

- Summary Award Memo - included in this document
- Agreement Articles - included in this document
- Obligating Document - included in this document
- 2019 AFG Notice of Funding Opportunity (NOFO) - incorporated by reference

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

Sincerely,

A handwritten signature in black ink, appearing to be "CL" followed by a horizontal line.

Christopher Logan
Acting Assistant Administrator
Grant Programs Directorate

Summary Award Memo

Program: Fiscal Year 2019 Assistance to Firefighters Grant

Recipient: NEWTON, CITY OF

DUNS number: 604430397

Award number: EMW-2019-FG-07130

Summary description of award

The purpose of the Assistance to Firefighters Grant program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards. After careful consideration, FEMA has determined that the recipient's project or projects submitted as part of the recipient's application and detailed in the project narrative as well as the request details section of the application - including budget information - was consistent with the Assistance to Firefighters Grant Program's purpose and was worthy of award.

Except as otherwise approved as noted in this award, the information you provided in your application for FY2019 Assistance to Firefighters Grants funding is incorporated into the terms and conditions of this award. This includes any documents submitted as part of the application.

Amount awarded

The amount of the award is detailed in the attached Obligating Document for Award.

The following are the budgeted estimates for object classes for this award (including Federal share plus your cost share, if applicable):

Object Class	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$181,350.00
Indirect charges	\$0.00
Federal	\$164,863.64
Non-federal	\$16,486.36
Total	\$181,350.00
Program Income	\$0.00

Approved scope of work

After review of your application, FEMA has approved the below scope of work. Justifications are provided for any differences between the scope of work in the original application and the approved scope of work under this award. You must submit scope or budget revision requests for FEMA's prior approval, via an amendment request, as appropriate per 2 C.F.R. § 200.308 and the FY2019 AFG NOFO.

Approved request details:

Training

Driver/Operator

DESCRIPTION

Emergency vehicle operator training provided by an outside agency. This class will include class room learning as well as practical hands on learning.

QUANTITY	UNIT PRICE	TOTAL
186	\$650.00	\$120,900.00

BUDGET CLASS

Other

Rescue

DESCRIPTION

NFD will be hiring an outside agency to be delivering RIT training to all 186 members

QUANTITY	UNIT PRICE	TOTAL
186	\$325.00	\$60,450.00

BUDGET CLASS

Other

Equipment

Thermal Imaging Camera (Must be NFPA 1801 Compliant)

DESCRIPTION

Retrofitting all members face pieces with thermal imaging technology and installing cameras on the side of the face piece

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	0	\$1,200.00	\$0.00	Equipment

CHANGE FROM APPLICATION

Cost 1 **Quantity** from 190 to 0

JUSTIFICATION

This reduction is due to the score your project received at panels relative to other projects.

Skid Unit

DESCRIPTION

Purchasing 1 skid unit that will be placed on a pickup that we are also applying for a grant. This skid unit will be a wild land capable pump unit. The skid unit consists of a pump, tank and a booster reel that makes for rapid deployment to fight brush fires. It is a self contained unit to be mounted on a pickup.

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	0	\$25,000.00	\$0.00	Equipment

CHANGE FROM APPLICATION

Cost 1 **Quantity** from 1 to 0

JUSTIFICATION

This reduction is due to the score your project received at panels relative to other projects.

Vehicle acquisition

Brush Truck (Type III or smaller)**DESCRIPTION**

2020 Chevy Pickup truck to be retrofitted with a skid setup used for brush fires. We are also requesting funds for the skid setup as Newton currently does not have any vehicles for that purpose.

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	0	\$100,000.00	\$0.00	Equipment

CHANGE FROM APPLICATION

Cost 1 **Quantity** from 1 to 0

JUSTIFICATION

. This reduction is due to the score your project received at panels relative to other projects.

