COMMONWEALTH OF MASSACHUSETTS
INTERDEPARTMENTAL SERVICE AGREEMENT FORM

This form is issued and published by the Office of the Comptroller (CTR) pursuant to 815 CMR 6.00 for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. This shall not prohibit the addition of non-conflicting terms. By executing this Interdepartmental Service Agreement (ISA), the Buyer and Seller Departments, under the pains and penalties of perjury, make all certifications required by law and certify compliance with the following requirements: that the Seller Department is qualified and shall at all times remain qualified to perform this ISA; that performance shall be timely and meet or exceed ISA standards, including obtaining requisite licenses, permits and resources for performance; that the Buyer and Seller are legislatively authorized to enter into this ISA; that the Buyer and Seller Departments agree to maintain the necessary level of interdepartmental communication, coordination and cooperation to ensure the successful completion of the ISA; that the Buyer certifies that sufficient funds are available for this ISA; that the Seller Department is required to provide reports as specified in this ISA; that the terms of this ISA shall survive its termination for the purpose of resolving any claim, dispute or other action, or for enforcing any negotiated representations and warranties; that the Buyer and Seller agree that all terms governing performance of this ISA are attached to this ISA or incorporated by reference herein, including the Interdepartmental Service Agreement Instructions, all relevant Massachusetts state and federal laws, regulations, Executive Orders, treaties, and any corresponding policies and procedures issued by CTR; and that the Buyer and Seller are responsible for reviewing and complying with the Interdepartmental Service Agreement Instructions and ISA Policy and 815 CMR 6.00 available under Comptroller Policy Memo #206 (or as amended) available at www.state.ma.us/oc/Accounts/memomemos/memos.htm.

MMARS DOCUMENT ID: BGCP-EPS-

BUYER DEPARTMENT: EXECUTIVE OFFICE OF PUBLIC SAFETY

MMARS 3-POSITION DEPARTMENT CODE: EPS

ISA MANAGER: JEFFREY BROWNE  

PHONE: 617-725-3233
FAX: 617-725-8229
E-MAIL ADDRESS: JEFFREY.BROWNE@STATE.MA.US
BUSINESS MAILING ADDRESS: 10 PARK PLAZA - SUITE 2720
BOSTON, MA 02108

COMPENSATION: (Check all that apply)

- Single Fiscal Year Financial ISA
- Multiple Fiscal Year Financial ISA

Total Maximum Obligation for Duration of this ISA:
$1,635,480.00

Transaction Amount for current fiscal year obligation:

$4,000,000.00

BUYER ACCOUNT INFORMATION (complete as many that apply)

Parent Account: 8000-4692 Fund: _100 TO: _  
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 
Parent Account: 

SELLER ACCOUNT INFORMATION (complete as many that apply)

Child Account: 8000-4692 Fund: _100 TO: _
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 
Child Account: 

BRIEF DESCRIPTION OF PERFORMANCE: (Reference to attachments without a narrative description of performance is insufficient.)

State Homeland Security Grant Program

EPR REFERENCE NUMBER: (If Seller responded to a Buyer RFR or "NA" if not applicable)

ANTICIPATED ISA EFFECTIVE START DATE: Performance shall begin on ___which shall be no earlier than the latest date this ISA is signed by authorized signatories of the Buyer and Seller Departments pursuant to 815 CMR 6.00.

TERMINATION DATE OF THIS ISA: This ISA shall terminate on __9/30/06__ unless terminated or amended by mutual written agreement by the parties prior to this date pursuant to 815 CMR 6.00.

AUTHORIZING SIGNATURE FOR THE BUYER DEPARTMENT:

Signature of Buyer Department's Authorized Signatory

DATE: 4/12/05

(Do the handwritten date at time of signature)

NAME: CYNTHIA L. DUGGAN

TITLE: DIRECTOR - HOMELAND SECURITY DIVISION

AUTHORIZING SIGNATURE FOR THE SELLER DEPARTMENT:

Signature of Seller Department's Authorized Signatory

DATE: 4/8/05

(Do the handwritten date at time of signature)

NAME: JOHN F. FLYNN

TITLE: C.A.O.
ATTACHMENT A - DESCRIPTION OF PERFORMANCE:

Check one:  

_X_ Initial ISA Description of Performance

_____ Amendment to Description of Performance

Include a statement of purpose; justification for ISA; responsibilities of the parties; any relevant definitions; a schedule of performance or completion dates if applicable; resources to be committed to the ISA and any reporting requirements. Reference to attachments without a narrative description of performance is insufficient. If amending the description of performance, identify what performance is being amended. Attach any supporting documentation and reporting requirements. This Attachment Form must be used. Insert (type or copy and paste) all relevant information using as many pages as necessary. An electronic copy of this form is available in Policy Memo #306 under Comptroller Policy Memos.

FFY 2005 Homeland Security grant funding for the purchase of materials related to the development of the Massachusetts State Police Fusion Center.

- Indicate the Seller Department's reporting requirements:

Must provide quarterly spending and programmatic reports to the appropriate EOPS programs division grant manager in the EOPS dictated format.
Must agree to spend federal funds solely on goods/services authorized by the Grant language.