

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

2015 JUN 19 P 2:31

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

**ALISON M. BOUCHARD**  
CITY CLERK

**JUNE 19, 2015**  
**MEETINGS SCHEDULED FOR NEXT WEEK**  
**CITY COUNCIL CHAMBER**

**INÊS LEITE**  
ASSISTANT CITY CLERK

**TUESDAY, JUNE 23, 2015**

**5:30 P.M. COMMITTEE ON FINANCE** \*\*Note earlier time\*\*

1. \*Transfers and appropriations (tabled 6-9-15)
2. \*Discussion with Community Preservation Committee 2015 funding recommendation report
3. \*Discussion with Historical Commission – 2015 Annual Report

**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** – None

**PRIORITY COMMUNICATIONS**

1. Traffic Commission recommending amendments to the traffic ordinances

**COMMITTEE REPORTS**

Committee on Ordinances and Legislation recommending:

First Reading:

2. Proposed ordinance – Traffic, misc.
3. Proposed ordinance – Boat Ramp Fees
4. Proposed ordinance – Water/Sewer service connections
5. Proposed ordinance – Infiltration and inflow reduction program

First Reading, as amended:

6. Proposed ordinance – Rate for metered water
7. Proposed ordinance – User charges for wastewater collection

Action:

8. Proposed ordinance – Annual fee for collection/disposal of household trash

All readings with Emergency Preamble:

9. \*Traffic, Handicapped parking

**ORDINANCES** – None

**RESOLUTIONS** – None

**CITATIONS** – None

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

One Government Center • Fall River, MA 02722

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

**ORDERS – HEARINGS FOR TONIGHT**

Curb removal:

10. Maria Boliero – Removal of 4 feet of curbing for a total of 20 feet of curbing at 733 New Boston Road
11. Anna DeSousa – Removal of 21 feet of curbing for a total of 21 feet of curbing at 242 Washington Street
12. Gregory Charles – Removal of 15 feet of curbing for a total of 30 feet of curbing at 119 Tobin Street
13. Joseph and Carol Gagne – Removal of 6 feet of curbing for a total of 39 feet of curbing at 116 French Street

Auto Repair Shop License:

14. Miller Garcia d/b/a Global Care Auto Service, Inc., for a license to operate an auto repair shop at 65 Manchester Street

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

**ORDERS – NO HEARING REQUIRED** – None

**ORDERS – MISCELLANEOUS**

15. Police Chief's report on licenses
16. Auto Repair Shop license renewals
17. Auto Body Shop license renewals

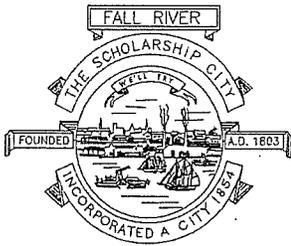
**COMMUNICATIONS – INVITATIONS – PETITIONS**

18. \*Claims
19. Planning Board Minutes – March 31, 2015
20. \*City resident and request for ballot question
21. \*Disclosure by Special Municipal Employee – Matthew F. Burke, Jr.

**BULLETINS – NEWSLETTERS – NOTICES**

22. Notice of Casualty and Loss at 1040 Highland Avenue

  
City Clerk



C. SAMUEL SUTTER  
Mayor

City of Fall River  
Massachusetts  
Office of the Mayor

#1 Finance

RECEIVED

2015 JUN -5 A 11: 44

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

June 4, 2015

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

Dear Honorable Council Members:

In accordance with the provisions of Chapter 44, Section 32 of the Massachusetts General Laws, I recommend the following appropriations to your Honorable Body.

These appropriations are necessitated due to the regular periodic review of the operating budget. The following appropriations will assist the City in meeting its Fiscal Year 2015 obligations:

1. \$237,000 That the sum of \$237,000 be, and the same is, hereby transferred and appropriated from the GENERAL FUND INSURANCE ACCOUNT to be credited to the POLICE FALL RIVER HOUSING AUTHORITY FUND
2. \$104,000 That the sum of \$104,000 be, and the same is, hereby transferred and appropriated from the GENERAL FUND INSURANCE ACCOUNT to be credited to the POLICE DETAILS FUND
3. \$43,000 That the sum of \$43,000 be, and the same is, hereby transferred and appropriated from the EDUCATION VOCATIONAL ASSESSMENTS ACCOUNT to be credited to the HOMELESS STUDENTS TRANSPORTATION FUND (McKinney Vento)
4. \$55,000 That the sum of \$55,000 be, and the same is, hereby transferred and appropriated from the ADMINISTRATIVE SERVICES, SALARIES to be credited to the POLICE, EXPENDITURES

- 5. \$14,000 That the sum of \$14,000 be, and the same is, hereby transferred and appropriated from the ADMINISTRATIVE SERVICES, SALARIES to be credited to the FIRE, EXPENDITURES
  
- 6. \$261,000 That the sum of \$50,000, \$21,000, \$100,000, \$20,000, AND \$70,000 (Total \$261,000) be, and the same is, hereby transferred and appropriated from the EDUCATION VOCATIONAL ASSESSMENTS ACCOUNT, ADMINISTRATIVE SERVICES, SALARIES, DEPARTMENT OF COMMUNITY MAINTENANCE, SALARIES, DEPARTMENT OF COMMUNITY SERVICES, SALARIES, and FINANCIAL SERVICES, SALARIES, respectively to be credited to the DEPARTMENT OF COMMUNITY MAINTENANCE, EXPENDITURES

If you have any questions or concerns regarding this, please feel free to contact me.

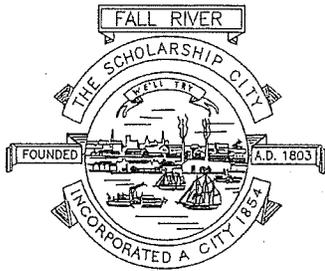
Sincerely,



C. Samuel Sutter  
Mayor

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 09 2015

*a/c placed on file*



**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*

**PAULIANNE MARTINS-TEIXEIRA**  
*Assistant Treasurer*

June 4, 2015

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

Dear Mayor Sutter:

I respectfully request the following transfers of funds in the Fiscal Year 2015 Operating Budgets:

1. \$330,000 to various Electric Accounts. This is a result of a 29% rate increase by National Grid along with a very severe winter.
2. \$237,000 to the Fall River Housing Authority to cover the deficit caused by the Authority not reimbursing the City for the full coverage of Police Officers assigned to their buildings.
3. \$104,000 to the Police Detail Account to cover the deficit caused by the non-payment of police details specifically the Abby Grill
4. \$43,000 to the McKinney Vento Homeless Transportation account to cover the deficit caused by the Commonwealth of Massachusetts not funding this program at 100 % reimbursement.

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

CITY CLERK  
FALL RIVER, MA

2015 JUN - 5 P 12: 08

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**FY 15 Appropriation/Transfer Number Analysis # 9**

Line	Original/Revised	Appropriation	Amount Transferred	New Appropriation
GF Insurance	\$	36,805,419	\$ (341,000)	\$ 36,464,419
Police Fall River Housing Authority Fund	\$	-	\$ 237,000	\$ 237,000
Police Details Fund	\$	-	\$ 104,000	\$ 104,000
GF Vocational Assessments	\$	3,499,632	\$ (43,000)	\$ 3,456,632
Homeless Students Transportation Fund (McKinney Vento)	\$	-	\$ 43,000	\$ 43,000
GF Vocational Assessments	\$	3,456,632	\$ (50,000)	\$ 3,406,632
GF Administrative Services, Salaries	\$	1,243,329	\$ (90,000)	\$ 1,153,329
GF DCM, Salaries	\$	4,638,344	\$ (100,000)	\$ 4,538,344
GF Community Services, Salaries	\$	2,458,795	\$ (20,000)	\$ 2,438,795
GF Financial Services, Salaries	\$	1,487,945	\$ (70,000)	\$ 1,417,945
GF Police Expenditures	\$	1,099,022	\$ 55,000	\$ 1,154,022
GF Fire Expenditures	\$	606,596	\$ 14,000	\$ 620,596
GF DCM Expenditures	\$	2,901,587	\$ 261,000	\$ 3,162,587

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



Krishnan Gupta, City Auditor  
6/4/2015

CITY CLERK  
FALL RIVER, MA

2015 JUN -5 A 11:44

RECEIVED

*City of Fall River, In City Council*

June 9, 2015

# 1

**That the sum of \$237,000 be, and the same is, hereby transferred and appropriated from the GENERAL FUND INSURANCE ACCOUNT to be credited to the POLICE FALL RIVER HOUSING AUTHORITY FUND**

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 09 2015

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*6-9-15 Tabled in Finance*

*City of Fall River, In City Council*

June 9, 2015

# 2

**That the sum of \$104,000 be, and the same is, hereby transferred and appropriated from the GENERAL FUND INSURANCE ACCOUNT to be credited to the POLICE DETAILS FUND**

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 09 2015

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*6-9-15 Tabled in Finance*

*City of Fall River, In City Council*

June 9, 2015

# 4

**That the sum of \$55,000 be, and the same is, hereby transferred and appropriated from the ADMINISTRATIVE SERVICES, SALARIES to be credited to the POLICE, EXPENDITURES**

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 09 2015

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*6-9-15 Tabled in Finance*

*City of Fall River, In City Council*

June 9, 2015

# 5

**That the sum of \$14,000 be, and the same is, hereby transferred and appropriated from the ADMINISTRATIVE SERVICES, SALARIES to be credited to the FIRE, EXPENDITURES**

CITY OF FALL RIVER  
IN CITY COUNCIL  
JUN 09 2015

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*6-9-15 Tabled in Finance*

*City of Fall River, In City Council*

June 9, 2015

# 6

**That the sum of \$50,000, \$21,000, \$100,000, \$20,000, AND \$70,000 (Total \$261,000) be, and the same is, hereby transferred and appropriated from the EDUCATION VOCATIONAL ASSESSMENTS ACCOUNT, ADMINISTRATIVE SERVICES, SALARIES, DEPARTMENT OF COMMUNITY MAINTENANCE, SALARIES, DEPARTMENT OF COMMUNITY SERVICES, SALARIES, and FINANCIAL SERVICES, SALARIES, respectively to be credited to the DEPARTMENT OF COMMUNITY MAINTENANCE, EXPENDITURES**

CITY OF FALL RIVER  
IN CITY COUNCIL

JUN 09 2015

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*6-9-15 Tabled in Finance*

#2 Finance

May 28, 2015

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

Dear Mayor Sutter,

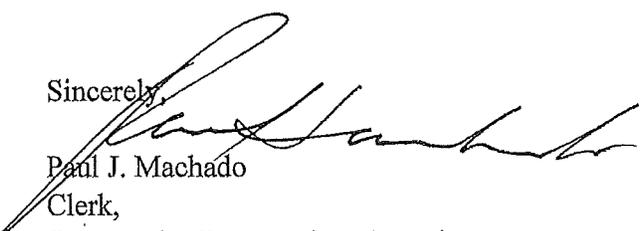
Enclosed is a copy of the Community Preservation Committee 2015 funding recommendation report.

