



Public Safety & Transportation Committee Agenda

City of Newton In City Council

Wednesday, September 23, 2020

7:00 PM

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

https://us02web.zoom.us/j/81626690849?pwd=Y2xNRGZURFZmRk8vbXdGVHV Wdk5JZz09 or call 1 646 558 8656 and use the following Meeting ID: 816 2669 0849. Passcode: 705732

Items Scheduled for Discussion:

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

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

Referred to Public Safety & Transportation and Finance Committees

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

Referred to Public Safety & Transportation and Finance Committees

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

Respectfully submitted,

Jacob D. Auchincloss, Chair

Boston Cool Ride Limo Inc

Lahcene Belhouchet, President

32 Adams St Newton, MA 02460

#617-8693141

RECEIVED

2020 AUG 21 AM 9: 35

CITY CLERK NEWTON, MA. 02459

> 08/21/20 Received \$ a5, Check # 103

August 20th, 2020

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

Dear City Council,

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

Sincerely,

Lahcene Belhouchet

TAXI LICENSE/PUBLIC AUTO APPLICATION

.

LICENSE HOLDER:	ahcene Bel	houched/B	oston Coel R	de / 32 de	damst Ne
LICENSE HOLDER:	(Owner Name) be / houch (email address)	et 70eg	<u>gmaí</u> l. Con	(Company Addr 19	ess)
Please list below for eac	h vehicle:		•		
MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTIO (mileage & meter
1. 6547	9 1	GYSYGK	JR 33927		
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APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC AUTO/EXCLUSIVE TAXI STAND

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

- 1. Name of Applicant:
- Business Name: K Business Address: Business Telephone Number: email address:

LAHCENE BELHOUCHET Boston Cool Ride Limo Inc 32 Adams St Newson MA02460 #617-8693141 belhouchet70@gmail.com

3. Total number of Licenses:

PUBLIC AUTO)=

TAXI LICENSE =

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

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

corporation S

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

Lahcene Belhouchet

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

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

Boston Cool Ride Limo Inc. Lahcene Belhouchet - President

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

Lahcene Belhouchet, President #617-8693141

A
The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston; MA 02114-2017
WWW.muss.gov/dia
Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE FERMITING AUTHORITY.
Business/Organization Name: BOS ton Cool Ride Ling Trac
Address: 32 it dams St Newton MA 02460
City/State/Zip:Phone #: 6/7 - 8693/4/
Are you an employer? Check the appropriate box: Basiness Type (required):
1. I am a employer with employees (full and/ 5: [Retail .
or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any caparity.
[No workers' comp. insurance required]
3. We are a corporation and its officers have exercised 9. El Entertainment
their right of exemption per c. 152, \$1(4) and we have
no campioyees. [No workers comp. insurance required!
4. We are a non-profit organization, staffed by volunicers 11. Health Care with no employees. [No workers' comp. insurance regi] 12. 12. Wother HAASDON tation
*Any applicant that checks have the fill must also fill and the set of the se
**If the corporate officers have excepted themselves, but the corporation has office topplayees, a workers' compensation policy information.
A 4 4 1 5 4 5 1
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information. Insurance Company Name:
Insurance Company Name: Insurance Company Name:
Insurance Company Name:
Insurer's Address:
Insurer's Address: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Attach a copy of the workers' compensation policy declaration page (shotping the policy work here)
Insurer's Address: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 254 of 1671 in 167
Insurer's Address: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment as well as civil activities in the fine of the imposition of criminal penalties of a
Insurer's Address:
Insurer's Address:
Insurer's Address:
Insurer's Address:
Insurance Company Name: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Policy # or Self-ins. Lic. # Expiration Date: Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insunance coverage verification. I do hereby certify, under the pains and penalties of perjusy that the information provided above is true and correct. Signature: Date: Phone #: 6 10 8 69 3 4 4 1
Insurance Company Name: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Policy # or Self-ins. Lic. # Expiration Date: Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insunance coverage verification. I do hereby certify, under the pains and penalties of perjusy that the information provided above is true and correct. Signature: Date: Phone #: 6 10 8 69 3 4 4 1
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Insurance Company Name: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil pénalties in the form of a SIOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification. I do hereby certify, under the pains and penalties of perjusy that the information provided above is true and correct. Signature: Date
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Insurer's Address:
Insurance Company Name: Insurer's Address: City/State/Zip: Policy # or Self-ins. Lic. # Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage varification. I do hereby certify, inder the pains and penalties of perjury that the information provided above is true and correct. Signature: Date: Date: Date: Permit/License # Issuing Anthority (circle one): 1. Board of Health 2. Building Department 3. City/Form Clerk 4. Licensing Resard 5. Salestance to Office
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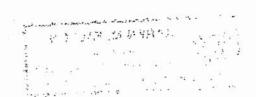
Commonwealth of Massachusetts City of Newton Business Certificate