Agreement Articles

Program: Fiscal Year 2019 Assistance to Firefighters Grant

Recipient: NEWTON, CITY OF

DUNS number: 604430397

Award number: EMW-2019-FG-07130

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Article 1 Assurances, Administrative Requirements, Cost Principles, Representations and Certifications

DHS financial assistance recipients must complete either the Office of Management and Budget (OMB) Standard Form 424B Assurances – Non-Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, as applicable. Certain assurances in these documents may not be applicable to your program, and the DHS financial assistance office (DHS FAO) may require applicants to certify additional assurances. Applicants are required to fill out the assurances applicable to their program as instructed by the awarding agency. Please contact the DHS FAO if you have any questions. DHS financial assistance recipients are required to follow the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at Title 2, Code of Federal Regulations (C.F.R.) Part 200, and adopted by DHS at 2 C.F.R. Part 3002.

Article 2 DHS Specific Acknowledgements and Assurances

All recipients, subrecipients, successors, transferees, and assignees must acknowledge and agree to comply with applicable provisions governing DHS access to records, accounts, documents, information, facilities, and staff. 1. Recipients must cooperate with any compliance reviews or compliance investigations conducted by DHS. 2. Recipients must give DHS access to, and the right to examine and copy, records, accounts, and other documents and sources of information related to the federal financial assistance award and permit access to facilities, personnel, and other individuals and information as may be necessary, as required by DHS regulations and other applicable laws or program guidance. 3. Recipients must submit timely, complete, and accurate reports to the appropriate DHS officials and maintain appropriate backup documentation to support the reports. 4. Recipients must comply with all other special reporting, data collection, and evaluation requirements, as prescribed by law or detailed in program guidance. 5. Recipients of federal financial assistance from DHS must complete the DHS Civil Rights Evaluation Tool within thirty (30) days of receipt of the Notice of Award or, for State Administering Agencies, thirty (30) days from receipt of the DHS Civil Rights Evaluation Tool from DHS or its awarding component agency. Recipients are required to provide this information once every two (2) years, not every time an award is made. After the initial submission for the first award under which this term applies, recipients are only required to submit updates every two years, not every time a grant is awarded. Recipients should submit the completed tool, including supporting materials to CivilRightsEvaluation@hq.dhs.gov. This tool clarifies the civil rights obligations and related reporting requirements contained in the DHS Standard Terms and Conditions. Subrecipients are not required to complete and submit this tool to DHS. The evaluation tool can be found at <https://www.dhs.gov/publication/dhs-civil-rights-evaluation-tool>. 6. The DHS Office for Civil Rights and Civil Liberties will consider, in its discretion, granting an extension if the recipient identifies steps and a timeline for completing the tool. Recipients should request extensions by emailing the request to CivilRightsEvaluation@hq.dhs.gov prior to expiration of the 30-day deadline.

Article 3	Acknowledgement of Federal Funding from DHS Recipients must acknowledge their use of federal funding when issuing statements, press releases, requests for proposal, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds.
Article 4	Activities Conducted Abroad Recipients must ensure that project activities carried on outside the United States are coordinated as necessary with appropriate government authorities and that appropriate licenses, permits, or approvals are obtained.
Article 5	Age Discrimination Act of 1975 Recipients must comply with the requirements of the Age Discrimination Act of 1975, Pub. L. No. 94-135 (1975) (codified as amended at Title 42, U.S. Code, § 6101 et seq.), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.
Article 6	Americans with Disabilities Act of 1990 Recipients must comply with the requirements of Titles I, II, and III of the Americans with Disabilities Act, Pub. L. No. 101-336 (1990) (codified as amended at 42 U.S.C. §§ 12101-12213), which prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.
Article 7	Best Practices for Collection and Use of Personally Identifiable Information (PII) Recipients who collect PII are required to have a publicly available privacy policy that describes standards on the usage and maintenance of the PII they collect. DHS defines personally identifiable information (PII) as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Recipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy Template as useful resources respectively.
Article 8	Civil Rights Act of 1964 – Title VI Recipients must comply with the requirements of Title VI of the Civil Rights Act of 1964 (codified as amended at 42 U.S.C. § 2000d et seq.), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS implementing regulations for the Act are found at 6 C.F.R. Part 21 and 44 C.F.R. Part 7.

