



**City of Fall River Massachusetts**  
**Office of the City Clerk**

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2014 APR -4 P 1:31

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA  
**INES LEITE**  
ASSISTANT CITY CLERK

**ALISON M. BOUCHARD**  
CITY CLERK

**APRIL 4, 2014**

**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

**MONDAY, APRIL 7, 2014**

**6:00 P.M. COMMITTEE ON HEALTH AND ENVIRONMENTAL AFFAIRS**

**TUESDAY, APRIL 8, 2014**

**5:15 P.M. COMMITTEE ON REAL ESTATE**

**6:00 P.M. COMMITTEE ON FINANCE**

1. Discussion with CDA officials and resolution authorizing submission of Year Five Annual Action Plan (see #2 below)
2. \*Discussion with Financial Team re: Quarterly Fiscal Year 2014 Budget Report and Capital Project Summaries
3. Transfers and appropriations (see #1 below)
4. \*Loan Order for North Park Improvements – \$527,000 (ref. 2-25-14)
5. Discussion with Administration re: order authorizing funding for North Park Playground Project – \$527,000 (see #3 below)
6. Discussion with School Department re: Statement of Interest for replacement/renovation of Durfee High School Projects (see #4 below)

**AGENDA**

**7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL**

**PRIORITY MATTERS** – None

**PRIORITY COMMUNICATIONS**

1. \*Transfers and appropriations (see #3 Finance)
2. \*Mayor and resolution authorizing submission of Year Five Annual Action Plan (see #1 Finance)
3. \*Mayor and order authorizing funding for North Park Playground Project – \$527,000 (see #5 Finance)
4. \*Mayor and Statement of Interest order for replacement/renovation of Durfee High School Projects (see #6 Finance)
5. \*Corporation Counsel and revision to floodplain district boundaries ordinance
6. \*Annual statement of the financial condition of the Fall River Retirement System
7. Traffic Commission recommending amendments to the traffic ordinances

**COMMITTEE REPORTS** – None

**ORDINANCES** – None

**ADA Coordinator: Gary P. Howayeck, Esq. 508-324-2650**

One Government Center • Fall River, MA 02722

TEL 508-324-2220 • FAX 508-324-2211 • EMAIL [city\\_clerks@fallriverma.org](mailto:city_clerks@fallriverma.org)

**RESOLUTIONS**

8. \*Commonwealth of Mass. consider enacting a domestic violence registry
9. \*State Legislature create amnesty program for unpaid fines at Registry of Motor Vehicles
10. \*Comm. on Ordinances and Legislation meet to draft a site plan review ordinance
11. \*Comm. on Ordinances and Legislation meet to draft an ordinance requiring utility companies to repair potholes caused by road work performed by such companies
12. \*Administration use remaining funds from building improvements loan order to replace carpeting in Collector and Treasurer's office with new carpeting or tile flooring

**CITATIONS** – None

**ORDERS – HEARINGS FOR TONIGHT** – None

**ORDERS – HEARINGS TO BE SCHEDULED** – None

**ORDERS – NO HEARING REQUIRED** – None

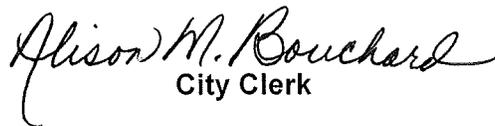
**ORDERS – MISCELLANEOUS**

13. Police Chief's report on licenses
14. Auto body shop renewal
15. Revocation of auto body shop license no. 61 for Gary Dutra, 50 Bucks Way, Tiverton, RI d/b/a G&D Auto Repair located at 851 Globe Street at license holder's request
16. City Engineer prepare plans for the acceptance of Barrows Street, from South Main Street to Andrews Street

**COMMUNICATIONS – INVITATIONS – PETITIONS**

17. \*Claims
18. Planning Board Minutes – December 16, 2013
19. Planning Board Minutes – February 24, 2014
20. Planning Board Minutes – March 19, 2014
21. Zoning Board of Appeals Minutes – January 16, 2014
22. \*Structure on/over a public way – Pleasant Street
23. Drainlayer licenses

**BULLETINS – NEWSLETTERS – NOTICES** – None

  
City Clerk

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Finance 2

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City of Fall River  
FY14 Budget Analysis: March 31, 2014

UNAUDITED

	Original Budget (*)	Revised Budget	Actuals As of 3/31/14	% Used
CITY CLERK FALL RIVER, MA				
<b>Administrative Services</b>	<b>2,604,674</b>	<b>2,623,281</b>	<b>2,028,504</b>	
City Administration	204,510	204,510	164,380	80.4%
Human Resources	261,213	261,213	187,029	71.6%
Information Systems	1,299,611	1,307,261	1,049,063	80.2%
Law Department	628,218	628,218	493,858	78.6%
Purchasing	211,122	222,079	134,174	60.4%
<b>Community Maintenance</b>	<b>12,633,755</b>	<b>12,885,373</b>	<b>10,253,868</b>	
Cemeteries	333,014	333,014	228,113	68.5%
Engineering	214,250	214,930	144,911	67.4%
Parks & Recreation	937,005	1,112,005	609,815	54.8%
Buildings	1,900,867	1,902,123	1,320,556	69.4%
Streets & Highways	2,639,295	2,677,451	1,721,803	64.3%
Sanitation - Enterprise Fund	5,421,157	5,427,648	3,730,177	68.7%
Snow Removal	526,243	526,243	2,041,162	387.9%
Traffic and Parking	517,830	517,865	359,434	69.4%
Trees	144,094	174,094	97,896	56.2%
<b>Community Service</b>	<b>2,896,353</b>	<b>2,908,764</b>	<b>2,012,424</b>	
City Planning/License Board	311,311	311,311	197,364	63.4%
Code Enforcement	986,228	986,228	686,978	69.7%
Health & Human Services	509,309	509,309	364,150	71.5%
Library	1,089,505	1,101,916	763,933	69.3%
<b>Community Utilities</b>	<b>25,983,772</b>	<b>27,109,050</b>	<b>21,601,609</b>	
Water - Enterprise Fund	7,412,156	7,577,454	5,935,623	78.3%
Sewer - Enterprise Fund	18,571,616	19,531,596	15,665,986	80.2%
<b>Financial Services</b>	<b>12,207,155</b>	<b>12,337,654</b>	<b>11,423,774</b>	
Assessors	492,877	492,877	277,917	56.4%
Auditor	578,756	624,255	419,043	67.1%
Collector	372,777	372,777	268,468	72.0%
Treasurer	538,277	623,277	515,360	82.7%
Debt Service	10,224,468	10,224,468	9,942,987	97.2%
<b>Fire and Emergency Services</b>	<b>14,451,623</b>	<b>14,461,519</b>	<b>10,518,463</b>	
Emergency Medical Services (Enterprise Fund)	3,001,237	3,006,871	2,152,726	71.6%
Fire/FREMA	11,450,386	11,454,648	8,365,736	73.0%
<b>Miscellaneous Departments</b>	<b>179,156,544</b>	<b>183,528,096</b>	<b>129,805,841</b>	
City Clerk	348,044	348,044	231,763	66.6%
City Council	219,939	219,939	146,323	66.5%
Claims and Damages	400,000	400,000	207,702	51.9%
Elections	271,228	271,228	199,057	73.4%
Harbor Master	23,279	23,279	4,702	20.2%
Mayor's Office	239,069	239,069	171,669	71.8%
Police	19,303,959	19,303,959	14,280,999	74.0%
Reserve Fund	100,000	663,000	-	0.0%
School Department	91,000,000	91,011,208	55,618,635	61.1%
Veterans	3,031,861	3,031,861	2,309,147	76.2%
Vocational Assessments	3,326,126	3,326,126	2,435,097	73.2%
Employee Benefits	60,893,039	61,481,871	50,992,236	82.9%
Transfers to Capital Project	-	208,512	208,512	100.0%
Freecash Transfer to Stab Fund	-	3,000,000	3,000,000	100.0%
<b>Grand Total</b>	<b>249,933,876</b>	<b>255,853,737</b>	<b>187,644,483</b>	<b>73.3%</b>

(\*) Please see page 4 of Budget Summary

**A. Note on General Fund Budgetary Revisions**

<b>Budget Revision 1 (9/17/13)</b>	
From Tax Levy	
-Reserve Fund	563,000
-Insurance	200,000
-Community Maintenance, Capital Outlays	30,000
	<u>793,000</u>

<b>Budget Revision 2 (11/12/13)</b>	
From Tax Levy	
-Energy Conservation Capital Projects	208,512
-Financial Services	125,000
-Insurance	388,832
	<u>722,344</u>

Free cash transfer to Stab Fund	<u>3,000,000</u>
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PYR encumbrances (POs) rolled over (7/1/2013)	<u>267,113</u>
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**B. Note on Enterprise Funds Budgetary Revisions**

PYR encumbrances (POs) rolled over  
(7/1/2013)

Sanitation	6,491
EMS	5,634
Water	165,298
Sewer	959,980
	<u>1,137,403</u>

**C. Open Encumbrances as of 3/31/14:**

The expenditures above do not include currently open encumbrances  
for the outstanding Purchase Orders/Requisitions

**General Fund:**

Open POs City	790,671
Open POs Schools	7,231,896
	<u>8,022,567</u>

**Enterprise Funds:**

Sanitation	654,359
EMS	106,364
Water	406,437
Sewer	1,725,888
	<u>2,893,048</u>

**City of Fall River  
Capital Projects  
As of March 31, 2014**

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CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

<b>City:</b>	<b>Fund Name</b>	<b>Page</b>
	5321 Morton Middle School	1
	5651 Sanitation/Police Vehicle	2
	5652 Recycle Bins	3
	5654 Britland Park	4
	5655 Building Improvement	5
	5656 Equipment & Vehicle	6
	5657 Highland & Kennedy Improvement	7
	5658 AMERESCO	8
	5663 Energy Phase 3	9
<b>Enterprise:</b>		
	5621 CSO Project	10
	5635 Meridian St/Lake Ave	11
	5645 Dam Repair	12
	5648 Water Phase 10	13
	5650 Water Phase 11	14
	5653 Water Phase 12	15
	5660 Water Phase 13	16

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Morton Middle School  
CAPITAL PROJECT FUND # 5321**

Dept: DPW  
 Project Manager: Ken Pacheco  
 Total Project Cost: \$ 53,263,029.00  
 Project Period: 7/1/11 - 3/31/14 Closed

Council Authorization	DATE	AMOUNT
Loan Order	5/27/2010	63,000,000.00
<b>Total</b>		<b>\$ 63,000,000.00</b>

**Scope of Work**

**Morton Middle School construction project**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants (MSBA)	2/3/2014	33,313,251.00
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	5/27/2010	19,686,749.00
Long Term Open Market Loan	5/23/2012	10,000,000.00
<b>Total</b>		<b>\$ 63,000,000.00</b>

Total Spent	AMOUNT
Salaries	395,936.69
Capital Outlay	51,158,313.75
Other	43,581.67
<b>Total</b>	<b>\$ 51,597,832.11</b>

Total	AMOUNT
Funded	51,313,251.00
Total Spent	51,597,832.11
<b>Balance</b>	<b>\$ (284,581.11)</b>

Description of work completed:

As per scope

Description of project changes:

A complete file is available upon request

Description of work remaining:

Minor FF&E items, MSW Compactor is being fabricated

Any significant problems encountered?

Major soil issues and unexpected debris fields were found. Delays were encountered with weather events

Can the Project Scope be completed with funds remaining?

Yes

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Sanitation/Police Vehicle  
CAPITAL PROJECT FUND # 5651**

Dept: DPW  
 Project Manager: Ken Pacheco  
 Total Project Cost: \$ 4,370,000.00  
 Project Period: 11/17/11 - xxx Active

Council Authorization	DATE	AMOUNT
Loan Order	11/17/2011	4,370,000.00
<b>Total</b>		<b>\$ 4,370,000.00</b>

**Scope of Work**

**Purchase of police cruisers and sanitation vehicles (both semi-automated, front loader and rear loader)**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN-	11/17/2011	4,370,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 4,370,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	4,152,367.95
Other - Equipment	209,986.00
<b>Total</b>	<b>\$ 4,362,353.95</b>

Total	AMOUNT
Funded	4,370,000.00
Total Spent	4,362,353.95
<b>Balance</b>	<b>\$ 7,646.05</b>

Description of work completed:

Purchased various Sanitation & Police vehicles

Description of project changes:

None

Description of work remaining:

Routeware equipment for mainframe operating of collections in trash and recycling trucks monitoring equipment

Any significant problems encountered?

None

Can the Project Scope be completed with funds remaining?

Yes

City of Fall River  
Capital Project Status Report a/o March 31, 2014

**Project Name - Recycle Bins**  
**CAPITAL PROJECT FUND # 5652**

Dept: DPW  
Project Manager: Ken Pacheco  
Total Project Cost: \$ 2,400,000.00  
Project Period: 11/17/11 - 2/5/14 Closed

Council Authorization	DATE	AMOUNT
Loan Order	11/17/2011	2,400,000.00
<b>Total</b>		<b>\$ 2,400,000.00</b>

**Scope of Work**

Purchase trash and recycling bins for City wide distribution; green, blue, and brown (35, 65, 95 gallons, respectively) containers; approx. 55,000 carts; approx. 1,000 in inventory

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	11/17/2011	2,400,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 2,400,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	2,399,644.02
Other - Equipment	
<b>Total</b>	<b>\$ 2,399,644.02</b>

Total	AMOUNT
Funded	2,400,000.00
Total Spent	2,399,644.02
<b>Balance</b>	<b>\$ 355.98</b>

Description of work completed:

As per scope

Description of project changes:

None

Description of work remaining:

None

Any significant problems encountered?

None

Can the Project Scope be completed with funds remaining?

Completed

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Britland Park  
CAPITAL PROJECT FUND # 5654**

Dept: DPW  
 Project Manager: Ken Pacheco  
 Total Project Cost: \$ 875,000.00  
 Project Period: 3/30/12 - 8/5/13 Closed

Council Authorization	DATE	AMOUNT
Loan Order	3/30/2012	875,000.00
<b>Total</b>		<b>\$ 875,000.00</b>

**Scope of Work**

**Make renovations and improvements to Britland Park**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		500,000.00
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	3/30/2012	375,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 875,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	874,915.56
Other - Equipment	
<b>Total</b>	<b>\$ 874,915.56</b>

Total	AMOUNT
Funded	854,751.00
Total Spent	874,915.56
<b>Balance</b>	<b>\$ (20,164.56)</b>

Description of work completed:

Install path to canoe and kayal launch. Install an artificial turf soccer field with new fencing and bleachers

Description of project changes:

None

Description of work remaining:

None

Any significant problems encountered?

None

Can the Project Scope be completed with funds remaining?

Completed

City of Fall River  
Capital Project Status Report a/o March 31, 2014

**Project Name - Building Improvement**  
**CAPITAL PROJECT FUND # 5655**

Dept: DPW  
Project Manager: Ken Pacheco  
Total Project Cost: \$ 560,000.00  
Project Period: 11/27/12 - xxx Active

Council Authorization	DATE	AMOUNT
Loan Order	11/27/2012	560,000.00
<b>Total</b>		<b>\$ 560,000.00</b>

**Scope of Work**

Various renovations in government center, library, police and fire stations

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	11/27/2012	560,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 560,000.00</b>

Total Spent	AMOUNT
Salaries	2,475.43
Capital Outlay	302,449.32
Other - Equipment	
<b>Total</b>	<b>\$ 304,924.75</b>

Total	AMOUNT
Funded	560,000.00
Total Spent	304,924.75
<b>Balance</b>	<b>\$ 255,075.25</b>

Description of work completed:

Police station renovation is completed

Description of project changes:

See attached sheet #1

Description of work remaining:

See attached sheet #2

Any significant problems encountered?

Bid pricing exceeded estimates

Can the Project Scope be completed with funds remaining?