(α)
#1W
City Clerk's Use Only

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

Business Name	Boston	Cool R	ide.	Limo	1	nc	
Purposed Use	transpo	rtation	· . ¹ :			÷	
				-	,		
Location of Business	Ad	Idress		City	State	Zip code	
The full name and addr	ress of each person condu	ucting such business:					
Name Belhe	Juchet	Lahcene	E	Signature (In press	ence of N	otary)	
Address 32 A	dams St	Newton	No	urton	State	0246C	
Name	3 ⁴			Signature (in pres	ence of N	otary)	
Address				City	State	Zip code	
Name		ля, на	2	Signature (In pres	ence of N	otary)	
Address	ne de la serie Presentation	•• • • •		City	State	Zip code	
011	ne 12 ,2017	the above named p	person(s) pe			me and made	
oath that the foregoing	g statement is true.	My commis		KAREN M. FA Notary Pub Commonwealth of Mai Imm. Expires January	llo seechuse	tta	
Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars, (\$300.00) for each month during which such violation occurs.							
This certificate expires:	Date Date	NC 12, 202		to legally operate t	his busin	ess have been	
obtained or are current.	This certificate only record	s that a business is being	conducted.				

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance. Inspectional Services Department Official I hereby certify that this business address is in the following zoning district, and is an allowed use in accordance with the revised zoning ordinances of the City of Newton. MR-**Zoning District** Attest **Received in the City Clerk's Office** Book And entered in the records of business titles in the City Clerk's Office in the City of Newton 02 Time Stamp NEWTON, MASS AGADOR N David A. Olson Newton City Clerk υ ų 50





CERTIFICATE OF REGISTRATION M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate

#₽₩₽ ₽₩₽

PLATE TYPE REGISTRATION NUM LVN LV654				EFFECTIVE DATE	EXPIRES		MONTH	YEAR 20	1		270102
				· · · ·	LAST DAY OF						TOTAL REGISTERED
MFRS MODEL YEAR MAKE 2018 CADI	MODEL ESCA		SUV	BLACK			d without o ure of Regi			IF VEHICLE CARRYING PASSENGERS FOR HIRE:	WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER
VEHICLE IDENTIFICATION NUMBER			ECOMPANY		TTLE NUMBER	REGISTRAR	· · · · · ·			MAXIMUM NUMBER OF	ORTPALER
1GYS4GKJ4JR3 RESIDENTIAL ADDRESS (IF DIFFERENT)	39279	ARI	BELLA PROTE	CTION	EXAM	A	Λ	\$		PASSENGERS THAT CAN BE SEATED.	
						Cu	v C.	Jur	ny	07	
NAME(S) OF OWNER(S) AND MAILING AD	RESS					FEES					
BELHOUCHET,	LAHCENE							TRATION			35.00
32 ADAMS ST							TITLE				0.00
NEWTON, MA 0	2460							AL PLATES			0.00
							SALES		-		0.00
								TOTAL			35.00
	MASSAC	HUSE	TTS DEPART	MENT OF	RANSPORTATI	ON			Т		
- - 	R	EGIST	RY OF MOTO	OR VEHICLE							
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SPECIAL MESSAGE IF THIS VEHI	CLE IS N	IEWLY	ACOUIRED.	IT	UNATION OF ALLIACOD						
MUST BE INSP					STREET ADDRESS						· · · · · · · · · · · · · · · · · · ·
OF REGISTRAT											
					CITY, STATE, ZIP CODE						
			Important	Informati	on for Vehicle	e Own	iers				
. Every person oper	ating a mo	tor veh	icle shall have t	he Certifi-	. Return the regi	stration	plates	to the	RMVi	mmediate	ely if:
cate of Registratio	n for the m	otor v	ehicle and for th	e trailer, if	- The vehicle ha	- The vehicle has been sold or junked and the registration is not					
the vehicle, in son	ie easily acc	essible	e place.		going to be the	going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title for your					
. By law, you must	report any	change	of address to th	ne RMV withi							
30 days in writing website: www.ma	. Address c	hanges	can be made on	the RMV	- You move to another state and you register the vehicle in that state.						
P.O. Box 55889, E	oston, MA	02205 -	5889. Once you	have reported							
the address chang in box provided a	e to the RM	IV, ple	ase write correc	ted address	no plan to obtain a new policy.						
Transferring Your Pl	tes: Massac	husett	slaw (M.G.L. Cha	pter 90, Sectio	n 2) allows you to tra ou obtain insurance a	nsfer va	lid regis	ration	places	from this	ing must
be met: 1 You are a	least 18 yea	irs of a	and you own t	he motor vehic	te or trailer identified	d on this	S Regist	ration (Certific	ate; Z.YOU	transfer
ownorchin of this ve	hide to anot	ther ne	rcon or nermanel	ntiv lose nosses	sion of it (such as through the second s	ouah rei	DOSSESSI	ion. etc	:): 3. TI	he newly	
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complete the Assign	ment of the	Certifie	rate of Title (for t	he newly acqui	red "used" vehicle) or	Certific	ate of 0	origin (I	t a "ne	w venicle). If <u>all</u> lay following
the date of transfer	(or loss of pe	ossessio	n) The day of tr	ansfer or loss is	the transferred plate day #1. During those	e 7 days,	, you mu	ist carr	y the <i>i</i>	sui of Sale	lor the
dealer's Purchase C	ontract) for t	ne new	ly acquired vehic	le and this Reg	istration Certificate W	hen ope	rating t	he veh	icle. Se	ee FAQs A	bout the
Seven-Day Registrat				and the second design of the	the second s		chapto	vr 00 6	ection	34A and	
No Insurance Card I	equired: Mas	sachus	etts's law does <u>no</u> webicie's owner i	to maintain a c	surance card. The lay	N, M.G.L. Nicle liab	ility ins	urance	policy	or bond fo	or bodily injury
coverage and prope	rty damage	insuran	ce. If an insurer i	is identified on	the face of this Regis	stration (Certifica	<i>ite,</i> it is	srequir	ed by law	to
electronically notify	the RMV (Re	gistry o	of Motor Vehicles	if coverage lap	ses. The vehicle owne	er is the	n notifi	ed by t	he RM\	/ to obtain	new
insurance within 10					filed with the State Tr						
		First			online at w						
Schedule a Ro		onco		uest a Dupli	cate Registration	I	NEED	TO V	ISIT	AN RMV	OFFICE?
Renew Your E Renew Your F				inge Your A						TIME	
Pay Citations/	-				Registration				_	te Your	.
Replace Your				er a Special				App	licatio	on Online	÷!
					L LIST OF AVAI	LABL	E TRA	NSA	CTIO	NS	
	10										SPI3061T 08/

