

City of Fall River Massachusetts
Office of the City Clerk

RECEIVED

2015 FEB 17 P 12:00

CITY CLERK _____
FALL RIVER, MA

ALISON M. BOUCHARD
CITY CLERK

FEBRUARY 17, 2015
MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

INÊS LEITE
ASSISTANT CITY CLERK

FRIDAY, FEBRUARY 20, 2015

2:00 P.M. COMMITTEE ON FINANCE

1. Transfers and appropriations (see #1 below)
2. Discussion with Financial Team and CliftonLarsonAllen, LLP re independent audit

AGENDA

3:00 P.M. SPECIAL MEETING OF THE CITY COUNCIL OR IMMEDIATELY FOLLOWING THE COMMITTEE ON FINANCE MEETING IF THAT MEETING RUNS PAST 3:00 P.M.

PRIORITY MATTERS

1. *Transfers and appropriations (see #1 Finance)
 - a. \$3,386,579 for Education – School Appropriation
 - b. \$21,000 for Mayor's Office Salaries
 - c. \$105,100 for EMS Salaries
 - d. \$340,000 for Fire Department Salaries
2. *Mayor and easement for Henry Lord School
3. *Mayor and resolution – Blount Fine Foods Corporation – TIF agreement
4. *Director of Financial Services and order requesting approval to deficit spend the snow and ice account
5. *Superintendent of Schools re Net School Spending Requirements

PRIORITY COMMUNICATIONS

6. Traffic Commission recommending amendments to the traffic ordinances
7. Board of Election Commissioners and order authorizing Preliminary Municipal Election to be held Sept. 22, 2015 and Municipal Election to be held Nov. 3, 2015

COMMITTEE REPORTS

Committee on Ordinances and Legislation recommending:

First reading:

8. Proposed Ordinance – Personnel Amendment

ORDINANCES

Second Reading and Enrollment:

9. *Proposed ordinance – Traffic, miscellaneous

RESOLUTIONS

10. *Comm. on Public Works and Transportation meet to discuss future snow removal plans
11. *Comm. on Ordinances and Legislation meet to discuss Pay-As-You-Throw fees

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

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT

Storage Permit:

12. Precise Packaging Realty Trust to store 27,500 gallons of LPG pharmaceutical grade at 300 Rigenbach Road

Underground conduit:

13. 177 Columbia Street – 2/4" conduits to accommodate Sagres Restaurant

ORDERS – HEARINGS TO BE SCHEDULED

Auto repair shop license:

14. James E. Noland II, 786 County Road, West Wareham, MA, d/b/a Noland's Garage located at 19 Laurel Street

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

15. Police chief's report on licenses
16. Auto Body Shop license renewal
17. *Future City Council Meeting schedule

COMMUNICATIONS – INVITATIONS – PETITIONS

18. *Claims
19. Planning Board Minutes – January 12, 2015
20. Community Preservation Committee Minutes – January 6, 2015
21. *Flint Neighborhood Assoc. request to update Real Estate Comm. on former Davol School

BULLETINS – NEWSLETTERS – NOTICES – None


City Clerk



City of Fall River Massachusetts
Office of the City Clerk

RECEIVED

2015 FEB 13 P 1:19

ALISON M. BOUCHARD
CITY CLERK

FEBRUARY 13, 2015
MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER FALL RIVER, MA **INÊS LEITE**
ASSISTANT CITY CLERK

TUESDAY, FEBRUARY 17, 2015

6:00 P.M. COMMITTEE ON FINANCE

1. Transfers and appropriations (see #1 below)
2. Discussion with Financial Team and CliftonLarsonAllen, LLP re independent audit

AGENDA

7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL OR IMMEDIATELY FOLLOWING THE COMMITTEE ON FINANCE MEETING IF THAT MEETING RUNS PAST 7:00 P.M.

PRIORITY MATTERS

1. *Transfers and appropriations (see #1 Finance)
 - a. \$3,386,579 for Education – School Appropriation
 - b. \$21,000 for Mayor's Office Salaries
 - c. \$105,100 for EMS Salaries
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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

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT

Storage Permit:

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Underground conduit:

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ORDERS – HEARINGS TO BE SCHEDULED

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ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

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21. *Flint Neighborhood Assoc. request to update Real Estate Comm. on former Davol School

BULLETINS – NEWSLETTERS – NOTICES – None


City Clerk

Finance #2

City of Fall River, In City Council

(Councilor Michael L. Miozza)

WHEREAS, an independent audit was conducted by CliftonLarsonAllen, LLP of the City of Fall River financial statements for the year ended June 30, 2014, and

WHEREAS, the auditor has issued a report detailing deficiencies in internal control, opportunities to strengthen the city's internal control procedures and recommendations to improve the efficiency of city operations, and

WHEREAS, the City Council and the public should be informed of the City's responses to the findings identified in the audit, now therefore

BE IT RESOLVED, that the Fall River City Council Committee on Finance invite the Administration's financial team and representatives of CliftonLarsonAllen LLP to a future finance committee meeting to discuss deficiencies in internal controls and material weaknesses found in the audit and the auditors recommendations for corrective action.

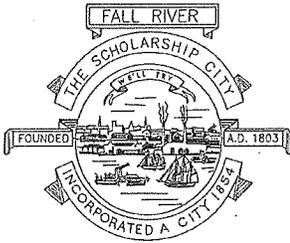
In City Council, February 3, 2015
Adopted

A true copy. Attest:

Alison M. Bouchard

City Clerk

12



City of Fall River
Massachusetts
Office of the Mayor

C. SAMUEL SUTTER
Mayor

RECEIVED
2015 FEB 12 P 3:59
CITY CLERK
FALL RIVER, MA

February 9, 2015

Fall River City Council
One Government Center
Fall River, MA 02722

Mr. President and Honorable Council,

I am submitting a Council Order to appropriate \$3,386,579 from the Stabilization Fund to the School Appropriation. I request your timely consideration and approval of this request to ensure the efficient use of these funds during the remainder of FY 2015 by the School Department on items eligible to meet the net school spending requirements.

This represents the required net school spending for FY 2014 that the City did not make available to the School Department, per Chapter 70 of the Massachusetts General Laws. In his letter of November 6, 2014 (copy attached, as ATTACHMENT A), the Commissioner of Elementary and Secondary Education reported that the school spending was \$3,530,682 under the required amount. Subsequent timing and allocation issues reduced that amount to \$3,386,579. A copy of that calculation has been provided by the Superintendent of Schools and verified by my staff; it is included as ATTACHMENT B.

In submitted this request, I am fulfilling my obligation to comply with Massachusetts statutes and continuing to demonstrate my abiding interest in the education of our children and in preparing them for the global workplace of the 21st century. I am also mindful of the Council's resolution of October 14, 2014, which sought to reserve \$3.1 million in Free Cash for the FY 2014 under-appropriation to the School Department. I concur with your reasoning that there would not even be a \$3.9 million in Free Cash, if the School Department had received and expended the \$3,386,579 --- that it was due --- on a timely basis during FY 2014.

I also wish to bring to the Council's attention that the FY 2015 budget for Schools had been projected at a level to ensure adequate net school spending. The School Department has recently brought to my attention its internal projections that some \$1.2 million in employee group insurance --- which was included in the net school spending calculation --- may now be surplus and need to be reprogrammed to another area eligible for net school spending. My staff is collaborating with School Administration to ascertain the magnitude and resolution to the "non-

spending” potential problem. In order to address net school spending this year, rather than wait for the state to certify a deficiency, we may have to act “proactively” and transfer funds from Employees’ Health Insurance to the School Appropriation. We will keep the Council apprised of our discussions and preferred resolution, which may require further Council action or transfer of funds.

I am mindful of the implications of appropriating from the Stabilization Fund, the only major resource we have currently available. Our action will reduce the Stabilization Fund to \$499,598. This and the \$100,000 Reserve Fund are effectively the only resources we have available to meet unforeseen contingencies between now and June 30. We are confronting the reality of no rainy day fund; we have no reserves; there is now no margin for error in our FY 2015 budget.

Unfortunately, the heavy weight of years of unsustainable financial practices and structural fiscal imbalances now has to be borne. Going forward, we must commit ourselves to avoid repeating the “quick fixes” and injections of one-time funds to balance the recurrent expenses in the budget.

All departments will have to live within their current budgets; indeed, I have directed my staff to coordinate with every department director to comb through their respective budgets and wring out any residual savings possible. By the next Council meeting, I am hopeful that we will have a listing of transfers from departments to the Reserve Fund --- to establish the cushion we need for the rest of the fiscal year.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "C. Samuel Sutter". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

C. Samuel Sutter
Mayor

City of Fall River, In City Council

February 17, 2015

1

ORDERED:

That the sum of \$3,386,579 be, and the same is, hereby appropriated for the Education – SCHOOL APPROPRIATION from the GENERAL FUND – STABILIZATION FUND.



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Mitchell D. Chester, Ed.D.
Commissioner

November 6, 2014

Margery A. Mayo-Brown, Superintendent
Fall River Public Schools
417 Rock Street
Fall River, MA 02720

Dear Superintendent Mayo-Brown:

As you know, the Commonwealth's school finance statute, Chapter 70 of the General Laws, establishes an annual minimum local contribution requirement for each Massachusetts school district. This local contribution, when added to a district's Chapter 70 aid, equals its "net school spending requirement." Failure to comply with this requirement may result in the loss of Chapter 70 aid, delays in the approval of your municipal tax rate by the Department of Revenue, and/or enforcement action by the Attorney General.

Fall River's End-of-Year Financial Report shows that the district **did not** meet its spending requirement in FY14. Its required net school spending was \$122,984,522. Reported net school spending was \$119,453,840 which was **\$3,530,682 below the required amount**. This shortfall falls within the five percent range allowed by law, and will be added to the district's FY15 spending requirement.

Fall River's FY15 requirement—including the \$3,530,682 carryover—is \$129,885,335. This amount also incorporates a waiver of \$496,859 granted by the Department of Revenue in October. Schedule 19 budget data show that the district plans to spend \$127,092,199 which represents a **shortfall of \$2,793,136**. If there is a way to supplement your current year's school budget, I urge you and other local officials to work toward doing so.

If you have any questions concerning this information, please contact Roger Hatch in the School Finance unit at (781) 338-6527 (rhatch@doe.mass.edu).