No

## Attachment #1

### Work Completed to date:

#### Sixth Floor

1. Hallway floors on sixth floor
2. Entrance doors at the law department
3. Shower in Mayor's office
4. Painting in various offices & hallway
5. Information monitor /directory
6. Copy/fax/break room law dept.
7. Conference glass tabletops

#### Fifth Floor

1. Glass window in licensing
2. Routeware room, file storage and office DCM
3. Information monitor /directory
4. Painting in various offices & hallway

#### Fourth Floor

1. Painting in various offices & hallway
2. Information monitor /directory
3. AAB compliant counter for health department

#### Third Floor

1. Information monitor /directory
2. Painting in various offices & hallway
3. Construct wall and add door for Representative's office

#### Second Floor

1. Complete renovation of auditor's office
2. Painting in various offices & hallway
3. Information monitor /directory

Attachment # 2

Work not completed.

Fire Dept.

1. Roof for the Candias Fire Station
  - a. Bid process will commence April 21, 2014
2. Floor work at Globe Fire Station
  - a. Bid process will commence on May 5, 2014

Government Center

1. Complete renovation to the collectors/treasurer's office to a more bank like setting (use other bond proceeds)
2. AAB compliant restrooms in the first floor lobby (underway)
3. Carpet in elections, Human Resources, Assessors, city clerk, purchasing agents office

City of Fall River  
Capital Project Status Report a/o March 31, 2014

**Project Name - Equipment & Vehicle**  
**CAPITAL PROJECT FUND # 5656**

Dept: DPW  
Project Manager: Ken Pacheco  
Total Project Cost: \$ 890,000.00  
Project Period: 11/27/12 - 9/30/13 Closed

Council Authorization	DATE	AMOUNT
Loan Order	11/27/2012	890,000.00
<b>Total</b>		<b>\$ 890,000.00</b>

**Scope of Work**  
Purchase of departmental equipment including but no limited to City vehicles, trucks, sweepers, salters, woodchippers, and grinders

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	11/27/2012	890,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 890,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	
Other - Equipment	885,732.01
<b>Total</b>	<b>\$ 885,732.01</b>

Total	AMOUNT
Funded	890,000.00
Total Spent	885,732.01
<b>Balance</b>	<b>\$ 4,267.99</b>

**Description of work completed:**

Purchased equipment and vehicles

**Description of project changes:**

None

**Description of work remaining:**

Purchase safety lighting such as directional arrows for work crews

**Any significant problems encountered?**

None

**Can the Project Scope be completed with funds remaining?**

Yes

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Highland & Kennedy Park Improvement  
CAPITAL PROJECT FUND # 5657**

Dept: DPW  
 Project Manager: Ken Pacheco  
 Total Project Cost: \$ 928,500.00  
 Project Period: 11/27/12 - xxx Active

Council Authorization	DATE	AMOUNT
Loan Order	11/27/2012	875,000.00
<b>Total</b>		<b>\$ 875,000.00</b>

Scope of Work		
This bond is for the creation of the Highland Park and for the demolition and renovation to the Kennedy Park Playground		
Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support - Donation		78,500.00
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	11/27/2012	875,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 953,500.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	872,360.85
Other - Equipment	
<b>Total</b>	<b>\$ 872,360.85</b>

Total	AMOUNT
Funded	928,500.00
Total Spent	872,360.85
<b>Balance</b>	<b>\$ 56,139.15</b>

Description of work completed:

The creation of Highland Park

Description of project changes:

Redesigned ADA access to playground to include the warming house/main park building

Description of work remaining:

Install sidewalks, walls for ADA access, and install surfacing, drinking fountain and benches

Any significant problems encountered?

None

Can the Project Scope be completed with funds remaining?

The project will require the use of SANA donated funds and some CDA funding to make the warming house accessible

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - AMERESCO  
CAPITAL PROJECT FUND # 5658**

Dept: DPW  
 Project Manager: Ken Pacheco  
 Total Project Cost: \$ 4,900,000.00  
 Project Period: 11/27/12 - xxx Active

Council Authorization	DATE	AMOUNT
Loan Order	11/27/2012	4,900,000.00
<b>Total</b>		<b>\$ 4,900,000.00</b>

Scope of Work
<b>Energy saving measures installed throughout City buildings, which include but are not limited to the Govt Center, Durfee, Talbot, Doran, Greene, Old Kuss, and Letourneau</b>

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN	11/27/2012	4,900,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 4,900,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	
Other - Equipment	4,650,026.44
<b>Total</b>	<b>\$ 4,650,026.44</b>

Total	AMOUNT
Funded	4,900,000.00
Total Spent	4,650,026.44
<b>Balance</b>	<b>\$ 249,973.56</b>

Description of work completed:

Elevator upgrades, installation of chiller rooftop units

Description of project changes:

Lighting upgrade, chillers rooftop units, elevator upgrades, ceiling upgrades, various controls and operating

Description of work remaining:

Balancing, elevator work minor lighting

Any significant problems encountered?

None

Can the Project Scope be completed with funds remaining?

Yes

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Energy Phase 3  
CAPITAL PROJECT FUND # 5663**

Dept: DPW  
 Project Manager: Ken Pacheco  
 Total Project Cost: \$ 208,512.00  
 Project Period: 11/20/13 - xxx Active

Council Authorization	DATE	AMOUNT
Loan Order		N/A
<b>Total</b>		<b>\$ -</b>

**Scope of Work**

**Energy saving measures installed throughout City buildings, which include but are not limited to the Govt Center, Durfee, Talbot, Doran, Greene, Old Kuss, and Letourneau**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		208,512.00
Other Support (Specify)		
MWPAT SRF Loan #xx-xx-xx		
Open Market BAN		
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 208,512.00</b>

Total Spent	DATE	AMOUNT
Salaries		
Capital Outlay		
Other - Equipment		
<b>Total</b>		<b>\$ -</b>

Total	DATE	AMOUNT
Funded		208,512.00
Total Spent		-
<b>Balance</b>		<b>\$ 208,512.00</b>

Description of work completed:

Replace boiler at Durfee, replace chiller at Letourneau and library, and elevator work at library

Description of project changes:

None

Description of work remaining:

Start up of all chiller units

Any significant problems encountered?

None

Can the Project Scope be completed with funds remaining?

Yes

City of Fall River  
Capital Project Status Report a/o March 31, 2014

**Project Name - CSO Project**  
**CAPITAL PROJECT FUND # 5621, 5618, 5610, 5515, 5511**

Dept: Sewer  
Project Manager: Terry Sullivan  
Total Project Cost: \$ 193,000,000.00  
Project Period: 1994-open

Council Authorization	DATE	AMOUNT
Loan Order/Design	2/15/1994	8,000,000.00
Loan Order	9/7/1995	115,000,000.00
Loan Order	8/15/2006	70,000,000.00
<b>Total</b>		<b>\$ 193,000,000.00</b>

**Scope of Work**

CSO Project as ordered by Federal Court Order # 87-3067-Z

Funding Sources	DATE	AMOUNT
Federal Grants		15,593,179.13
State Grants		
Sewer Fund Support		500,000.00
FEMA/MEMA		1,781,485.79
MWPAT/SRF		146,480,913.32
MWPAT SRF Loan #CWP-13-02		12,981,022.00
Open Market BAN		
Long Term Open Market Loan		12,345,235.81
<b>Total</b>		<b>\$ 189,681,836.05</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	179,670,851.10
Other	
<b>Total</b>	<b>\$ 179,670,851.10</b>

Total	AMOUNT
Funded	189,681,836.05
Total Spent	179,670,851.10
<b>Balance</b>	<b>\$ 10,010,984.95</b>

Description of work completed:

As in timeline set by Federal Court Order. Estimated 90% complete.

Description of project changes:

As laid out thru Amendments 1 - 7 of the Federal Court Order.

Description of work remaining:

The remaining compliance of the Federal Court Order and Amendments

Any significant problems encountered?

Increased construction costs and lack of Federal/State Funding

Can the Project Scope be completed with funds remaining?

To be re-evaluated after completion of current project

**Project Name - Meridian St. Lake Ave  
CAPITAL PROJECT FUND # 5635**

Dept: Sewer  
 Project Manager: Terry Sullivan  
 Total Project Cost: \$ 750,000.00  
 Project Period: 7/1/2005-open

Council Authorization	DATE	AMOUNT
Loan Order	11/23/2004	750,000.00
<b>Total</b>		<b>\$ 750,000.00</b>

**Scope of Work**

**Meridian St and Lake Ave Sewer Construction**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants (MSBA)		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan		
Open Market BAN		
Long Term Open Market Loan		750,000.00
<b>Total</b>		<b>\$ 750,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	482,713.25
Other	1,685.76
<b>Total</b>	<b>\$ 484,399.01</b>

Total	AMOUNT
Funded	750,000.00
Total Spent	484,399.01
<b>Balance</b>	<b>\$ 265,600.99</b>

Description of work completed:

Meridian St and Lake Ave Sewer Construction

Description of project changes:

Minor Changes in scope and underground conditions can result in change orders

Description of work remaining:

Construction of Lake Ave Sewer

Any significant problems encountered?

Minor Changes in scope and underground conditions can result in change orders

Can the Project Scope be completed with funds remaining?

No Budgeted Operational budget

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Dam Repair  
CAPITAL PROJECT FUND # 5645**

Dept: Water  
Project Manager: Terry Sullivan  
Total Project Cost: \$ 3,600,000.00  
Project Period: 3/11/2008 - open

Council Authorization	DATE	AMOUNT
Loan Order	3/11/2008	3,600,000.00
<b>Total</b>		<b>\$ 3,600,000.00</b>

**Scope of Work**

Repair and stabilize all control structures for the cities vast water resources

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support - Insurance		
Other Support		
Other Support - OFS		
Open Market BAN	3/14/2008	3,590,000.00
Long Term Open Market Loan		
<b>Total</b>		<b>\$ 3,590,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	1,307,159.43
Other	
<b>Total</b>	<b>\$ 1,307,159.43</b>

Total	AMOUNT
Funded	3,440,000.00
Total Spent	1,307,159.43
<b>Balance</b>	<b>\$ 2,132,840.57</b>

Description of work completed:

North Watuppa Dam, Terry Brook Dam, construction, inspections and assessments of all the dams

Description of project changes:

Minor Changes in scope and underground conditions can result in change orders

Description of work remaining:

Design and Construction/Deconstruction of remaining Dams

Any significant problems encountered?

Minor Changes in scope and underground conditions can result in change orders

Can the Project Scope be completed with funds remaining?

As Estimated

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Water Phase 10  
CAPITAL PROJECT FUND # 5648/5617**

Dept: Water  
 Project Manager: Terry Sullivan  
 Total Project Cost: \$ 3,896,509.51 To date  
 Project Period: 7/14/2010-open

Council Authorization	DATE	AMOUNT
Loan Order	7/14/2010	3,987,000.00
<b>Total</b>		<b>\$ 3,987,000.00</b>

**Scope of Work**

**Phase 10 Water Main Replacement, Chicago St Tank  
Reconstruction, Emergency WTP Electrical Work**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants - MHC	8/23/2012	30,000.00
General Fund Support		
Other		100.00
MWPAT SRF Loan #DWP-10-0	6/13/2012	3,134,921.00
Open Market BAN	2/15/2013	450,000.00
Long Term Open Market Loan		312,000.00
<b>Total</b>		<b>\$ 3,927,021.00</b>
Other		(100.00)
EJC SRF Principal Reduction Grant		\$ (1,095,767.00)
<b>Total to be Paid Back</b>		<b>\$ 2,831,154.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	3,895,777.31
5617- MHC Grant	30,000.00
Other	
<b>Total</b>	<b>\$ 3,925,777.31</b>

Total	AMOUNT
Funded	3,927,021.00
Total Spent	3,925,777.31
<b>Balance</b>	<b>\$ 1,243.69</b>

Description of work completed:

Phase 10 Water Main Replacement, Chicago St Tank  
Reconstruction, Emergency WTP Electrical Work

Description of project changes:

Minor Changes in scope and underground conditions can result in  
change orders

Description of work remaining:

Complete

Any significant problems encountered?

Minor Changes in scope and underground conditions can result in  
change orders

Can the Project Scope be completed with funds remaining?

Yes

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Water Phase 11  
CAPITAL PROJECT FUND # 5650**

Dept: Water  
Project Manager: Terry Sullivan  
Total Project Cost: \$ 4,750,598.52 to date  
Project Period: 07/21/11 - open

Council Authorization	DATE	AMOUNT
Loan Order	7/21/2011	4,775,000.00
<b>Total</b>		<b>\$ 4,775,000.00</b>

**Scope of Work**

**Phase 11 Water Main Replacement, Hood st Tank Rehabilitation**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		
General Fund Support		
Other Support (NE Gas)		30,038.79
MWPAT SRF Loan #DWP-11-14	7/6/2013	4,535,500.00
Open Market BAN	7/21/2011	55,000.00
Long Term Open Market Loan		150,000.00
<b>Total</b>		<b>\$ 4,770,538.79</b>
EJC SRF Principal Reduction Grant		\$ (439,360.00)
Other Support (NE Gas)		(30,038.79)
<b>Total to be Paid Back</b>		<b>\$ 4,301,140.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	4,749,045.97
Other	
<b>Total</b>	<b>\$ 4,749,045.97</b>

Total	AMOUNT
Funded	4,750,166.45
Total Spent	4,749,045.97
<b>Balance</b>	<b>\$ 1,120.48</b>

Description of work completed:

Phase 11 Water Main Replacement, Hood st Tank Rehabilitation

Description of project changes:

Minor Changes in scope and underground conditions can result in change orders

Description of work remaining:

Final Close Out

Any significant problems encountered?

Minor Changes in scope and underground conditions can result in change orders

Can the Project Scope be completed with funds remaining?

Yes

**City of Fall River  
Capital Project Status Report a/o March 31, 2014**

**Project Name - Water Phase 12  
CAPITAL PROJECT FUND # 5653**

Dept: Water  
 Project Manager: Terry Sullivan  
 Total Project Cost: \$ 4,692,598.15 To Date  
 Project Period: 5/25/12 - open

Council Authorization	DATE	AMOUNT
Loan Order	5/25/2012	4,953,200.00
<b>Total</b>		<b>\$ 4,953,200.00</b>

**Scope of Work**  
**Phase 12 Water Main Replacement, 1875 Pump station  
 Stabilization Project, Bedford Street Water Main Transmission  
 Stabilization, 2014 Master Plan**

Funding Sources	DATE	AMOUNT
Federal Grants		
State Grants		40,000.00
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #DWP-12-03	7/15/2013	125,000.00
MWPAT SRF Loan #DWP-12-06	7/15/2013	2,548,848.00
Open Market BAN		
Long Term Open Market Loan	2/14/2014	1,900,000.00
<b>Total</b>		<b>\$ 4,613,848.00</b>
EJC SRF Principal Reduction Grant DWP 12-03		\$ (12,501.00)
EJC SRF Principal Reduction Grant DWP 12-06		(254,908.00)
<b>Total to be Paid Back</b>		<b>\$ 4,346,439.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	4,542,168.24
Trans to 5661 MHC	(80,000.00)
<b>Total</b>	<b>\$ 4,462,168.24</b>

Total	AMOUNT
Funded	4,567,598.00
Total Spent	4,462,168.24
<b>Balance</b>	<b>\$ 105,429.76</b>

Description of work completed:

All work Past Substantial Completion

Description of project changes:

Minor Changes in scope and underground conditions can result in change orders

Description of work remaining:

Punch list Items

Any significant problems encountered?

Minor Changes in scope and underground conditions can result in change orders

Can the Project Scope be completed with funds remaining?