/	C	ORD		c	E	RTI	FICATE OF LI/	ABIL	.ITY INS		ELHO-1 #3 CE		OP ID: SH (MM/DD/YYYY) 5/17/2020
	CER	TIFICATE DOE DW. THIS CE	S N RTII	OT AFFIRMAT	IVEL	Y OI	OF INFORMATION ONL' R NEGATIVELY AMEND, DOES NOT CONSTITU CERTIFICATE HOLDER.	EXTE	ND OR ALT	er the co	VERAGE AFFORDED	BY TH	e policies
	IF SU	BROGATION I	s w	AIVED, subject	to t	he te	DITIONAL INSURED, the prms and conditions of the tificate holder in lieu of su	he poli	cy, certain p	olicies may	AL INSURED provision require an endorsement	nsorb nt.As	e endorsed. tatement on
	RODUC		1101	conter righter t	o circ		1-247-7800	CONTA NAME:					<u></u>
		& Brown of Ma dman Insuranc						PHONE (A/C, N	o, Ext): 781-24	7-7800	FAX (A/C, No	781-4	44-0090
114	5 Ro:	semary St., Bld	g. A	Ϋ́, Υ				E-MAIL	SS:				
		m, MÁ 02494-3 obasky	238						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
 								INSUR	ER A : Arbella	Protection	Insurance		41360
IN	SURED							INSUR	ER B :				
		Boston Cool 32 Adams St		e Inc.				INSUR	ER C :	~~~~~			
		Newton, MA		50				INSUR	ER D :				
								INSUR	ER E :				
								INSUR	ERF:				1
С	OVE	RAGES					E NUMBER:				REVISION NUMBER:		
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INS		TYPE OF I			ADDL	SUBR	POLICY NUMBER		POLICY FFF	POLICY EXP (MM/DD/YYYY)	LIM	TS	
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		CLAIMS-MAD	DE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
			Ľ								MED EXP (Any one person)	\$	
	-										PERSONAL & ADV INJURY	\$	
	GE	N'L AGGREGATE LI		PPLIES PER							GENERAL AGGREGATE	\$	
	GE			LOC							PRODUCTS - COMP/OP AGO	\$	
	-		CT.									\$	
FA		OTHER:	 ry		+	+					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO					1020065990		06/22/2020	06/22/2021	BODILY INJURY (Per person)	\$	
		OWNED	X	SCHEDULED							BODILY INJURY (Per acciden) \$	
	x	AUTOS ONLY HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X	\$1000 Deds	X	Comp/Coll								\$	
\vdash	+^	UMBRELLA LIAB		OCCUR	1	<u> </u>					EACH OCCURRENCE	\$	
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		PROPRIETOR/PAR									E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXC	LUDE	D?	N/A						E.L. DISEASE - EA EMPLOYE	E \$	
	If ve	es, describe under									E.L. DISEASE - POLICY LIMIT		
\vdash	DES	SCRIPTION OF OPE	RAIN	UNS Delow	+	+							
				LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Schedu	ule, may l	be attached if mo	re space is requi	red)		
L								CAN	CELLATION	<u></u>			
<mark>م</mark> ا	ERTI	FICATE HOLD	ER					CAN	CELLATION		······································		
				elhouchet ol Ride Inc.				I THE	EXPIRATIO	DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.	CANCEL BE DE	LED BEFORE ELIVERED IN
		32 Adan						AUTHO	RIZED REPRESE	NTATIVE			
		Newton,	, M/	A 02460					20 ma	\sim			
								6	e al	6			
A	COR	D 25 (2016/03)							© 19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