Sincerely,

Mitchell D. Chester, Ed.D.
Commissioner of Elementary and Secondary Education

c: Jay Sullivan, Massachusetts Department of Elementary and Secondary Education
William A. Flanagan, Mayor, City of Fall River

Enc:

11/5/2014

Massachusetts Department of Elementary and Secondary Education
Office of School Finance

Chapter 70 Net School Spending Compliance, FY14

095 FALL RIVER	School Committee	City/Town	Total
1 Administration (1000)	3,282,227	1,025,642 *	4,307,869
2 Instruction (2000)	59,565,178	0 *	59,565,178
3 Attendance-Health (3100, 3200)	1,728,010	0 *	1,728,010
4 Food Services (3400)	0		0
5 Athletics/Student Activities/Security (3500,3600)	1,424,368	140,776	1,565,144
6 Maintenance (4000)	10,173,344	240,000 *	10,413,344
7 Employer Retirement Contributions (5100)	293,587	5,074,127	5,367,714
8 Insurance (5200)	1,871,583	12,340,871	14,212,454
9 Retired Employee Insurance (5250)	0	9,437,885	9,437,885
10 Rentals (5300)	128,036	0 *	128,036
11 Short Term Interest (5400)	0	0	0
12 Tuition (9000)	5,568,477	7,844,898	13,413,375
13 Total School Spending (lines 1 through 12)	84,034,810	36,104,199	120,139,009
14 FY14 School Revenues			
14a) FY14 School Revenues *	0	0	0
14b) FY14 Charter Reimbursement	0	685,169	685,169
14c) Subtotal, School Revenues (14a+14b)	0	685,169	685,169
15 FY14 Net School Spending (13 minus 14)			119,453,840
16 FY14 Chapter 70 Required Net School Spending			122,984,522
17 Carryover from FY13			0
18 Total FY14 Net School Spending Requirement (16 + 17)			122,984,522
19 Shortfall in Net School Spending (18 minus 15)			3,530,682
20 Carryover/Penalty Calculation, Percent Unexpended (19 / 16)			2.87%
21 FY14 Carry-Over into FY15 (Line 19 or 5% of line 16)			3,530,682
22 Penalty (19 minus 21)			0

* Budgeted amounts as reported on FY13 End of Year Pupil and Financial Report, Schedule 19

11/6/2014

Massachusetts Department of Elementary and Secondary Education
Office of School Finance

Chapter 70 Net School Spending Compliance, Budgeted FY15

095 FALL RIVER	School Committee	City/Town	Total
1 Administration (1000)	3,254,008	1,014,697	4,268,705
2 Instruction (2000)	65,576,234	0	65,576,234
3 Attendance-Health (3100, 3200)	1,807,333	0	1,807,333
4 Food Services (3400)	0	0	0
5 Athletics/Student Activities/Security(3500, 3600)	1,376,770	492,716	1,869,486
6 Maintenance (4000)	10,035,219	285,000	10,320,219
7 Employer Retirement Contributions (5100)	316,753	5,271,498	5,588,251
8 Insurance (5200)	1,813,152	12,245,347	14,058,499
9 Retired Employee Insurance (5250)	0	9,457,704	9,457,704
10 Rentals (5300)	64,756	0	64,756
11 Short Term Interest (5400)	0	0	0
12 Tuition (9000)	6,103,960	10,570,252	16,674,212
13 FY15 Budgeted School Spending (lines 1 through 12)	90,348,185	39,337,214	129,685,399
14 FY15 Budgeted School Revenues			
14a) FY15 Budgeted School Revenues	0	0	0
14b) FY15 Charter Reimb (local districts)	0	2,593,200	2,593,200
14c) Subtotal, NSS Revenues (36a+36b)	0	2,593,200	2,593,200
15 FY15 Net School Spending (13 minus 14)			127,092,199
16 FY15 Chapter 70 Required Net School Spending			126,354,653 **
17 Carryover from FY14			3,530,682
18 Total FY15 Requirement (16 + 17)			129,885,335
19 Shortfall in Budgeted FY15 Net School Spending (18 - 15)			2,793,136
Carryover/Penalty Calculation, Percent Unexpended (19 / 16)			2.21%

*** Reflects FY15 net school spending waiver of \$496,859

FY14 Net School Spending		School	City or	Total
095 FALL RIVER		Committee	Town	
10	1. Administration (1000)	3,282,227	949,049	4,231,276
11	2. Instruction (2000)	59,565,178	0	59,565,178
12	3. Attendance-Health (3100, 3200)	1,728,010	0	1,728,010
13	4. Food Services (3400)	0		0
14	5. Athletics/Student Activities/ Security (3500,3600)	1,424,368	140,776	1,565,144
15	6. Maintenance (4000)	10,173,344	460,696	10,634,040
16	7. Employee Benefits (5100)	293,587	5,074,127	5,367,714
17	8. Insurance (5200)	1,871,583	12,340,871	14,212,454
18	9. Retired Employee Insurance (5250)	0	9,437,885	9,437,885
19	10. Rentals (5300)	128,036	0	128,036
20	11. Short Term Interest RAN's (5400)	0	0	0
21	12. Tuition (9000)	5,568,477	7,844,898	13,413,375
22	13. Total School Spending (1 through 12)	84,034,810	36,248,302	120,283,112
23	14. School Revenues			
24	14a) FY14 School Revenues	0	0	0
25	14b) FY14 Charter Reimbursement		685,169	685,169
26	14c) Subtotal, School Revenues (14a+14b)	0	685,169	685,169
27				
28	15. Net School Spending (13 - 14c)	84,034,810	35,563,133	119,597,943
29	16. FY14 Required Net School Spending			122,984,522
30	17. FY13 Carry-Over Into FY14			0
31	18. Total FY14 Requirement (16 + 17)			122,984,522
32	19. Unexpended Net School Spending (18 - 15)			3,386,579
33	20. Percent Unexpended (19 / 16)			2.75%
34	21. FY14 Carry-Over (19 or 5% of 16 or 0 if 17 > 0)			3,386,579
35	22. Penalty (19 - 21)			0

FY 15 Appropriation/Transfer Number Analysis #4

Line	Original/Revised	Appropriation	Amount Transferred	New Appropriation
Education - School Appropriations	\$	90,411,000	\$ 3,386,579	\$ 93,797,579
GF Stab Fund	\$	3,886,177	(3,386,579)	499,598
Mayor's Office, Salaries	\$	228,648	21,000	249,648
Administrative Services, Salaries	\$	1,264,329	(21,000)	1,243,329

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



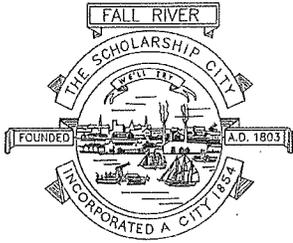
 Krishan Gupta, City Auditor
 2/11/2015

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2015 FEB 11 P 3:24

CITY CLERK _____
 FALL RIVER, MA

16



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

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2015 FEB 12 P 3:59

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

February 11, 2015

Fall River City Council
One Government Center
Fall River, MA 02722

Mr. President and Honorable Council,

I am requesting a transfer of \$21,000 from City Administration Salaries to Mayor Salaries.

The funds are currently surplus in the City Administrator's account due to the vacant grant writer position, which had been budgeted for \$36,778.

The \$21,000 is needed to replace funds expended to provide for the former Chief of Staff's severance package (which was \$16,645.94) and to fund the positions of the new Chief of Staff and Special Assistant to the Mayor for the rest of the Fiscal Year.

If you have any questions, the City Administrator will be available to discuss the matter and clarify the fund request at the Finance Committee meeting.

I thank you for your kind consideration and attention.

Sincerely,

C. Samuel Sutter

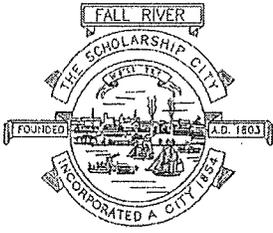
City of Fall River, In City Council

February 17, 2015

2

ORDERED:

That the sum of \$21,000 be, and the same is, hereby appropriated for the Mayor's Office, SALARIES from the ADMINISTRATIVE SERVICES, Salaries



City of Fall River
Massachusetts
Office of the Mayor

C. SAMUEL SUTTER
Mayor

CATHY ANN VIVEIROS
City Administrator

DATE: February 12, 2015
TO: Honorable C. Samuel Sutter, Mayor
FROM: Cathy Ann Viveiros, City Administrator *CAV*
RE: Transfer of available funds

The City Administration Salaries account has a surplus of \$21,000 that is available to be transferred to the Mayor Salaries account. This surplus is a result of the vacant Grant Writer position in the FY2015 Budget.

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2015 FEB 12 P 3:20
CITY CLERK
FALL RIVER, MA

FY 15 Appropriation/Transfer Number Analysis #4

Line	Original/Revised Appropriation	Amount Transferred	New Appropriation
Education - School Appropriations	\$ 90,411,000	\$ 3,386,579	\$ 93,797,579
GF Stab Fund	\$ 3,886,177	\$ (3,386,579)	\$ 499,598
Mayor's Office, Salaries	\$ 228,648	\$ 21,000	\$ 249,648
Administrative Services, Salaries	\$ 1,264,329	\$ (21,000)	\$ 1,243,329

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



 Krishan Gupta, City Auditor
 2/11/2015

1C+d



City of Fall River
Massachusetts
Office of the Mayor

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2015 FEB 12 P 4:19

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

February 12, 2015

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 2015 Budget:

From	To	
EMS Retained Earnings	EMS Salaries	\$ 105,100
Property Insurance	Fire Department Salaries	\$ 340,000
TOTAL		\$ 445,100

Your approval of the attached Transfer Orders is respectfully requested.

C. Samuel Sutter
Mayor

John Nunes

From: Krishan Gupta
Sent: Wednesday, February 11, 2015 5:57 PM
To: Cathy Ann Viveiros
Cc: John Nunes
Subject: Re: Line Item Deficits

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2015 FEB 13 P 12: 30

CITY CLERK
FALL RIVER, MA

Hi Cathy,

Let me get back to you.

Regards,
Krishan Gupta
City Auditor
Fall River
508.324.2200
Kgupta@fallriverma.org

On Feb 11, 2015, at 5:18 PM, "Cathy Ann Viveiros" <cviveiros@fallriverma.org> wrote:

Hi Krishan: Please advise on these. Thanks. Cathy

From: Fire Chief [<mailto:firechief@frfd.org>]
Sent: Wednesday, February 11, 2015 11:52 AM
To: Cathy Ann Viveiros
Subject: Line Item Deficits

Cathy:

Alan Silva would like to clean up the various line-items in salaries and expenses so they are not in a negative balance.

EMS: These will vary a little when the new EMS Director is appointed and K. Ciosek's retirement is approved.

Overtime - Estimate \$90,000 needed until end of FY15 + \$11,744.56 (Blizzard)
Propose: Transfer \$101,744.56 from Salaries to Overtime

Professional Salaries (Per Diems) - Estimate \$100,000 needed until end of FY15
Out of Rank - Estimate \$1,500 needed until end of FY15
Retirement Buyout - \$3,589.64
Propose: Transfer \$100,000 from Retained Revenue to Professional Salaries (Per Diems)

Propose: Transfer \$1,500 from Retained Revenue to Out of Rank
Propose: Transfer \$3,589.64 from Retained Revenue to Retirement Buyout

Fire:

Overtime: -\$21,629.59 + \$9,639.11 (blizzard) + (\$35,000 - estimate needed for remainder of FY15) = \$66,268.70. This is for

overtime needed until the
by the Staffing Grant.

end of FY15 that is not covered

Retirement Buyouts: -\$332,100.74
Vacation Buyback: -\$41,984.06

Please advise where these funds will be coming from.

Sincerely,

Robert J. Viveiros
Fire Chief

City of Fall River, In City Council

February 17, 2015

3

ORDERED:

That the sum of \$340,000 be, and the same is, hereby appropriated for the Fire Department, SALARIES from the INSURANCE EXPENSES.