As Estimated

City of Fall River  
Capital Project Status Report a/o March 31, 2014

**Project Name - Water Phase 13**  
**CAPITAL PROJECT FUND # 5660**

Dept: Water  
Project Manager: Terry Sullivan  
Total Project Cost: \$ 4,941,589.31 Estimated  
Project Period: 11/27/12 - open

Council Authorization	DATE	AMOUNT
Loan Order	11/27/2012	4,975,000.00
<b>Total</b>		<b>\$ 4,975,000.00</b>

**Scope of Work**

**Industrial Park HSA, Phase 13 Water Main Replacement**

Funding Sources	DATE	AMOUNT
Federal Grants EDA		1,784,750.00
State Grants		
General Fund Support		
Other Support (Specify)		
MWPAT SRF Loan #DW-13-06		4,888,200.00
Open Market BAN	2/14/2014	75,000.00
Amount to deduct from SRF due to EDA		(1,772,950.00)
<b>Total</b>		<b>\$ 4,975,000.00</b>

Total Spent	AMOUNT
Salaries	
Capital Outlay	92,334.11
Other - Equipment	
<b>Total</b>	<b>\$ 92,334.11</b>

Total	AMOUNT
Funded	75,000.00
Total Spent	92,334.11
<b>Balance</b>	<b>\$ (17,334.11)</b>

Description of work completed:

Design and Bid of Projects

Description of project changes:

NA

Description of work remaining:

Construct Projects

Any significant problems encountered?

NA

Can the Project Scope be completed with funds remaining?

As Estimated

City of Fall River, In City Council

LOAN ORDER
North Park Improvements

ORDERED: That the City hereby appropriates Five Hundred Twenty-Seven Thousand Dollars (\$527,000) to pay costs of making renovations and improvements to North Park, including, but not limited to the installation of a handicapped accessible playground, improvements to pedestrian pathways, installation of benches, creation and installation of signage with historical information about the park, and the installation of fencing around the park, including the payment of all costs incidental and related thereto, and that to meet said appropriation the City Treasurer, with the approval of the Mayor, is authorized to borrow said sum under M.G.L. Chapter 44, Section 7(25) or pursuant to any other enabling authority, and to issue bonds or notes of the City therefor. The Board of Park Commissioners is authorized to file on behalf of the City any and all applications deemed necessary for grants and/or reimbursements from The Commonwealth of Massachusetts deemed necessary under the Land and Water Conservation Fund Act and/or any others in any way connected with the scope of this Order, and the Mayor and any other appropriate officers of the City are authorized to enter into all agreements and execute any and all instruments as may be necessary to carry out the purposes of this Order, and

BE IT FURTHER ORDERED: That the Treasurer is authorized to file an application with the appropriate officials of The Commonwealth of Massachusetts (the "Commonwealth") to qualify under Chapter 44A of the General Laws any and all bonds of the City to be issued pursuant to this Order, and to provide such information and execute such documents as such officials of the Commonwealth may require.

CITY OF FALL RIVER
IN CITY COUNCIL

DEC 17 2013

Authorized to be published and referred to the Committee on Finance, 9 years

CITY OF FALL RIVER
IN CITY COUNCIL

FEB 25 2014

- On a motion made and seconded, the loan order was lifted from the table.
On a further motion made and seconded, the loan order was referred to the Committee on Finance, 7 years, 1 day.

CITY OF FALL RIVER
IN CITY COUNCIL

JAN 14 2014

Tabled

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2014 MAR 13 P 3:02

North Park Playground Budget

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

<b>Project Element</b>	<b>Cost</b>
Design Costs	\$29,000
<b>Design Subtotal</b>	<b>\$29,000</b>
Demolition/Site Preparation	\$10,000
Earthwork (excavation and backfill)	\$30,000
New Pedestrian Pathways	\$60,000
Storm Drainage Improvements	\$10,000
Site Furnishings (benches, picnic tables)	\$20,000
Interpretive Signage	\$3,000
Electrical Services	\$5,000
Lawn Seeding/Turf Establishment	\$10,000
Playground Equipment	\$340,000
Fencing and Rails	\$10,000
<b>Construction Subtotal</b>	<b>\$498,000</b>
<b>Total Project Budget</b>	<b>\$527,000</b>

3, All 02, 3-16-14



City of Fall River  
Massachusetts  
Office of the Mayor

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2014 APR -3 P 4:37

CITY CLERK  
FALL RIVER, MA

WILLIAM A. FLANAGAN  
Mayor

April 3, 2014

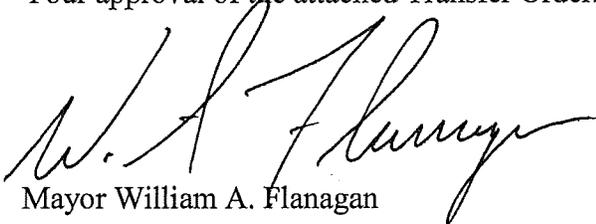
Honorable Members of the City Council  
One Government Center  
Fall River, MA 02722

Mr. President and Members of the Honorable Council:

The following transfers are requested to meet expenditures within the FY 2014 Budget:

<b>From</b> Operating Reserves	<b>To</b> Veteran's Benefits	\$40,000
<b>From</b> Surplus Revenue FY 13 (Free cash)	<b>To</b> Financial Services	\$50,000
<b>From</b> Closed Park Improvements Capital Projects	<b>To</b> Britland Park Capital Project	\$20,165
<b>From</b> EMS Retained Earning	<b>To</b> EMS Salaries	\$60,000
<b>From</b> EMS Retained Earning	<b>To</b> EMS Expenses	\$25,000

Your approval of the attached Transfer Orders is respectfully requested.

  
Mayor William A. Flanagan

*City of Fall River, In City Council*

**April 8, 2014**

**# 1**

**ORDERED:**

**That the sum of \$40,000 be, and the same is, hereby appropriated for  
the VETERANS BENEFITS from the RESERVE.**

*City of Fall River, In City Council*

**April 8, 2014**

**# 2**

**ORDERED:**

**That the sum of \$50,000 be, and the same is, hereby appropriated for the FINANCIAL SERVICES EXPENSE from the SURPLUS REVENUE.**

*City of Fall River, In City Council*

**April 8, 2014**

**# 3**

**ORDERED:**

**That the sum of \$20,165 be transferred out from the Closed Park Improvement Capital Project to the Britland Park Capital Project.**

*City of Fall River, In City Council*

**April 8, 2014**

**# 4**

**ORDERED:**

**That the sum of \$60,000 be, and the same is, hereby appropriated for  
the EMS SALARIES from the EMS RETAINED EARNINGS**

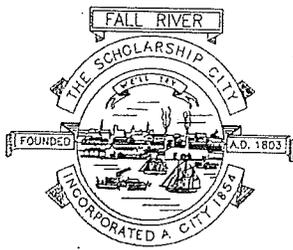
*City of Fall River, In City Council*

**April 8, 2014**

**# 5**

**ORDERED:**

**That the sum of \$25,000 be, and the same is, hereby appropriated for  
the EMS EXPENSES from the EMS RETAINED EARNINGS**



**City of Fall River**  
**Massachusetts**  
Fire Department Headquarters  
Office of the Fire Chief

**WILLIAM A. FLANAGAN**  
*Mayor*

**ROBERT J. VIVEIROS**  
*Fire Chief*

April 1, 2014

Honorable William A. Flanagan  
City of Fall River  
One Government Center  
Fall River, MA 02722

Your Honor:

I am respectfully requesting the following transfers within the EMS Division to meet our financial obligations for the remainder of Fiscal Year 2014.

Transfer \$60,000.00 from EMS Retained Earnings to EMS Professional Salaries  
62310001-511200.

Transfer \$25,000.00 from EMS Retained Earnings to EMS Parts and Accessories  
62310002-548500.

Sincerely,

Robert J. Viveiros  
Fire Chief

CITY CLERK  
FALL RIVER, MA

2014 APR - 3 P 4: 10

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**FY 14 Appropriation/Transfer Number Analysis**

Line	Original/Revised	Appropriation	Amount Transferred	New Appropriation
Veteran's Benefits Expenses	\$	2,786,473	\$ 40,000	\$ 2,826,473
Operating Reserve	\$	663,000	\$ (40,000)	\$ 623,000
Surplus Revenue FY 13 (Freecash)	\$	414,993	\$ (50,000)	\$ 364,993
Financial Services, Expenses	\$	679,774	\$ 50,000	\$ 729,774
Closed out Park Improvements Capital Projects	\$	136,006	\$ (20,165)	\$ 115,841
Britland Park Capital Project	\$	875,000	\$ 20,165	\$ 895,165
EMS Retained Earnings	\$	206,611	\$ (85,000)	\$ 121,611
EMS Salaries	\$	2,487,238	\$ 60,000	\$ 2,547,238
EMS Expense	\$	513,999	\$ 25,000	\$ 538,999

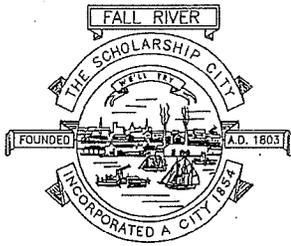
I certify that there are sufficient funds available for these transfers.



Krishan Gupta, City Auditor  
4/3/2014

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2014 APR - 3 P 4: 09  
CITY CLERK  
FALL RIVER, MA



**City of Fall River  
Massachusetts  
Office of the Mayor**

**WILLIAM A. FLANAGAN**  
*Mayor*

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2014 APR -3 P 4: 37

CITY CLERK  
FALL RIVER, MA

April 3, 2014

Honorable Members of the City Council  
One Government Center  
Fall River, MA 02722

Mr. President and Members of the Honorable Council:

The following transfers are requested to replace the Chiller at the Doran Elementary School. The funds are remaining in these closed School Building Capital Project Accounts.

<b>From</b> Kuss Middle School	\$ 475
<b>From</b> Letourneau Elementary School	\$ 66,076
<b>From</b> Slade Elementary School	\$ 9,022
<b>From</b> William S. Greene Elementary School	\$ 74,213
<b>To</b> Doran Elementary School Chiller Project	\$149,786

Your approval of the attached Transfer Orders is respectfully requested.

Mayor William A. Flanagan

*City of Fall River, In City Council*

April 8, 2014

# 1

**ORDERED:**

**That the sum of \$475, \$66,076, \$9,022, and \$74,213 be transferred out from the Closed Kuss Middle, Letourneau, Slade, and Greene School Capital Projects respectively to the Doran School Chiller Capital Project.**



# City of Fall River Massachusetts

Department of Community Maintenance  
CEMETERIES • MUNICIPAL BUILDINGS • PARKS • SANITATION •  
STREETS & HIGHWAYS • TRAFFIC & PARKING • VEHICLES

**WILLIAM A. FLANAGAN**  
*Mayor*

**KENNETH C. PACHECO**  
**Director**

To: Krishan Gupta  
From: Ken Pacheco  
Re: Reuse of residual funds  
Date: 4/3/2014

I would like to use remaining funds in the following accounts to replace a chiller on located at the Doran School. The following is a list of the Fund list is as follows;

5302	Kuss Middle School	\$475.70
5303	Letourneau School	\$66,076.14
5307	Slade/Viveiros School	\$9,021.57
5311	Greene School	74,212.75

The total reallocation request is \$149,786.34



**FALL RIVER PUBLIC SCHOOLS**  
*Facilities & Operations*

**Meg Mayo-Brown**  
Superintendent of Schools

**Thomas Coogan**  
Chief Operations Officer

March 31, 2014

Re: Doran Elementary Chiller Unit

Hi Ken:

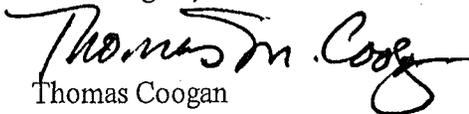
As a follow up to our conversations about the chiller unit at the Doran School, I am sending you the explanation of the situation.

The unit is a McQuay Unit, Model ALS170AS27-ER10 it was manufactured in 1999. The design of this chiller unit has two circuits. One circuit has 90 lbs. of refrigerant and one contains 120 lbs. of refrigerant. They engage in sequence depending on the cooling needs. Each circuit has a coil within a barrel that is submerged in the water to be chilled for circulation. The units have been serviced under maintenance by our contractor over the years.

Due to age, the coils that hold the refrigerant have developed pin holes causing the refrigerant to leak from the system into the water, rendering the coils useless. The larger 120 lb coil will no longer hold a charge of refrigerant. The smaller coil is compromised but we are able to get it to hold a charge for short periods of time before the refrigerant is gone. With the smaller circuit operating at minimum capacity, we are able to cool short term. By having to repeatedly recharge the one working circuit every few weeks with R-22 refrigerant, we are merely prolonging the inevitable, while each refrigerant charge cost roughly \$1,200.00 to get the system back online. We could eventually have an issue with EPA regulations for refrigerant loss.

I know that Tim McCloskey has sent along quotes for both a new chiller and the repair of the chiller reservoir barrels. Any assistance you can give us as you plan for future AMARESCO project phases is appreciated.

Thanks again,

  
Thomas Coogan

Chief Operating Officer

Fall River Public Schools

**FY 14 Appropriation/Transfer Number Analysis**

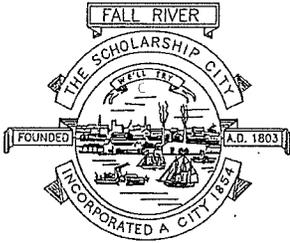
Line	Remaining Funds/ Appropriation	Amount Transferred	New Appropriation
Kuss Middle School	\$ 475	\$ (475)	\$
Letourneau Elementary School	\$ 66,076	\$ (66,076)	\$
Slade Elementary School	\$ 9,022	\$ (9,022)	\$
William S. Greene	\$ 74,213	\$ (74,213)	\$
Doran Chiller Project		\$ 149,786	\$ 149,786

**RECEIVED**  
 2014 APR - 3 P 4: 12  
 CITY CLERK  
 - FALL RIVER, MA

I certify that there are sufficient funds available for these transfers.

  
 \_\_\_\_\_  
 Krishan Gupta, City Auditor  
 4/3/2014

2



**City of Fall River  
Massachusetts  
Office of the Mayor**

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2014 MAR 19 A 11:06

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

**WILLIAM A. FLANAGAN**  
*Mayor*

March 20, 2014

President Joseph Camara & City Councilors  
One Government Center  
Fall River, MA 02722

Dear President Camara & City Councilors:

I am pleased to forward to you the City of Fall River Year Five Annual Action Plan which I propose to file with the U.S. Department of Housing and Urban Development (HUD) for continued funding of the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG) and Home Investment Partnerships (Home) Programs. The Action Plan details activities to be undertaken during the July 1, 2014- June 30, 2015 program year.

Under separate cover April 1<sup>st</sup>, I shall submit a proposed resolution for your consideration at your April 8<sup>th</sup> meeting. The resolution would authorize submission of the City of Fall River Year Five Annual Action Plan with the U.S. Department of Housing and Urban Development (HUD). The Year Five Annual Action Plan is being submitted to you now in order to provide adequate review time prior to City Council consideration of the resolution at the April 8<sup>th</sup> meeting.

The proposed program of activities, which was advertised February 28<sup>th</sup> for public comment, was developed on the basis of testimony and proposals received at public hearings held January 8<sup>th</sup> and March 12<sup>th</sup>.

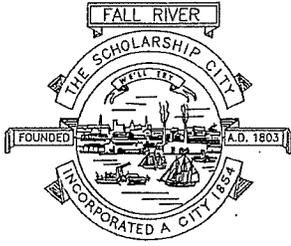
The timetable provides for submission of the Year Five Annual Action Plan no later than May 7, 2014.

Should you or any other Councilor have questions or comments prior to April 8<sup>th</sup>, I urge you to immediately contact Michael P. Dion, Executive Director/ CFO of the Community Development Agency. Mr. Dion will also be present at the City Council meeting to respond to any questions.

Sincerely,

William A. Flanagan  
Mayor

Enclosure



**City of Fall River**  
**Massachusetts**  
Office of the Mayor **RECEIVED**

2014 MAR 31 A 9:09

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

**WILLIAM A. FLANAGAN**  
*Mayor*

April 1, 2014

President Joseph Camara & City Councilors  
One Government Center  
Fall River, MA 02722

Dear President & City Councilors:

I am pleased to forward to you the proposed resolution authorizing submission of the City of Fall River Year Five Annual Action Plan with the U.S. Department of Housing and Urban Development (HUD) for continued funding of the Community Development Block Grant CDBG), Emergency Solutions Grant (ESG) and Home Investment Partnerships (HOME) Programs. The Action Plan details activities to be undertaken during the July 1, 2014- June 30, 2015 program year.