The ACORD name and logo are registered marks of ACORD



NEWTON POLICE DEPARTMENT TRAFFIC BUREAU New/Annual Public Auto INSPECTION FORM

PA Company: Boston Cool Ride Limo Vehicle #: N/A LV65479 Vehicle Make and Model Cadillac Escalade Vehicle Year: 2018 Vehicle Registration: LV65479

Interior/Exterior

Seatbelts

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

In Working Order:

🗙) Yes (🛛 No In Plain View: Yes () No Available for all Passengers: XYes () No

Vehicle Recordings

Odometer Reading: 6314	VIN# IGYSYGKJR339279

Newton PA Medallion#

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

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

Comments:

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

X) Yes () No

Officer Name: Jeremy Wilson

Date of Inspection: 8 21 20



NetCars Inc. 6 Silver Lake Avenue, Newton MA 02458

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

09/01/2020 Received \$75,00 Check, 3vehicles for Public autos,

RE: New Public Auto License Application

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

ne exact name or t	the Domestic Profit Corporation: NETCAR	RS, INC. S-CORP
Entity type: Domest	ic Profit Corporation	
dentification Num	er: 001129039	
)ate of Organizatio	n in Massachusetts: 03-01-2014	
	Las	st date certain:
Current Fiscal Mont	h/Day: 12/31 Pre	vious Fiscal Month/Day: 12/31
The location of the	Principal Office:	
Address: 6 SILVER	AKE AVENUE	
City or town, State, 2	ip code, Country: NEWTON, MA 0245	8 USA
The name and addr	ess of the Registered Agent:	
Name: ANDREW	J. WARNER	
Address: 6 SILVER		
City or town, State, 2	Ip code, Country: NEWTON, MA 0245	8 USA
	Ip code, Country: NEWTON, MA 0245 rectors of the Corporation:	8 USA
		Address
The Officers and Di	rectors of the Corporation:	Address 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
The Officers and Di	rectors of the Corporation: Individual Name	Address 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
The Officers and Di Title PRESIDENT	rectors of the Corporation: Individual Name ANDREW J. WARNER	Address 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA
The Officers and Di Title PRESIDENT TREASURER	ANDREW J. WARNER	Address 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA 6 SILVER LAKE AVENUE NEWTON, MA 02458 USA

Alane

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

RECEIVED 2020 SEP - I PH 4: 04 CITY CLERK KEWTON, MA. 02459

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

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

1. Name of Applicant:

2. Business Name: NETCARS INC. Business Address: 6 SILVER LAKE AVE Business Telephone Number: 781 775 5927 email address: 10 fo @ netcars.com

3. Total number of Licenses:

PUBLIC AUTO = 3

TAXI LICENSE =

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

NA

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

S-CORP

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

NA

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

NA

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

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

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

ANOREN J WARNER - PRESIDENT +1 781 775 4236 info e netears.com.