Pursuant to the Fall River Community Preservation Act Ordinance the Committee submits its final recommendations to the Mayor for his submission to the City Council. I have enclosed a copy of this report for each of the nine City Councilors and an additional copy for the official record.

The local ordinance provides that these recommendations be submitted to the City Council, annually, prior to June 1.

Thank you for your attention to this matter.

Sincerely,



Paul J. Machado

Clerk,

Community Preservation Committee

Ordinance No. 2013-11

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

That Chapter 2 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Administration be amended by inserting in Chapter 2, a new Division 10 Community Preservation Committee, and inserting under said division new sections to read as follows:

**Section 1.**

**DIVISION 10. COMMUNITY PRESERVATION COMMITTEE**

**Sec. 2-363. Definitions.**

*Community housing* - low and moderate income housing for individuals and families, including low or moderate income senior housing.

*Community preservation* - the acquisition, creation and preservation of open space; the acquisition, preservation, rehabilitation and restoration of historic resources; the acquisition, creation, preservation, rehabilitation and restoration of land for recreational use; the acquisition, creation, preservation and support of community housing; and the rehabilitation or restoration of open space and community housing acquired or created pursuant to M.G.L.A. c. 44B.

*Historic resources* - a building, structure, vessel, real property, document or artifact that is listed on the state register of historic places or has been determined by the local historic preservation commission to be significant in the history, archeology, architecture or culture of a city or town.

*Open space* - shall include, but not be limited to, land to protect existing and future watershed land, wetlands, ocean, river, stream, lake and pond frontage, beaches, and other coastal lands, lands to protect scenic vistas, land for wildlife or nature preserve and land for recreational use.

*Quorum* - a majority of the members of the committee.

**Sec. 2-364. Establishment.**

There is hereby established a community preservation committee, consisting of nine (9) voting members. The composition of the committee, the length of the committee members' terms, and method of appointment shall be as follows:

- (1) One member of the conservation commission as designated by said commission;
- (2) One member of the historical commission as designated by said commission;
- (3) One member of the planning board as designated by said board;
- (4) One member of the board of park commissioners as designated by said board;
- (5) One member of the housing authority as designated by said authority;
- (6) Two citizens to be appointed by the Mayor; and
- (7) Two citizens to be appointed by the City Council.

When a commission is first established, the terms of the members shall be for one, two or three years as determined by the Mayor, and so arranged that the terms of approximately one-third of the members will expire each year. Successors shall be appointed for three year terms. In the event of a vacancy, the respective board, commission, authority or Mayor shall fill the vacancy for the remainder of the unexpired term.

(State law reference - M.G.L.A. c. 44B, § 5)

**Sec. 2-365. Duties.**

The duly appointed committee shall exercise all the rights, power and authority provided in M.G.L.A. c. 44B, §§ 5 - 14 and any and all additions thereto or amendments thereof and includes the following:

- (1) The committee shall study the needs, possibilities and resources of the city regarding community preservation. The committee shall consult with municipal boards in conducting such studies. As part of its study, the committee shall hold one or more public informational hearings on the needs, possibilities and resources of the city

regarding community preservation, notice of which shall be posted publicly and published for each of two weeks preceding a hearing in a newspaper of general circulation.

- (2) The committee shall make recommendations to the city council in accordance with M.G.L.A. c. 44B, § 5 and any and all additions thereto or amendments thereof. Recommendations to the city council shall include anticipated costs.
- (3) The committee shall keep a full and accurate record of all of its actions, including its recommendations and the action taken, appropriations or expenditures made from the community preservation fund, and real property interests acquired, disposed of or improved by the city. A copy of the committee's meeting minutes shall be forwarded to the City Council.
- (4) The committee may annually select a chairperson and vice chairperson to serve for one (1) year terms.
- (5) The committee shall meet at least eight (8) times per annum.

**Sec. 2-366. Quorum requirement.**

The community preservation committee shall not meet or conduct business without the presence of a quorum. Committee actions shall be approved by majority vote of the quorum.

**Sec. 2-367. Mechanism for Appropriations.**

The committee shall submit its proposed budget and anticipated costs to the Mayor, who shall, in turn, submit said budget and anticipated costs to the City Council who may approve or veto appropriations made pursuant to M.G.L.A. c. 44B. After receiving recommendations from the committee, the city council shall approve appropriations from the community preservation fund as set forth in M.G.L.A. c. 44B, § 7, and additional non-community preservation fund appropriations as it deems necessary.

By June 1 of each year, the committee shall provide all anticipated capital projects and funding sources to the City Council for the upcoming fiscal year.

(State law reference - M.G.L.A. c. 44, §§ 32, 33)

**Sec. 2-368. Severability.**

The invalidity of any portion or portions of this article shall not invalidate any other portion, provision or section thereof.

**Section 2.**

Appointments to the committee shall be made within 30 days of passage of this ordinance.

In City Council, March 26, 2013  
Passed to be ordained, as amended

Approved, April 2, 2013  
William A. Flanagan, Mayor

A true copy. Attest:  
Alison M. Bouchard  
City Clerk

COMMUNITY PRESERVATION COMMITTEE  
FUNDING RECOMMENDATIONS JUNE 2015

Fall River voters approved the adoption of the Community Preservation Act in the November 2012 election. The Community Preservation Committee was formed in October 2013 and held its first meeting on October 28, 2013. In the first months the CPC focused on preparing the CPA plan, establishing the application process and familiarizing itself with the statute and applicable rules.

ADVERTISING THE PROCESS:

At its January 6, 2014 meeting the Community Preservation Committee voted to seek invitations from each neighborhood association in order to explain the application process.

Members of the Community Preservation Committee attended each of the neighborhood association meetings during the months of March and April 2014. These members discussed the types of projects that qualify, historic preservation, community housing and outdoor recreation and open space. The committee members also provided copies of the application and explained the two step process.

Simultaneously the Board worked with the City's information technology unit to place CPA materials on the Fall River City website.

An article describing the Community Preservation Act and the application process appeared in the Fall River Herald News on July 23, 2014.

As required by the Community Preservation Act Statute, GL Ch 44B, the CPC held its annual public meeting on September 8, 2014. As required, the CPC purchased two legal notices in the Fall River Herald News to announce this public hearing. The meeting was well attended and the participants discussed a number of topics, the emergency funding process, the application process and the types of projects worthy of support.

## APPLICATION PROCESS

The Community Preservation Committee adopted a two stage application process.

The first stage is an application for eligibility in order to determine if a submitted proposal meets the statutory criteria. These applications were due on September 1, 2014.

The second stage is an application for funding. These applications were due on February 1, 2015. At this stage the proposal was expected to be developed and include actual estimates, drawings and other supportive materials.

## ELIGIBILITY HEARINGS

The Community Preservation Committee notified each applicant in writing of the date of their eligibility hearing. These hearings began on the October 6, 2014 meeting during which six applications were discussed. At the November 3, 2014 meeting eleven additional projects were discussed. On December 1, 2014 the remaining thirteen proposals were discussed.

At each of these hearings the applicants were given an opportunity to make a presentation about their project. These hearings also provided an opportunity for the Board to make suggestions as to the contents of the final applications. The Board had voted to allow an applicant to amend its submission in the event that the proposal did not meet the statutory criteria.

Three of the applications did not meet any of the statutory criteria. Sixteen applications were in the Historic Preservation category, six in the Open Space category and five were in the Outdoor Recreation Category. In this round the Committee received no applications in the Community Housing category.

Four applicants, otherwise qualified, did not submit applications for funding.

## FUNDING HEARINGS

The Community Preservation Committee conducted funding hearings on February 23, March 2 and March 16, 2015. Once again each of the applicants received a written notice of their hearing date. Eight hearings were conducted on the first date and seven on the other two dates. At each of these twenty-two hearings the applicants were given the opportunity to explain their project again. Applicants were given the opportunity to supplement their proposals if appropriate supporting materials had not been submitted. For example, a number of applicants submitted requested estimates after their hearing dates.

Although most of the applicants appeared in person on their hearing dates, the Committee continued to consider applications where no presenter appeared.

## APPLICATION GEOGRAPHY

The attached map indicates the location of each submitted proposal.

## VOTING PROCESS

Board member, Alan Rumsey, created a two pronged, tier voting ballot. The initial vote was for the project. Each board member individually voted for the projects that he supported placing each into a top, middle and bottom category.

At the May 4, 2015 meeting, Board Member Rumsey revealed the final voting results. The result was that some projects were unanimously supported by all members, i.e., the Lafayette-Durfee House. Each of the projects was then discussed. Through this process seven applications were eliminated and sixteen were approved for final voting.

After this meeting, each Board member then completed his funding recommendation. After receiving these individual votes, Board Member Rumsey then tabulated each funding vote and calculated a funding average.

At the May 18, 2015 meeting this second voting tool was used to guide the funding discussions. Once again each of the projects was reviewed and after discussion, the funding recommendations resulted.

## CONCLUSION:

As this report indicates, the Community Preservation Committee encouraged applications and followed an open and extended review process. Public input was encouraged. The Board considered many factors in making these final recommendations. The Board considered geographic diversity an important consideration so that the funded projects benefit the entire City. The Board considered the number of people who would use the funded project, future maintenance and matching funds. Attached is the second map showing the location of the final recommended projects. The Community Preservation Committee respectfully requests that these considered recommendations be approved.