Article 9	<p>Civil Rights Act of 1968</p> <p>Recipients must comply with Title VIII of the Civil Rights Act of 1968, Pub. L. No. 90-284, as amended through Pub. L. 113-4, which prohibits recipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (see 42 U.S.C. § 3601 et seq.), as implemented by the U.S. Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units—i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators)—be designed and constructed with certain accessible features. (See 24 C.F.R. Part 100, Subpart D.)</p>
Article 10	<p>Copyright</p> <p>Recipients must affix the applicable copyright notices of 17 U.S.C. §§ 401 or 402 and an acknowledgement of U.S. Government sponsorship (including the award number) to any work first produced under federal financial assistance awards.</p>
Article 11	<p>Debarment and Suspension</p> <p>Recipients are subject to the non-procurement debarment and suspension regulations implementing Executive Orders (E.O.) 12549 and 12689, which are at 2 C.F.R. Part 180 as adopted by DHS at 2 C.F.R. Part 3000. These regulations restrict federal financial assistance awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.</p>
Article 12	<p>Drug-Free Workplace Regulations</p> <p>Recipients must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 2 C.F.R. Part 3001, which adopts the Government-wide implementation (2 C.F.R. Part 182) of Sec. 5152-5158 of the Drug-Free Workplace Act of 1988 (41 U.S.C. §§ 8101-8106).</p>
Article 13	<p>Duplication of Benefits</p> <p>Any cost allocable to a particular federal financial assistance award provided for in 2 C.F.R. Part 200, Subpart E may not be charged to other federal financial assistance awards to overcome fund deficiencies; to avoid restrictions imposed by federal statutes, regulations, or federal financial assistance award terms and conditions; or for other reasons. However, these prohibitions would not preclude recipients from shifting costs that are allowable under two or more awards in accordance with existing federal statutes, regulations, or the federal financial assistance award terms and conditions.</p>

Article 14	Education Amendments of 1972 (Equal Opportunity in Education Act) – Title IX Recipients must comply with the requirements of Title IX of the Education Amendments of 1972, Pub. L. No. 92-318 (1972) (codified as amended at 20 U.S.C. § 1681 et seq.), which provide that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. DHS implementing regulations are codified at 6 C.F.R. Part 17 and 44 C.F.R. Part 19.
Article 15	Energy Policy and Conservation Act Recipients must comply with the requirements of the Energy Policy and Conservation Act, Pub. L. No. 94- 163 (1975) (codified as amended at 42 U.S.C. § 6201 et seq.), which contain policies relating to energy efficiency that are defined in the state energy conservation plan issued in compliance with this Act.
Article 16	False Claims Act and Program Fraud Civil Remedies Recipients must comply with the requirements of the False Claims Act, 31 U.S.C. §§ 3729-3733, which prohibits the submission of false or fraudulent claims for payment to the federal government. (See 31 U.S.C. §§ 3801-3812, which details the administrative remedies for false claims and statements made.)
Article 17	Federal Debt Status All recipients are required to be non-delinquent in their repayment of any federal debt. Examples of relevant debt include delinquent payroll and other taxes, audit disallowances, and benefit overpayments. (See OMB Circular A-129.)
Article 18	Federal Leadership on Reducing Text Messaging while Driving Recipients are encouraged to adopt and enforce policies that ban text messaging while driving as described in E.O. 13513, including conducting initiatives described in Section 3(a) of the Order when on official government business or when performing any work for or on behalf of the federal government.
Article 19	Fly America Act of 1974 Recipients must comply with Preference for U.S. Flag Air Carriers (air carriers holding certificates under 49 U.S.C. § 41102) for international air transportation of people and property to the extent that such service is available, in accordance with the International Air Transportation Fair Competitive Practices Act of 1974, 49 U.S.C. § 40118, and the interpretative guidelines issued by the Comptroller General of the United States in the March 31, 1981, amendment to Comptroller General Decision B-138942.
Article 20	Hotel and Motel Fire Safety Act of 1990 In accordance with Section 6 of the Hotel and Motel Fire Safety Act of 1990, 15 U.S.C. § 2225a, recipients must ensure that all conference, meeting, convention, or training space funded in whole or in part with federal funds complies with the fire prevention and control guidelines of the Federal Fire Prevention and Control Act of 1974, (codified as amended at 15 U.S.C. § 2225.)