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER:	ANDY WARNER	Net CAN	s Inc.	AGUTON MA C	e Ar e 24458
	(Owner Name)	(Compa	ny Name)	(Company Addr	(C
	andy @ ner	tcars.com			2
	(email address)	,			. *
Please list below for ea	ch vehicle:		•		•
MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	· TAXI METER SERIAL	1 ST INSPECTION (mileage & meter #)
		5		#	
1. NETCAR		SCMJJJJJT	7452	22	
2.		4GEL 08497	· · · ·	······	
3. NET 22		SLMJJJJJT	- 6151	7	
4		846607192	•		
5. NET 36		LMHJSNK	31855		
6.	· · ·	15BL 01970	1		
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City/State/Zip: $\underline{MIDUEBOLD}$ \underline{M} $\underline{O23444 - 1450}$ Policy # or Self-ins. Lie: # $\underline{622037H8517.1920}$ Expiration Date: $\underline{O1/13/202(}$ Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL & 152 can lead to the imposition of criminal penalties of a time up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a SIOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of investigations of the DIA for insurance coverage verification. I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct. Signature: \underline{MAMM} $\underline{A225}$ $\underline{C0220}$		•		#376-20		
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Business/Organization Name: NETCANS MLC. Address: 6 SILVER LAKE AVG City/State/Zip://W. TON N-A. AUSS Phone & 781 775 5727 Are you an employed the inpropriate box: 1. J Tam a comployed with 3 composition for: 1. J Tam a comployed with 3 composition for: 2. I am a sole proprietor or patientsilips and have no employees working for no in any cipacity. 3. We are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 51(4) and We law models are a composition pre c. 152 10(4) and We law models are a composition pre c. 152 10(4) and We law are a composition of the second and the second area below schedule the webbing the webbing the investige to composition pre information. Insurance Company Name: 201(CH Arrifeli (CAN Methods area and providing workers' compensation webbing the providing information. Insurance Company Name: 201(CH Arrifeli (CAN Methods area and provided with and the composition of a start of a method and area to a complementation. Insurance Company Name: 201(CH Arrifeli (CAN Methods area and provided and hand the complementation of the provider and and the complementation. Insurance Company Name: 201(CH Arrifeli (CAN Methods area and application of a start of a method of a start of a	Applicant Inform	mation		-		
City/State/Zip. M. 701 N.A. (2453 Are yoy an employed the 701 N.A. (2453 Are yoy an employed the property of	Business/Organiz	ration Name: NGT CAN		t Legibly		
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or part-time).* 2 [I am a sole proprietor or partor: sing and have no employees working for me in any capacity. [No workers' comp. Insurance required] 3. [We are a corporation and its officers have extrinsed their right of ecoungtion per c. 122, §1(0) and we have no employees. [No workers' comp. Insurance required] 4. [We are a non-partitic regimization, sintiful by voluminess with no employees. [No workers' comp. Insurance required] 4. [We are a non-partitic regimization, sintiful by voluminess with no employees. [No workers' comp. Insurance required] 4. [We are a non-partitic regimization, sintiful by voluminess with no employees. [No workers' comp. Insurance required] 4. [We are a non-partitic regimization, sintiful by voluminess "ifthe corporation should the setion before before before before before before before before solving their workers' compression policy information. "If the corporation forme of the setion before bef						
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Insurance Company Name: Corce of Protect CAN MASCALAUGE Glewe Insurer's Address: B. Box 1450 NA 02344 - 1450 Policy # or Self-ins. Lin # 622 37#85171920 Expiration Date: 01/13/2021 Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Reihne to secure coverage as required under Section 25A of MGL & 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification. (do kereby certify, while the pains and penalties of perjary that the information provided above is true and correct. Signature: Ballow A. J. WANGL Date: 08/25/2020 Anne # 781 775 S927 Official use only. Do not write in this area, to be completed by city or town official City or Town: Permit/Liscense # Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Form Clerk 4. Liscensing Board 5. Selectmen's Office 6. Other	argenization should check bac	#1.	Ser Employees, a workers' comprosation policy is required and			
City/State/Zip: $\underline{MIDREBOLD}$ \underline{M} $\underline{O2344-1450}$ Policy # or Self-ins. Lic. # $\underline{622037H85/7.920}$ Expiration Date: $\underline{O1/13/202(14)}$ Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil primities in the form of a SIOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of investigations of the DIA for insurance coverage verification. I do hereby certify, under the pains and penalties of perjary flud the information provided above is true and correct. Signature: \underline{MAMOM} \underline{A} . \underline{T} . \underline{MAMKM} $\underline{Date: 08/25/2020}$ Home #: $\underline{781}$ $\underline{275}$ $\underline{5927}$ Official use only. Do not write in this area, to be completed by city or town official. City or Town: Permit/Liceuse # Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Kown Clerk 4. Liceusing Board 5. Selectmen's Office & Other	I am an employer that is	e exempted memselves, but the corporation has off #1	the function of the major of the second s	in the office of the second		
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Signature: III MANNA Date: 08/25/2020 Phome #: 781 775 S927 Official use only. Do not write in this area, to be completed by city or town official City or Town: Permit/License # Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Kown Clerk 4. Licensing Board 5. Selectmen's Office 6. Other Prome #: Prome #:	I am an employer that is Insurance Company Nam Insurer's Address: City/State/Zip: // // Policy # or Self-ins. Lie.	te compiled memory of the corporation has all sproviding workers' compensation insu mer ZURICH AMERIC Bax 1450 DUEBORD MA #622037H8517192 rivers' compensation policy declaration	The Employees, a matter of compression policy is required and transce for my employees. Below is the policy information M M M M M M M M	$\frac{1}{2\omega 2(}$		
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Commonwealth of Massachusetts City of Newton Business Certificate

1 0-2 City Clerk's Use Only

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

Business Name	NETCARS INC.								
Purposed Use	Purposed Use LIMOUSINE TRANSPORTATION								
Location of Business	6 SILVER LANG AVE.	NEWTON	MA	02458					
The full name and	Address ress of each person conducting such business:	City	State	Zip code					
			÷						
Name ANOREN	J. WARNER LAKE AVE.	Signature (in pre	ence of N	otary)					
6 SILVER	LAKE AVE.	NEWOON	- State	02458 Zlp code					
	•			ap dout					
Name		Signature (in pres	ence of N	otary)					
	·								
Address		City	State	Zip code					
	· · · · · · · · · · · · · · · · · · ·								
Name		Signature (In pris	ience of No	otary)					
Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip code					
	·								
Òn		on(s) personally appeared		ne and made					
oath that the foregoin	g statement is true. Mais Likewiel	a ve affect	(seal)						
Mr. H	BU VOM	n Malt							
5373	13554 By Kan	111 yaw							
	My commission	Expires: Jan-16, 202	s :						
Under the provisions of (Chapter 337 of the Acts of 1985 and Chapter 110, Section 5	of the Mass. General Laws, our years thereafter. A state	, business ment und	certificates					
shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be									
available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars,									
(\$300.00) for each month during which such violation occurs.									
This certificate expires: <u>2/21/2022</u> Date									
	. '								
The issuance of this Busi obtained or are current.	ness Certificate does not imply that all relevant licenses n This certificate only records that a business is being condu	equired to legally operate t ucted.	nis busine	ess have been					