FINAL PROJECT RECOMMENDATIONS:

LAFAYETTE-DURFEE HOUSE	\$ 100,000
Structural repairs for Fall River's oldest surviving residence.	
KOZCIOUSKO SQUARE	\$ 2,662
Replacement of park benches.	
HISTORIC DISTRICT SURVEY	\$ 10,000
The survey will allow for the establishment of a local historic district	
COLUMBUS PARK	\$ 73,400
Project component	
Renovation of basketball court	
	\$ 53,000
Project component	
Construction of bocce courts	
CENTRAL FIRE STATION PLANNING	\$ 33,500
Structural assessment	
NORTH BURIAL GROUND	\$ 104,000
Restoration of historic cemetery structures	
HISTORIC SOCIETY ANNEX	\$ 63,064
Exterior painting of building and fence	
OAK GROVE CEMETERY	\$ 185,000
Repair of iconic granite arch	
ABBAY GRILL	\$ 120,000
Urgent roof repairs on this historic building	
FALL RIVER FIRE MUSEUM	\$ 21,395
Structural assessment	
CHILDREN'S MUSEUM	\$ 192,000
Air conditioning system receives matching grant funds	

COOK POND \$ 48,765

Repair of stone wall on Dwelly Street

KING PHILLIP MILL \$ 99,000

Emergency Chimney repairs and feasibility study

Thirteen Projects Total \$1,105,786

Historic Preservation Ten projects \$ 927,959

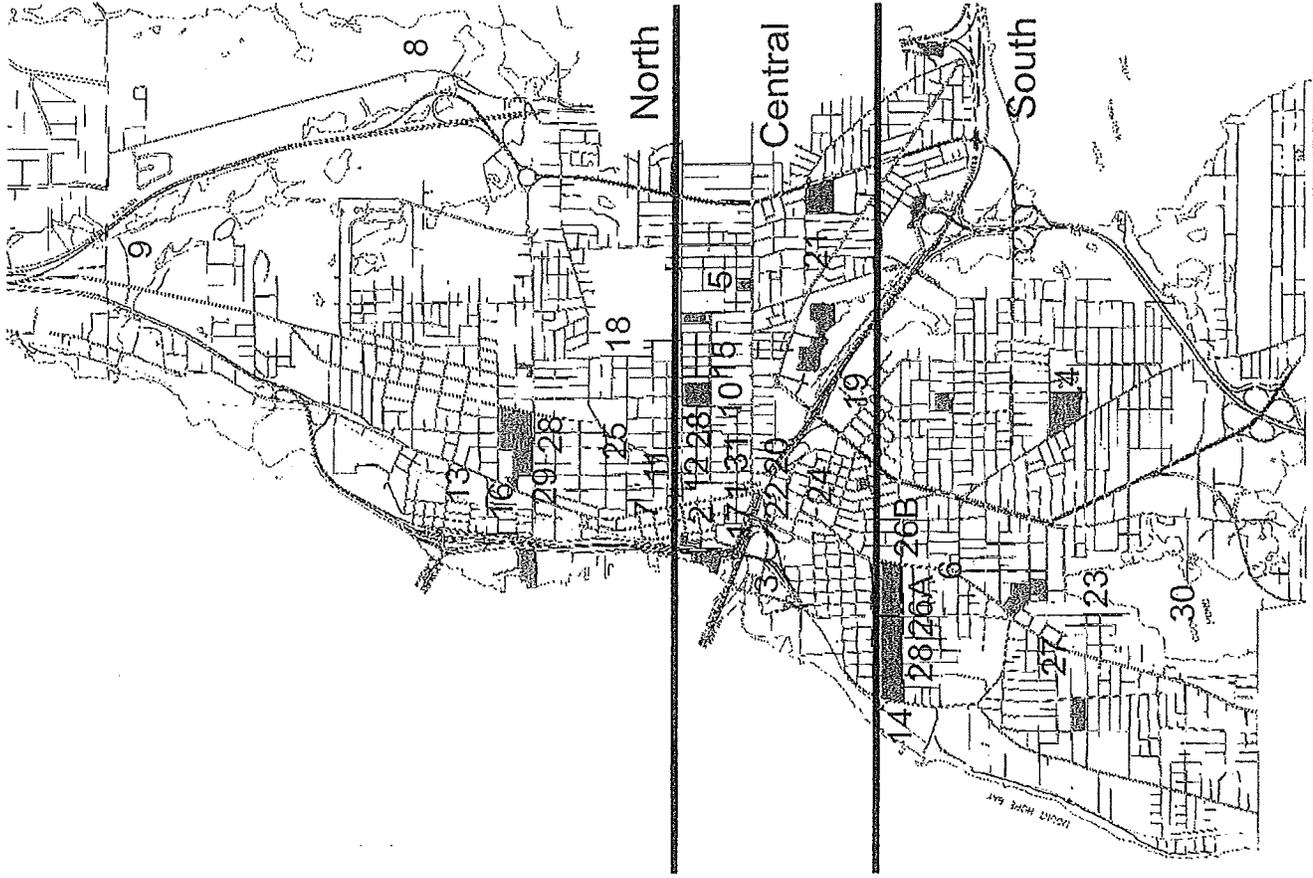
Outdoor Recreation Three projects \$ 177,827

Community Housing no applications \$ 0

Open Space \$ 0

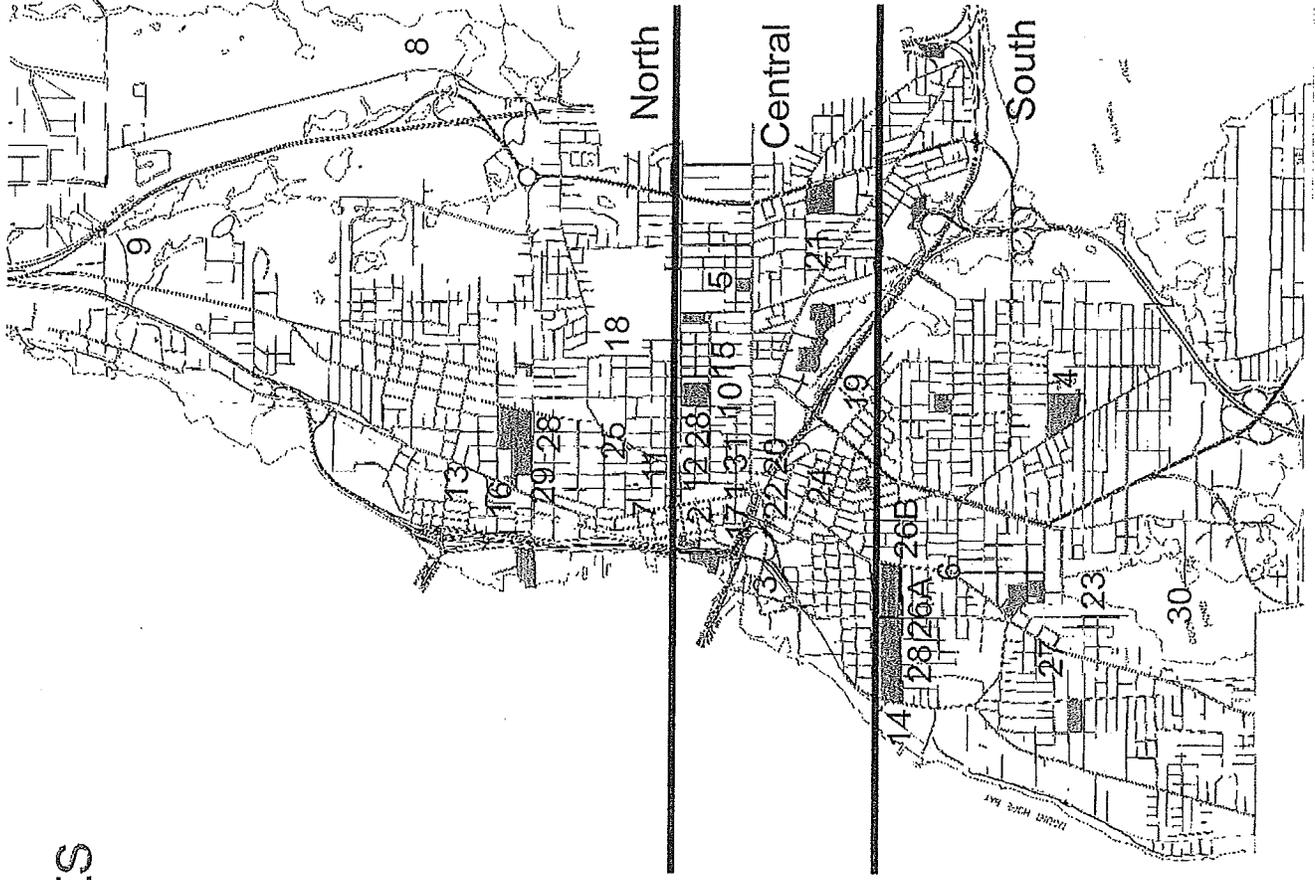
# 2014 CPA Projects

1. Children's Aquarium & exploration Center
2. Lafayette Durfee House Historic Preservation
3. Marine Museum Documenting & preserving Collection
4. Maplewood Park Memorial Walk
5. Columbus Park Restoration & Preservation Project
6. Kosciuszko Square Bench Replacement
7. Children's Museum HVAC System
8. North Watuppa Pond Watershed Protection
9. St. Vincent's Home Farm Purchase
10. 755 Pine St. Window restoration
11. Revised Historical District Project
12. F.R. Historical Society Museum Annex Building
13. North Burial Ground
14. Kennedy Park Overlook
15. 755 Pine St. Roof Restoration
16. 1251 North Main St. Purchase
17. Citywide Landscape Architectural Services
18. Oak Grove Cemetery Arch & Entry Gates
19. Rodman Street Project
20. Historic Central Fire Station Roof
21. Davol School Community Center
22. Historic Central Fire Station Conditions Assessment
23. King Philip Mills Conditions Assessment & Feasibility
24. 384 Third St. School/American Legion Post 314
25. Little Theatre Window & Woodwork Replacement
- 26A. Kennedy Park Basketball Court Project #1
- 26B. Kennedy Park Basketball Court Project #2
27. Abbott Court Playground
28. Fall River Olmsted Conservancy
29. Anawan No. 6 Restoration Project
30. Cook Pond Revitalization Project
31. Central Congregational Church