Article 21	Limited English Proficiency (Civil Rights Act of 1964, Title VI) Recipients must comply with Title VI of the Civil Rights Act of 1964, (42 U.S.C. § 2000d et seq.) prohibition against discrimination on the basis of national origin, which requires that recipients of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information regarding language access obligations, please refer to the DHS Recipient Guidance: https://www.dhs.gov/guidance-published-help-department-supported-organizations-provide-meaningful-access-people-limited and additional resources on http://www.lep.gov .
Article 22	Lobbying Prohibitions Recipients must comply with 31 U.S.C. § 1352, which provides that none of the funds provided under a federal financial assistance award may be expended by the recipient to pay any person to influence, or attempt 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 any federal action related to a federal award or contract, including any extension, continuation, renewal, amendment, or modification.
Article 23	National Environmental Policy Act Recipients must comply with the requirements of the National Environmental Policy Act of 1969 (NEPA), Pub. L. No. 91-190 (1970) (codified as amended at 42 U.S.C. § 4321 et seq.) and the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA, which require recipients to use all practicable means within their authority, and consistent with other essential considerations of national policy, to create and maintain conditions under which people and nature can exist in productive harmony and fulfill the social, economic, and other needs of present and future generations of Americans.
Article 24	Nondiscrimination in Matters Pertaining to Faith-Based Organizations It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries. Recipients must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.
Article 25	Non-supplanting Requirement Recipients receiving federal financial assistance awards made under programs that prohibit supplanting by law must ensure that federal funds do not replace (supplant) funds that have been budgeted for the same purpose through non-federal sources.
Article 26	Notice of Funding Opportunity Requirements All the instructions, guidance, limitations, and other conditions set forth in the Notice of Funding Opportunity (NOFO) for this program are incorporated here by reference in the award terms and conditions. All recipients must comply with any such requirements set forth in the program NOFO.

Article 27	Patents and Intellectual Property Rights Recipients are subject to the Bayh-Dole Act, 35 U.S.C. § 200 et seq, unless otherwise provided by law. Recipients are subject to the specific requirements governing the development, reporting, and disposition of rights to inventions and patents resulting from federal financial assistance awards located at 37 C.F.R. Part 401 and the standard patent rights clause located at 37 C.F.R. § 401.14.
Article 28	Procurement of Recovered Materials States, political subdivisions of states, and their contractors must comply with Section 6002 of the Solid Waste Disposal Act, Pub. L. No. 89-272 (1965), (codified as amended by the Resource Conservation and Recovery Act, 42 U.S.C. § 6962.) The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 C.F.R. Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition.
Article 29	Rehabilitation Act of 1973 Recipients must comply with the requirements of Section 504 of the Rehabilitation Act of 1973, Pub. L. No. 93-112 (1973), (codified as amended at 29 U.S.C. § 794,) which provides that no otherwise qualified handicapped individuals in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
Article 30	Reporting of Matters Related to Recipient Integrity and Performance If the total value of any currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, then the recipients must comply with the requirements set forth in the government-wide Award Term and Condition for Recipient Integrity and Performance Matters located at 2 C.F.R. Part 200, Appendix XII, the full text of which is incorporated here by reference in the award terms and conditions.
Article 31	Reporting Subawards and Executive Compensation Recipients are required to comply with the requirements set forth in the government-wide award term on Reporting Subawards and Executive Compensation located at 2 C.F.R. Part 170, Appendix A, the full text of which is incorporated here by reference in the award terms and conditions.
Article 32	SAFECOM Recipients receiving federal financial assistance awards made under programs that provide emergency communication equipment and its related activities must comply with the SAFECOM Guidance for Emergency Communication Grants, including provisions on technical standards that ensure and enhance interoperable communications.