		Inspectional Service	s Départme	nt Official	• •• •			
ov certify that this bu ordinances of the C	isiness address is i ity of Newton.	in the following zoning	district, and	is an allowe	d use in a	cordance	with the	reviseo
	M	RQ ning District		Attest				• .
		Received in the	City Clerk's	Office	1.6.34	<u>^`_`</u>		
		57 Book	1 ()2				
And	entered in the re	cords of business titles	in the City C	lerk's Office	in the Cit	y of Newto	on ,	
	David A. Olson lewton City Clerk		Time Stamp	••••		David A. Olson, CMC Newton, MA 02489	2018 FEB 27 PM 12: 12	RECEIVED Newton City Clerk

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CERTIFICATE OF REGISTRATION

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

Plate Type	Registration	Гуре	Plate Number	Effective D	ate	Title N	lumber		Expires Or	а Мо	nth	Year
LVV	LIVER	RY VANITY	NETCAR	01-Jul-	2020		BS10556	69		> 0	6	21
Model Year 2016	Make LINC	Model NAVIGA	Body Style SUV		Color(s)	BLACK	(Vehicle Id	entification No	umber 4GEL0849	7	
		ent than Mailing)			I			istered We	eight for Comr			r Trailer
	Garage Address 6 SILVER LAKE AVE NEWTON MA 024581109								r Commercial	I Vehicle		
Name(s) of O						-		Company	/ FECTION INS	BURANCE	COMF	PANY
	NETCARS IN 6 SILVER LA	1C					Maximum Seating Capacity for Vehicles for Hire 7					
Lessee/In Cu	stody Of				99 - agu - Anggan - Million Anggan an an a		Jan	ws -	toker s	lot Valid Wild Signature of	hout Regis	Official strar
Special Mes	sage			Change of A	Address	[Reside	ential	Mailing [Garage		
							-					

Information for Vehicle Owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the
 motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the
 ou cial status of the vehicle registration.
- 211599122
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- Cancel the registration plates if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
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Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to after this certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type	Registration *	Гуре	Plate Number	Effective D	ate	Title	Number		Ехрись О	n	Month	Year	
LVV	LIVER		NET22	01-Jul-	2020		BT3322	50			06	21	
Model Year	Make	Model	Body Style	A	Color(s)			Vehicle I	dentification N				
2017	LINC	NAVIGA	SUV			BLAC			5LMJJ3JT				
Residential Ad	Idress (If Differ	ent than Mailing)					Total Reg	istered W	leight for Com	mercial	Vehicle o	or Trailer	
Garage Address US DOT Number for Commercial Vehicle													
Name(s) of Ov	Name(s) of Owner(s) and Mailing Address												
	\$[1]][1][1][1][1][1][1][1][1][1][1][1][1]								Insurance Company ARBELLA PROTECTION INSURANCE COMPANY				
	NETCARS IN	1C					Maximun	Seating	Capacity for V	/ehicles	for Hire		
1	6 SILVER LA						indexit ton	ooung					
	NEWTON M/	A 02458-1109							7				
Lessee/in Cus	Lessee/In Custody Of								Jerter s	lot Valid Signature	Without of Regi	Official strar	
Special Mess	sage			Change of A	Address		Resid	ential [] Mailing [Gara	ige		

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CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to after this certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

LVV LIVERY VANITY NET35 01-Jul-2020 BV661761 06 21 Model Year Make Model Body Style Color(s) BLACK Vehicle Identification Number 2LMHJ5NK1JBL01979 Residential Address MKT SUV Color(s) BLACK Vehicle Identification Number 2LMHJ5NK1JBL01979 Residential Address Insurance Commercial Vehicle or Trailer Its DOT Number for Commercial Vehicle or Trailer Garage Address Insurance Company Insurance Company Name(s) of Owner(s) and Mailing Address Insurance Company Insurance Company ARBELLA PROTECTION INSURANCE COMPANY Model Year Net CARS INC SINCLP NEWTON MA 02458-1109 5 Lessee/In Custody Of Change of Address Residential Mailing Special Message Change of Address Residential Mailing Garage	Plate Type	Registration	[vpe	Plate Number	Effective D	ate	Title !	Number		Expires On	Month	Year	
Live Live Model Body Style Color(s) Vehicle Identification Number 2018 LINC MKT SUV BLACK Vehicle Identification Number 2019 SUV BLACK Vehicle Identification Number 2LMHJ5NK1JBL01979 Garage Address 6 SILVER LAKE AVE NEWTON MA 024581109 Total Registered Weight for Commercial Vehicle Name(s) of Owner(s) and Mailing Address US DOT Number for Commercial Vehicle Insurance Company Insurance Company ARBELLA PROTECTION INSURANCE COMPANY ARBELLA PROTECTION INSURANCE COMPANY 000049 NEWTON MA 02458-1109 5 Signature of Registrar Lessee/In Custody Of Insurance Company Not Valid Without Official Lessee/In Custody Of Observer f Address Registential Mailing									61		06	21	
Index Not MKT SUV BLACK 2LINC 2LINC MKT Residential Address (if Different than Mailing) Total Registered Weight for Commercial Vehicle or Trailer Garage Address 6 SILVER LAKE AVE NEWTON MA 024581109 US DOT Number for Commercial Vehicle Name(s) of Owner(s) and Mailing Address Insurance Company Insurance Company ARBELLA PROTECTION INSURANCE COMPANY 000049 SIGLP NETCARS INC 6 SILVER LAKE AVE 6 SILVER LAKE AVE Maximum Seating Capacity for Vehicles for Hire 6 SILVER LAKE AVE 5 NEWTON MA 02458-1109 5					01-00-	1		510017		antification Num			
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Lessee/In Custody Of								Maximum	n coading d				
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Office / Agent: 46-2000 Tax I.D. No.: Policy Number: 1020059584 04