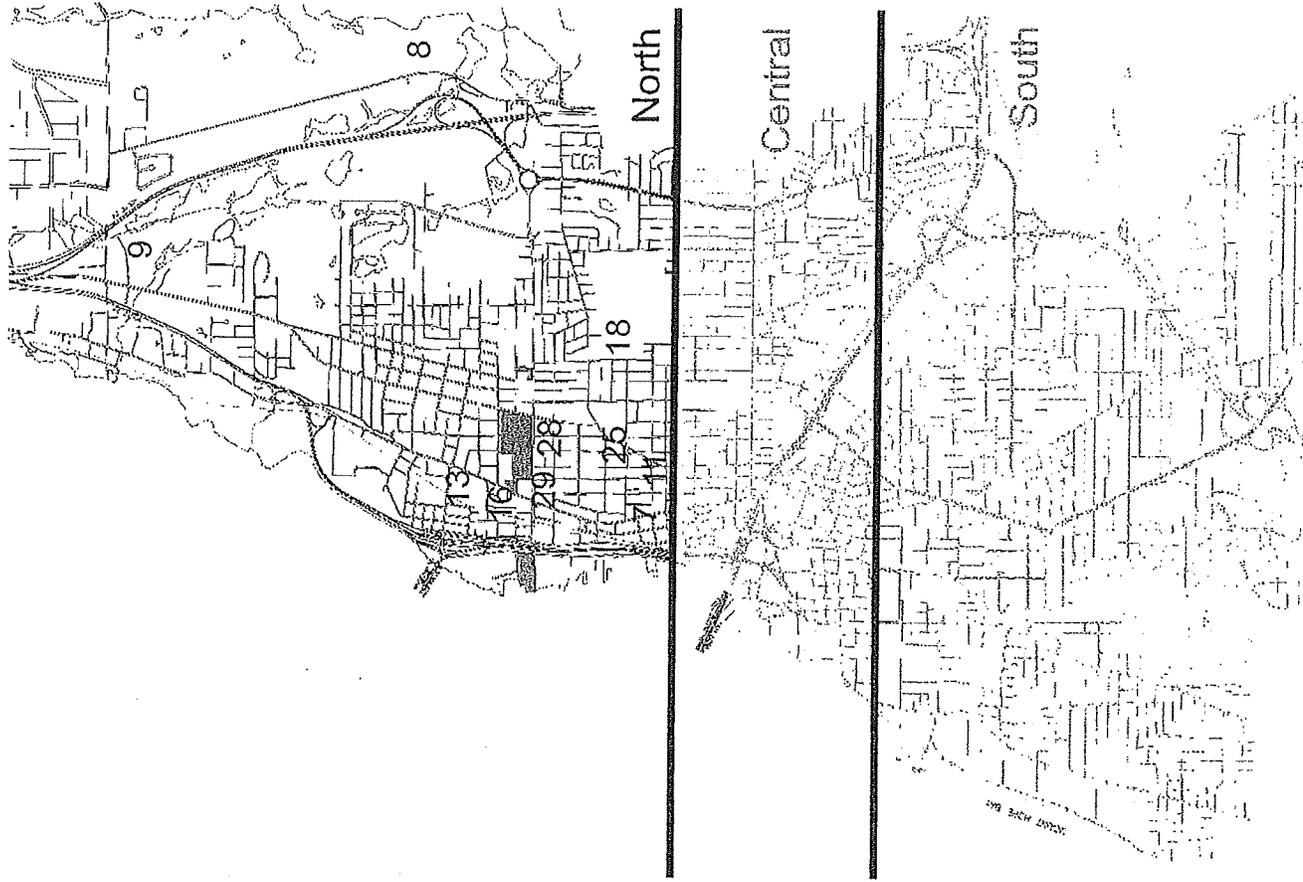
# 2014 Qualifying CPA Projects

2. Lafayette Durfee House Historic Preservation
4. Maplewood Park Memorial Walk
5. Columbus Park Restoration & Preservation Project
6. Kosciuszko Square Bench Replacement
7. Children's Museum HVAC System
8. North Watuppa Pond Watershed Protection
9. St. Vincent's Home Farm Purchase
10. 755 Pine St. Window restoration
11. Revised Historical District Project
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# 2014 CPA Projects

7. Children's Museum HVAC System
8. North Watuppa Pond Watershed Protection
9. St. Vincent's Home Farm Purchase
11. Revised Historical District Project
13. North Burial Ground
16. 1251 North Main St. Purchase
18. Oak Grove Cemetery Arch & Entry Gates
25. Little Theatre Window & Woodwork Replacement
28. Fall River Olmsted Conservancy
29. Anawan No. 6 Restoration Project



# 2014 CPA Projects Receiving Funding

- 7. Children's Museum HVAC System
- 11. Revised Historical District Project
- 13. North Burial Ground
- 18. Oak Grove Cemetery Arch & Entry Gates
- 29. Anawan No. 6 Restoration Project





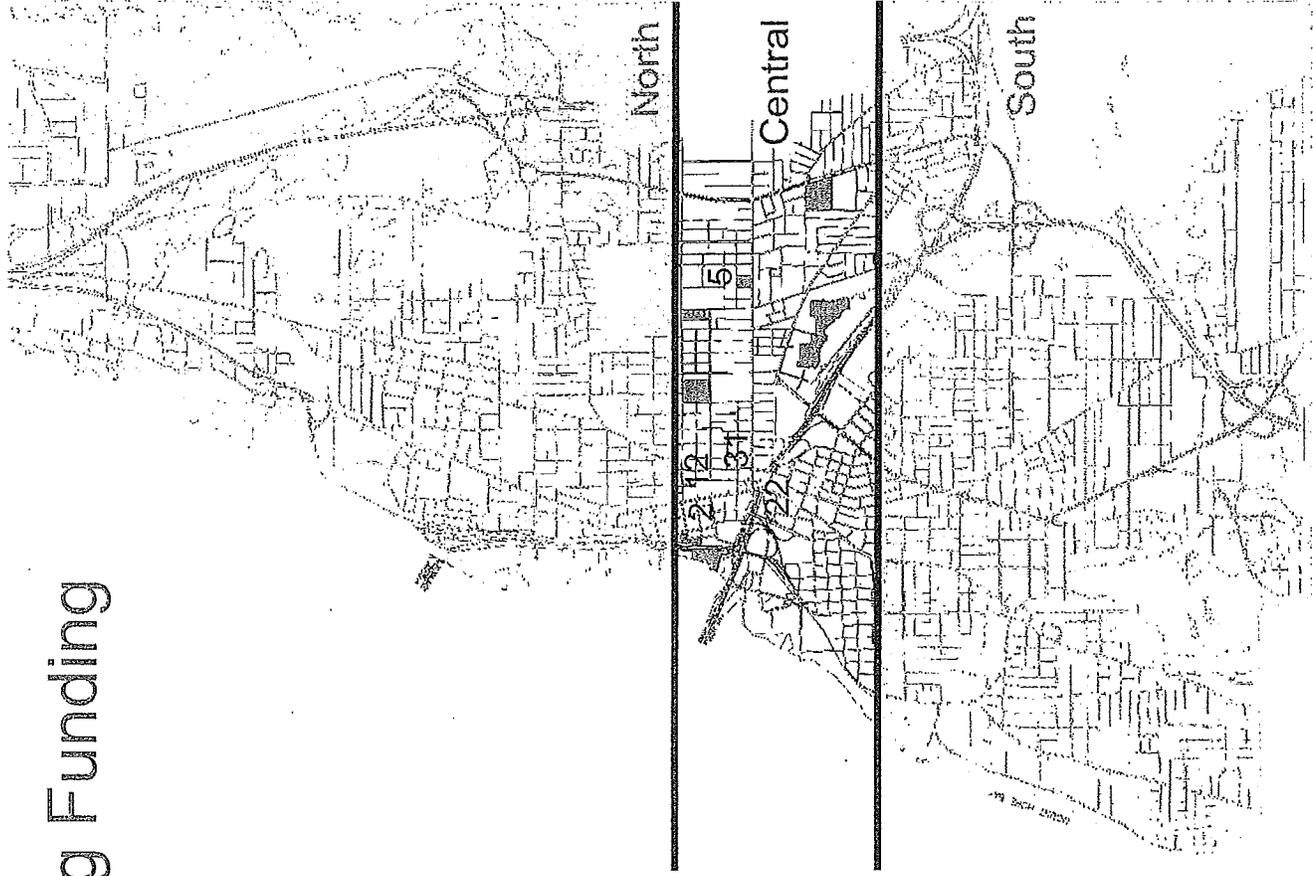
# 2014 CPA Projects Receiving Funding

- 2. Lafayette Durfee House Historic Preservation
- 5. Columbus Park Restoration & Preservation Project

12. F.R. Historical Society Museum Annex Building

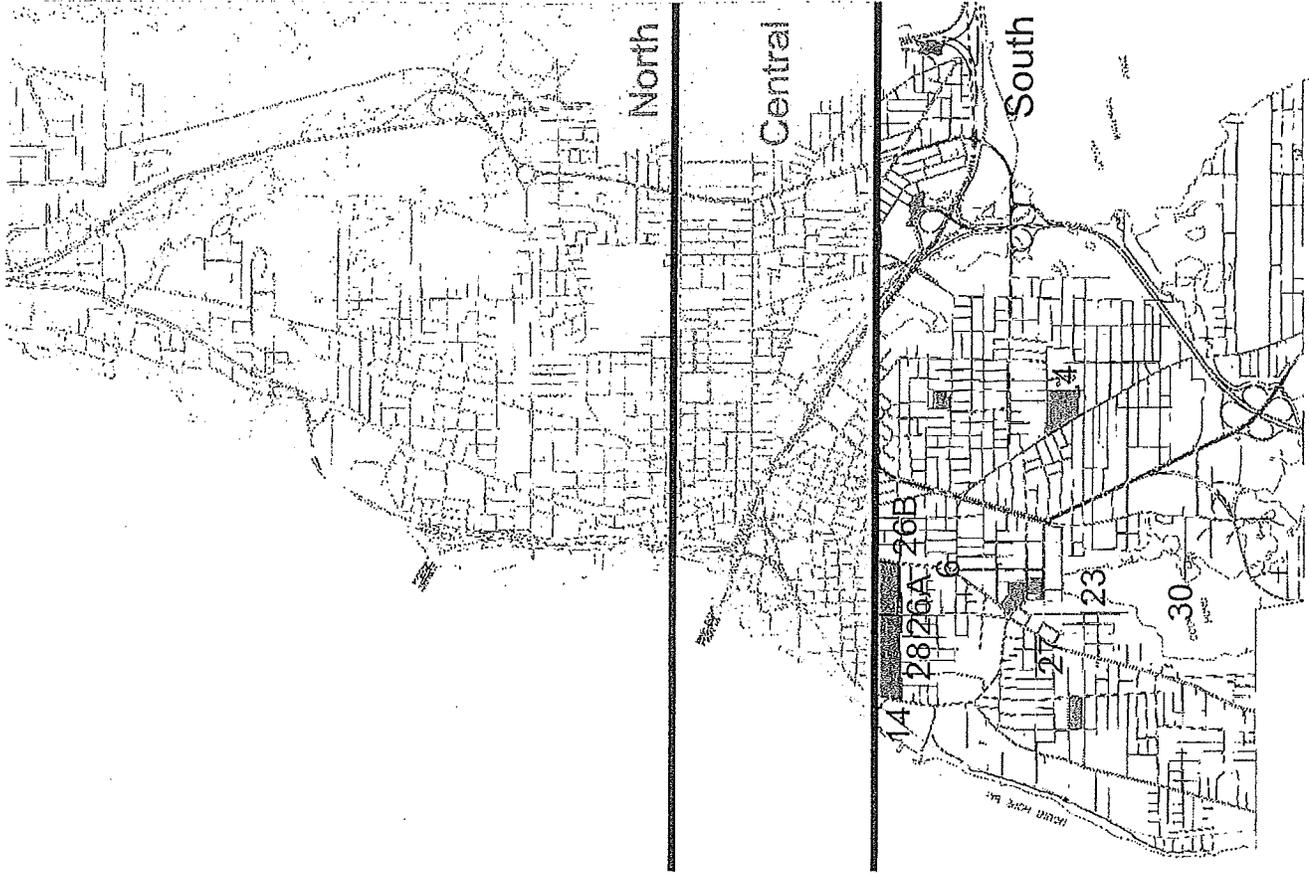
22. Historic Central Fire Station Conditions Assessment