City of Fall River, In City Council

February 17, 2015

4

ORDERED:

That the sum of \$105,000 be, and the same is, hereby appropriated for the EMS, SALARIES from the EMS RETAINED EARNINGS.

FY 15 Appropriation/Transfer Number Analysis #4A

Line	Original/Revised Appropriation	Amount Transferred	New Appropriation
Fire Department, Salaries	\$ 14,395,071	\$ 340,000	\$ 14,735,071
Insurance	\$ 37,055,419	\$ (340,000)	\$ 36,715,419
EMS, Salaries	\$ 2,527,204	\$ 105,100	\$ 2,632,304
EMS Retained Earnings (FY 14)	\$ 361,680	\$ (105,100)	\$ 256,580

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



Krishnan Gupta, City Auditor
2/12/2015

CITY CLERK
FALL RIVER, MA

2015 FEB 13 A 11:43

RECEIVED



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

RECEIVED

2015 FEB 12 P 4: 19

CITY CLERK
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

February 12, 2015

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

RE: Easement for Henry Lord Ball Field Lighting

Mr. President and Members of the Honorable Council:

Enclosed please find an easement for National Grid to install a pole and associated equipment on the Henry Lord School property in order to supply electric service to the new ball field lighting.

Your approval of this easement is respectfully requested.

C. Samuel Sutter
Mayor



Ann Malley-Laneau
Manager
Community & Customer Management

February 6, 2015

Colleen Taylor
City of Fall River
One Government Center
Fall River, MA 02722

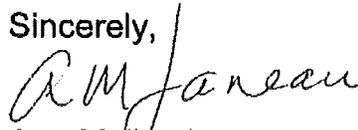
Dear Colleen,

Re: Easement for Henry Lord School

Enclosed please find an easement for National Grid to install a pole and associated equipment on school property in order to supply electric service to the new ball field lighting. Please print out on one sided paper, have it signed, notarized and return the original to:

Jennifer Killion
Sr Real Estate Rep
National Grid
245 South Main St.
Hopedale, MA 01747

If you have any questions regarding this easement please feel free to call or email me.

Sincerely,

Ann Malley-Laneau

RECEIVED
2015 FEB -6 P 2:53
CITY OF FALL RIVER
FALL RIVER, MA

Property Address: 151 Amity Street, Fall River, MA (BRISTOL FALL RIVER)

GRANT OF EASEMENT

the CITY OF FALL RIVER, a municipal corporation with a usual place of business at One Government Center, Fall River, Massachusetts (hereinafter referred to as the Grantor), for consideration of One (\$1.00) Dollar, grants to MASSACHUSETTS ELECTRIC COMPANY, 40 Sylvan Road, Waltham, Massachusetts 02451, a Massachusetts corporation (hereinafter referred to as the Grantee) with quitclaim covenants, the perpetual right and easement to construct, reconstruct, repair, maintain, operate and patrol, for the transmission of high and low voltage electric current and for the transmission of intelligence and telephone use, lines to consist of, but not limited to, one (1) pole, (which may be erected at different times) with wires and cables installed thereon, and all necessary foundations, anchors, guys, braces, fittings, equipment and appurtenances (hereinafter referred to as the "OVERHEAD SYSTEM") over, across, under and upon the Grantor's land in Fall River, Bristol County, Massachusetts, to serve Grantor's property and others.

Said "OVERHEAD SYSTEM" is to be installed on Grantor's property, which is located on the southerly side of Amity Street, being more particularly identified as Lot 1 on the City of Fall River Assessors Map C-14, filed with the City of Fall River's Assessors office, to originate from Pole P0-50, which is located on the southerly side of Amity Street, then proceed in a southerly direction over, across and upon land of the Grantor to Pole P0-1, to become established by and upon the final installation thereof by the Grantee.

Also with the further perpetual right and easement from time to time without further payment therefore to pass and repass over, across and upon said land of the Grantor as is reasonable and necessary in order to renew, replace, repair, remove, add to, maintain, operate and patrol and otherwise change said "OVERHEAD SYSTEM" and each and every part thereof and to make such other excavation or excavations as may be reasonably necessary in the opinion and judgment of the Grantee, their successors and assigns, and to clear and keep cleared the portions and areas of the premises wherein the "OVERHEAD SYSTEM" is specifically located of such trees, shrubs, bushes, above ground and below ground structures, objects and surfaces, as may, in the opinion and judgment of the Grantee, interfere with the efficient and safe operation and maintenance of the "OVERHEAD SYSTEM". However, said Grantee, its successors and assigns shall properly backfill said excavation or excavations and restore the surface of the land

WR15458126

Address of Grantees:
Mass El. - 40 Sylvan Road, Waltham, Massachusetts 02451

After recording return to:
Elizabeth A. Fresolone
National Grid
Service Company, Inc.
280 Melrose Street
Providence, RI 02907

05 FALLMA GEN

to as reasonably good condition as said surface was in immediately prior to the excavation or excavations thereof.

It is agreed that the "OVERHEAD SYSTEM" shall remain the property of the Grantee, their successors and assigns, and that the Grantee, their successors and assigns, shall pay all taxes assessed thereon. Grantor agrees that the rights and easement herein granted are for the purpose of providing service to Grantor's property and the further right to service others from said "OVERHEAD SYSTEM". If the herein referred to locations as laid out and shown on the Sketch Plan are unsuitable for the purposes of the Grantee or the Grantor, then the locations may, subject to the prior written consent of the Grantor or Grantee as the case may be, which consent shall not be reasonably withheld, be changed to areas mutually satisfactory to both the Grantor and the Grantee herein; and further the newly agreed to locations shall be indicated and shown on the Sketch Plan by proper amendment or amendments thereto. Any relocation so requested shall be at the sole cost and expense of the requesting party. The rights and easement herein granted are over, across and upon a certain parcel of land being shown as Lot 1 on a Plan of Land filed with the Bristol Fall River District Registry of Deeds Land Registration Office as Plan 27703A, with Certificate of Title No. 1634.

And further, said "OVERHEAD SYSTEM" (locations of the electrical equipment and other facilities on the hereinbefore referred to premises of the Grantor) is approximately shown on a MECO sketch entitled: "nationalgrid, HENRY LORD BALL FIELD, 151 AMITY STREET, FALL RIVER, MA; SCALE: NTS; DATE: 09/02/2014; DRWAN BY: M. BREDIN; WR: 15458126", a reduced copy of said sketch is attached hereto as "Exhibit A" and recorded herewith, copies of which are in the possession of the Grantor and Grantee herein, but the final definitive locations of said "OVERHEAD SYSTEM" shall become established by and upon the installation and erection thereof by the Grantee.

For Grantor's title, see deed dated March 27, 1990, filed with the Bristol Fall River District Registry of Deeds Land Registration Office as Document No. 20099; see also Certificate of Title in Land Registration Book 25, Page 105.

IN WITNESS WHEREOF, the City of Fall River, acting by and through its Mayor, _____, being thereunto duly authorized has executed this easement as of this _____ day of _____, 2015.

CITY OF FALL RIVER.

By: _____
Its: Mayor

Commonwealth of Massachusetts
County of _____ } ss.

On this the _____ day of _____, _____, before me,

Name of Notary Public the undersigned Notary Public,

personally appeared _____, proved to me through satisfactory evidence
of identity, which was/were

Description of Evidence of Identity

to be the person whose name is signed on the preceding Grant of Easement, and acknowledged
to me that he signed it voluntarily for its stated purpose as Mayor of the City of Fall River.

Signature of Notary Public

Printed Name of Notary

My Commission Expires _____

Place Notary Seal and/or Any Stamp Above

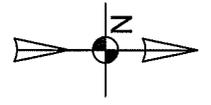
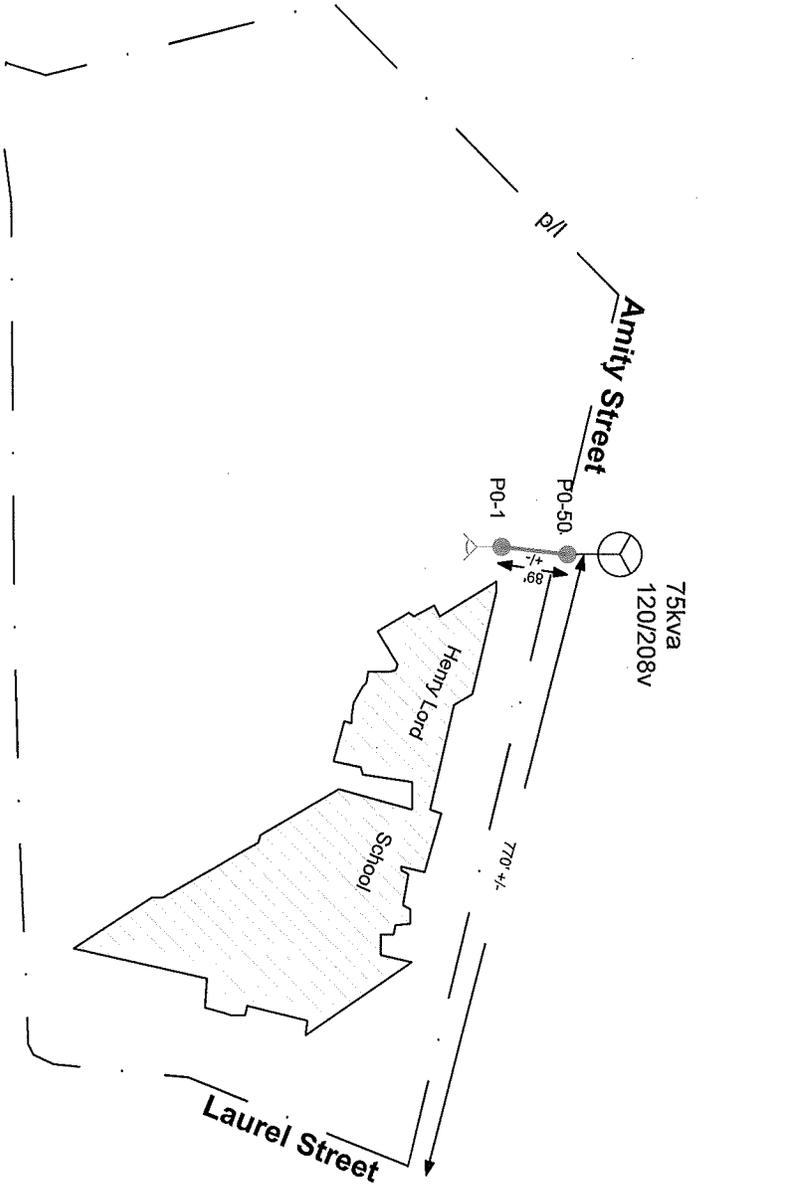
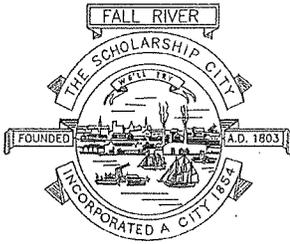


EXHIBIT 'A' NOT TO SCALE:
 The exact location of said facilities to be established by and upon the installation and erection of the facilities thereof.