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



ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN

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Office / Agent: 46-2000 Tax I.D. No.: Policy Number: 1020059584 04

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



Insured's Address stated above

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

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

10/07/2020 12:01 A.M. Standard Time at the Named

DIRECT BILL

POLICY PERIOD: Policy Covers FROM 10/07/2019 TO

Reason for Declaration: RENEWAL

Named Insured's Business: CORPORATION

Effective Date: 10/07/2019

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

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

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

LIABILITY INSURANCE

COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any accident or loss	PREMIUM						
7	20,000 Each Person 40,000 Each Accident	1,545						
7	8,000 Each Person	357						
7	1,000,000 Each Accident Combined Single Limit(CSL)	3,993						
	Each Person							
7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	42						
7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL						
	(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are	(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.) The most we will pay for any accident or loss 7 20,000 Each Person 7 8,000 Each Person 7 1,000,000 Each Person 7 Combined Single Limit(CSL) 8 Each Person 7 SEE SCHEDULE Each Person						

PHYSICAL DAMAGE INSURANCE

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

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

Loss of Use-Rental Reimb	ursement			
Towing and Labor			For each disablement of a private passenger sulo.	
Forms and Endorsements attached to this (o this Coverage Form:	PREMIUM FOR ENDORSEMENTS	25
00 AD 4000 (04/40)	CA 00.01 (10/01) IL 00 21 (04/98)	ADDITIONAL OR RETURN PREMIUM	
26 AP 1033 (01/10) 26 AP 1056 (01/10)	CA 00 01 (10/01 CA 23 86 (01/06	5) MM 99 11 (10/11)	*ESTIMATED TOTAL PREMIUM	19,736
26 AP 1057 (01/10)CA 23 94 (03/06)26 AP 1092 (01/10)CA 24 02 (12/93)		MM 99 23 (09/98)	* This policy may be subj	act to final audit
26 AP 1102 (04/11)	IL 00 17 (11/85)			\leq
Includee copyrighted material of Insu	irance Services Office with its p	ermission. Countentighed by:	Authorized Represen	Lative .



INSURED COPY 09/21/2019

Taxi/Public Auto List

<u>Docket #233-20</u> <u>Semi-annual taxi license/public auto inspections</u>

09/16/20 Public Safety & Transportation Committee

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

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

365-20



RUTHANNE FULLER MAYOR

City of Newton, Massachusetts Office of the Mayor

Telephone (617) 796-1100

Telefax (617) 796-1113

TDD (617) 796-1089

E-mail <u>rfuller@newtonma.gov</u>

August 31, 2020

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

Councilors:

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

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

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

Thank you for your consideration of this matter.

2020 AUG 31 PM 12: RECEIVED

Sincerely,

140

Ruthanne Fuller Mayor

Award Letter

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



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

EMW-2019-FG-07130

Dear Phillip McCully,

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

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

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

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

Sincerely,

Christopher Logan Acting Assistant Administrator Grant Programs Directorate

Summary Award Memo

Program: Fiscal Year 2019 Assistance to Firefighters Grant Recipient: NEWTON, CITY OF DUNS number: 604430397 Award number: EMW-2019-FG-07130

Summary description of award

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

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

Amount awarded

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

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

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

Approved scope of work

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

Approved request details:

Training

Driver/Operator

DESCRIPTION

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

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

BUDGET CLASS

Other

Rescue			
DESCRIPTION NFD will be hiring a	an outside agency to be	delivering RIT training to	all 186 members
QUANTITY	UNIT PRICE	TOTAL	
186	\$325.00	\$60,450.00	
BUDGET CLASS			
Other	a Sharanan alaha si kuan Sapan alama kina Amelia ja na ata bathan na kina na kina na kina na Maratha Alaha.	والتعاوير والمحافظ	

Equipment

Thermal Imaging Camera (Must be NFPA 1801 Compliant) DESCRIPTION Retrofitting all members face pieces with thermal imaging technology and installing cameras on the side of the face piece UNIT PRICE QUANTITY TOTAL BUDGET CLASS Cost 1 0 \$1,200.00 \$0.00 Equipment CHANGE FROM APPLICATION Cost 1 Quantity from 190 to 0 JUSTIFICATION This reduction is due to the score your project received at panels relative to other projects. Skid Unit DESCRIPTION Purchasing 1 skid unit that will be placed on a pickup that we are also applying for a grant. This skid unit will be a wild land capable pump unit. The skid unit consists of a pump, tank and a booster reel that makes for rapid deployment to fight brush fires. It is a self contained unit to be mounted on a pickup. QUANTITY UNIT PRICE TOTAL BUDGET CLASS Cost 1 0 \$25,000.00 \$0.00 Equipment CHANGE FROM APPLICATION Cost 1 Quantity from 1 to 0 JUSTIFICATION This reduction is due to the score your project received at panels relative to other projects.