31. Central Congregational Church



# CPA Projects

- 4. Maplewood Park Memorial Walk
- 6. Kosciuszko Square Bench Replacement
- 14. Kennedy Park Overlook
- 23. King Philip Mills Conditions Assessment & Feasibility
- 26A. Kennedy Park Basketball Court Project #1
- 26B. Kennedy Park Basketball Court Project #2
- 27. Abbott Court Playground
- 28. Fall River Olmsted Conservancy
- 30. Cook Pond Revitalization Project



# 2014 CPA Projects Receiving Funding

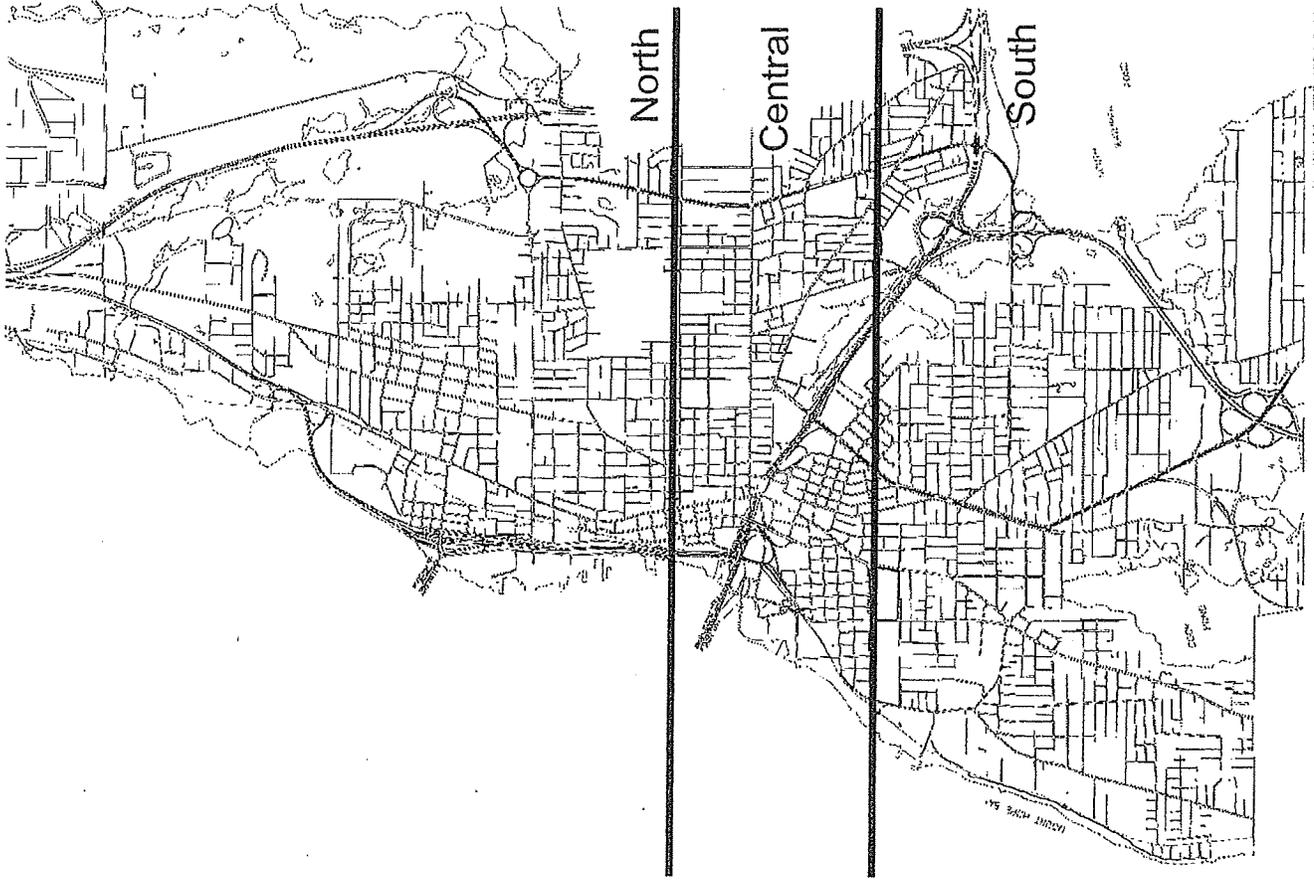
6. Kosciuszko Square Bench Replacement

23. King Philip Mills Conditions Assessment & Feasibility

30. Cook Pond Revitalization Project



# CPA Projects



# 2014 CPA Projects Receiving Funding

7. Children's Museum HVAC System	\$192,000
11. Revised Historical District Project	\$10,000
13. North Burial Ground	\$104,000
18. Oak Grove Cemetery Arch & Entry Gates	\$185,000
29. Anawan No. 6 Restoration Project	\$21,395
<b>Total = \$512,395</b>	



# 2014 CPA Projects Receiving Funding

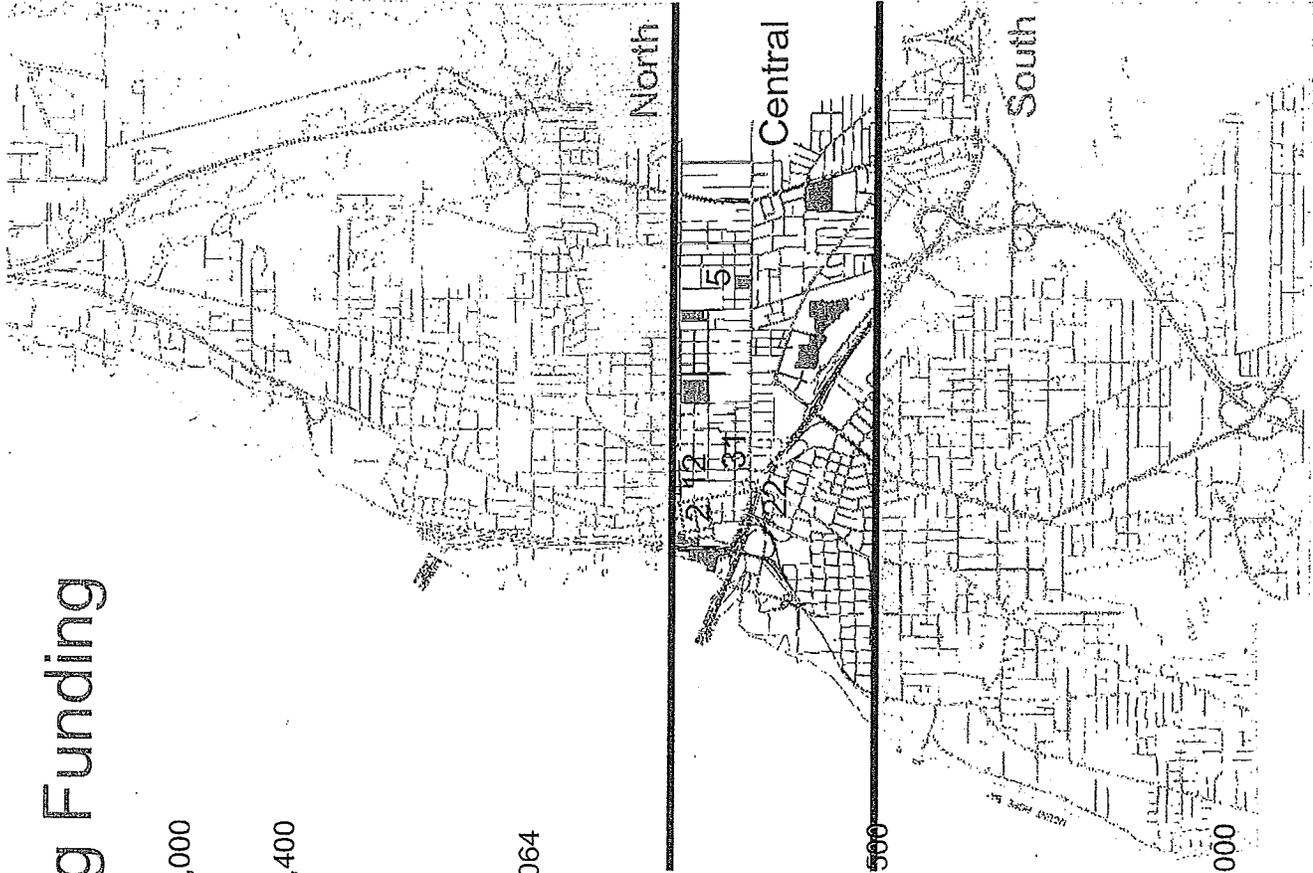
- 2. Lafayette Durfee House Historic Preservation \$100,000
- 5. Columbus Park Restoration & Preservation Project \$126,400