Article 33	Terrorist Financing Recipients must comply with E.O. 13224 and U.S. laws that prohibit transactions with, and the provisions of resources and support to, individuals and organizations associated with terrorism. Recipients are legally responsible to ensure compliance with the Order and laws.
Article 34	Trafficking Victims Protection Act of 2000 (TVPA) Recipients must comply with the requirements of the government-wide financial assistance award term which implements Section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), codified as amended at 22 U.S.C. § 7104. The award term is located at 2 C.F.R. § 175.15, the full text of which is incorporated here by reference.
Article 35	Universal Identifier and System of Award Management (SAM) Recipients are required to comply with the requirements set forth in the government-wide financial assistance award term regarding the System for Award Management and Universal Identifier Requirements located at 2 C.F.R. Part 25, Appendix A, the full text of which is incorporated here by reference.
Article 36	USA Patriot Act of 2001 Recipients must comply with requirements of Section 817 of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act), Pub. L. No. 107-56, which amends 18 U.S.C. §§ 175-175c.
Article 37	Use of DHS Seal, Logo and Flags Recipients must obtain permission from their DHS FAO prior to using the DHS seal(s), logos, crests or reproductions of flags or likenesses of DHS agency officials, including use of the United States Coast Guard seal, logo, crests or reproductions of flags or likenesses of Coast Guard officials.
Article 38	Whistleblower Protection Act Recipients must comply with the statutory requirements for whistleblower protections (if applicable) at 10 U.S.C § 2409, 41 U.S.C. § 4712, and 10 U.S.C. § 2324, 41 U.S.C. §§ 4304 and 4310.
Article 39	Acceptance of Post Award Changes In the event FEMA determines that changes are necessary to the award document after an award has been made, including changes to period of performance or terms and conditions, recipients will be notified of the changes in writing. Once notification has been made, any subsequent request for funds will indicate recipient acceptance of the changes to the award. Please call the FEMA/GMD Call Center at (866) 927-5646 or via e-mail to ASK-GMD@dhs.gov if you have any questions.

Article 40 Prior Approval for Modification of Approved Budget

Before making any change to the DHS/FEMA approved budget for this award, you must request prior written approval from DHS/FEMA where required by 2 C.F.R. § 200.308. DHS/FEMA is also utilizing its discretion to impose an additional restriction under 2 C.F.R. § 200.308(e) regarding the transfer of funds among direct cost categories, programs, functions, or activities. Therefore, for awards with an approved budget where the Federal share is greater than the simplified acquisition threshold (currently \$250,000), you may not transfer funds among direct cost categories, programs, functions, or activities without prior written approval from DHS/FEMA where the cumulative amount of such transfers exceeds or is expected to exceed ten percent (10%) of the total budget DHS/FEMA last approved. You must report any deviations from your DHS/FEMA approved budget in the first Federal Financial Report (SF-425) you submit following any budget deviation, regardless of whether the budget deviation requires prior written approval.

Article 41 Disposition of Equipment Acquired Under the Federal Award

When original or replacement equipment acquired under this award by the recipient or its subrecipients is no longer needed for the original project or program or for other activities currently or previously supported by DHS/FEMA, you must request instructions from DHS/FEMA to make proper disposition of the equipment pursuant to 2 C.F.R. § 200.313.