The proposed program of activities, which was advertised February 28<sup>th</sup> for public comment, was developed on the basis of testimony and proposals received at public hearings held January 8<sup>th</sup> and March 12<sup>th</sup>.

The timetable provides for submission of the Year Five Annual Action Plan no later than May 7, 2014.

Should you or any other Councilor have any questions or comments prior to April 8<sup>th</sup>, I urge that you immediately contact Michael P. Dion, Executive Director/CFO of the Community Development Agency. Mr. Dion will be present at the City Council meeting to respond to any questions.

Sincerely,



William A. Flanagan  
Mayor

Enclosure

# City of Fall River, *In City Council*

Mayor William A. Flanagan

## **RESOLUTION OF LOCAL GOVERNING BODY AUTHORIZING SUBMISSION OF THE CITY OF FALL RIVER YEAR FIVE ANNUAL ACTION PLAN WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**WHEREAS**, the City of Fall River Consolidated Plan integrates and has simplified the planning, application and reporting requirements for the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG) and Home Investment Partnerships (HOME) Programs, and

**WHEREAS**, the overall goal of the Consolidated Plan programs and activities is the development of viable urban communities by providing decent housing and a suitable environment and expanding economic opportunities, principally for low and moderate-income persons, and

**WHEREAS**, it is anticipated that the U.S. Department of Housing and Urban Development (HUD) will notify the City of Fall River that entitlements will be approximately \$2,622,477 under CDBG, \$214,196 under ESG and \$764,066 under HOME, and

**WHEREAS**, the Year Five Annual Action Plan provides the necessary assurances and/or certificates of compliance with applicable federal regulations and requirements of the CDBG, ESG and HOME Programs, and

**WHEREAS**, Mayor William A. Flanagan must be authorized to submit the Year Five Annual Action Plan to the Secretary of the U.S. Department of Housing and Urban Development and to accept and/or execute the Grant Agreements, now therefore,

**BE IT RESOLVED BY THE FALL RIVER CITY COUNCIL**, that Mayor William A. Flanagan is authorized to submit the Year Five Annual Action Plan and applications for CDBG, ESG and HOME entitlement funds and to accept and/or execute the contract(s) with the United States of America and to do all things necessary to carry out the Programs, including the execution of contracts and the submission of such reports, certificates, and other materials as the U.S. Department of Housing and Urban Development shall require.



**City of Fall River  
Massachusetts  
Office of the Mayor**

RECEIVED  
2014 APR -3 P 4:37  
CITY CLERK  
FALL RIVER, MA

**WILLIAM A. FLANAGAN**  
*Mayor*

April 3, 2014

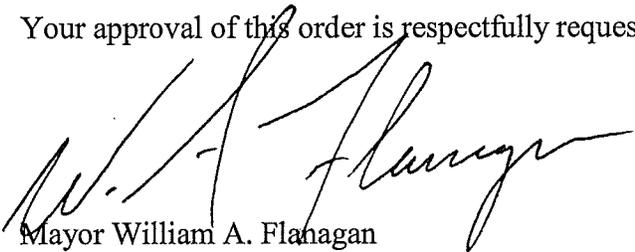
Honorable Members of the City Council  
One Government Center  
Fall River, MA 02722

Mr. President and Members of the Honorable Council:

Before you this evening is an Order authorizing funding in the amount of \$527,000 for the North Park Playground Project that will be partially funded by a grant from Land and Water Conservation Fund Act in the amount of \$169,752. As this is a reimbursement grant, authorization to expend the full amount of the Project must be approved by the City Council.

As the Park is used by the students at the Morton Middle School on a regular basis for their Physical Education activities, we will be utilizing Morton's bond proceeds to fund this Project. We will apply the grant funds and any private donations received before converting the net amount used to long term bonds.

Your approval of this order is respectfully requested.

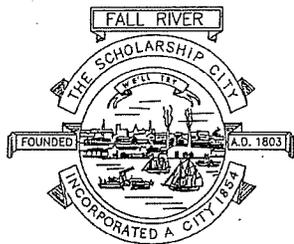


Mayor William A. Flanagan

# *City of Fall River, In City Council*

## **North Park Improvements Land and Water Conservation Fund Renovation Project**

ORDERED: That the City hereby authorizes expenditure of Five Hundred Twenty-Seven Thousand Dollars (\$527,000) from existing bond proceeds and approves of making renovations and improvements to North Park, which is dedicated to park and recreation purposes under M.G.L. Chapter 45, Section 14, including, but not limited to, the installation of a handicapped accessible playground, improvements to pedestrian pathways, installation of benches, creation and installation of fencing around the park, including the payment of all costs incidental and related thereto. North Park is managed and controlled by the Board of Park Commissioners of the City of Fall River, and the Board of Park Commissioners is authorized to file on behalf of the City any and all applications deemed necessary for grants and/or reimbursements from The Commonwealth of Massachusetts deemed necessary under the Land and Water Conservation Fund Act and/or any others in any way connected with the scope of this Order, and the Mayor and any other appropriate officers of the City are authorized to enter into all agreements and execute any and all instruments as may be necessary to carry out the purposes of this Order.



**City of Fall River  
Massachusetts  
Office of the Mayor**

RECEIVED

2014 APR -4 A 10:38

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

**WILLIAM A. FLANAGAN**  
*Mayor*

April 3, 2014

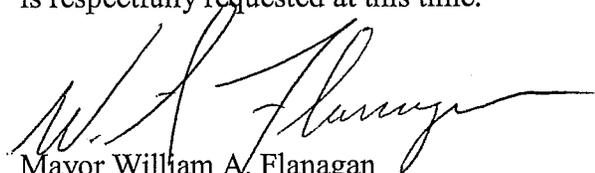
Honorable Members of the City Council  
One Government Center  
Fall River, MA 02722

Mr. President and Members of the Honorable Council:

The following Statement of Interest (SOI) is presented for your approval in order to seek funding for the replacement/renovation of Durfee High School (Project). The Massachusetts School Building Authority (MSBA) requires this SOI as an expression of interest by the City of Fall River to apply for funds to complete this Project. This SOI will be submitted for approval by the School Committee at their meeting on Monday, April 7, 2014.

Representatives from the School Department will be in attendance at your April 8<sup>th</sup> Finance Committee Meeting to answer any questions you may have. Please note that the execution of this SOI represents the first step in the application process and does not commit either the MSBA or the City of Fall River to funding the Project.

As the approved SOI must be submitted to the MSBA by April 11, 2014, your affirmative vote is respectfully requested at this time.

  
Mayor William A. Flanagan

# City of Fall River, *In City Council*

BE IT RESOLVED, that having convened in an open meeting on April 8, 2014, prior to the closing date, the City Council of Fall River, in accordance with its charter, by-laws, and ordinances, has voted to authorize the Superintendent to submit to the Massachusetts School Building Authority the Statement of Interest Form dated \_\_\_\_\_ for the Durfee High School located at 360 Elsbree Street, which describes and explains the following deficiencies and the priority category(s) for which an application may be submitted to the Massachusetts School Building Authority in the future. The purpose of the project would be for replacement, renovation or modernization of the school facility and its systems, such as roofs, windows, boiler systems, heating and ventilation systems, and to increase energy conservation and decrease energy related costs in the school facility and also to maintain accreditation and develop further programming for students ; and hereby further specifically acknowledges that by submitting this Statement of Interest Form, the Massachusetts School Building Authority in no way guarantees the acceptance or the approval of an application, the awarding of a grant or any other funding commitment from the Massachusetts School Building Authority, or commits the City/Town/Regional School District to filing an application for funding with the Massachusetts School Building Authority.

**City of Fall River**  
*Office of the Corporation Counsel*

**WILLIAM A. FLANAGAN**  
Mayor

**ELIZABETH SOUSA**  
Corporation Counsel



RECEIVED  
GARY P. HOWAYECK  
Assistant Corporation Counsel  
7:04 MAR 27 2014  
CHRISTY M. DIORIO  
Assistant Corporation Counsel  
CITY CLERK  
FALL RIVER, MA

March 27, 2014

Joseph Camara  
Council President  
Fall River City Council  
One Government Center  
Fall River, MA 02722

RE: Floodplain district boundaries

Dear President Camara:

The city has been put on notice by the Federal Emergency Management Agency (hereinafter referred to as "FEMA") of the modification to the Flood Hazard Determination (hereinafter referred to as "FHDs") affecting the Flood Insurance Rate Map (hereinafter referred to as "FIRM") and Flood Insurance Study (hereinafter referred to as "FIS") reports.

The modifications are pursuant to Section 206 of the Flood Disaster Act of 1973 and are in accordance with the National Flood Insurance Act of 1968, as amended (Title XIII of the Housing and Urban Development Act of 1968, Public Law 90-448), 42 U.S.C. 4001-4128, and 44 CFR Part 65. Because of the modifications to the FIRM and FIS report for Fall River made by this map revision, certain additional requirements must be met under Section 1361 of the 1968 Act, as amended, prior to **July 16, 2014**. Therefore, as a condition of continued eligibility in the National Flood Insurance Program (hereinafter referred to as "NFIP") the City must modify its floodplain regulations so that we meet the standards of Paragraph 60.39(e) of the NFIP regulations.

In order to maintain the City's participation in the NFIP I am requesting that Fall River Revised Ordinance Sections 10-246, 10-247 and 10-248 be repealed and replaced. See Attached Proposed Ordinances.

Sincerely,

Elizabeth Sousa

cc: Elizabeth Dennehy, Planning Director  
Joseph Biszko, Inspector of Buildings

# City of Fall River, *In City Council*

BE IT ORDAINED, by the City Council of the City of Fall River, as follows:

That Chapter 10 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Buildings and Building Regulations, be amended, by striking out Sections 10-246, 10-247 and 10-248, in their entirety, and inserting in place thereof, the following:

## **Sec. 10-246. Floodplain district boundaries and base flood elevation data.**

The floodplain district is herein established as an overlay district. The district includes all special flood hazard areas within the city designated as zone A, AE, AO or VE on the county flood insurance rate map (FIRM) issued by the Federal Emergency Management Agency (FEMA) for the administration of the national flood insurance program. The map panels of the county FIRM that are wholly or partially within the city are panel numbers , 25005C0264F, 25005C0268F, 25005C0269F, 25005C0329F, 25005C0342F, 25005C0344F, 25005C0351F, 25005C0352F, 25005C0353F, 25005C0354F, 25005C0356F, 25005C0357F, 25005C0358F, 25005C0359F, 25005C0361F and 25005C0432F dated July 7, 2009; and panel numbers 25005C0244G, 25005C0263G, 25005C0329G, 25005C0331G, 25005C0332G, 25005C0333G, 25005C0334G, 25005C0337G, and 25005C0341G dated July 16, 2014. The exact boundaries of the district may be defined by the 100-year base flood elevations shown on the FIRM and further defined by the county flood insurance study (FIS) report dated July 16, 2014. The FIRM and FIS report are incorporated herein by reference and are on file with the city clerk.

## **Sec. 10-247. Base flood elevation data and floodway data.**

(a) In Zones A and AE, along watercourses that have not had a regulatory floodway designated, the best available Federal, State, local, or other floodway data shall be used to prohibit encroachments in floodways which would result in any increase in flood levels within the community during the occurrence of the base flood discharge.

(b) Base flood elevation data is required for subdivision proposals or other developments greater than 50 lots or five acres, whichever is the lesser, within the unnumbered A zones.

## **Sec. 10-248. Other use regulations.**

(a) All new construction within zone VE must be located landward of the reach of mean high tide.

(b) In a riverine situation, the director of code enforcement shall notify the following agencies of any alteration or relocation of a watercourse:

- (1) Adjacent communities including the towns:
  - a. Tiverton, Rhode Island,
  - b. Somerset, Massachusetts;

- c. Westport, Massachusetts;
- d. Dartmouth, Massachusetts; and
- e. Freetown, Massachusetts;

(2) NFIP State Coordinator, Massachusetts Department of Conservation and Recreation, 251 Causeway Street, Suite 600-700, Boston, MA 02114-2104; and

(3) NFIP Program Specialist, Federal Emergency Management Agency, Region I, 99 High Street, 6th Floor, Boston, MA 02110.

(c) Man-made alteration of sand dunes within Zone VE which would increase potential flood damage are prohibited.

(d) Within Zone AO on the FIRM, adequate drainage paths must be provided around structures on slopes, to guide floodwaters around and away from proposed structures.



COMMONWEALTH OF MASSACHUSETTS  
**Fall River Contributory Retirement Board**

30 Third Street • Suite 301 • Fall River, MA 02720

Tel. (508) 646-9120 • Fax (508) 646-9123

www.fallriverretirement.com

RECEIVED

2014 MAR 31 A 11: 28

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

March 21, 2014

Alison M. Bouchard, City Clerk  
1 Government Center, 2<sup>nd</sup> Floor  
Fall River, MA 02722

Dear Ms. Brett:

Enclosed you will find the *Annual Statement of the Financial Condition of the Fall River Retirement System* for the year ended December 31, 2013.

Very truly yours,

Christine A. Tetreault  
Executive Director

RECEIVED

2014 MAR 31 A 11: 28

CITY CLERK  
FALL RIVER, MA

# Annual Statement

· OF THE FINANCIAL CONDITION  
· OF THE FALL RIVER RETIREMENT BOARD  
· TO THE PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION  
· FOR THE YEAR ENDED 12/31/2013  
·

Annual Statement for the Year Ended December 31, 2013 of the conditions and Affairs of the Fall River Retirement Board.

Organized Under the Laws of the Commonwealth of Massachusetts to the Public Employee Retirement Administration Commission.

Date of Certificate 11/16/1936

Effective Date 07/01/1937

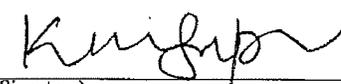
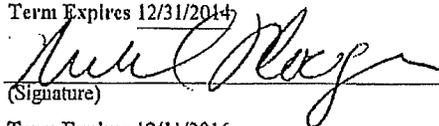
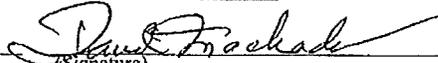
ADMINISTRATION OFFICE

30 Third Street - Suite 301  
Street & Number

Fall River, MA 02720  
City/Town, State and Zip Code

(508) 646-9120  
Telephone Number

We, the undersigned, members of the Fall River Retirement Board certify under penalties of perjury, that that we are the official board members of said retirement system, and that on the thirty-first date of December last, all of the herein-described assets were the absolute property of said retirement system, free and clear from any liens or claims thereon, except as stated, and the following statements, with the schedules and explanations therein contained, annexed, or referred to, are a full and correct exhibit of all of the assets, liabilities, income and disbursements, changes in fund balances, and the conditions and affairs of said retirement system on the said thirty-first date of December last, and for the year ended on that date, according to the best of our information, knowledge, and belief respectively.

Board Of Retirement	Ex-Officio Member	
	Krishan Gupta	
	(Name)	(Signature)
	Appointed Member	Term Expires _____
	VACANT	
	(Name)	(Signature)
	Elected Member	Term Expires <u>12/31/2014</u>
	Michael Coogan	
	(Name)	(Signature)
	Elected Member	Term Expires <u>12/11/2016</u>
	David Machado	
	(Name)	(Signature)
	Member Appointed by Other Members	Term Expires <u>01/31/2015</u>
	Arthur Viana, Chairman	
	(Name)	(Signature)

Investment Managers	Pension Reserve Investment Management	<u>84 State Street Boston, MA 02109</u>
	Standard Life Investments	<u>1 Beacon Street Boston, MA 02108</u>
Investment Consultant	_____	_____
Custodian	_____	_____

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

ANNUAL STATEMENT BALANCE TESTS

1. ASSET BALANCE

Assets Previous Year	213,059,415.01
Income Current Year	<u>60,553,666.91</u>
Disbursements Current Year	<u>38,648,841.12</u>
Assets Current Year	<u>234,964,240.80</u>

2. ASSET DIFFERENCE

Assets Current Year	234,964,240.80
Assets Previous Year	<u>213,059,415.01</u>
Difference	<u>21,904,825.79</u>

3. INCOME DIFFERENCE

Income Current Year	60,553,666.91
Disbursements Current Year	<u>38,648,841.12</u>
Difference	<u>21,904,825.79</u>

4. FUND CHANGE DIFFERENCE

Total Fund Change Credits Current Year	71,730,258.47
Total Fund Change Debits Current Year	<u>-49,825,432.68</u>
Difference	<u>21,904,825.79</u>

Note: The difference as a result of tests 2, 3 and 4 should be the same.