12. F.R. Historical Society Museum Annex Building \$63,064

22. Historic Central Fire Station Conditions Assessment \$33,500

31. Central Congregational Church \$120,000

Total = \$442,964



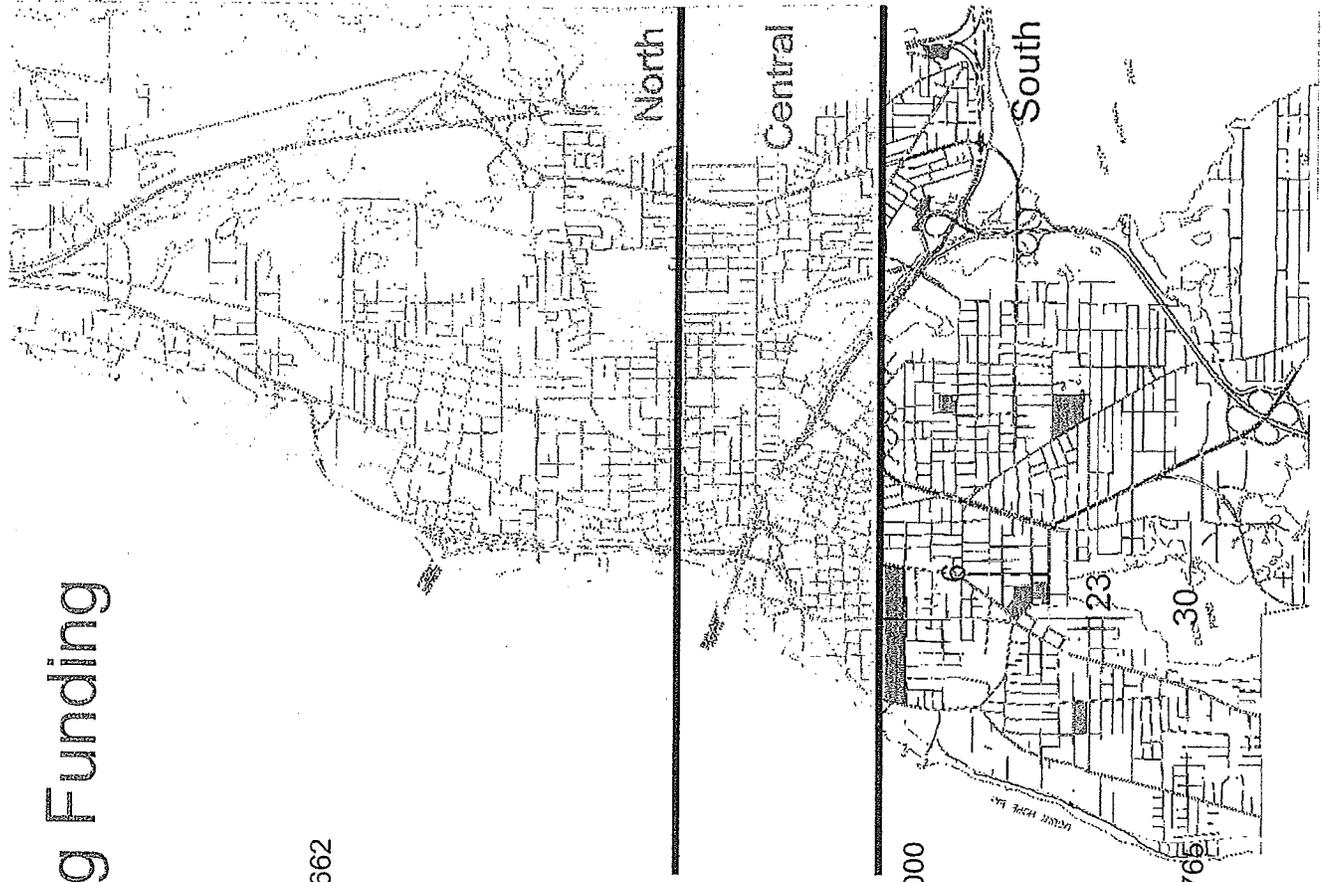
# 2014 CPA Projects Receiving Funding

6. Kosciuszko Square Bench Replacement \$2,662

23. King Philip Mills Conditions Assessment & Feasibility \$99,000

30. Cook Pond Revitalization Project \$48,765

Total = \$150,427



# 2014 CPA Projects Receiving Funding

- 7. Children's Museum HVAC System
- 11. Revised Historical District Project
- 13. North Burial Ground
- 18. Oak Grove Cemetery Arch & Entry Gates



- 29. Anawan No. 6 Restoration Project

# 2014 CPA Projects Receiving Funding

- 2. Lafayette Durfee House Historic Preservation
- 5. Columbus Park Restoration & Preservation Project

Historic Preservation	Open Space
\$100,000	\$126,400
\$63,064	
\$33,500	
\$120,000	
Total= \$316,564	
GRAND TOTAL= \$442,964	

- 12. F.R. Historical Society Museum Annex Building

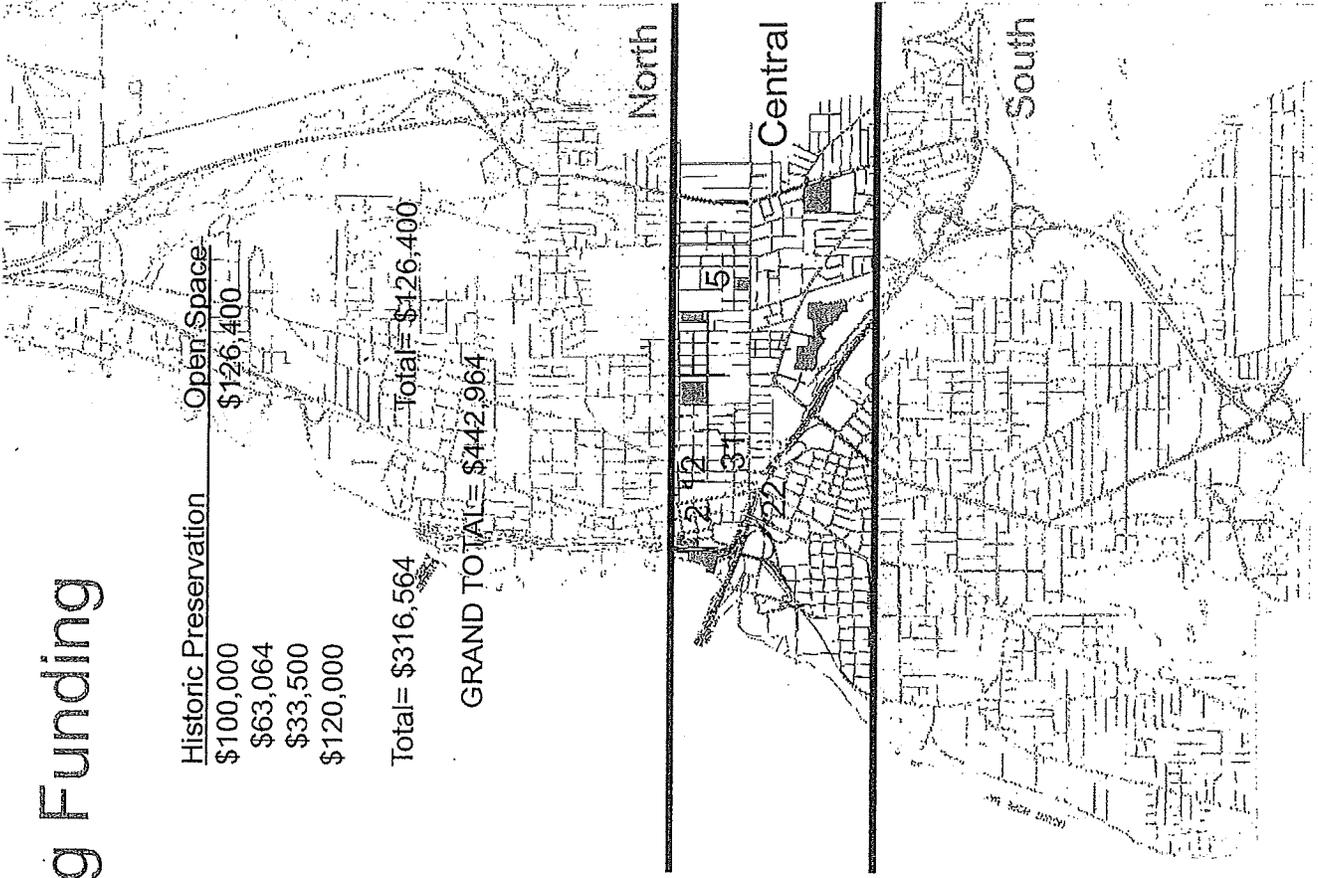
North

Central

South

- 22. Historic Central Fire Station Conditions Assessment

- 31. Central Congregational Church



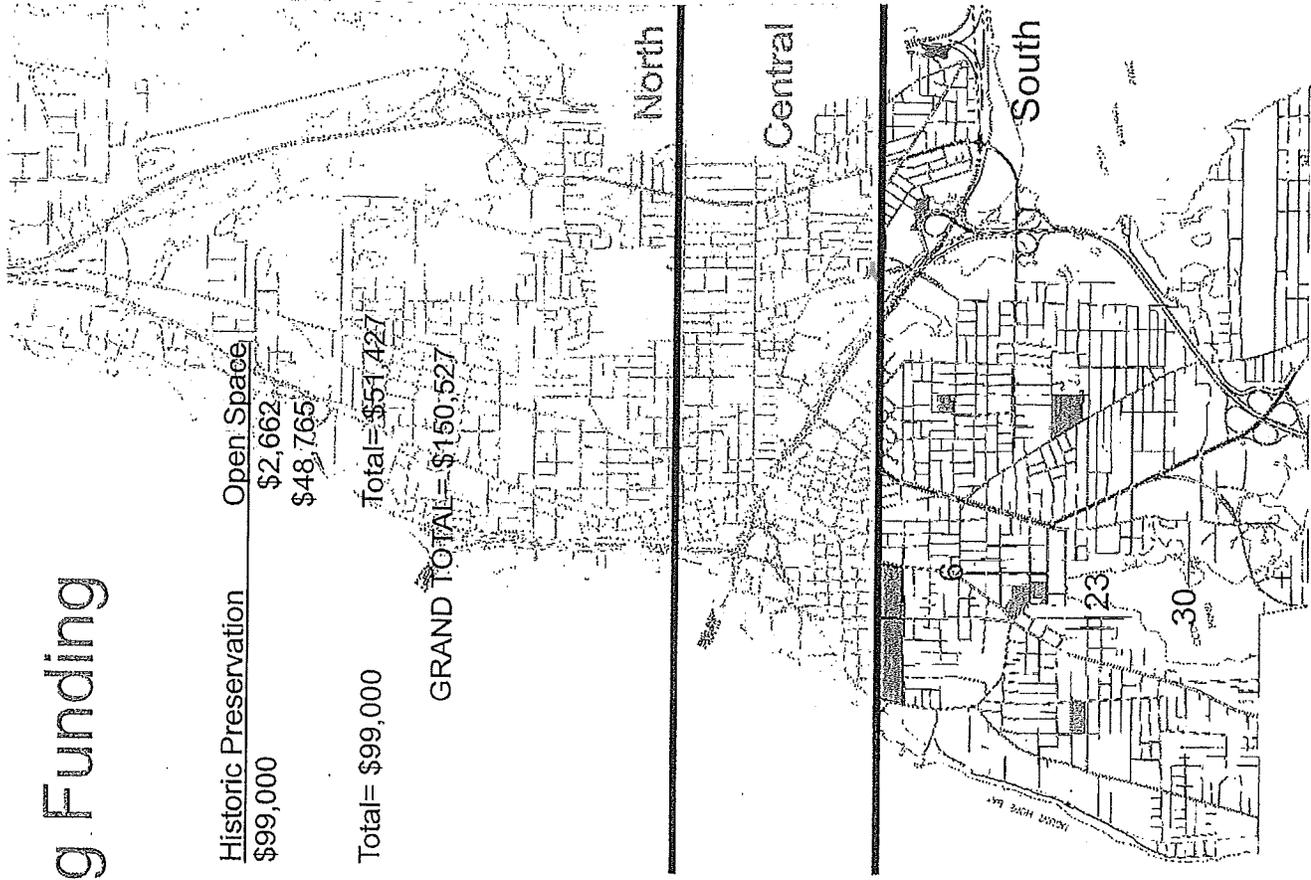
# 2014 CPA Projects Receiving Funding

Historic Preservation	Open Space
\$99,000	\$2,662
	\$48,765
	Total = \$51,427
Total = \$99,000	
GRAND TOTAL = \$150,527	