LEGEND	
	Proposed NGRID Pole Locations
	GUY
	3 PHASE TRANSFORMER
	SECONDARY OH CONDUCTOR

		Henry Lord Ball Field 151 Amity Street Fall River, MA	
		Scale: NONE Date: 9/22/04 Drawn By: M Brechin Approved By: N/A	Active Drawing Number 15458126



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

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2015 FEB 11 P 4: 24

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

February 10, 2015

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

Dear Council President Camara:

Attached for your information, review and City Council action, please find a Local Tax Incentive Economic Assistance Coordinating Council Application and Draft TIF Agreement for Blount Fine Foods Corp. Please note that Blount Fine Foods Corp is seeking real property tax and personal property benefit approval from the Fall River City Council and Commonwealth of Massachusetts Economic Assistance Coordinating Council. In addition, Blount Fine Foods Corp will be seeking Investment Tax Credits through the Economic Assistance Coordinating Council. With the approval of the City Council, the Resolution, TIF Agreement and all other corresponding documents will be forwarded to the State of Massachusetts' Economic Assistance Coordinating Council for final approval.

Blount Fine Foods Corp plans to expand their current facility located at 630 Currant Road by constructing a 50,000 s/f addition with a possible second phase expansion of 40,000 s/f over the next three years. The first expansion will house additional packaging innovations and add logistical capacity to the facility. The investment for phase one will exceed \$10 million and create seventy-five (75) full-time permanent jobs.

The TIF Board, established by City Council ordinance on November 29, 1994, met on February 5, 2015 and approved this project. I respectfully request that the City Council also look favorably upon this application and approve it as presented and subject to EACC approval.

Thank you for your time and attention to this matter. If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

C. Samuel Sutter
Mayor

Attachments

cc: City Council Members

City of Fall River, *In City Council*

RESOLUTION

APPROVING ECONOMIC DEVELOPMENT INCENTIVE LOCAL TAX INCENTIVE CERTIFIED PROJECT OF BLOUNT FINE FOODS CORP

WHEREAS, Blount Fine Foods Corp has submitted an Economic Development Incentive Program (EDIP) Local Tax Incentive Application to the City of Fall River and is seeking Certified Project Status under the Massachusetts Economic Development Incentive Program created by Chapter 23A of the Massachusetts General Laws; Chapter 166 of the Acts of 2009 and 402 CMR 2.00, and

WHEREAS, the City of Fall River has been designated a gateway municipality by the Commonwealth of Massachusetts and Blount Fine Foods Corp plans to invest an estimated \$10,000,000 in an expansion of its current facility located at 630 Currant Road, Fall River, Massachusetts. Said investment will result in the creation of 75 new full-time jobs and the retention of 304 full-time jobs, and

WHEREAS, Blount Fine Foods Corp is seeking a Local Tax Incentive as part of the Certified Project approval a EDIP-Investment Tax Credit and meets the minimum requirements of 402 CMR 2.00 and the project described in the Economic Assistance Coordinating Council Local Tax Incentive Project Application and will have a reasonable chance of creating employment opportunities for residents of the Economic Target Area, and

WHEREAS, the proposed Local Tax Incentive Certified Project is located at 630 Currant Road, Fall River, Massachusetts, which is within the boundaries of the gateway municipality of Fall River, and

WHEREAS, approval of the Blount Fine Foods Corp Economic Assistance Coordinating Council Local Tax Incentive Project Application in accordance with the above referenced laws, rules and regulations of the Commonwealth of Massachusetts is hereby accepted by the City Council, now therefore

BE IT RESOLVED that the City Council of Fall River approves the Blount Fine Foods Corp Economic Assistance Coordinating Council Local Tax Incentive Project Application and Certified Project status and forwards said application for final project certification to the Massachusetts Economic Assistance Coordinating Council for its approval and endorsement.

Mayor C. Samuel Sutter
Chairman, Tax Increment Financing Board
City of Fall River
One Government Center
Fall River, MA 02722

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CITY CLERK
FALL RIVER, MA



Dear Mayor Sutter:

The Blount Family has been in the food business since 1880 and has a product line that includes refrigerated and frozen gourmet soups, sauces, side dishes and entrees for food service and retail. Blount Fine Foods Corp. (Blount) prides itself on using the finest and freshest ingredients to handcraft gourmet soups and specialty foods. Blount moved its headquarters to the Fall River Industrial Park in 2004, where the company has continued to expand and evolve.

Looking forward, Blount is interested in constructing a 50,000 s/f expansion to their existing facility located at 630 Carrant Road in Fall River this spring, with a possible second phase expansion of 40,000 s/f over the next three years. The investment for phase one will exceed \$10 million. The first expansion will house additional packaging innovations and add logistical capacity to the facility. It is anticipated that the expansion project will create 75 full time jobs over the next five years and 25 seasonal positions as well as 30 temporary construction jobs. This is in addition to Blount's employment of 300 fulltime positions at this location, which will be retained.

Blount Fine Foods, Inc. is interested in securing a Local Tax Increment Financing Agreement with the City of Fall River and Economic Development Incentive Program Tax Credits with the Commonwealth of Massachusetts. Within the next two weeks, Blount Fine Foods, Inc. will be submitting a Certified Project application to the Commonwealth and the City of Fall River for consideration. In keeping with our philosophy to remain and grow in Fall River, we would like to access any, and all, local and state tax incentives available through the Economic Development Incentive Program to facilitate to our proposed expansion plans and create additional manufacturing employment opportunities.

We are in the process of completing final design and hope to commence full construction over the spring months and appear before the Massachusetts Economic Assistance Coordinating Council this March and the Fall River Tax Increment Finance Board and City Council in February. Towards this end we will be working with the Fall River Office of Economic Development and the Massachusetts Office of Business Development to facilitate and coordinate the filing of all appropriate information and applications.

Thank you for your time and consideration in this matter. If you have any questions, do not hesitate to contact us at 774-888-1300.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Blount".

Todd Blount, President & CEO

cc: Kenneth Fiola Jr. Esq., Fall River Office of Economic Development

Corporate Headquarters
630 Carrant Road, Fall River, MA 02720
800.274.2526 | 774.888.1399 fax www.BlountFineFoods.com

Rhode Island Plant
383 Water Street, Warren RI 02885
401.245.8800 | 401.247.2391 fax



COMMONWEALTH OF MASSACHUSETTS
 ECONOMIC ASSISTANCE COORDINATING COUNCIL
 MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

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 FALL RIVER, MA

Economic Development Incentive Program (EDIP)

PRELIMINARY APPLICATION

The following information is required by the Massachusetts Office of Business Development (MOBD) and the Economic Assistance Coordinating Council (EACC) to make a preliminary determination on the eligibility of a project under the Economic Development Incentive Program. This application must be returned in electronic form to your MOBD Regional Director and a hardcopy with original signature(s) mailed to: EDIP Manager, MOBD, 10 Park Plaza, Suite 3730, Boston, MA 02116. Please refer to the EDIP Guidelines, www.mass.gov/hed/edip and your MOBD Regional Director for assistance with this application.

PART I. COMPANY OVERVIEW					
1. COMPANY INFORMATION					
Company Name:	Blount Fine Foods Corp				
Project Location Address:	Street Address:	630 Currant Rd			
	City:	Fall River	MA	Zip Code:	02720
Company Headquarters Location:	City:	Fall River	State:	MA	
FEIN (Federal Employer Identification Number):	05-0249001				
DUA # (Dept. of Unemployment Assistance #):	83118040				
Type of Organization:	(a) Type of Organization: Corporation				
Company's Taxable Year End:	09/30				
NAICS Code:	424420				
Is the applicant classified as a MA Department of Revenue Manufacturer?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Company's outside of Massachusetts sales as a percentage of total sales: (a) currently (b) projected upon completion of proposed project:	(a) Current Outside of MA sales as of 9/30/2014 : 71% (b) Projected Outside of MA sales upon completion of project: 71% Additional Information (if necessary):				
2. COMPANY CONTACT					
Executive Officer/ Company Designee:	Full Name:	F. Nelson Blount II	Title:	President	
Contact (if different from above):	Full Name:	N/A	Title:	N/A	
Contact Address:	Street Address:	630 Currant Road			
	City:	Fall River	State:	MA	Zip Code: 02720

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Telephone Number:	774-888-1300		
Email Address:	todd@blountfinefoods.com		
2015 FEB 11 P 4: 25			
3. COMPANY DESCRIPTION & HISTORY			
Please provide a brief description and history of the company.			
CITY CLERK FALL RIVER, MA			
Blount Fine Foods, headquartered in Fall River, MA, was incorporated in 1946 as Blount Seafood. Blount started as a seafood processing company in Rhode Island; who now primarily processes frozen and refrigerated premium soups and sides for retail and foodservice under the Blount, Panera Bread, Legal Sea Foods and private label brands, distributed throughout the US.			

PART II. ECONOMIC DEVELOPMENT PROJECT

1. PROPOSED BUSINESS EXPANSION PROJECT

(a) Please provide a description of the proposed expansion project.

Blount is interested in constructing a 50,000 s/f expansion to their existing facility located at 630 Currant Road in Fall River, with a possible second phase expansion of 40,000 s/f over the next three years. The investment for phase one will exceed \$10 million. The first expansion will house additional packaging innovations and add logistical capacity to the facility.

(b) Does the current public infrastructure meet the proposed certified project's needs? If no, please explain.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, please explain:
--	---

2. PROJECT TIMELINE

(a) Please indicate the date a Letter of Intent was sent to the municipality and cc: MOBD Regional Director:	(b) Date the applicant expects to begin the project:	(c) Date the applicant expects to complete the project:	(d) Date the applicant expects to open the facility:
1/23/2015	4/1/2015	8/31/2015	8/31/2015

Additional Information (if necessary) on Project Timeline: N/A

3. INVESTMENT BREAKDOWN

Please provide a breakdown of the expected investment required and associated costs.

Land: \$0
 Construction: \$7,500,000
 Machinery & Equipment: \$2,500,000
 Other : \$0
 Total Projected Investment: \$10,000,000

Additional Information (if necessary) on Investment: N/A

4. MASSACHUSETTS EMPLOYMENT

(a) Is the applicant new to Massachusetts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

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(i) If no, where are the existing Massachusetts facilities?	630 Currant Rd, Fall River MA 2015 FEB 11 P 4:25 N/A <input type="checkbox"/>
(ii) If no, what is the applicant's full-time, permanent employment in Massachusetts (total of all MA facilities)?	304 full-time permanent MA employees as of 12/31/2014 CITY CLERK FALL RIVER, MA N/A <input type="checkbox"/>
(b) Will the proposed economic development project require and/or trigger the closing or consolidation of any Massachusetts facilities or the elimination of any other jobs currently in Massachusetts? If yes, please give location of facility and explain.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please explain:

5. PROJECT LOCATION EMPLOYMENT

Please indicate the number of:

(a) Full-Time Permanent Jobs to be Created (net new to facility and Massachusetts):	(b) Full-Time Permanent Employment to be Retained (number of employees currently at the Project Location, if any):	(c) Full-time Permanent Employees to be transferred from other Massachusetts Locations to Project Location (if any):	(d) Total Full-Time Permanent Existing Jobs to be Retained at Project Location (Sum of questions 5b. and 5c.):
75	304	0	304

Additional Information (if necessary) on Project Location Employment: Also 25 seasonal hires

(e) What action will the applicant take to recruit employees from among residents of the municipality and/or Economic Target Area?