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

ASSETS & LIABILITIES

	2013	2012	2011
1. 1040 Cash	2,007,194.99	3,850,918.49	418,512.92
2. 1100 Short Term Investments	0.00	0.00	0.00
3. 1180 Fixed Income Securities	0.00	0.00	0.00
4. 1170 Equities	0.00	0.00	0.00
5. 1101 Pooled Short Term Funds	0.00	0.00	0.00
6. 1172 Pooled Domestic Equity Funds	0.00	0.00	0.00
7. 1173 Pooled International Equity Funds	0.00	0.00	0.00
8. 1174 Pooled Global Equity Funds	0.00	0.00	0.00
9. 1181 Pooled Domestic Fixed Income Funds	0.00	0.00	0.00
10. 1182 Pooled International Fixed Income Funds	0.00	0.00	0.00
11. 1183 Pooled Global Fixed Income Funds	0.00	0.00	0.00
12. 1193 Pooled Alternative Investments	6,067,135.37	6,275,185.81	6,368,716.49
13. 1194 Pooled Real Estate Funds	0.00	0.00	0.00
14. 1195 Pooled Domestic Balanced Funds	0.00	0.00	0.00
15. 1196 Pooled International Balanced Funds	0.00	0.00	0.00
16. 1197 Hedge Funds	0.00	0.00	0.00
17. 1198 PRIT Cash	3,500,040.78	0.00	0.00
18. 1199 PRIT Fund	211,683,281.45	181,872,598.96	175,756,253.83
19. 1550 Interest Due and Accrued	0.00	0.00	0.00
20. 1350 Prepaid Expenses	4,323.66	4,323.66	0.00
21. 1398 Accounts Receivable (A)	11,708,303.74	21,056,388.09	12,572,673.84
22. 1910 Land	0.00	0.00	0.00
23. 1920 Buildings	0.00	0.00	0.00
24. 1929 Accumulated Depreciation -- Buildings	0.00	0.00	0.00
25. 2020 Accounts Payable (A)	(-6,039.19)	(0.00)	(0.00)
<b>TOTAL</b>	<b>234,964,240.80</b>	<b>213,059,415.01</b>	<b>195,116,157.08</b>
<b>FUNDS</b>			
1. 3293 Annuity Savings Fund	74,568,223.24	72,167,749.85	69,988,017.64
2. 3294 Annuity Reserve Fund	28,694,378.00	28,974,996.76	28,606,502.64
3. 3295 Military Service Fund	71,159.37	89,897.69	86,018.10
4. 3296 Pension Fund	15,475,105.79	14,914,917.32	610,745.13
5. 3298 Expense Fund	0.00	0.00	0.00
6. 3297 Pension Reserve Fund	116,155,374.40	96,911,853.39	95,824,873.57
<b>TOTAL ASSETS AT MARKET VALUE</b>	<b>234,964,240.80</b>	<b>213,059,415.01</b>	<b>195,116,157.08</b>

(A) Specific details for Accounts Receivable and Accounts Payable are to be disclosed on Schedule A

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

	Balance Dec. 31 Prior year	Receipts	Interfund Transfers	Disbursements	Balance Dec.31 Current Year
Annuity Savings Fund	72,167,749.85	7,316,839.46	-3,503,519.04	-1,412,847.03	74,568,223.24
Annuity Reserve Fund	28,974,996.76	871,301.93	3,520,274.22	-4,672,194.91	28,694,378.00
Pension Fund	14,914,917.32	23,772,870.74	7,656,317.34	-30,868,999.61	15,475,105.79
Military Service Fund	89,897.69	1,522.66	-20,260.98	0.00	71,159.37
Expense Fund	0.00	1,694,799.57	0.00	-1,694,799.57	0.00
Pension Reserve Fund	96,911,853.39	26,896,332.55	-7,652,811.54	0.00	116,155,374.40
<b>Total All Funds</b>	<b>213,059,415.01</b>	<b>60,553,666.91</b>	<b>- 0 -</b>	<b>-38,648,841.12</b>	<b>234,964,240.80</b>

List below all transfers:

Xfer from	Annuity Savings Fund Control Acct	to	Annuity Reserve Fund	in the amt of	3,508,138.81	on acct of	Members retired.
Xfer from	Pension Reserve Fund Control Acct	to	Annuity Savings Fund Control Acct	in the amt of	4,619.77	on acct of	Reinstate inactives for refunds.
Xfer from	Special Military Serv Credit Fund	to	Pension Fund Control Account	in the amt of	8,125.57	on acct of	Member refunded.
Xfer from	Pension Reserve Fund Control Acct	to	Pension Fund Control Account	in the amt of	1,925.77	on acct of	Unable to locate o/s check recipients.
Xfer from	Pension Reserve Fund Control Acct	to	Pension Fund Control Account	in the amt of	7,646,266.00	on acct of	Avoid PF shortfall.
Xfer from	Special Military Serv Credit Fund	to	Annuity Reserve Fund	in the amt of	12,135.41	on acct of	Member retired.

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

RECEIPTS

	2013	2012	2011
<b>1. Annuity Savings Fund:</b>			
(a) 4891 Members' Deductions	6,909,807.02	6,473,920.25	6,043,602.99
(b) 4892 Transfers from Other Systems	159,605.66	218,703.35	298,807.47
(c) 4893 Member Make Up Payments and Redeposits	53,983.32	45,836.33	71,356.78
(d) 4900 Member Payments from Rollovers	103,599.77	103,614.66	95,673.40
(e) Investment Income Credited to Members' Accounts	89,843.69	75,948.58	142,486.52
<b>Subtotal</b>	<b>7,316,839.46</b>	<b>6,918,023.17</b>	<b>6,651,927.16</b>
<b>2. Annuity Reserve Fund:</b>			
(a) 4750 Recovery of Annuity from Reinstatement	5,338.35	7,238.27	0.00
(b) Investment Income Credited to Annuity Reserve Fund	865,963.58	853,557.78	855,623.68
<b>Subtotal</b>	<b>871,301.93</b>	<b>860,796.05</b>	<b>855,623.68</b>
<b>3. Pension Fund:</b>			
(a) 4898 3(8)(c) Reimbursements from Other Systems	275,486.63	249,691.26	244,735.02
(b) 4899 Received from Commonwealth for COLA & Survivor Bft	816,155.98	845,998.96	901,779.18
(c) 4894 Pension Fund Appropriation	22,645,790.33	21,810,972.61	19,089,430.07
(d) 4840 Workers Compensation Settlement	22,719.55	23,000.00	23,200.00
(e) 4751 Recovery of Pension from Reinstatement	12,718.25	17,244.67	0.00
(f) 4841 Recovery of 91A Overearnings	0.00	0.00	0.00
<b>Subtotal</b>	<b>23,772,870.74</b>	<b>22,946,907.50</b>	<b>20,259,144.27</b>
<b>4. Military Service Fund:</b>			
(a) 4890 Contributions Received from Municipality	1,249.56	10,096.99	16,461.29
(b) Investment Income Credited	273.10	128.10	366.36
<b>Subtotal</b>	<b>1,522.66</b>	<b>10,225.09</b>	<b>16,827.65</b>
<b>5. Expense Fund:</b>			
(a) 4896 Expense Fund Appropriation	0.00	0.00	0.00
(b) Investment Income Credited to Expense Fund	1,694,799.57	1,520,350.45	1,371,412.64
<b>Subtotal</b>	<b>1,694,799.57</b>	<b>1,520,350.45</b>	<b>1,371,412.64</b>
<b>6. Pension Reserve Fund:</b>			
(a) 4897 Federal Grant Reimbursement	429,209.67	394,027.39	399,497.93
(b) 4895 Pension Reserve Appropriation	0.00	0.00	0.00
(c) 4822 Interest Not Refunded	7,906.89	3,828.61	2,920.02
(d) 4825 Miscellaneous Income	12,011.77	43,400.93	7,588.16
(e) Excess Investment Income	26,447,204.22	21,827,697.89	-1,447,806.42
<b>Subtotal</b>	<b>26,896,332.55</b>	<b>22,268,954.82</b>	<b>-1,037,800.31</b>
<b>TOTAL RECEIPTS</b>	<b>60,553,666.91</b>	<b>54,525,257.08</b>	<b>28,117,135.09</b>

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

DISBURSEMENTS

	2013	2012	2011
<b>1. Annuity Savings Fund:</b>			
(a) 5757 Refunds to Members	669,042.07	581,776.14	410,915.93
(b) 5756 Transfers to Other Systems	743,804.96	119,516.47	490,415.65
<b>Subtotal</b>	<b>1,412,847.03</b>	<b>701,292.61</b>	<b>901,331.58</b>
<b>2. Annuity Reserve Fund:</b>			
(a) 5750 Annuities Paid	4,625,863.34	4,362,360.61	4,163,326.15
(b) 5759 Option B Refunds	46,331.57	179,802.30	85,792.86
<b>Subtotal</b>	<b>4,672,194.91</b>	<b>4,542,162.91</b>	<b>4,249,119.01</b>
<b>3. Pension Fund:</b>			
(a) 5751 Pensions Paid	29,273,469.44	28,343,021.70	27,316,294.91
Regular Pension Payments	18,493,271.20	17,774,328.37	17,041,045.85
Survivorship Payments	1,599,589.36	1,613,649.90	1,542,794.87
Ordinary Disability Payments	631,807.10	558,591.59	567,457.34
Accidental Disability Payments	6,210,529.86	6,210,553.45	6,052,061.75
Accidental Death Payments	1,949,362.95	1,902,414.77	1,858,720.74
Section 101 Benefits	388,908.97	283,483.62	254,214.36
(b) 5755 3(8)(c) Reimbursements To Other Systems	1,595,530.17	1,475,171.48	1,450,032.94
(c) 5752 COLAs Paid	0.00	0.00	0.00
(d) 5753 Chapter 389 Beneficiary Increase Paid	0.00	0.00	0.00
<b>Subtotal</b>	<b>30,868,999.61</b>	<b>29,818,193.18</b>	<b>28,766,327.85</b>
<b>4. Military Service Fund:</b>			
(a) 4890 Return to Municipality for Members who Withdrew Funds	0.00	0.00	0.00
<b>Subtotal</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>5. Expense Fund:</b>			
(a) 5118 Board Member Stipend	14,427.42	15,000.00	15,000.00
(b) 5119 Salaries	224,919.48	217,667.62	199,541.67
(c) 5304 Management Fees	1,194,713.70	1,042,148.85	979,049.29
(d) 5305 Custodial Fees	0.00	0.00	0.00
(e) 5307 Investment Consultant Fees	0.00	0.00	0.00
(f) 5308 Legal Expenses	81,700.39	72,204.65	6,551.00
(g) 5309 Medical Expenses	0.00	0.00	0.00
(h) 5310 Fiduciary Insurance	21,034.00	21,005.00	20,329.00
(i) 5311 Service Contracts	30,761.89	29,282.67	28,474.00
(j) 5312 Rent Expense	51,883.92	47,560.26	51,883.92
(k) 5315 Professional Services	0.00	0.00	0.00
(l) 5320 Education And Training	1,630.00	3,350.00	1,270.00
(m) 5589 Administrative Expenses	69,253.40	63,547.76	63,064.66
(n) 5599 Furniture and Equipment	1,393.23	926.42	1,942.51
(o) 5719 Travel	3,082.14	7,657.22	4,306.59
(p) 5829 Depreciation Expense: Building	0.00	0.00	0.00
<b>Subtotal</b>	<b>1,694,799.57</b>	<b>1,520,350.43</b>	<b>1,371,412.64</b>
<b>TOTAL DISBURSEMENTS</b>	<b>38,648,841.12</b>	<b>36,581,999.15</b>	<b>35,288,191.08</b>

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

INVESTMENT INCOME

	2013	2012	2011
Investment Income received from:			
(a) Cash (from Schedule 1)	0.00	0.00	2,475.51
(b) Short Term Investments (from Schedule 2)	0.00	0.00	0.00
(c) Fixed Income Securities (from Schedules 3A and 3C)	0.00	0.00	0.00
(d) Equities (from Schedules 4A and 4C)	0.00	0.00	0.00
(e) Pooled Funds (from Schedule 5)	5,913,374.59	5,699,803.68	5,557,658.67
(f) Commission Recapture	0.00	0.00	0.00
<b>4821 TOTAL INVESTMENT INCOME</b>	<b>5,913,374.59</b>	<b>5,699,803.68</b>	<b>5,560,134.18</b>
Plus:			
4884 Realized Gains (Profits)	9,769,831.64	5,449,134.02	5,953,534.44
4886 Unrealized Gains (Increase in Market Value)	24,256,517.49	24,686,591.99	18,155,254.57
1550 Interest Due & Accrued on Fixed Income Securities at End Of Current Year	0.00	0.00	0.00
Less:			
4823 Paid Accrued Interest on Fixed Income Securities	0.00	0.00	0.00
4885 Realized Losses	0.00	0.00	101,606.49
4887 Unrealized Losses (Decrease in Market Value)	10,841,639.56	11,557,846.89	28,645,233.92
1550 Interest Due and Accrued on Fixed Income Securities Prior Year	0.00	0.00	0.00
<b>NET INVESTMENT INCOME</b>	<b>29,098,084.16</b>	<b>24,277,682.80</b>	<b>922,082.78</b>
Income required:			
Annuity Savings Fund (from Supplementary Schedule)	89,843.69	75,948.58	142,486.52
Annuity Reserve Fund	865,963.58	853,557.78	855,623.68
Expense Fund	1,694,799.57	1,520,350.45	1,371,412.64
Military Service Fund	273.10	128.10	366.36
<b>TOTAL INCOME REQUIRED</b>	<b>2,650,879.94</b>	<b>2,449,984.91</b>	<b>2,369,889.20</b>
Net Investment Income	29,098,084.16	24,277,682.80	922,082.78
Less Income Required	2,650,879.94	2,449,984.91	2,369,889.20
<b>EXCESS INCOME TO PENSION RESERVE FUND</b>	<b>26,447,204.22</b>	<b>21,827,697.89</b>	<b>-1,447,806.42</b>

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

MEMBERSHIP FOR CURRENT YEAR

ACTIVE MEMBERS	Group 1	Group 2 & 4	TOTAL
Active Membership, Dec. 31st, Previous Year	1,144	490	1,634
Inactive Membership, Dec. 31st, Previous Year	284	26	310
Enrolled During Current Year	120	11	131
Transfers Between Groups	0	0	0
Reinstatements of Disabled Members	0	0	0
<b>SUBTOTAL</b>	<b>120</b>	<b>11</b>	<b>131</b>
Deduct:			
Death	0	0	0
Withdrawals	59	10	69
Retirements	45	13	58
<b>SUBTOTAL</b>	<b>104</b>	<b>23</b>	<b>127</b>
Active Membership, Dec. 31st, Current Year	1,200	485	1,685
Inactive Membership, Dec. 31st, Current Year	244	19	263

RETIREMENT MEMBERS, BENEFICIARIES & SURVIVORS

Retired, Beneficiary and Survivor Membership, Dec. 31st, Previous Year	1,003	529	1,532
Retirements During the Year			
Superannuation	42	6	48
Ordinary Disability	2	2	4
Accidental Disability	0	3	3
Termination Retirement Allowance	0	0	0
Beneficiary of Deceased Retiree	3	4	9
Survivor Benefits from Active Membership	1	0	1
<b>SUBTOTAL</b>	<b>50</b>	<b>15</b>	<b>65</b>
Deduct:			
Deaths of Retired Members	30	10	40
Termination of Survivor Benefits	7	13	20
Reinstatements of Disabled Pensions	0	0	0
<b>SUBTOTAL</b>	<b>37</b>	<b>23</b>	<b>60</b>
Retired Membership, Dec. 31st, Current Year			
Superannuation	759	258	1,017
Ordinary Disability	26	10	36
Accidental Disability	84	130	214
Termination	5	0	5
Beneficiaries from Accidental Deaths	8	62	70
Beneficiaries from Section 100	0	5	5
Beneficiaries from Section 101	18	14	32
Beneficiaries under Option C	63	28	91
Option (D) Survivor Allowance	47	12	59
Section 12B Survivor Allowance	6	2	8

<b>Total Retired, Beneficiary and Survivor Membership, Dec. 31st, Current Year</b>	<b>1,016</b>	<b>521</b>	<b>1,537</b>
<b>TOTAL MEMBERSHIP</b>			
Active, Inactive, Retired, Beneficiary and Survivor, Dec. 31st, Current Year	2,460	1,025	3,485

Annual Statement of the Fall River Retirement Board for the Year Ended December 31, 2013.