6. Kosciuszko Square Bench Replacement

23. King Philip Mills Conditions Assessment & Feasibility

30. Cook Pond Revitalization Project



**CITY OF FALL RIVER**

---

9

To the City Council

Councillors:

The Committee on

Ordinances and Legislation, at a meeting held on June 15, 2015  
unanimously voted to recommend the accompanying proposed ordinance,  
accompanied by an emergency preamble, be passed through first reading,  
second reading, passed to be enrolled and passed to be ordained.

*Carleen D. Taylor*  
Clerk of Committees

*City of Fall River, In City Council*

**EMERGENCY PREAMBLE**

**WHEREAS, the immediate passage of the accompanying proposed ordinance is deemed necessary inasmuch as it vitally affects the health and safety of the public, now therefore**

**BE IT RESOLVED, that said ordinance is hereby deemed an emergency measure in accordance with the provisions of Chapter 43, Section 20 of the Massachusetts General Laws.**

# 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:

By inserting in Section 70-387, which section relates to handicapped parking, in proper alphabetical order the following:

County Street, north side, starting at a point 53 feet west of Rocliffe Street, for a distance of 20 feet westerly

Davis Street, west side, starting at a point 208 feet south of Pine Street, for a distance of 20 feet southerly

Fifth Street, west side, starting at a point 44 feet south of Branch Street, for a distance of 20 feet southerly

Flint Street, west side, starting at a point 137 feet south of Canonicus Street, for a distance of 20 feet southerly

Grant Street, west side, starting at a point 20 feet north of Hope Street, for a distance of 20 feet northerly

Hope Street, north side, starting at a point 20 feet west of Grant Street, for a distance of 20 feet westerly

Pleasant Street, north side, starting at a point 57 feet east of Quequechan Street, for a distance of 20 feet easterly

Rodman Street, west side, starting at a point 99 feet south of Albert Street, for a distance of 20 feet southerly

Council  
18



RECEIVED

City of Fall River  
Notice of Claim

2015 JUN -5 A 11: 27

CITY CLERK 15-181  
FALL RIVER, MA

1. Claimant's name: USAA A/S/O- BLAKE STANGOHR
2. Claimant's complete address: 15 SHADOW FARM LN ROCHESTER, MA 02770
3. Telephone number: Home: \_\_\_\_\_ Work: 309-663-6700 EXT 209
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
AUTO ACCIDENT
5. Date and time of accident: 02-23-2015 10:27 AM Amount of damages claimed: \$ 2944.48
6. Exact location of the incident: (include as much detail as possible):  
FREEDOM ST & TONE ST
7. Circumstances of the incident: (attach additional pages if necessary):  
YOUR DRIVER, JOHN ARAUJO, FAILED TO MAINTAIN CONTROL OF HIS VEHICLE WHILE BACKING UP AND STRUCK OUR INSURED'S PARKED UNOCCUPIED VEHICLE CAUSING DAMAGES.
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  
USAA INSURANCE - WILBER & ASSOCIATES 210 LANDMARK DR NORMAL, IL 61761.

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: 05-28-2015

Claimant's signature: Nicole Messamore

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

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

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

For official use only:						Date: <u>JUN - 5 2015</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"/> <u>DPW</u>	



RECEIVED

2015 JUN -5 P 3:37

City of Fall River  
Notice of Claim

CITY CLERK 15-182  
FALL RIVER, MA

1. Claimant's name: Brittany Andrade
2. Claimant's complete address: 135 Nelson St
3. Telephone number: Home: 7749307531 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage to vehicle
5. Date and time of accident: 6/2/2015 Amount of damages claimed: \$ 456.82  
10:33AM
6. Exact location of the incident: (include as much detail as possible):  
Plymouth Ave heading North to turn left on Rodman
7. Circumstances of the incident: (attach additional pages if necessary):  
Man-Cover hit with both tires on passenger side both blew out instantly
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.

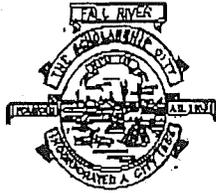
Date: 6/5/2015 Claimant's signature: Brittany Andrade

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 90 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS:

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

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

For official use only:	<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>6/5/15</u>
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RECEIVED

City of Fall River  
Notice of Claim

2015 JUN -9 A 9:42

CITY CLERK 15-183  
FALL RIVER, MA

1. Claimant's name: Ana + Jose Amaral
2. Claimant's complete address: 145 Baird St Fall River ma 02720
3. Telephone number: Home: 508-837-0253 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Automobile Damage
5. Date and time of accident: 5/19/15 Amount of damages claimed: \$ 1205.<sup>00</sup>
6. Exact location of the incident: (Include as much detail as possible):  
in front of 145 Baird St Fall River Ma 02720
7. Circumstances of the incident: (attach additional pages if necessary):  
my street was being worked on by the city of Fall River, all equipment was in front of my house. I had to leave to get my Grandchildren to school asked a worker to move piece of machinery. he advised that he would guide me in backing up. while backing up he did not realize the bucket of the tractor was so close causing me to back up into it
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

Please see attached Police Report

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: 6/8/15

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

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

For official use only:						
Copies forwarded to:	<input type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <u>6/9/15</u>



RECEIVED

2015 JUN 10 P 2:26

CITY CLERK 15-184  
FALL RIVER, MA

**City of Fall River  
Notice of Claim**

1. Claimant's name: Jessica Caron
  2. Claimant's complete address: 30 Richmond St., Fall River, MA 02721
  3. Telephone number: Home: 774-488-6675 Work: 508-642-5910
  4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Property damage - vehicle
  5. Date and time of accident: 05/13/2015 10:00pm Amount of damages claimed: \$ 2,215.72
  6. Exact location of the incident: (include as much detail as possible):  
Approximately 292 William S. Canning Blvd, Fall River, MA 02721
  7. Circumstances of the incident: (attach additional pages if necessary):  
Attachment A: Circumstances of incident
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  
Geico - One Geico Plaza Bethesda, MD 20810

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: 05/16/2015 Claimant's signature: Jessica Caron

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>6/10/15</u>



RECEIVED

City of Fall River  
Notice of Claim

2015 JUN 10 A 11: 52

CITY CLERK 15115  
FALL RIVER, MA

1. Claimant's name: Domingo Lugo
2. Claimant's complete address: 3 JACKSON COURT Fall River MA 02720
3. Telephone number: Home: 774-294-5908 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
\_\_\_\_\_
5. Date and time of accident: \_\_\_\_\_ Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
HANOVER AND PEARCE
7. Circumstances of the incident: (attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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: 6-16-15

Claimant's signature: Domingo Lugo

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

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

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

For official use only:

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

Date: 6/10/15

RECEIVED



CITY OF FALL RIVER, MA  
LAW DEPT.

15 JUN -9 AM 10:46

2015 JUN 10 A 11:20

CITY CLERK 15-1810  
FALL RIVER, MA

City of Fall River  
Notice of Claim

1. Claimant's name: ROSALY OTERO
2. Claimant's complete address: 220 JOHNSON ST APT 6 2E FALL RIVER, MA
3. Telephone number: Home: \_\_\_\_\_ Work: 02723
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
SLIP & FALL IN APARTMENT DUE TO NEGLIGENCE OF MAINTENANCE
5. Date and time of accident: 2/25/2014 Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
220 JOHNSON ST, APT 6 2E FALL RIVER MA 02723
7. Circumstances of the incident: (attach additional pages if necessary):  
MAINTENANCE AT FATHER DIAFERIO VILLAGE CAME INTO CLAIMANT'S UNIT IN ORDER TO REPAIR THE HEATER ON THE SECOND FLOOR, THEY LEFT AND DURING THE NIGHT THE HEATER LEAKED WATER ONTO THE FLOOR, ON WHICH CLAIMANT SLIPPED AND FELL ON
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: 6/8/2015

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, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722

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

For official use only:

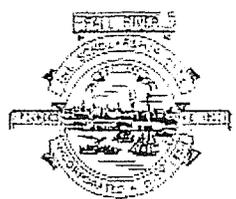
Copies forwarded to:  City Clerk  Law  City Council  City Administrator  \_\_\_\_\_

Date: 6/10/15

One thousand  
~~six~~ hundred  
sixty eight  
dollars.

Actual Occurrence on  
4/27

Notice of defect 5/15-#  
see back



RECEIVED

#15-187

2015 JUN 11 A 10:05  
City of Fall River  
Notice of Claim

1. Claimant's name: Mary L. Demers  
CITY OF FALL RIVER, MA
2. Claimant's complete address: 18 Chapel St Unit C Newport RI 02840
3. Telephone number: Home: 401-261-5822 Work: 401-782-4359
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pot hole / property Damage
5. Date and time of accident: 5/15/2015 \* Amount of damages claimed: \$ 1668.00  
12:00pm
6. Exact location of the incident: (include as much detail as possible):  
81 W / Fall River Shopping Center (in front of Friendly's 135 Mariano Blvd Fall River Mass.)
7. Circumstances of the incident: (attach additional pages if necessary):  
I was going shopping at the Sears Outlet in Fall River and right before the light to take a left into shopping center my front tire wheel well went into a 1.5 foot deep POT HOLE I thought I broke my axle. I only have under carriage and broke the headlight
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: 6/8/2015

Claimant's signature: Mary L Demers

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>6/11/14</u>

See back page



RECEIVED

2015 JUN 18 A 9:41

City of Fall River
Notice of Claim

CITY CLERK 15-188
FALL RIVER, MA

- 1. Claimant's name: Jennifer McElroy
2. Claimant's complete address: 255 American Ln. Hwy., Westport, MA 02790
3. Telephone number: Cell Home: 508/989-4022 E-MAIL Work: Jennyfer823@aol.com
4. Nature of claim: Pothole damage
5. Date and time of accident: June 4, 2015 10:35 P.M. Amount of damages claimed: \$575.04
6. Exact location of the incident: Intersection of Amity/William S Canning Blvd - Redlight
7. Circumstances of the incident: See attached police report number 15-C802104-0F Invoice number 41216-549 from Town Fall Tire, and estimate on invoice number LEC3362846 from Lexus of Warwick. Pictures also attached.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: [ ] Yes [X] 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.