Blount recruits directly from the Fall River area through local advertisements, online, and by hiring seasonal employees opriginally recruited by temporary labor firms. Also working with the Fall River, Bristol County, Career Center.

(f) Will the project result in significant spin off economic benefit and support Massachusetts based suppliers and contractors? Please explain.

Massachusettes suppliers and contractors will be supported through both the construction jobs and the increased services the new addition will require; specifically packaging and material handeling equipment. In addition, Blount uses many ingredient suppliers in the state whom will benefit from Blount potential 20% annual growth.

6. FACILITY

(a) Will the applicant own or lease/rent the facility where the business expansion/relocation will occur?	Lease <input checked="" type="checkbox"/> Own <input type="checkbox"/>
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COMMONWEALTH OF MASSACHUSETTS
ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

<p>(i) If leasing/renting, identify the developer/landlord and state who will be the taxpayer of record for purpose of paying local real estate taxes?</p>	<p>Blount Fine Foods leases the facility from a related party, Blount Realty LLC and has a Triple Net lease in effect. Blount Fine Foods is responsible for all taxes.</p>	<p>N/A <input type="checkbox"/></p>
<p>(ii) If owning, will the applicants fully occupy the space?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>N/A <input checked="" type="checkbox"/></p>
<p>(iii) If the applicant will not fully occupy the space, does it intend to lease/rent the remaining space? If yes, to whom (if known)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to whom?</p>	<p>N/A <input checked="" type="checkbox"/></p>
<p>(b) Is the site of the facility a 43D Preferred Development Site? If yes, name site.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name site:</p>	<p>N/A <input checked="" type="checkbox"/></p>
<p>(c) Does the proposed expansion project involve the renovation and reuse of an abandoned building?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>(i) If yes or unsure, how long has the building been vacant or unused (if known, state date)</p>	<p>months Vacant since: <i>Select mm/dd/yyyy</i></p>	<p>N/A <input checked="" type="checkbox"/></p>
<p>(ii) If yes, during the period of time that the building has been vacant or unused, what percentage of the building was vacant and unused? If the percentage varied during this time period, provide information for each change in the percent of vacant space and the applicable time period.</p>	<p>% vacant Details:</p>	<p>N/A <input checked="" type="checkbox"/></p>
7. INCENTIVES & FINANCING		
<p>(a) Please indicate which incentives the applicant is seeking in relation to the expansion project.</p>	<p>State Investment Tax Credit</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
	<p>Local Real Estate Tax Incentive</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
	<p>State Abandoned Building Renovation Deduction</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>(b) Is the applicant seeking tax incentives from the Massachusetts Life Science Center? If yes, please explain as this may affect the potential EDIP benefits.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If, yes please explain:</p>	<p style="text-align: center;">RECEIVED 2015 FEB 11 P 4:25 CITY CLERK FRANKLIN RIVER, MA</p>
<p>(c) Please provide detailed information on any other sources of public or quasi-public funding that has been received or will be sought to contribute towards the financing of the proposed expansion.</p>	<p>None</p>	

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ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

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<p>(d) Has the applicant previously been approved as a "Certified Project" by the Economic Assistance Coordinating Council (EACC)?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, what is the Project (i) name; (ii) municipality; (iii) approval date?</p>	<p>(i) Project Name: Blount Seafood Corporation Certified Project</p> <p>(ii) Project Municipality: Fall River N/A <input type="checkbox"/></p> <p>(iii) Project Approval Date: 5/13/2003</p>
<p>(e) Please indicate whether the applicant has utilized other sources of public or quasi-public funding in the past. If applicable, please explain specific uses of funding and amount. If other, please give details on the funding source.</p>	<p>Select Funding Source N/A <input checked="" type="checkbox"/></p>
	<p>Select Funding Source N/A <input checked="" type="checkbox"/></p>
	<p>Select Funding Source N/A <input checked="" type="checkbox"/></p>
	<p>If applicable or other, please explain: N/A <input checked="" type="checkbox"/></p>

PART III. LABOR AFFIRMATION

1. CERTIFICATION OF STATE & FEDERAL EMPLOYMENT LAWS

As an applicant requesting Certified Project approval, _____, affirms (check box) that this business will not unlawfully misclassify workers as self-employed or as independent contractors, and certifies compliance with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.

As an applicant requesting Certified Project approval, _____, affirms (check box) that this business will not knowingly employ developers, subcontractors, or other third parties that unlawfully misclassify workers as self-employed or as independent contractors, or that fail to comply with applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, child labor, and the Massachusetts Health Care Reform Law, Chapter 58 of the Acts of 2006, as amended.

2. COMPANY DISCLOSURE

Within the past five years, has the applicant or any of its officers, directors, employees, agents, or subcontractors of which the applicant has knowledge, been the subject of (if yes, please provide details):

<p>(a) an indictment, judgment, conviction, or grant of immunity, including pending actions, for any business-related conduct constituting a crime under state or federal law;</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details: N/A</p>
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ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

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<p>(b) a government suspension or debarment, rejection of any bid or disapproval of any proposed contract subcontract, including pending actions, for lack of responsibility, denial or revocation of prequalification or a voluntary exclusion agreement; or</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details:</p>
<p>(c) any governmental determination of a violation of any public works law or regulation, or labor law or regulation or any OSHA violation deemed "serious or willful?"</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Details:</p>

2015 FEB 11 P 4: 25
CITY CLERK
FALL RIVER, MA

IV. AUTHORIZATION & CERTIFICATIONS

1. CERTIFICATE OF GOOD STANDING

<p>Provide proof of good tax standing in the Commonwealth of Massachusetts via a <u>Massachusetts Department of Revenue</u> Certificate of Good Standing for each of the businesses intending to take advantage of the state tax incentives.</p> <p><small>*Applications will not advance to the supplemental round until a Certificate of Good Standing is received. The certificate must be dated within 6 months of the anticipated EACC meeting that the project is coming forth for review.</small></p> <p>To obtain a Certificate of Good Standing visit: https://wfb.dor.state.ma.us/webfile/Certificate/Public/WebForms/Welcome.aspx</p>	<p>Attached <input checked="" type="checkbox"/></p> <p>Date of DOR Application for Certificate of Good Standing: 1/21/2015</p> <p>Notes:</p>
--	---

2. COMPLIANCE WITH MASSACHUSETTS OBLIGATIONS

The following section will be sent to The Commonwealth of Massachusetts' Joint Task Force on the Underground Economy and Employee Misclassification which will certify that the applicant is in compliance with its obligations to the state of Massachusetts. The Joint Task Force will contact the applicant directly if there is an outstanding issue.

Legal Business Name:	Blount Fine Foods Corp			
Doing Business As:	Blount Fine Foods			
Primary Business Address:	Address:	630 Currant Rd		
	City:	Fall River	State:	MA
	Zip Code:	02720		
FEIN (Federal Employer Identification Number):	050249001			
Type of Organization:	Corporation			
Total Number of MA Employees:	300			
List Address(es) of other Business Locations in MA:	840 Bedford Street, Fall River MA 02723			

COMMONWEALTH OF MASSACHUSETTS
ECONOMIC ASSISTANCE COORDINATING COUNCIL
MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT

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3. AUTHORIZATION & CERTIFICATION

I/We, F. Nelson Blount, President, (names and titles) of the applicant business applying for "Certified Project" status from the Commonwealth of Massachusetts, Economic Assistance Coordinating Council hereby certify that I/we have been authorized to file this application and to provide the information within and accompanying this application and that the information provided herein is true and complete and that it reflects the applicant's intentions for investment, job creation and sales. I/we understand that the information provided with this application will be relied upon by the Commonwealth in deciding whether to approve "Certified Project" status and that the Commonwealth reserves the right to take action against the applicant or any other beneficiary of the Certified Project if the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/we make this certification under the pains and penalties of perjury.

FEB 11 P 4: 25
CITY OF BERRY
RIVER: MA

Signed:



Name	President	January 28, 2015
------	-----------	------------------

Select mm/dd/yyyy

Name	Title	Date
------	-------	------

4. CERTIFICATION AS TO ACCURACY AND PUBLIC RECORDS LAW ACKNOWLEDGEMENT

The signatories hereby certify that the answers in this application and the documents submitted in support thereof are accurate and complete representations of the applicant. They also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).

Signed:



Name	President	January 28, 2015
------	-----------	------------------

Select mm/dd/yyyy

Name	Title	Date
------	-------	------

TAX INCREMENT FINANCING AGREEMENT

CITY OF FALL RIVER, MASSACHUSETTS

and

BLOUNT FINE FOODS CORP

and

BLOUNT REALTY, LLC

This Agreement is made this ____ day of _____, 2015, by and between: **City of Fall River** (hereinafter called the "CITY"), a municipal corporation duly organized under the laws of the Commonwealth of Massachusetts, having a principal place of business at One Government Center, Fall River, Massachusetts, 02722, acting through its Tax Increment Financing (TIF) Board (hereinafter called the "CITY"); and **Blount Fine Foods Corp**, corporations with a principal place of business at 630 Currant Road, Fall River, Massachusetts, 02720, acting through Todd Blount, President & CEO (hereinafter called the "COMPANY"); and Blount Realty, LLC a Massachusetts corporation with a principal place of business at 630 Currant Road, Fall River, Massachusetts, 02720 (hereinafter called the "LANDLORD"). This Agreement shall take effect immediately upon final approval by the Massachusetts Economic Assistance Coordinating Council on _____, 2015.

WHEREAS, the COMPANY is a family-owned manufacturer and distributor of frozen and refrigerated premium soups and sides for retail and foodservice under the Blount, Panera Bread, Legal Sea Foods and private label brands, distributed throughout the US; and

WHEREAS, the COMPANY intends to construct a 50,000 square foot expansion in Fall River at a site adjacent to their current location on land owned by the LANDLORD (hereinafter called the "FACILITY"), and

WHEREAS, the COMPANY will be the sole lessee concerning a lease agreement entered into with the LANDLORD and all local property tax savings shall be provided to lessee through said lease; and

WHEREAS, the COMPANY is seeking real property tax and personal property tax exemptions from the CITY for said FACILITY and the COMPANY shall embark upon a strategy of significant capital investment in plant equipment and job creation at its FACILITY in Fall River, the CITY shall grant said tax exemptions in return for a guarantee of capital investment at the FACILITY and employment opportunities for local workers; and

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties do mutually agree as follows:

TIF Agreement/Blount Fine Foods

Page 2 of 4

A. THE COMPANY'S OBLIGATIONS

1. The COMPANY shall invest approximately \$10,000,000 in the FACILITY for expansion purposes at 630 Currant Road, Fall River, Massachusetts. The COMPANY further agrees to retain three hundred and four (304) permanent full time existing jobs and create and retain seventy-five (75) new permanent full-time jobs and twenty-five (25) seasonal jobs within five (5) years of the CITY issuing the COMPANY a Certificate of Occupancy.
2. The COMPANY agrees to operate its business at its FACILITY so long as this Agreement is in force. The COMPANY further agrees to continuously maintain the level(s) of jobs required under this Agreement from the date(s) such level(s) is/are first required to be maintained and/or achieved until the expiration or termination of this Agreement.
3. The COMPANY shall cooperate with the Bristol County Training Consortium and other local and state agencies, as appropriate, in seeking to fill vacancies at the COMPANY from the local community.
4. If the COMPANY plans to change its business plan as provided in the previous paragraphs, it may request to amend this agreement to amend its commitment. Said request for amendment shall be reviewed by the TIF Board and City Council. If the said amendment to the business plan results in a reduced commitment, the amended exemption shall be calculated in such a fashion that the total exemption provided under this Agreement for the project shall be reduced by the corresponding percentage.
5. If the LANDLORD decide(s) to sell the FACILITY and/or the business or to otherwise transfer control of the FACILITY and/or business and the operations therein, the COMPANY and/or LANDLORD shall make all good faith efforts to give the CITY at least six (6) months notice of said sale or transfer but no less than sixty (60) days shall be required. This Agreement is non-transferable without the consent of the TIF Board and City Council. Said notice shall be given by certified mail, return receipt requested, to the Mayor of the City of Fall River, One Government Center, Fall River, Massachusetts, 02722.