Schedule A: Detail of Accounts Receivable and Accounts Payable

Accounts Receivable	Amount	Original Date
4891 Members Deductions	24,461.41	12/31/2013
4892 Transfers From Other Systems	0.00	
4893 Member Make Up Payments and Redeposits	0.00	
4900 Member Payments from Rollovers	0.00	
4898 3(8)(c) Reimbursements from Other Systems	0.00	
4899 Received from Commonwealth for COLA and Survivor Benefits	0.00	
4884 Realized Gain on Sale of Investments	0.00	
4894 Pension Fund Appropriation (Current Fiscal Year)	11,683,842.33	12/31/2013
4894 Pension Fund Appropriation (Previous Fiscal Year)	0.00	
4890 Contributions Received from Municipality on Account of Military Service	0.00	
4897 Federal Grant Reimbursement	0.00	
4895 Pension Reserve Appropriation	0.00	
Investments Sold But Funds Not Received (list individually)	0.00	
	0.00	
	0.00	
	0.00	
<b>TOTAL RECEIVABLES</b>	<b>11,708,303.74</b>	
<b>Accounts Payable</b>		
5757 Refunds to Members	0.00	
5756 Transfers to Other Systems	0.00	
5750 Annuities Paid	0.00	
5759 Option B Refund	0.00	
5751 Pensions Paid	0.00	
5755 3(8)(c) Reimbursements to Other Systems	0.00	
5752 COLAs Paid	0.00	
5753 Chapter 389 Beneficiary Increase Paid	0.00	
4885 Realized Loss on Sale of Investments	0.00	
4890 Return to Municipality for Members Who Withdrew Their Funds	0.00	
5118 Board Members' Stipend	0.00	
5119 Salaries	0.00	
5304 Management Fees	0.00	
5305 Custodial Fees	0.00	
5307 Investment Consultant Fees	0.00	
5308 Legal Expenses	-4,759.50	12/31/2013
5309 Medical Expenses	0.00	
5310 Fiduciary Insurance	0.00	
5311 Service Contracts	-339.23	12/31/2013
5312 Rent Expense	0.00	
5315 Professional Services Expense	0.00	
5589 Administrative Expenses	-940.46	12/31/2013
5599 Furniture and Equipment	0.00	
5719 Travel	0.00	
Investments Purchased But Not Paid For (list individually)	0.00	
	0.00	
	0.00	
	0.00	
<b>TOTAL PAYABLES</b>	<b>-6,039.19</b>	

Schedule No. 1  
Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013

Cash Account Activity During Year

\*Cash defined in ledger #1040 as Savings or Checking

Description:	(A)	(B)	(C.)	(D)	(E)	(F)	(G)
Type of Account, Account Number Interest Rate (List alphabetically)	Book Value at End of Previous Year	Total Deposits this Year	Income Reinvested/ Redeposited into Account	Withdrawals during Year	Total Book Value Dec. 31st This Year	Cash Income Paid to System Not Reinvested or Redeposited	Interest Due and Accrued December 31st
Bank of America - Checking							
#9418879164	\$3,840,039.57	\$66,541,864.68	\$0.00	\$68,387,422.11	\$1,994,482.14	\$0.00	\$0.00
#9418879172	\$10,878.92	\$1,925.77	\$0.00	\$91.84	\$12,712.85	\$0.00	\$0.00
Page Total	\$3,850,918.49	\$66,543,790.45	\$0.00	\$68,387,513.95	\$2,007,194.99	\$0.00	\$0.00
SCHEDULE TOTAL	\$3,850,918.49	\$66,543,790.45	\$0.00	\$68,387,513.95	\$2,007,194.99	\$0.00	\$0.00

Schedule No. 2  
Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013

Short Term Securities\* Bought and Sold or Matured During the Year as well as Still Held on December 31st  
\*Short Term defined in ledger #1100 as US Treasury Bills, Commercial Paper, Repurchase Agreements, CD's Term Deposits, Money Market, Cooperative Shares, Savings and Loan Shares

Description: Including CUSIP or Account No., Interest Rate, Maturity Date (List alphabetically. Rollover securities must be listed as sold and then repurchased	(A) Date Acquired	(B) Par Value*	(C.) Cost Including Commissions	(D) Amount Received at Maturity (Expiration or Upon Liquidation) Less Commissions and Excluding Interest	(E) Market Value Dec. 31st Current Year	(F) Interest Received During Year	(G) Due and Accrued Dec. 31st
NONE							
Page Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SCHEDULE TOTAL			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Schedule No. 3B  
 Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013

Domestic Fixed Income Securities Purchased During Year  
 (Foreign Fixed Income Securities must be listed on Schedule 5)

Description: Including Maturity Date and Interest Rate (List alphabetically)	(A) CUSIP Number	(B) Par Value	(C) Date Acquired (Trade Date)	(D) Name of Broker	(E) Commissions Paid	(F) Paid Accrued Interest	(G) Cost Excluding Accrued Interest, but Including Commissions
NONE							
Page Total					\$0.00	\$0.00	\$0.00
SCHEDULE TOTAL					\$0.00	\$0.00	\$0.00





Schedule No. 4B  
 Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013

Equities Purchased During Year  
 Equities defined as stocks or options (Pooled Funds must be listed on Schedule 5)

Description: Give Complete Description (List alphabetically)	(A) CUSIP Number	(B) Number of Shares	(C.) Date Acquired (Trade Date)	(D) Name of Broker	(E) Commissions and Fees Paid	(F) Cost to System Including Commissions and Fees
NONE						
Page Total					\$0.00	\$0.00
<b>SCHEDULE TOTAL</b>					\$0.00	\$0.00



Schedule No. 5  
Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013

Schedule of Pooled Funds

This schedule is to be used for the PRIT Fund and Pooled Funds (e.g., Venture Capital, Real Estate, Mutual Funds, Commingled Funds)

Description:	(A) Market Value at End of Previous Year	(B) Total Purchases This Year At Cost	(C) Reinvested Investment Income	(D) Realized Gain**	(E) Realized Loss*	(F) Unrealized Gain**	(G) Unrealized Loss*	(H) Total Sales/ Redemptions this Year Amount Received	(I) Cash Dividends/ Distributions to System this Year Paid	(J) Fees Paid	(K) Market Value at End of Year**
1198 Standard Life-Private Equity as of 9/30/13	\$6,275,185.81	\$0.00	\$94,112.38	\$432,030.34	\$0.00	\$207,383.47	\$115,868.30	\$748,030.24	\$0.00	\$77,678.09	\$6,067,135.37
TOTAL 1198	\$6,275,185.81	\$0.00	\$94,112.38	\$432,030.34	\$0.00	\$207,383.47	\$115,868.30	\$748,030.24	\$0.00	\$77,678.09	\$6,067,135.37
1198 PRIT Cash Fund	\$0.00	\$28,447,332.61	\$1,178.50	\$0.00	\$0.00	\$0.00	\$0.00	\$24,948,470.33	\$0.00	\$0.00	\$3,500,040.78
TOTAL 1198	\$0.00	\$28,447,332.61	\$1,178.50	\$0.00	\$0.00	\$0.00	\$0.00	\$24,948,470.33	\$0.00	\$0.00	\$3,500,040.78
1199 PRIT Capital Fund	\$181,872,598.96	\$29,948,470.33	\$5,818,083.71	\$9,337,801.30	\$0.00	\$24,049,134.02	\$10,725,771.26	\$27,500,000.00	\$0.00	\$1,117,035.61	\$211,683,281.45
TOTAL 1199	\$181,872,598.96	\$29,948,470.33	\$5,818,083.71	\$9,337,801.30	\$0.00	\$24,049,134.02	\$10,725,771.26	\$27,500,000.00	\$0.00	\$1,117,035.61	\$211,683,281.45
Schedule Total	\$188,147,784.77	\$29,948,470.33	\$5,913,374.59	\$9,769,631.64	\$0.00	\$24,256,517.49	\$10,841,639.56	\$28,248,030.24	\$0.00	\$1,194,713.70	\$217,750,416.82

\* If available

\*\* If using most recent period prior to year-end, please list date.

Schedule No. 6  
Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013

Summary of Investments Owned

Category of Investment	Current Market Value	Interest Due and Accrued	Paid Accrued Interest on Purchases in Current Year	Commissions Paid During Current Year	Unrealized Gains	Unrealized Losses	Realized Gains	Realized Losses	Investment Income Received During Year
1 1040 Cash	\$2,007,194.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 1100 Individually Owned Short Term Securities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 1180 Fixed Income Securities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 1170 Equities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5a. 1101 Pooled Short Term Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5b. 1172 Pooled Domestic Equity Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5c. 1173 Pooled International Equity Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5d. 1174 Pooled Global Equity Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5e. 1181 Pooled Domestic Fixed Income Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5f. 1182 Pooled International Fixed Income Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5g. 1183 Pooled Global Fixed Income Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5h. 1193 Pooled Alternative Investments/Private Equity	\$6,067,135.37	\$0.00	\$0.00	\$0.00	\$207,383.47	\$115,868.30	\$432,030.34	\$0.00	\$94,112.38
5i. 1184 Pooled Real Estate Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5j. 1195 Pooled Domestic Balanced Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5k. 1186 Pooled International Balanced Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5l. 1197 Hedge Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5m. 1198 PRIT Cash	\$3,500,040.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5n. 1199 PRIT Core Fund	\$211,683,281.45	\$0.00	\$0.00	\$0.00	\$24,049,134.02	\$10,725,771.26	\$9,337,801.30	\$0.00	\$5,818,063.71
TOTAL	\$223,257,652.59	\$0.00	\$0.00	\$0.00	\$24,256,517.49	\$10,841,639.56	\$9,769,831.64	\$0.00	\$5,913,374.59

Schedule No. 7  
 Annual Statement of the Fall River Retirement System for the Year Ended December 31, 2013  
 Summary of Investment Related Fees

Manager/Vendor-All Managers/Vendors Must Be Listed	Q.1.2013	Q.2.2013	Q.3.2013	Q.4.2013	Accrued Payable at Year End 2013	Total Paid or Accrued in 2013	*Payment Method (Net, Check, Wire)
<b>5304 Management Fees</b>							
1 Standard Life - NASP2006 LP	\$ 19,801.76	\$ 19,042.34	\$ 19,419.79	\$ 19,414.20	\$ -	\$ 77,678.09	Net - 10/1/12 to 9/30/13
2 Pension Reserve Investment Trust	\$ 254,865.95	\$ 272,536.82	\$ 280,207.40	\$ 309,425.44	\$ -	\$ 1,117,035.61	Net
3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
6	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
7	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
14	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>5304 Management Fees TOTAL</b>	<b>\$ 274,666.71</b>	<b>\$ 291,581.16</b>	<b>\$ 299,627.19</b>	<b>\$ 328,839.64</b>	<b>\$ -</b>	<b>\$ 1,194,713.70</b>	
<b>5305 Custodial Fees</b>							
15	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>5305 Custodial Fees TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>					
<b>5307 Investment Consultant Fees</b>							
18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>5307 Investment Consultant Fees TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>					
						<b>\$ 1,194,713.70</b>	

*City of Fall River, In City Council*

8

(Councilor Raymond A. Mitchell)

WHEREAS, many domestic violence abusers often charm their victims at the beginning of a relationship, and

WHEREAS, many times victims have no knowledge that a potential partner may have a history of abuse, now therefore

BE IT RESOLVED, that the Commonwealth of Massachusetts consider enacting a law that will require individuals convicted of domestic violence be registered to enable an individual to look up potential partners to make sure they do not have a domestic violence history.

City of Fall River, *In City Council*

9

(Councilor Raymond A. Mitchell)

WHEREAS, citizens who owe unpaid fines are not able to renew their registrations and/or driver's licenses at the Massachusetts Registry of Motor Vehicles (RMV), and

WHEREAS, it is important that residents register their vehicles and obtain their driver's licenses, now therefore

BE IT RESOLVED, that the State Legislature create an amnesty program once a year at the RMV where a portion of the fine is waived as an incentive for citizens to pay their overdue fines and allow them to conduct these necessary transactions at the RMV.

*City of Fall River, In City Council*

10

(Councilor Daniel M. Rego)  
(Councilor Linda M. Pereira)  
(Councilor Raymond A. Mitchell)

WHEREAS, the City of Fall River does not have a site plan review ordinance, and

WHEREAS, such an ordinance protects neighborhoods and the City from the impacts of construction activities, now therefore

BE IT RESOLVED, that the City Council Committee on Ordinances and Legislation meet with the Corporation Counsel and the City Planner to draft a site plan review ordinance.

City of Fall River, *In City Council*

11

(Councilor Linda M. Pereira)  
(Councilor Daniel M. Rego)

WHEREAS, the city has an inordinate amount of potholes, and

WHEREAS, many of these potholes are caused as a result of road work done by utility companies, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation meet to discuss the drafting of an ordinance requiring potholes caused by such road work either be repaired by the utility companies in a timely fashion or that the city repair the potholes and bill the utility companies for such repairs.

(Councilor Raymond A. Mitchell)

BE IT RESOLVED, that the administration use any remaining funds from the building improvements loan order to replace the carpeting in the City Collector and Treasurer's offices with new carpeting or tile flooring.

2014 MAR 19 A 11:41

CITY CLERK 14-112  
FALL RIVER, MA

cc

CLAIM FORM  
City of Fall River, Massachusetts

Name: Amanda Thibault  
Address: ~~119 Niagara St~~ 130 Canal St Apt 1206  
Fall River MA 02721  
Phone #: (508) 933 0846

Type of Claim:      M.G.L. Chapter 84      M.G.L. Chapter 258      Other

Date of Incident: 3-3-2014  
Time of Incident: 9:20-9:30 AM  
Location of Incident: 119 Niagara St  
Fall River Ma 02721

Provide a detailed description of your claim (attach additional sheets if necessary):

At approx 9:20 AM I was sitting  
parked in my truck waiting for  
my friend to come out of her  
house and a salt truck came  
by coming from Foster St onto  
Niagara St and was spreading salt  
so hard the salt was smashing onto  
parked cars + also my truck and  
pieces of salt sprayed all over  
my car and a piece flew into my  
windshield and cracked it (my windshield)  
I have pictures to prove it.

Also because I was in shock I didnt get  
a plate # I know part of the companys name

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights.

"something Easter" - something like that.  
- Resulting my friend Heather Woods to pay for  
my windshield.

*orig. copy sent city adm  
1 dup  
1 cut den*

CC

CLAIM FORM  
City of Fall River, Massachusetts

RECEIVED

Name: Idalino Resendes

2014 MAR 19 P 2:47

Address: 25 Drame st.  
Fall River, MA.

CITY CLERK 14-113  
FALL RIVER, MA

Phone #: 774-644-9065

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: 2-25-14

Time of Incident: 5:15 pm

Location of Incident: Quequechan St.