Article 42 Environmental Planning and Historic Preservation

DHS/FEMA funded activities that may require an EHP review are subject to FEMA's Environmental Planning and Historic Preservation (EHP) review process. This review does not address all Federal, state, and local requirements. Acceptance of Federal funding requires recipient to comply with all Federal, state and local laws. Failure to obtain all appropriate federal, state and local environmental permits and clearances may jeopardize Federal funding. DHS/FEMA is required to consider the potential impacts to natural and cultural resources of all projects funded by DHS/FEMA grant funds, through its EHP Review process, as mandated by the National Environmental Policy Act; National Historic Preservation Act of 1966, as amended; National Flood Insurance Program regulations; and, any other applicable laws and Executive Orders. To access the FEMA's Environmental and Historic Preservation (EHP) screening form and instructions go to the DHS/FEMA website at: <https://www.fema.gov/media-library/assets/documents/90195>. In order to initiate EHP review of your project(s), you must complete all relevant sections of this form and submit it to the Grant Programs Directorate (GPD) along with all other pertinent project information. Failure to provide requisite information could result in delays in the release of grant funds. If ground disturbing activities occur during construction, applicant will monitor ground disturbance, and if any potential archeological resources are discovered, applicant will immediately cease work in that area and notify the pass-through entity, if applicable, and DHS/FEMA.

Obligating document

1. Agreement No. EMW-2019-FG-07130	2. Amendment No. N/A	3. Recipient No. 046001404	4. Type of Action AWARD	5. Control No. WX02929N2020T		
6. Recipient Name and Address NEWTON, CITY OF 1164 CENTRE ST NEWTON, MA 02459		7. Issuing FEMA Office and Address Grant Programs Directorate 500 C Street, S.W. Washington DC, 20528-7000 1-866-927-5646		8. Payment Office and Address FEMA, Financial Services Branch 500 C Street, S.W., Room 723 Washington DC, 20742		
9. Name of Recipient Project Officer Phillip McCully		9a. Phone No. 6175937889	10. Name of FEMA Project Coordinator Assistance to Firefighters Grant Program		10a. Phone No. 1-866-274-0960	
11. Effective Date of This Action 08/16/2020	12. Method of Payment OTHER - FEMA GO	13. Assistance Arrangement COST SHARING		14. Performance Period 08/23/2020 to 08/22/2021 Budget Period 08/23/2020 to 08/22/2021		
15. Description of Action a. (Indicate funding data for awards or financial changes)						
Program Name Abbreviation	Assistance Listings No.	Accounting Data (ACCS Code)	Prior Total Award	Amount Awarded This Action + or (-)	Current Total Award	Cumulative Non-Federal Commitment
AFG	97.044	2020-F9-GB01 - P431-xxxx-4101-D	\$0.00	\$164,863.64	\$164,863.64	\$16,486.36
Totals			\$0.00	\$164,863.64	\$164,863.64	\$16,486.36
b. To describe changes other than funding data or financial changes, attach schedule and check here: N/A						
16. FOR NON-DISASTER PROGRAMS: RECIPIENT IS REQUIRED TO SIGN AND RETURN THREE (3) COPIES OF THIS DOCUMENT TO FEMA (See Block 7 for address) This field is not applicable for digitally signed grant agreements						

17. RECIPIENT SIGNATORY OFFICIAL (Name and Title)	DATE
18. FEMA SIGNATORY OFFICIAL (Name and Title)	DATE
Christopher Logan, Acting Assistant Administrator Grant Programs Directorate	08/16/2020



RUTHANNE FULLER
MAYOR

City of Newton, Massachusetts
Office of the Mayor

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September 14, 2020

Honorable City Council
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, MA 02459

Councilors:

I respectfully submit a docket item to your Honorable Council requesting authorization to enter into a contract with a term up to five years with the selected provider of Emergency Ambulance Services for the City of Newton. Specifically, it is our intention to enter into a three-year agreement with the option to extend for two additional one-year terms.

The selection committee is currently evaluating four proposals. The current contract is set to expire at 11:59 pm on December 31, 2020.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in black ink that reads "Ruthanne Fuller".

Ruthanne Fuller
Mayor

CITY CLERK
NEWTON, MA. 02459

2020 SEP 14 PM 2:24

RECEIVED