Further, in the event that the LANDLORD discontinues or otherwise alters its relationship with the COMPANY, it is agreed that the LANDLORD and the COMPANY shall be jointly and severally liable for any obligations or liabilities incurred by, or due from, the LANDLORD and/or COMPANY under the terms and conditions set forth in this Agreement.

6. The COMPANY shall provide the CITY with a Quarterly Report, to be supplied by the City, within thirty (30) days from the end of the quarter immediately following Project Certification and for each subsequent quarter thereafter until the expiration or termination of this Agreement. Said report shall contain, at a minimum, the following information: (1) employment levels at the COMPANY at the beginning and end of the reporting period; (2) number of Fall River residents employed at the COMPANY at the beginning and end of the reporting period; (3) utilization of local contractors during the reporting period; (4)

TIF Agreement/Blount Fine Foods

supplies/materials purchased locally during the reporting period; and (5) the COMPANY's financial contribution to the city (i.e., property taxes, motor vehicle excise taxes, water and sewer fees) for the reporting period.

Said quarterly report shall be forwarded to the Mayor of the City of Fall River, President of the Fall River City Council, Fall River City Clerk, Fall River Assessor, and Jobs for Fall River, Inc. (d/b/a Fall River Office of Economic Development), One Government Center, Fall River, MA, 02722. Jobs for Fall River, Inc. shall be responsible for monitoring job creation activities and compliance with the terms and conditions set forth in this Agreement. The COMPANY also shall notify Jobs for Fall River, Inc. of its receipt of a Certificate of Occupancy for its FACILITY within ten (10) days of such receipt.

B. THE CITY'S OBLIGATIONS

1. The CITY shall grant a Tax Increment Financing exemption to the COMPANY in accordance with Massachusetts General Laws, Chapter 23A, Section 3E, Chapter 40, Section 59, and Chapter 59, Section 5. Said exemption shall be granted on the building to be constructed, as described in FACILITY above and personal property located within FACILITY. Said exemption shall be valid for a period of twelve (12) fiscal years, beginning July 1, 2016 (FY17) and ending June 30, 2028 (FY28). Said exemption shall also apply to any supplemental real estate tax bills issued by the CITY within the aforesaid time period.

The exemption schedule is as follows:

<i>Term</i>	<i>Exemption</i>	<i>Taxes Due</i>
Years 1-12	60%	40%

2. If the CITY determines, after a hearing before, and determination from, the CITY'S Tax Increment Financing Board, that the COMPANY has failed to meet or maintain employment goals, including its obligations to retain three hundred and four (304) permanent full time existing jobs and create and retain seventy-five (75) new permanent full-time jobs within five (5) years of the CITY issuing the COMPANY a Certificate of Occupancy, the Tax Increment Financing exemption pertaining to real property and personal tax exemptions shall be revoked.

The parties hereto hereby expressly agree that the actual loss to the CITY as a result of the failure of the COMPANY to comply with the provisions hereof are incapable of precise quantification due to the imprecise nature of secondary losses resulting from the COMPANY's breach of this Agreement. Therefore, upon decertification of the project, the total amount of tax that would otherwise have been due and payable to the CITY but has otherwise been exempted pursuant to Section B, paragraph 1 hereof shall paid as a

TIF Agreement/Blount Fine Foods
Page 4 of 4

Payment In Lieu of Tax and as the CITY's sole remedy at law and equity for damages as a result of a breach of this agreement. Said Payment In Lieu of Tax shall be due and payable to the Treasurer of the City of Fall River within sixty (60) days of the date this project is decertified. All amounts due under the TIF Agreement will be collectable pursuant to the provisions of Massachusetts General Laws Chapter 60.

C. OTHER CONSIDERATIONS

1. If the COMPANY fails to meet or maintain employment goals or comply with the other terms of this Agreement, the CITY may request revocation of the TIF Agreement by the Economic Assistance Coordinating Council, in accordance with Commonwealth of Massachusetts Regulations 402 CMR, sections 2.01 - 2.22, as amended.

Executed as a sealed instrument.

***Tax Increment Financing Board,
City of Fall River***

Blount Fine Foods Corp

Mayor C. Samuel Sutter, Chairman

Todd Blount, President & CEO

Date

Date

Blount Realty, LLC

Todd Blount, President & CEO

Date

	Year	Exemption	Exemption Amount	Due	Taxes Due
Blount Fine Foods Corp					
630 Currant Road	1	60%	\$168,840	40%	\$112,560
	2	60%	\$168,840	40%	\$112,560
	3	60%	\$168,840	40%	\$112,560
	4	60%	\$168,840	40%	\$112,560
	5	60%	\$168,840	40%	\$112,560
	6	60%	\$168,840	40%	\$112,560
	7	60%	\$168,840	40%	\$112,560
	8	60%	\$168,840	40%	\$112,560
	9	60%	\$168,840	40%	\$112,560
	10	60%	\$168,840	40%	\$112,560
	11	60%	\$168,840	40%	\$112,560
	12	60%	\$168,840	40%	\$112,560
Total			\$2,026,080		\$1,350,720
City of Fall River Commercial Tax Rate = \$28.14/\$1000					
Blount Fine Foods investment = \$10M					
Annual Tax on New Investment = (\$10M/\$1000)*\$28.14					
			\$281,400		
Plan to construct a 50,000 square foot expansion					
New jobs: 75, Retained jobs: 304					



City of Fall River
Massachusetts
Department of Financial Services
TREASURER • COLLECTOR • AUDITOR • ASSESSOR

RECEIVED

2015 FEB 12 P 12: 54

CITY CLERK
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

JOHN L. NUNES, CMMT, CMMC
Director of Financial Services/Treasurer

PAULIANNE MARTINS-TEIXEIRA
Assistant Treasurer

February 12, 2015

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

Re: Snow and Ice Deficit

Dear President Camara:

I respectfully request that the Fall River City Council at their next meeting on February 17, 2015 approve my request to deficit spend the Snow and Ice account for Fiscal Year 2015.

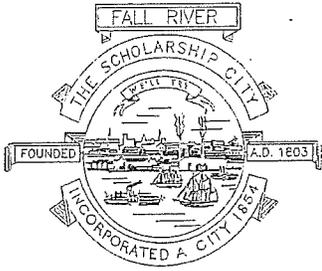
This request has been approved by the Mayor and is attached to this letter.

If you should have any questions, please do not hesitate to contact me.

Very Truly Yours,

John L. Nunes, CMMT/CMMC
Director of Financial Services / Treasurer

Attachment



City of Fall River
Massachusetts
Department of Financial Services
TREASURER • COLLECTOR • AUDITOR • ASSESSOR

C. SAMUEL SUTTER
Mayor

JOHN L. NUNES, CMMT, CMMC
Director of Financial Services/Treasurer

1/28/2015

PAULIANNE MARTINS-TEIXEIRA
Assistant Treasurer

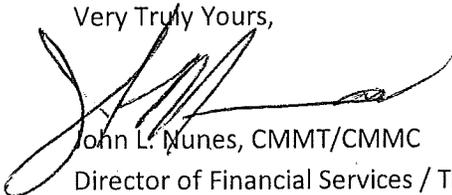
Honorable C. Samuel Sutter, Mayor
City of Fall River
One Government Center
Fall River, MA 02722

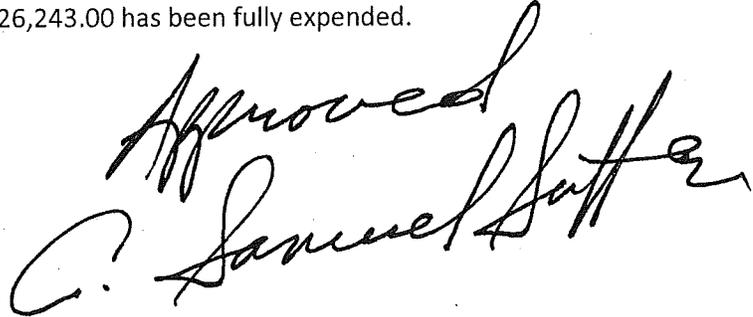
Re: Snow and Ice Deficit

I respectfully request your approval to deficit spend the snow and ice account as required by Massachusetts General Law Chapter 44 Section 31D.

At this time the appropriation amount of \$526,243.00 has been fully expended.

Very Truly Yours,


John L. Nunes, CMMT/CMMC
Director of Financial Services / Treasurer


C. Samuel Sutter

Cc: Cathy Ann Viveiros, City Administrator
Fall River City Council
Krishan Gupta, City Auditor
Ken Pacheco, Director of Public Infrastructure

City of Fall River, In City Council

ORDERED, that in accordance with the provisions of MGL c.44 §31D, the Administration is hereby authorized to deficit spend the snow and ice account.

FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"
417 Rock Street, Fall River, MA 02720

Meg Mayo-Brown, Superintendent

To: Fall River City Council
CC: Fall River School Committee
From: Meg Mayo-Brown, Superintendent of Schools
Subject: Net School Spending Requirements
Date: February 4, 2015

RECEIVED
2015 FEB - 5 P 3:27
CITY CLERK
FALL RIVER, MA

The Fall River School Committee's Subcommittee on Finance met on January 28, 2015 and asked that I communicate with the City Council the current status of Net School Spending for FY15.

As the City Council is aware, the Net School Spending requirement for FY 14 was not met. The shortfall was certified by the Department of Elementary and Secondary Education and was added to the Net School Spending (NSS) requirement for FY 15. The amount of the FY14 shortfall totals \$3,386,579.

Additionally, we are projecting another shortfall this year due to employee health care costs once again being lower than what was projected by the City. The projected shortfall of \$1,150,069 added to the previous shortfall of \$3,386,579 creates a projected shortfall of Net School Spending of \$4,536,648 for FY15, resulting in 96.5% of required spending.