Provide a detailed description of your claim (attach additional sheets if necessary):

I was driving on Quequechan st.  
There was a big pot hole and  
I couldn't avoid it because the  
traffic was coming on the opposite  
side and when the right front  
tire went in the pot hole it blew.

orig & 1 copy Lan  
1 DPW  
1 CC  
1 city clerk  
1 city adm

\* You should consult with your own attorney in preparing this Claim Form to understand your legal rights.



cc

RECEIVED

City of Fall River  
Notice of Claim

2014 MAR 21 A 9:14

1. Claimant's name: Amanda Harper CITY CLERK 14-114
2. Claimant's complete address: 90 Quequechan St #1 Fall River MA 02722
3. Telephone number: Home: 74-219-0768 Work: 508-235-1106
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pothole on Quequechan St
5. Date and time of accident: 3/24/14 5:00 PM Amount of damages claimed: \$ 261.81
6. Exact location of the incident: (include as much detail as possible):  
Pothole almost at the corner of Quequechan St & Pleasant St
7. Circumstances of the incident: (attach additional pages if necessary):  
Was driving home, pothole takes up almost complete side of rd. Cars turning onto Quequechan St so I couldn't go around it. I proceeded to the stop sign with extreme caution, went into the pothole, and damaged my rim & tire.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/21/14

Claimant's signature: Amanda Harper

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>3/21/14</u>

CC RECEIVED

CLAIM FORM  
City of Fall River, Massachusetts

2014 MAR 21 A 10:43

CITY CLERK 14-115  
FALL RIVER, MA

Name: Cynthia Carroll

Address: 99 Suffolk St  
Fall River Ma 02720

Phone #: 508-677-1212

Type of Claim:      M.G.L. Chapter 84      M.G.L. Chapter 258      Other

Date of Incident: 3/6/14

Time of Incident: 5:30 pm - 6:30 pm

Location of Incident: Main St

Provide a detailed description of your claim (attach additional sheets if necessary):

My car's front end was ruined when  
the pot hole in front of ~~that's~~ the new school  
flattened my front tire and  
while I was having it fixed (tire)  
the pot hole in front of the Dollar  
store ruined my spare (donut)  
The estimate for the front end is \$876.77  
that is enclosed and the tire was  
25 dollars and the spare is gone  
and needs to be replaced. My car  
is in perfect condition with one  
owner before me and there was  
only 38000 miles when I bought it  
we have witnesses if needed.

Thank you

Cynthia Carroll

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights.

- original copy done
- 1 down
- 1 cc
- 1 aty chub
- 1 aty adm



cc |

RECEIVED

City of Fall River  
Notice of Claim

2014 MAR 21 P 1:25

CITY CLERK 14-116  
(FALL RIVER, MA)

1. Claimant's name: KAREN M. CHARETTE (Claimant)

2. Claimant's complete address: 28 COLFAX ST

3. Telephone number: Home: 5086737686 Work: 774644-1998

4. Nature of claim: (e.g., auto accident, slip and fall on a public way or property damage):  
POT HOLE (FRONT BUMPER CRACKED)

5. Date and time of accident: 2/28/14 Amount of damages claimed: \$ \$750.00

6. Exact location of the incident: (include as much detail as possible):  
@ 46 Beverly St in front of that address

7. Circumstances of the incident: (attach additional pages if necessary): \*(I HAVE PHOTOS)  
DRIVING NORTH TO BEVERLY TO COLFAX - (MY HOME)  
2 HUGE POT HOLES W/ STEEL COVER IN ONE OF HOLES  
DRIVING SLOWLY BUT LEFT SIDE OF BUMPER CRACKED  
W/ DAMAGE ON MY 2010 TOYOTA PRIUS (HUGE DROP)

8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No  
NOT AN ACCIDENT "STRICKLY" POT HOLE DAMAGE

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files). Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/17/14 Claimant's signature: Karen Charette

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens. (\* already did all set w/ atty.)

For official use only:  
Copies forwarded to:  Law  City Council  City Administrator  DPW Date: 3/24/14

\* Estimate w/ Dartmouth Toyota was \$1550.00 (double amount)

RECEIVED

#14-117

2014 MAR 24 P 3: 06

CLAIM FORM

City of Fall River, Massachusetts

(emailed to Yassara Todorou on 4/11/14)

Name: CITY CLERK Julie M. Noel  
FALL RIVER, MA

Address: 28 St. Catherines Rd.  
Norwood, MA 02062

Phone #: 781-255-9221

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: 10/22/13  
Time of Incident: 5:10 pm  
Location of Incident: Westwood

Provide a detailed description of your claim (attach additional sheets if necessary):

Although the location was in Westwood,  
the situation there stemmed from a  
mistake made in the traffic dept. of  
Fall River. Please see attached for  
detail.

Thank you

spoke w/ Yassara + Cindy Noel Cindy Noel  
Melissa in legal. (Julie's mother)  
They said they couldn't (work # 617-559-5152)  
accept electronic file and had to go to clerk's office 1st.

March 20, 2014, told to send this via mail to  
City of Fall River, Attn: City Clerk, 2nd fl.  
1 Govt. Ctr., Fall River, MA 02722

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

orig copy Law  
1 Traffic  
1 City Clerk  
1 CC  
1 City adm.

RECEIVED

December 3, 2013

Mayor William A. Flanagan  
City of Fall River  
One Government Center  
Fall River, MA 02722

2014 MAR 24 P 3:06

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

Re: Incorrect processing of a traffic violation

Dear Mayor Flanagan,

On October 22, 2013, my daughter, Julie Noel, was pulled over by the Westwood police for an expired registration and her vehicle was towed. Julie was in tears, embarrassed, and scared.

Wednesday morning our insurance agent went through the process of showing why no notification of registration renewal was sent. Renewal notices are not issued while out-standing violations are in effect. However, this non-renew status was falsely placed on Julie's plate. The traffic violation, which occurred in Fall River, belonged to another driver. The next six hours were extremely stressful trying to resolve that error. We later learned this all could have been fixed in less than 3 minutes in the parking clerk's department!

Initially, Julie and I sat in the insurance office and called the Fall River Traffic Department and spoke with Pat who informed us the ticket number was keyed incorrectly and according to her, was assigned to a different license plate. She could not give us any further information, nor did she offer - at that point in time - to walk down the hall to Laura Ferreira's office and have her remove the error. She was very nice but told us there was nothing she could do. Our insurance agent thought, because this was a lease vehicle, we should ask the Mazda dealership for help.

Mark Goldstein, Mazda's GM, spent the next two hours helping us to resolve this. He also phoned Pat. She told him there was nothing she could do to remove the mistake. He went to his Mazda Drive Department; they tried as well. No one seemed to be able to fix this. He called Pat one last time in desperation and explained everything once again. At this point, Pat put us on hold and walked to Laura Ferreira's office. After about 10 or 15 minutes, Laura came to the phone. Laura had the ability to remove the error and said we were all set. No apology was offered for having made the mistake (maybe not by her, but by her department).

After this, we renewed the registration, and obtained the necessary paperwork from the Westwood police department to remove my daughter's car from the towing lot. The Westwood police department said we had every right to dispute this traffic violation and after today's hearing at the Dedham Magistrate's office, she concurred, and excused the traffic violation.

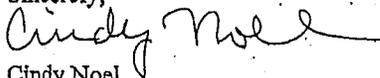
Attachments:

- Exhibit A shows the non-renewal status in the registry's database.
  - Exhibit B shows why the insurance company cannot renew the registration.
  - Exhibit C shows a renewable registration profile after Laura Ferreira corrected the error.
  - Exhibit D is a copy of the towing receipt - \$ 134.00
  - Exhibit E is a copy of the traffic violation and the check sent to dispute this ticket - \$25.00
  - Exhibit F is a copy of the Trial Court's assessment of the violation (dismissed)
  - Exhibit G is the parking receipts incurred on the day we disputed the ticket - \$10.00
- Total costs incurred: \$169.00

Mayor Flanagan, this took the entire day on October 23<sup>rd</sup> and a few hours this morning to straighten out the error by Fall River's traffic department; we respectfully request a check be sent to reimburse us for our costs. Time spent fixing this error cannot be calculated, but please know college classes were missed, and my daughter was docked hours from her part-time job.

Thank you for your attention to this matter. If you feel a discussion on this is needed, I can be contacted at 781-255-9221.

Sincerely,



Cindy Noel  
28 St. Catherine's Rd.  
Norwood, MA 02062

RECEIVED

2014 MAR 24 P 3:06

Sent via Registered mail, Overnight delivery

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

March 20, 2014

City of Fall River  
Attn: City Clerk, 2<sup>nd</sup> floor  
One Government Center  
Fall River, MA 02722

To whom it may concern,

Attached, please find the required claim form along with applicable documentation.

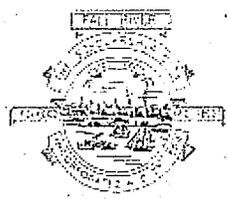
Thank you.



Cindy Noel

CC

RECEIVED



2014 MAR 25 P 2:29

CITY CLERK  
FALL RIVER, MA

14-118

City of Fall River  
Notice of Claim

1. Claimant's name: Odilia Varao
2. Claimant's complete address: 599 Mohawk Dr. Fall River MA 02790
3. Telephone number: Home: 508-678-8187 Work: 508-673-9002
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
auto-tire damage
5. Date and time of accident: 6:30 PM 2/27/14 Amount of damages claimed: \$ 95.63
6. Exact location of the incident: (include as much detail as possible):  
Indian Town Rd. Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Huge pothole on the road. It was dark, while driving hit the pot hole immediately busted the tire. Roads continue to have the huge potholes that have not been fixed (see attached)
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/25/14

Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:						
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> <u>DPW</u>	Date: _____

CC

CLAIM FORM  
City of Fall River, Massachusetts

RECEIVED

Name: Vanessa Boyce

2014-MAR 25 P 3:34

Address: 239 High Street  
Fall River, Mass. 02720

CITY CLERK 14-119  
FALL RIVER, MA

Phone #: 617-827-5427

Type of Claim:      M.G.L. Chapter 84      M.G.L. Chapter 258      Other

Date of Incident: February 22nd Sat. 2014

Time of Incident: 9:10 am

Location of Incident: Cherry & Seabury Street, Fall River, Mass.

Provide a detailed description of your claim (attach additional sheets if necessary):

On Saturday, February 22nd, I was leaving my apartment to go to work around 9:10 am. I drove down Cherry Street in Fall River and took a right by the park onto Seabury Street. After taking this right I drove about 15 feet where I saw a cluster of potholes. I recently had just gotten a new car which I'm very cautious about driving slowly, so I did my best to avoid hitting one of these potholes. I was able to manoeuvre around the first two potholes but while maneuvering, my front drivers side wheel hit a very deep pothole which was about the size of my tire. Hearing the impact of the tire hitting the pothole, I pulled over into the first available parking spot to see if there was any damage done. ->

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

*any v. city law  
IC's  
10PW  
city council  
city adm*

CC

CLAIM FORM  
City of Fall River, Massachusetts

RECEIVED

Name: Vanessa Boyce  
Address: 239 High Street  
Fall River, Mass. 02720  
Phone #: 617-827-5427

2014-MAR 25 P 3:34  
CITY CLERK 14-119  
FALL RIVER, MA

Type of Claim:      M.G.L. Chapter 84      M.G.L. Chapter 258      Other

Date of Incident: February 22nd Sat. 2014  
Time of Incident: 9:10 am  
Location of Incident: Cherry & Seabury Street, Fall River, Mass.

Provide a detailed description of your claim (attach additional sheets if necessary):

On Saturday, February 22nd, I was leaving my apartment to go to work around 9:10 am. I drove down Cherry Street in Fall River and took a right by the park onto Seabury Street. After taking this right I drove about 15 feet where I saw a cluster of potholes. I recently had just gotten a new car which I'm very cautious about driving slowly, so I did my best to avoid hitting one of these potholes. I was able to maneuver around the first two potholes but while maneuvering, my front drivers side wheel hit a very deep pothole which was about the size of my tire. Hearing the impact of the tire hitting the pothole, I pulled over into the first available parking spot to see if there was any damage done. ->

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights  
ary & cory law  
IC  
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city Council  
City adm



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RECEIVED

**City of Fall River  
Notice of Claim**

2014 MAR 26 A 10:09

CITY CLERK 14-120  
FALL RIVER, MA

1. Claimant's name: Nelly Silva
2. Claimant's complete address: 700 Shore Dr #413 Fall River, Ma 02721
3. Telephone number: Home: 774-526-6499 Work: 508-672-8879
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Hit a pothole and blew out tire twice first time in July second in Feb.
5. Date and time of accident: 7-3-13 + 2-19-14 Amount of damages claimed: \$ 526:00
6. Exact location of the incident: (include as much detail as possible):  
July 3rd was in front of Gates of City on Ponta Delgada Dr and Feb 19 was in  
At 6:00 PM front of Boondock's on water St.
7. Circumstances of the incident: (attach additional pages if necessary):  
Hit pothole both times and blew out tire and had to  
have front end alignment both times. I called police and was  
told to contact City Hall Law Dept. Contacted Law Dept. and only  
received form this week.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-23-14 Claimant's signature: Nelly Silva

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPU</u>	Date: _____

cc



RECEIVED

2014 MAR 27 A 11:11

City of Fall River  
Notice of Claim

CITY CLERK 14-121  
FALL RIVER, MA

1. Claimant's name: Community Connections, Inc
2. Claimant's complete address: 177 Whites Path South Yarmouth, MA 02864
3. Telephone number: Home: N/A Work: 508-675-0306
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Auto Accident
5. Date and time of accident: 02/18/14 2:56pm Amount of damages claimed: \$ 411.59
6. Exact location of the incident: (include as much detail as possible):  
Fourth + Borden Street Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Community Connections vehicle was stopped at stop sign when city vehicle slid on ice while attempting to stop. City vehicle was unable to stop + struck Community Connections vehicle in rear.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No  
Philadelphia Insurance Company Claim # 786205 P.O. Box 950 Bala Cynwyd, PA 19004

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: March 25<sup>th</sup>, 2014

Claimant's signature:

Kimberly M. [Signature]  
Philadelphia Insurance Company

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to:	Date: <u>3/27/14</u>
<input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> SPW	

CC



2014 MAR 28 City of Fall River

# 14-122

Notice of Claim

CITY CLERK Nancy Pommerville

- 1. Claimant's name: Nancy Pommerville
- 2. Claimant's complete address: 38 Campbell St. Pawtucket, RI 02861
- 3. Telephone number: Home: 401-722-8267 Work: 508-390-3041

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): ~~Auto~~ Drove through a pot hole that blew my tire requiring me to

5. Date and time of accident: 3/18/14 5:30pm Amount of damages claimed: \$ 420.61 replace the tire,

6. Exact location of the incident: (include as much detail as possible): Pot hole is located in front of utility pole # 115 on

7. Circumstances of the incident: (attach additional pages if necessary): Hartwell St in front of the Teumseh Mills Apartments

Drove through a pot hole because I didn't see it. Pot hole located on Hartwell St in front of utility pole # 115 in front of Teumseh Mill Apartments

8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/28/14

Claimant's signature: Nancy Pommerville

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: 3/31/14

CC

RECEIVED

2014 MAR 28 P 12:26  
14-123  
CITY CLERK  
FALL RIVER, MA

CLAIM FORM  
City of Fall River, Massachusetts

Name: RYAN D. RODRIGUES

Address: 9 RODRIGUES ESTATE DRIVE  
WESTPORT, MA 02790

Phone #: 774-644-0084 (CELL)

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: 3-2-14

Time of Incident: 9:30 PM

Location of Incident: TUCKER STREET, FALL RIVER

Provide a detailed description of your claim (attach additional sheets if necessary):

EARLY EVENING SUNDAY MARCH 2ND, I WAS TRAVELLING SOUTH ON STAFFORD ROAD  
AND TOOK A RIGHT ONTO TUCKER STREET. AS I TURNED THE CORNER AND ENTERED  
TUCKER STREET, MY RIGHT WHEEL DROPPED INTO A DEEP POT HOLE. THE BACK  
RIGHT SIDE OF MY VEHICLE CAME DOWN WITH SIGNIFICANT FORCE WHERE  
THE DEEP POT HOLE DAMAGED MY TIRE, RIM, AND HUB CAP.  
BECAUSE OF MY FULL SCHOOL SCHEDULE THE FOLLOWING DAY, I TOOK THE  
DAMAGED TIRE AND RIM TO WESTPORT TIRE CENTER ON TUESDAY, MARCH 4TH.  
THE TECHNICIAN CONFIRMED THE RIM WAS BENT BUT REPAIRABLE. HOWEVER,  
THE TORN TIRE COULD NOT BE REPAIRED. I PURCHASED A USED TIRE  
AND THE TECHNICIAN MANAGED TO REPAIR THE RIM, MOUNT, AND BALANCE  
THE USED TIRE. I AM SEEKING \$45.00 TO COVER REPAIRS AND  
TIRE REPLACEMENT. COPY OF INVOICE ATTACHED.  
THANK YOU, RYAN RODRIGUES

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

orig + 2 copy to Law  
IDPW  
ICC  
1 city clerk  
1 city adam

CC

RECEIVED

2014 MAR 31 A 9:30

CLAIM FORM  
City of Fall River, Massachusetts

CITY CLERK 14-124  
FALL RIVER, MA

Name: Alice Alves

Address: 91 EARLE STREET

Phone #: 508 730 1981

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: 8/14/13

Time of Incident: 9:30 P.M.