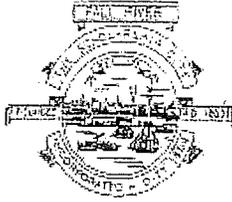
Date: June 15, 2015 Claimant's signature: Jennifer McElroy

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 [X] DPW Date: 6/18/15



RECEIVED

City of Fall River  
Notice of Claim

2015 JUN 18 A 11: 53

CITY CLERK 15-189  
FALL RIVER, MA

1. Claimant's name: Amy Marie Guerette
2. Claimant's complete address: 1 Mill St Apt 1522 Tiverton RI 02878
3. Telephone number: Home: 516-659-6606 Work: 617-726-8113
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Tire shredded due to pot hole
5. Date and time of accident: 6/12/15 @ 6:25 PM Amount of damages claimed: \$202.14 (see bill)
6. Exact location of the incident: (include as much detail as possible):  
Newton St near corner of Amity St on Subway side of road
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving up Newton towards William S. Canning Blvd when hit pot hole with left front wheel tire which immediately punctured 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: 6/18/15 Claimant's signature: Amy M. Guerette

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>6/18/15</u>

RECEIVED

20

2015 JUN 18 A 11: 52

President Joseph Camara  
Members of the City Council

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

Wed. June 17,  
2015

Do to time restraints we are respectfully requesting that you allow Carlos Cesar and (myself) Michelle Dionne to be placed on the agenda either during or following finance on Tues. June 23, 2015.

We will be making a presentation to the City Council regarding the long term handling of solid waste. At the conclusion of our presentation we will request that at a subsequent meeting the Council take a vote to send a request to the Election Commision to place a peoples choice question on the ballot in November. In order for such a question to appear on the ballot November it must be sent to Mrs. Camara prior to August 20, 2015.

We feel that in order for our city to move forward and trust in goverment again be realized the citizens in our community must be included in and feel part of immediate and future solutions to present difficulties.

Thank you in advance for your time and consideration on this matter.

Respectfully,

Michelle M. Dionne

5 Byron St.

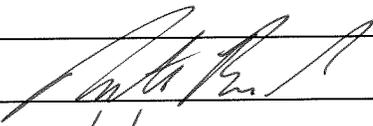
Fall River, Ma. 02724

DISCLOSURE BY SPECIAL MUNICIPAL EMPLOYEE  
 OF FINANCIAL INTEREST IN A MUNICIPAL CONTRACT 2015 JUN -9 P 1: 12  
 AS REQUIRED BY G. L. c. 268A, § 20(d)

CITY CLERK  
 FALL RIVER, MA

SPECIAL MUNICIPAL EMPLOYEE INFORMATION	
Name of special municipal employee:	Matthew F Burke Jr
Put an X beside one statement.	<p>I am a <b>special municipal employee</b> because:</p> <p><input type="checkbox"/> I am a selectman in a town with a population of 10,000 or fewer people;</p> <p><input type="checkbox"/> I am not a mayor, alderman or city councilor, and</p> <p><input type="checkbox"/> I serve in a municipal position for which <b>no compensation</b> is provided, or</p> <p><input checked="" type="checkbox"/> I earned <b>compensation for fewer than 800 hours</b> in the preceding 365-day period, or</p> <p><input type="checkbox"/> By the classification of my position by my municipal agency or by the terms of a contract or my conditions of employment, I am <b>permitted to have personal or private employment during normal business hours.</b></p> <p><input type="checkbox"/> I work for a company or organization which has a contract with a municipal agency, and I am a "<b>key employee</b>" because the contract identifies me by name or it is otherwise clear that the municipal is contracting for my services in particular, and the <b>contract states that I am a special municipal employee or indicates that I meet one of the three requirements listed above.</b></p>
Title/ Position	Commissioner
Fill in this box if it applies to you.	<p>If you are a special municipal employee because a municipal agency has contracted with your company or organization, please provide the name and address of the company or organization.</p> <p>N/A</p>
Municipal Agency/ Department:	This is "my Municipal Agency." Fall River Housing Authority
Agency Address:	85 Morgan St Fall River MA 02722
Office phone:	508 675 3585
Office e-mail:	FRHAGeneralCounsel@mikesousaescg@aol.com
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special municipal employee.	

<p><b>BOX # 1</b></p> <p>Select either <b>STATEMENT #1</b> or <b>STATEMENT #2.</b></p> <p><b>Write an X</b> <b>by your financial</b> <b>interest.</b></p>	<p><b>ELECTED SPECIAL MUNICIPAL EMPLOYEE</b></p> <p>I am an <b>elected special municipal employee.</b></p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a municipal agency <b>before</b> I was elected to a compensated special municipal employee position. I will continue to have this financial interest in a municipal contract.</p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a <b>new</b> financial interest in a contract made by a municipal agency.</p> <p><b>My financial interest in a contract made by a municipal agency is:</b></p> <p><input type="checkbox"/> A compensated, non-elected position with a municipal agency.</p> <p><input type="checkbox"/> A contract between a municipal agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a municipal agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a municipal agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the municipal is contracting for my services in particular.</p>
<p><b>BOX #2</b></p> <p>Select either <b>STATEMENT #1</b> or <b>STATEMENT #2.</b></p> <p><b>Write an X</b> <b>by your financial</b> <b>interest.</b></p>	<p><b>NON-ELECTED SPECIAL MUNICIPAL EMPLOYEE</b></p> <p>I am a <b>non-elected special municipal employee</b> (compensated or uncompensated).</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had a financial interest in a contract made by a municipal agency, other than an employment contract, <b>before</b> I took a non-elected, compensated special municipal employee position. I will continue to have this financial interest in a municipal contract.</p> <p><b>My financial interest in a contract made by a municipal agency is:</b></p> <p><input type="checkbox"/> A contract between a municipal agency and myself, but not an employment contract.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a municipal agency has with another person or with a company or organization.</p> <p><b>OR</b></p> <p><input checked="" type="checkbox"/> <b>STATEMENT #2:</b> I will have a <b>new</b> financial interest in a contract made by a municipal agency.</p> <p><b>My financial interest in a contract made by a municipal agency is:</b></p> <p><input type="checkbox"/> A compensated, non-elected position with a municipal agency.</p> <p><input type="checkbox"/> A contract between a municipal agency and myself.</p> <p><input checked="" type="checkbox"/> A financial benefit or obligation because of a contract that a municipal agency has with another person or with a company or organization. <i>A contract with LLC of which I am the owner</i></p> <p><input type="checkbox"/> Other work because a municipal agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the municipal is contracting for my services in particular.</p>
	<p><b>FINANCIAL INTEREST IN A MUNICIPAL CONTRACT</b></p>
<p>Name and address of municipal agency that made the contract</p>	<p>This is the "contracting agency."</p> <p><i>Fall River Housing Authority Section 8 Dept</i></p>
<p>Write an X to confirm this statement.</p>	<p><input checked="" type="checkbox"/> In my work as a special municipal employee for my Municipal Agency, I <b>participate in or have official responsibility for activities of the contracting agency.</b></p>

<b>FILL IN THIS BOX OR THE NEXT BOX</b>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE MUNICIPAL AGENCY AND YOU.</b></p> <ul style="list-style-type: none"> <li>- Please explain what the contract is for.</li> </ul> <p>I recently closed on an office building which has 2 residential apartments which are funded by the Section 8 program</p>
	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE MUNICIPAL AGENCY AND ANOTHER PERSON OR ENTITY</b></p> <ul style="list-style-type: none"> <li>- Please identify the person or entity that has the contract with the municipal agency.</li> <li>- What is your relationship to the person or entity?</li> <li>- What is the contract for?</li> </ul> <p>120 Purchase Street LLC for which I am one of the Managers. The contract is a pre-existing Section 8 contract for 2 residential units</p>
<p>What is your financial interest in the municipal contract?</p>	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <p>1 Tenant is covered by Section 8 for \$537.00 1 Tenant is covered by Section 8 for \$700.00</p>
<p>Date when you acquired the financial interest</p>	<p>5/28/15</p>
<p>What is the financial interest of your immediate family?</p>	<ul style="list-style-type: none"> <li>- Please explain the financial interest and include the dollar amount if you know it.</li> </ul> <p>N/A</p>
<p>Date when your immediate family acquired the financial interest</p>	<p>N/A</p>
<p>Employee signature:</p>	
<p>Date:</p>	<p>6/2/15</p>

**SEE NEXT PAGE FOR APPROVAL  
 BY CITY COUNCIL, BOARD OF ALDERMEN,  
 BOARD OF SELECTMEN, TOWN COUNCIL,  
 OR DISTRICT PRUDENTIAL COMMITTEE**

**APPROVAL OF EXEMPTION  
BY THE CITY COUNCIL, BOARD OF ALDERMEN, BOARD OF SELECTMEN,  
TOWN COUNCIL OR DISTRICT PRUDENTIAL COMMITTEE**

Name:	
Name of approving body:  <b>Write an X by one selection.</b>	<input checked="" type="checkbox"/> City Council <input type="checkbox"/> Board of Aldermen <input type="checkbox"/> Board of Selectmen <input type="checkbox"/> Town Council <input type="checkbox"/> District Prudential Committee
Title/ Position	Commissioner
Agency Address:	85 Morgan St Fall River MA 02722
Office phone:	508 675 3585
<b>APPROVAL OF § 20(d) EXEMPTION</b>	
	<p>We have received a disclosure under G.L. c. 268A, § 20(d) from a special municipal employee who seeks to have a financial interest in a contract made by a municipal agency of this city or town. We understand that the special municipal employee participates in, or has official responsibility for, activities of the municipal agency that made the contract. We approve this exemption under § 20(d) regarding the financial interest identified by the special municipal employee.</p>
Signature:	On behalf of the Council, Board or Committee identified above, I sign this approval.
Date:	

Attach additional pages if necessary.

File your completed, signed, approved Disclosure with the city or town clerk.