As indicated in the Commissioner of Education's letter dated November 6, 2014, "...the Commonwealth's school finance statute, Chapter 70 of the General Laws, establishes an annual minimum local contribution requirement for each Massachusetts school district. This local contribution, when added to a district's Chapter 70 aid, equals its net school spending requirement. Failure to comply with this requirement may result in the loss of Chapter 70 aid, delays in the approval of your municipal tax rate by the Department of Revenue, and/or enforcement action by the Attorney General."

I urge the Mayor and City Council to address the matter of fully funding the Net School Spending requirement for Fall River Public School students. Funding at a level of 96.5% of required *minimum* spending is inadequate and shortchanges our students. I have attached a spreadsheet detailing FY 15 expenditures, including health care cost projections, resulting in a **current projected shortfall of \$4.5 million.**

FALL RIVER PUBLIC SCHOOLS

January 28, 2015

FY15 Budgeted Net School Spending	FY 2015
City of Fall River	
23. Administration (1000)	1,014,697
24. Instruction (2000)	0
25. Attendance-Health (3100, 3200)	0
26. Food Services (3400)	
27. Athletics/Student Activities/ Security (3500,3600)	492,716
28. Maintenance (4000)	285,000
29. Employee Benefits (5100)	5,271,498
30. Insurance (5200) (Health Care Short \$1,373,571)	10,871,776
31. Retired Employee Insurance (5250)	9,457,704
32. Rentals (5300)	0
33. Short Term Interest RAN's (5400)	0
34. Tuition (9000)	10,570,252
35. Total School Spending by City (23 through 34)	37,963,643
36. Revenues	
36a) Budgeted School Revenues	
36b) Charter Reimbursement (Local Districts)	2,593,200
36c) Subtotal, Net School Spending Revenues (36a+36b)	
37. City Net School Spending (35 - 36)	35,370,443
38. School Dept Required Net School Spending	91,481,069
Foundation Budget	126,851,512
39. Carry-Over (21)	
40. Total Net School Spending Requirement (38 + 39)	126,851,512
41. Deficiency (40 - 37)	
Add Back School Transportation not eligible for NSS	7,970,000
Fall River School Operating Budget to meet NSS	99,451,069
Budget Net School Spending	98,301,000
% of NSS	99.09%
FY 2015 NSS Target	126,851,512
FY 2015 NSS Budget	125,701,443
UNDER FUND FY 2015 FOUNDATION BUDGET	(1,150,069)
	99.1%
FY 2014 Carryover	3,386,579
Total Short fall	4,536,648
EST FY 2015 vs FY 2015 NSS (126,851,512 + 3,386,579)	96.5%

	Blue Cross Blue Shield Active	Blue Shield Retiree	Insurance Opt-Out	Active	Altus Dental	Retiree	Canary Services	Blus Medicare Retiree	Stop Loss	John R. Sharry	Federal Supplementary	Boston Mutual	Miscellaneous
July	1,036,180.82	1,127,742.32	1,379.28	18,393.20	14,907.96	16,495.31	1804.61	1804.61	3,267.95	12,421.53	3,245.00		
August	806,881.43	1,494.22	1,494.22	18,221.04	14,930.00	11,802.66	1804.61	1804.61	3,267.95	12,421.53	3,245.00		
September	671,681.46	741,971.54	2,413.74	17,714.44	15,024.88	84,021.94	1804.61	1804.61	3,189.75	12,421.53	3,245.00		
October	793,454.86	682,348.15	2,628.68	18,135.04	15,033.32	84,497.67	1804.61	1804.61	3,189.75	12,421.53	3,245.00		
November	549,805.34	420,801.47	3,605.67	18,515.04	15,065.52	84,923.50	1804.61	1804.61	3,189.75	12,421.53	3,245.00		
December	1,070,560.64	626,128.43	2,764.34	18,483.28	15,074.48	85,073.20	1804.61	1804.61	3,189.75	12,421.53	3,245.00		
January	646,789.69	540,061.21	2,189.86	18,537.76	15,020.00	85,570.00	1804.61	1804.61	3,189.75	12,421.53	3,245.00		
February				18,632.80	15,024.48				2,911.25				
March													
April													
May													
June													
Totals to Date	5,937,098.15	5,937,098.15	21,269.79	146,559.69	20,980.54	26,297.87	12,836.88	12,836.88	25,317.70	85,889.89	113,885.24		
Remaining	5.00	5.00	5.00	4.00	4.00	6.00	4.00	4.00	6.00	5.00	1.00		
Average/Estimate	800,000.00	800,000.00	2,800.00	18,700.00	15,100.00	86,000.00	1,804.61	1,804.61	3,200.00	12,610.00	7,000.00		
Projected Amount	4,000,000.00	4,000,000.00	14,300.00	74,800.00	60,400.00	516,000.00	6,418.44	6,418.44	12,800.00	63,050.00	7,000.00		
Totals	9,577,354.24	9,037,098.15	35,569.79	221,459.69	180,480.64	28,297.87	19,255.32	19,255.32	38,177.70	149,939.89	121,885.22		
Prior Year Amount	21,061,193.53	21,061,193.53											
Change	(1,557,311.12)	(1,557,311.12)											

	CY	PY	Change	Per Change
BC/BS	18,614,452.39	21,092,911.28	(2,478,458.87)	-11.75%
Insurance Opt-Out	35,569.79		35,569.79	
Dental	401,840.24	375,607.43	26,232.81	7.01%
Retiree Prescriptions	968,384.18	965,247.61	3,136.57	0.33%
Stop Loss	711,488.80	575,598.10	135,890.70	23.61%
John R. Sharry	19,255.32	18,694.56	560.76	3.00%
Federal Supplementary	38,177.70	42,089.85	(3,912.15)	-9.29%
Boston Mutual	149,939.89	148,355.84	1,584.05	1.07%
Miscellaneous	121,985.22		121,985.22	
Totals	21,061,193.53	22,618,504.65	(1,557,311.12)	-6.89%

	CY	PY	Change	Per Change
Adjusted Totals	19,825,837.53			
Budgeted Insurance - FY14 EOY Report for FY15	21,017,121.00			
Difference (Under/Over)spending	(1,191,283.47)			
Total Expenditure	22,618,504.65	21,061,193.53	1,557,311.12	7.40%
Grant Reimbursements - Per Projection EOY for 15	(1,418,093.44)	(1,235,336.00)	182,757.44	14.79%
Adjusted Totals	21,199,409.21	19,825,837.53	1,373,571.68	6.93%
Net Change			(1,373,571.68)	

	Projection - Using	Difference	Months Remaining	Potential Additional
Placeholder of \$5,000 put in for Balloon Checks for June	800,000.00	3,235.11	5	15,175.54
Avg Monthly Bill - BC/BS	600,000.00	80,814.55	5	402,072.75
Active	58,734.89			
Retiree	719,265.11			

	Actual	2014 Actual	2015 Projection
Budgeted Insurance:			
Projected Expense	22,262,477.00		
Projected Grant Reimb	(1,235,336.00)		
EOY - Schedule 19 - FY 14 EOYR	21,027,121.00		

City of Fall River, *In City Council*

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

That Chapter 70 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to traffic be amended as follows:

Section 1.

By inserting in Section 70-241, which section relates to stop intersections designated, in proper alphabetical order the following:

Tower Street, eastbound and westbound drivers on Tower Street at Clay Street

Section 2.

By inserting in section 70-371, which section relates to parking prohibited at all times, in proper alphabetical order the following:

Bay Street, west side, starting at a point 495 feet north of Woodman Street, for a distance of 61 feet northerly

Section 3.

By inserting in Section 70-374 (23), which section relates to thirty minute parking during certain hours, 9:00 a.m. to 6:00 p.m., Monday – Saturday, in proper alphabetical order the following:

East Main Street, east side, starting at a point 65 feet north of Globe Street, for a distance of 20 feet northerly

Section 4.

By inserting in Section 70-385 (9), which section relates to loading zones during certain hours, 9:00 a.m. to 5:00 p.m., Monday – Friday, in proper alphabetical order the following:

Broadway, west side, starting at a point 213 feet north of William Street, for a distance of 20 feet northerly

Section 5.

By striking out in Section 70-387, which section relates to handicapped parking the following:

Barlow Street, west side, starting at a point 265 feet north of Pleasant Street, for a distance of 20 feet northerly

Globe Street, south side, starting at a point 76 feet west of Bush Street, for a distance of 20 feet westerly

Harrison Street, west side, starting at a point 128 feet south of Canonicus Street, for a distance of 25 feet southerly

Kempton Street, east side, starting at a point 53 feet south of Mt. Hope Avenue, for a distance of 20 feet southerly

Lindsey Street, west side, starting at a point 65 feet south of Brightman Street, for a distance of 20 feet southerly

McCloskey Street, west side, starting at a point 212 feet north of County Street, for a distance of 20 feet northerly

Middle Street, south side, starting at a point 50 feet east of Ash Street, for a distance of 20 feet easterly

Norfolk Street, north side, starting at a point 168 feet east of Fulton Street, for a distance of 20 feet easterly

North Main Street, west side, starting at a point 54 feet north of Malvey Street, for a distance of 20 feet northerly

North Main Street, west side, starting at a point 90 feet south of Weaver Street, for a distance of 25 feet southerly

Osborn Street, north side, starting at a point 219 feet west of Second Street, for a distance of 20 feet westerly

Pine Street, north side, starting at a point 20 feet west of Tremont Street, for a distance of 20 feet westerly

**CITY OF FALL RIVER
IN CITY COUNCIL
FEB 03 2015**

*Passed through
first reading*

City of Fall River, In City Council

(Councilor Jasiel F. Correia II)

WHEREAS, Winter Storm Juno was an intense snow storm leaving approximately twenty inches of snow in Fall River, and

WHEREAS, many streets were impassable for days, causing great inconvenience for residents and public safety concerns, and

WHEREAS, a snow removal plan for these intense storms is needed, now therefore

BE IT RESOLVED, that the Committee on Public Works and Transportation meet with the Administration and the Director of Community Maintenance to discuss snow removal plans for future storms.

City of Fall River, In City Council

(Councilor Jasiel F. Correia II)

WHEREAS, Pay-As-You-Throw has been controversial since its inception,
and

WHEREAS, there are numerous questions pending regarding the legality
of fines and fees, now therefore

BE IT RESOLVED, that the Committee on Ordinances and Legislation
meet with the Administration, Director of Community Maintenance and
Corporation Counsel to discuss this very important matter.

City of Fall River, In City Council

ORDERED, that regular meetings of the City Council during 2015 shall be held as follows, and

BE IT FURTHER ORDERED that at said meetings the Committee on Finance shall begin at 6:00 PM, and the Regular Meeting of the City Council shall begin at 7:00 PM.

July 14

August 18

All meetings shall be held in the Council Chamber, Government Center.

City of Fall River, *In City Council*

ORDERED, that regular meetings of the City Council during 2015 shall be held as follows, and

BE IT FURTHER ORDERED that at said meetings the Committee on Finance shall begin at 6:00 PM, and the Regular Meeting of the City Council shall begin at 7:00 PM.