Location of Incident: 91 EARLE STREET

Provide a detailed description of your claim (attach additional sheets if necessary):

I WAS getting out of my CAR  
ON AUG 14, 2013 9:30 PM AND MY  
SHOES GOT CAUGHT IN THE WATER MAIN  
I FELL AND BROKE MY ARM WENT TO  
THE HOSPITAL

orig + 1 copy Law  
1 dpw  
1 CC  
1 city clerk  
1 city admin

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

CC

#14-125

RECEIVED

CLAIM FORM  
City of Fall River, Massachusetts

Name: 2010 MAR 31 RJ: 59 Rose C Martins

Address: 391 Outna St Fall River Ma  
FALL RIVER, MA 02721

Phone #: 508 679 4647

Type of Claim:      M.G.L. Chapter 84      M.G.L. Chapter 258      Other

Date of Incident: 3/1/14

Time of Incident: around 9am

Location of Incident: Clafin St. Fall River

Provide a detailed description of your claim (attach additional sheets if necessary):

I was traveling N on Clafin St F.R  
and due to the many potholes on the  
pavement the oil pan on my car  
was damaged - it had to be  
replaced - it was so damaged that  
the oil spilled out - car had to be  
towed to the garage -

Enclosed please find the bill for  
such damages and pictures of the  
road when it occurred -

I appreciate your attention to this  
matter + if any other questions  
please contact me 508 679-4647

*Thank you*  
*José Martins*

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

- urg #1 Copy Law
- IDPW
- CC
- city clw
- city adm



CC

RECEIVED

**City of Fall River  
Notice of Claim**

2014 MAR 31 P 2:47

1. Claimant's name: Louis Souza CITY CLERK 14-126  
FALL RIVER, MA
2. Claimant's complete address: P.O. Box 4071 Fall River, MA 02723
3. Telephone number: Home: 508-674-5903 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property Damage - Auto, tire - hit pot hole split tire
5. Date and time of accident: 3/31/14 @ 9 AM Amount of damages claimed: \$ 49.79
6. Exact location of the incident: (include as much detail as possible):  
Alden St, Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving on Alden St, Fall River - hit pot hole -  
tire went down - almost all the way down - drove to  
Sears Auto - I was told tire had side wall damage  
cannot be repaired - bought new one
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/31/14

Claimant's signature: Louis Souza

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:						Date: <u>3/31/14</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



CC

RECEIVED

City of Fall River  
Notice of Claim

2014 APR -1 A 11:31

14-127

1. Claimant's name: FATIMA Gendreau
2. Claimant's complete address: 338 Charlotte White Rd Westport, MA
3. Telephone number: Home: 508 493 5757 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Blown tire from pothole
5. Date and time of accident: March 18, 1:45 PM Amount of damages claimed: \$ 109.82
6. Exact location of the incident: (include as much detail as possible):  
Plymouth Ave Monro Mufflere Brake Service
7. Circumstances of the incident: (attach additional pages if necessary):  
Tues 3/18/14 at approximately 1:45 pm I was driving on Plymouth Ave I was switching from left lane to right I blew out my right front tire. Pothole is in middle of roadway probably 6 ft in length, just before Aetna St
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3/27/14

Claimant's signature: Fatima M Gendreau

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:						Date: <u>4/1/14</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> _____	



CC

### City of Fall River Notice of Claim

RECEIVED

2014 APR -1 P 3:20

CITY CLERK 14-128  
FALL RIVER, MA

1. Claimant's name: Nelson Arruda
2. Claimant's complete address: 551 Palmer St
3. Telephone number: Home: 508-617-6855 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
auto accident
5. Date and time of accident: 3-20-14 Amount of damages claimed: \$ 3000 to 5000
6. Exact location of the incident: (include as much detail as possible):  
Mariano Bishop Blvd
7. Circumstances of the incident: (attach additional pages if necessary):  
I was driving did not see pot hole when I hit it  
my air bag deployed on my passenger side.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 4-1-14

Claimant's signature: Nelson Arruda

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW

Date: 4/2/14

cc

CLAIM FORM  
City of Fall River, Massachusetts

RECEIVED

Name: Nicholas Soares  
Address: 133 Brambleway  
FIVE Pk, RI 02878  
Phone #: 401-359-5328

2014 APR -1 P 4:29  
CITY CLERK 14-129  
FALL RIVER, MA

Type of Claim:  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: March 6, 2014  
Time of Incident: 7pm  
Location of Incident: Mariano Bishop Blvd

Provide a detailed description of your claim (attach additional sheets if necessary):

I was traveling North on Mariano  
Bishop Blvd just after a set of  
lights near ~~the~~ Henry Lord School  
and I hit a pot hole. It was  
dark so it was hard to see it.  
Please call me if you have any  
questions.  
Thank you

\*The Pot hole was as large as the  
size of my tire. I have driven by there  
since the incident and it has been repaired  
but you can still see the pot hole spot clearly

\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights  
Thank you.



CC

RECEIVED

2014 APR -2 A 10: 28

CITY CLERK 14-130  
FALL RIVER, MA

**FRANK SMITH INSURANCE, INC.**

PHONE: (508) 675-5557

FAX: (508) 675-9444

To Fax # 508-324-2655 Date Transmitted: 3/31/14

To: Melissa / City of Fall River Law Office

Re: Auto Loss 3/24/14

Message: Accident between Brian Morin  
and Justin Dubois being submitted  
as a Third Party Claim against  
your driver

<sup>copy</sup>  
Ariq Law  
Traffic  
CC  
city clerk  
city adm

Thank you.

Page: 1 of 6 (including cover sheet)

Signed: Rosemary

This fax contains information which is confidential. The information is intended only for the use of the party noted on this transmission sheet. All others are hereby notified that any disclosure, copying or distribution is strictly prohibited. If the party named is not available for delivery, all faxed documents should be returned to this office immediately. Thank you.



# AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY)  
3/24/2014

AGENCY PHONE (A/C, No, Ext): (508) 675-2191 Frank Smith Insurance Inc. 246 Gardners Neck RD P.O. Box 468 Swansea MA 02777		COMPANY NAIC CODE: 34754 Commerce Insurance Company		MISCELLANEOUS INFO (Site & location code)	
FAX (A/C, No): (508) 675-9444 E-MAIL ADDRESS: CODE: MK3 SUB CODE: AGENCY CUSTOMER ID: 00006734		POLICY NUMBER DGY267	POLICY TYPE Private	REFERENCE NUMBER	CAT#
		EFFECTIVE DATE 2/28/2014	EXPIRATION DATE 2/28/2015	DATE OF ACCIDENT AND TIME 3/24/2014 8:30	PREVIOUSLY REPORTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

INSURED NAME AND ADDRESS JUSTIN R DUBOIS 33 WOODSTOCK ST FALL RIVER MA 02724-1213 RESIDENCE PHONE (A/C, No): (508) 675-6302 BUSINESS PHONE (A/C, No, Ext): CELL PHONE (A/C, No): E-MAIL ADDRESS:		CONTACT NAME AND ADDRESS Justin Dubois WHEN TO CONTACT: WHERE TO CONTACT:	
---	--	--	--

**LOSS**

LOCATION OF ACCIDENT (Include city & state) William and Diamond St Fall River MA	AUTHORITY CONTACTED: Fall River Police REPORT #: 14686-AC	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) Insured traveling straight ahead on William St. when veh 2 failed to stop at stop sign on Diamond St and struck veh 1 broadside. Probably a total loss. Reported for 3rd party claim against the City of Fall River		

CITY CLERK  
 FALL RIVER, MA  
 APR - 2 A 10:28  
 RECEIVED

**POLICY INFORMATION**

BODILY INJURY (Per Person)	BODILY INJURY (Per Accident)	PROPERTY DAMAGE	SINGLE LIMIT	MEDICAL PAYMENT	OTC DEDUCTIBLE	OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc.)
20,000.00	40,000.00	100,000.00		5,000.00	1000	ANTRF STAT SDIP UMISP UNDSP OPTBI
LOSS PAYEE					COLLISION DED	
UMBRELLA EXCESS	UMBRELLA	EXCESS	CARRIER:	LIMITS:	AGGR	PER CLAIM/ACC

**INSURED VEHICLE**

VEH#	YEAR	MAKE: CHEV	MODEL: COBALT	BODY TYPE:	V.I.N.: 1G1AKS2F857623158	PLATE NUMBER	STATE
OWNER'S NAME & ADDRESS		JUSTIN R DUBOIS 33 WOODSTOCK ST FALL RIVER MA 02724-1213				RESIDENCE PHONE (A/C, No): (508) 675-6302 BUSINESS PHONE (A/C, No, Ext):	
DRIVER'S NAME & ADDRESS		JUSTIN R DUBOIS				RESIDENCE PHONE (A/C, No): (508) 675-6302 BUSINESS PHONE (A/C, No, Ext):	
<input checked="" type="checkbox"/> (Check if same as owner)	RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION?	
		5/8/1991	S17700463	MA		YES	NO
DESCRIBE DAMAGE Entire right hand side of Veh							
ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE				
	Sabex Auto Body, Bedford						

PROPERTY DAMAGED VEHICLE?  YES  NO YR:2005 MAKE: CHEV MODEL: CORALT PLATE #:

DESCRIBE PROPERTY Insured to obtain police report  
(Other Than Vehicle)

OTHER VEH/PROP INS?  YES  NO COMPANY OR AGENCY NAME: POLICY #:

OWNER'S NAME & ADDRESS: city of Fall River  
1 Government Ctr  
Fall River MA 02722

RESIDENCE PHONE (A/C, No):  
BUSINESS PHONE (A/C, No, Ext): 508-324-2000

OTHER DRIVER'S NAME & ADDRESS: Brian Moniz  
104 Almy St, Apt 1  
Fall River MA 02720

(Check if same as owner)

RESIDENCE PHONE (A/C, No):  
BUSINESS PHONE (A/C, No, Ext):

DESCRIBE DAMAGE

ESTIMATE AMOUNT: WHERE CAN DAMAGE BE SEEN?

**INJURED**

NAME & ADDRESS	PHONE (A/C, No)	PED VEH	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**WITNESSES OR PASSENGERS**

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

REPORTED BY: Justin Dubois  
REPORTED TO: Rosemary

SIGNATURE OF INSURED: DATE (MM/DD/YYYY):  
SIGNATURE OF PRODUCER: DATE (MM/DD/YYYY): 3/24/2014

**REMARKS (Include Adjuster Assigned)**

REPORTED as a third party claim. Driver, Brian Moniz was issued a citation by the Fall River Police  
Copy of police report attached.

Please contact Justin Dubois ASAP

CITY CLERK  
FALL RIVER, MA  
2014 APR -2 A 10:28  
RECEIVED

**MAIN STREET**  
NATIONAL TITLE

CC

RECEIVED

2014 APR -2 A 11:41

CITY CLERK 14-131  
FALL RIVER, MA

April 1, 2014

Alison M. Bouchard, City Clerk  
CITY OF FALL RIVER  
One Government Center, Room 227  
Fall River, MA 02722

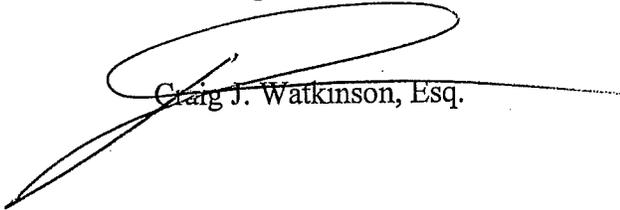
RE: Annalyn Watkinson  
Date of Loss: March 8, 2014 – MGL Chapter 84

Dear Clerk Bouchard:

Enclosed please find my clients claim form for damage sustained to her vehicle on March 8, 2014.

I thank you in advance for your attention to this matter. Should you require any further information, please feel free to contact me.

Best Regards,

  
Craig J. Watkinson, Esq.

*orig + 1 copy Lan  
1 DPW  
CC  
city clerk  
cto adm.*

**CLAIM FORM**  
**City of Fall River, Massachusetts**

RECEIVED

2014 APR -2 A 11:41

Name: Annalyn Marie Watkinson  
Address: 935 Almy Road  
Somerset, MA 02726  
Phone #: (508)672-6651

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

Type of Claim:  Pothole  M.G.L. Chapter 84  M.G.L. Chapter 258  Other

Date of Incident: March 8, 2014  
Time of Incident: 3:40 PM  
Location of Incident: 108 Cherry Street, Fall River, MA

**Provide a detailed description of your claim (attach additional sheets if necessary):**

While driving my car to 107 Danforth Street, I hit a pot hole located next to 108 Cherry Street. Upon stopping my car, a 2000

Volkswagon Beetle, color Yellow, MA Registration 2GVV50, I noticed that it was leaking oil. I then contacted

my AARP Roadside Assistance, which then contacted Vic's Towing Service, located at 235 John Street, Fall River, MA 02721.

The driver for Vic's Towing Service loaded my car onto his ramp truck and, while towing my car to Norwest Automotive

located at 119 County Street, Somerset, MA 02726 (508)678-0707. While towing my car, the tow truck hit

the same pothole. While I was waiting for the tow truck to arrive, the resident at 108 Cherry St. told me that this pot hole

had damaged several other cars this year. I am attaching a copy of the invoice for Vic's Towing Service, as well as a copy of the

invoice from Norwest Automotive for the repairs needed. In addition, I am also enclosing photographs of the pothole for your

inspection. Should you require any further information from me, please do not hesitate to contact me at tel: (508)672-6651.

Thank You, Annalyn Watkinson

**\*You should consult with your own attorney in preparing this Claim Form to understand your legal rights**

#30

22

CITY OF FALL RIVER  
OFFICE OF THE CITY CLERK

RECEIVED

2014 MAR 25 P 3:24

To the City Council:

Application for permit to place or maintain a structure or device on or over a public way.

Name of Applicant: DUARTE GONCALVES

Name of Business (if applicable): CAPONES

Address: 1856 PLEASANT ST FALL RIVER MA 02723  
Street City State

Phone: 508 493 0778

Type of structure or device: 2 TABLES 9 SMALL ONES

Description (include dimensions): 2 TABLES 24 TO 30 INCH ROUND

Location: ON THE SIDEWALK OF 1856 PLEASANT ST

Dates: FROM APRIL TO OCTOBER

The applicant agrees to maintain this structure or device in accordance with the requirements of the Building Inspector and the City Council and that this permit may be revoked at the pleasure of the City Council.

Signature of Applicant Duarte Goncalves

Date 3-19-2014

1.  (approve) the issuance of this permit.  
 (disapprove)

[Signature]  
Building Inspector Date 3/25/14

2. In City Council, \_\_\_\_\_ Date

Permit (approved )  
(disapproved)

Alison M. Bouchard  
City Clerk

OFFICE USE ONLY  
 Fee Paid CK# 1178