July 14

August 18

September 8
September 29

October 13
October 27

November 10
November 24

December 8
December 22

All meetings shall be held in the Council Chamber, Government Center.

council
18



RECEIVED

City of Fall River
Notice of Claim

2015 FEB -3 A 11: 26

CITY CLERK 15-15
FALL RIVER, MA

1. Claimant's name: Kelly Almeida
2. Claimant's complete address: 81 N Court St Fall River MA 02720
3. Telephone number: Home: 774 223 1594 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage
5. Date and time of accident: Jan 4, 2015 @ 12:30am Amount of damages claimed: \$ 46.00
6. Exact location of the incident: (include as much detail as possible):
Central Street right off of Exit 5 on I95 coming from New Bedford MA
7. Circumstances of the incident: (attach additional pages if necessary):
It was raining and I took the exit and hit large pothole right off exit and immediately had a flat 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: 2/3/15 Claimant's signature: Kelly Almeida

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, 2nd 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 type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW		
Date:							FEB - 3 2015

Council



City of Fall River
Notice of Claim

RECEIVED

2015 FEB -3 P 1:11

CITY CLERK 15-16
FALL RIVER, MA

1. Claimant's name: Laureano Botelho
2. Claimant's complete address: 977 N. Eastern Ave Fall River MA
3. Telephone number: Home: 508679 6987 Work: 508676-1916 02720
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage - snow plow ripped up driveway
5. Date and time of accident: 1/27/15 Amount of damages claimed: \$ hasn't been appraised
6. Exact location of the incident: (include as much detail as possible):
Home address
7. Circumstances of the incident: (attach additional pages if necessary):
roughly 7 feet of asphalt was torn up by city sanctioned plow. It left a huge hole that causes my tires and rims be damaged.
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: 1/30/15

Claimant's signature: Laureano Botelho

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, 2nd 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: FEB - 3 2015



RECEIVED

2015 FEB -3 P 3:59

City of Fall River
Notice of Claim

CITY CLERK 15-17
FALL RIVER, MA

- 1. Claimant's name: Michelle Nogueira
- 2. Claimant's complete address: 232 Jefferson St APT 2 FALL RIVER
- 3. Telephone number: Home: 774.319.0537 Work: _____
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pothole on Plymouth Ave near First Ford
- 5. Date and time of accident: 5:00pm Feb 28 2015 Amount of damages claimed: \$ 120.00
- 6. Exact location of the incident: (include as much detail as possible):
on first ford side of Plymouth Ave
- 7. Circumstances of the incident: (attach additional pages if necessary):
3 consecutive holes on left side of street un avoidable without causing an accident, should have been marked with cones.
- 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: 2/2/2015

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, 2nd 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>FEB - 3 2015</u>



RECEIVED

City of Fall River
Notice of Claim

2015 FEB -4 P 3: 06

1. Claimant's name: John J. Michael AND Joseph J. Michael CITY CLERK # 15-18 FALL RIVER MA
2. Claimant's complete address: 245 DUNBAR STREET, FALL RIVER MA. 02723
3. Telephone number: Home: 508-674-1020 Work: 508-963-5888
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
PROPERTY DAMAGE: SEWER BACK-UP FROM CITY
5. Date and time of accident: 12/9/2014 Amount of damages claimed: \$ 15,602.⁰⁰
BETWEEN 6pm-8pm
6. Exact location of the incident: (include as much detail as possible):
PLEASE SEE ATTACHED PAGES!
7. Circumstances of the incident: (attach additional pages if necessary):

PLEASE SEE ATTACHED PAGES!

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 PHONE: 508-677-0407 INSURANCE HAS DENIED CLAIM.
ANTHONY CONDITO, 171 PLEASANT STREET, FALL RIVER MA. 02721.

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: 1/27/2015

Claimant's signature: Joseph J. Michael

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, 2nd 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 water Date: 2/4/15



RECEIVED

2015 FEB -5 A 10:26

City of Fall River
Notice of Claim

CITY CLERK #15-19
FALL RIVER, MA

1. Claimant's name: Marc G. Wailz
2. Claimant's complete address: 107 Meadowbrook Lane Westport MA 02790
3. Telephone number: Home: 508 636 2944 Work: 508 241 8527
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POT HOLE DAMAGE FLAT TIRE SIDEWALK Blowout
5. Date and time of accident: 1/29/2015 Amount of damages claimed: \$ 200.00
6. Exact location of the incident: (include as much detail as possible):
WILLIAM CARROLL BLVD IN FRONT OF FALL RIVER FORD
7. Circumstances of the incident: (attach additional pages if necessary):
2 Large Pot Holes 1 After Another Impossible To Miss with Traffic in said Lane. EXTREMELY LARGE Very Deep.
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: 2/5/15

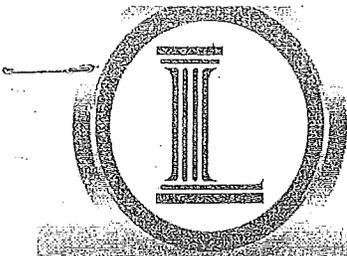
Claimant's signature: Marc G. Wailz

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, 2nd 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>2/5/15</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		



ROB LEVINE & ASSOCIATES

The Lawyers for Personal Injury

Council

Certified Mail/Return Receipt Requested

February 2, 2015

City of Fall River
Attn: City Clerk's Office
1 Government Center
Fall River, MA 02720
Attention: Alison M. Bouchard, City Clerk

RECEIVED
2015 FEB - 9 A 11:13
CITY CLERK
FALL RIVER, MA
15-20

Re: *Our Client: Luis Irizarry*

Dear Sir or Madam:

This letter of presentment is being sent to you pursuant to M.G.L Ch. 258 §4, and M.G.L. Ch. 84 §18. Please be advised that I represent Luis Irizarry of 273 Winter Street Fall River, MA 02720 with regard to injuries sustained in a Motor Vehicle Accident on December 22, 2014 at: Intersection of Eastern Avenue and Locust Street due to your insured's negligence.

Mr. Irizarry was a passenger in Fermin Oquendo's vehicle which was on Eastern Avenue and had a green light. Mr. Oquendo was traveling straight when Mr. Oquendo's vehicle was struck by a Fall River Fire Department Rescue. Please see attached form for additional information.

Thank you for your anticipated cooperation with regard to this matter.

Very truly yours,

Robert J. Levine, Esq.
RL/dd

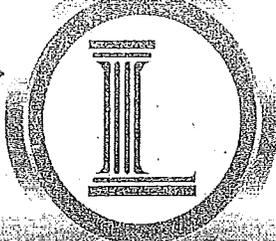
544 DOUGLAS AVE
PROVIDENCE, RI 02908

ANYTIME-DAY OR NIGHT
[401] 621-7000

FORWARD:
original + 1c - LAW
1c - City Admin
1c - City Clerk
1c - City Council
1c - FRFD
SEND FAXES TO
[401] 621-7050

FEB - 9 2015

council



ROB LEVINE & ASSOCIATES

The Lawyers for Personal Injury

Certified Mail/Return Receipt Requested

February 2, 2015

City of Fall River
Attn: City Clerk's Office
1 Government Center
Fall River, MA 02720
Attention: Alison M. Bouchard, City Clerk

RECEIVED
2015 FEB - 9 A 11:13
CITY CLERK
FALL RIVER, MA
15-21

Re: *Our Client: Fermin Oquendo*

Dear Sir or Madam:

This letter of presentment is being sent to you pursuant to M.G.L Ch. 258 §4, and M.G.L. Ch. 84 §18. Please be advised that I represent Fermin Oquendo of 273 Winter St. Apt#8, Fall River, MA 02720 with regard to injuries sustained in a Motor Vehicle Accident on December 22, 2014 at: Intersection of Eastern Avenue and Locust Street due to your insured's negligence.

Mr. Oquendo was on Eastern Avenue and had a green light. Mr. Oquendo was traveling straight when Mr. Oquendo's vehicle was struck by a Fall River Fire Department Rescue. Please see attached form for additional information.

Thank you for your anticipated cooperation with regard to this matter.

Very truly yours,

Robert J. Levine, Esq.
RL/dd

FORWARD:
Original + 1c - LAW
1c - City Admin
1c - City Clerk
1c - City Council
1c - FRFD

544 DOUGLAS AVE.
PROVIDENCE, RI 02908

ANYTIME-DAY OR NIGHT
[401] 621-7000

SEND FAXES TO
[401] 621-7050

FEB - 9 2015

council



City of Fall River
Notice of Claim

RECEIVED

2015 FEB 11 A 11:19

CITY CLERK 15-22
FALL RIVER, MA

1. Claimant's name: Jeffrey A. Heath
2. Claimant's complete address: 14 Buckwheat Ave., Portsmouth, RI, 02871
3. Telephone number: Home: (401) 935-0904 Work: (401) 624-6668
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto accident => Left front + rear tire flats due to unmarked
5. Date and time of accident: 2/4/15; 3:00pm Amount of damages claimed: \$ 535.48
pot holes.
6. Exact location of the incident: (include as much detail as possible):
On Mariano S. Bishop Blvd. taking a left into the CVS parking lot (Xaviers Florist
was on my right)
7. Circumstances of the incident: (attach additional pages if necessary):
see attached (seeking reimbursement in the amount
of \$535.48 which was the cost to replace 2
flat tires due to unmarked pothole in Fall River,
MA)
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: 2/4/15

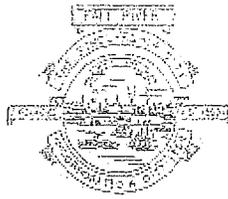
Claimant's signature: Jeffrey A. Heath

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, 2nd 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: FEB 11 2015
Copies forwarded to:	<input 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	



RECEIVED

City of Fall River
Notice of Claim

2015 FEB 12 A 10:41

CITY CLERK 15-23
FALL RIVER, MA

1. Claimant's name: Jill M. Biscari-Prevost
2. Claimant's complete address: 49 Anthony St. Acushnet, MA 02743
3. Telephone number: Cell: 617-650-3265 Home: 617-650-3265 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Automobile damage due to potholes
5. Date and time of accident: 1/29/2015 1:35 pm Amount of damages claimed: \$ 288.64
6. Exact location of the incident: (include as much detail as possible):
William S. Canning Blvd. (NB) Left Turn Lane into
(map attached) Burlington Coat Factory Plaza
7. Circumstances of the incident: (attach additional pages if necessary):
I was proceeding North on WS Canning Blvd in Left Lane to turn into plaza headed to Harbor Freight Tools. Narrowness of lane (due to snowbanks) made avoiding two potholes (one after another) impossible. Both drivers side tires
(continued on reverse) →
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: 2/8/15

Claimant's signature: Jill Biscari-Prevost

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, 2nd 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>FEB 12 2015</u>
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Flint Neighborhood Association

Since 1990

21

February 11, 2015

Dear Members of the City Council,

The Flint Neighborhood would like to update you on the Davol School, located on Flint St. We would like to inform you of the renovations that will begin this year with the school. Therefore, we are requesting to be added to the Real Estate Committee agenda. Any question in regards to this, you make contact the president of the Association; Carlos Cesar at 774-526-2221, Association address 112 Flint St Fall River Ma.

Thank You!

Bernadette Varao
Bernadette Varao, Flint Board Member

RECEIVED
2015 FEB 12 A 10:42
CITY CLERK
FALL RIVER, MA