Vehicle acquisition

Brush Truck (Type III or smaller)

DESCRIPTION

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

. 1	\$100,000.00	\$0.00	
		ψ0.00	Equipment
CATION		99 99 1 19 19 19 19 19 19 19 19 19 19 19	alan manunan menanan tanun setematan kerana dari kana dari kana dari kana dari kana dari kana dari kana dari k
to 0			

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

Agreement Articles

Program: Fiscal Year 2019 Assistance to Firefighters Grant **Recipient:** NEWTON, CITY OF **DUNS number:** 604430397 **Award number:** EMW-2019-FG-07130

Table of contents

Article 1	Assurances, Administrative Requirements, Cost Principles, Representations and Certifications
Article 2	DHS Specific Acknowledgements and Assurances
Article	Acknowledgement of Federal Funding from DHS
Article	Activities Conducted Abroad
Article	Age Discrimination Act of 1975
Article	Americans with Disabilities Act of 1990
Article	Best Practices for Collection and Use of Personally Identifiable Information (PII)
Article	Civil Rights Act of 1964 – Title VI
Article	Civil Rights Act of 1968
Article	Copyright
Article	Debarment and Suspension
••	Drug-Free Workplace Regulations
Article	Duplication of Benefits
	Education Amendments of 1972 (Equal Opportunity in Education Act) – Title IX
Article	Energy Policy and Conservation Act
Article	False Claims Act and Program Fraud Civil Remedies
	Federal Debt Status
	Federal Leadership on Reducing Text Messaging while Driving
	Fly America Act of 1974
	Hotel and Motel Fire Safety Act of 1990
Article 21	Limited English Proficiency (Civil Rights Act of 1964, Title VI)
Article	Lobbying Prohibitions
Article 23	National Environmental Policy Act
Article 24	Nondiscrimination in Matters Pertaining to Faith-Based Organizations

365-20

Article Non-supplanting Requirement 25 Article Notice of Funding Opportunity Requirements 26 Article Patents and Intellectual Property Rights 27 Article Procurement of Recovered Materials 28 Article Rehabilitation Act of 1973 29 Article Reporting of Matters Related to Recipient Integrity and Performance 30 Article Reporting Subawards and Executive Compensation 31 Article SAFECOM 32 Article Terrorist Financing 33 Article Trafficking Victims Protection Act of 2000 (TVPA) 34 Article Universal Identifier and System of Award Management (SAM) 35 Article USA Patriot Act of 2001 36 Article Use of DHS Seal, Logo and Flags 37 Article Whistleblower Protection Act 38 Article Acceptance of Post Award Changes 39 Article Prior Approval for Modification of Approved Budget 40 Article Disposition of Equipment Acquired Under the Federal Award 41 Article Environmental Planning and Historic Preservation 42

Article 1

Assurances, Administrative Requirements, Cost Principles, **Representations and Certifications**

DHS Specific Acknowledgements and Assurances

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

Article 2

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

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

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

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

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

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

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

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Article 40	Prior Approval for Modification of Approved Budget Before making any change to the DHS/FEMA approved budget for this award, you must request prior written approval from DHS/FEMA where required by 2 C.F.R. § 200.308. DHS/FEMA is also utilizing its discretion to impose an additional restriction under 2 C.F.R. § 200.308(e) regarding the transfer of funds among direct cost categories, programs, functions, or activities. Therefore, for awards with an approved budget where the Federal share is greater than the simplified acquisition threshold (currently \$250,000), you may not transfer funds among direct cost categories, programs, functions, or activities without prior written approval from DHS/FEMA where the cumulative amount of such transfers exceeds or is expected to exceed ten percent (10%) of the total budget DHS/FEMA last approved. You must report any deviations from your DHS/FEMA approved budget in the first Federal Financial Report (SF-425) you submit following any budget deviation, regardless of whether the budget deviation requires prior written approval.
Article 41	Disposition of Equipment Acquired Under the Federal Award When original or replacement equipment acquired under this award by the recipient or its subrecipients is no longer needed for the original project or program or for other activities currently or previously supported by DHS/FEMA, you must request instructions from DHS/FEMA to make proper disposition of the equipment pursuant to 2 C.F.R. § 200.313.
Article 42	Environmental Planning and Historic Preservation DHS/FEMA funded activities that may require an EHP review are subject to FEMA's Environmental Planning and Historic Preservation (EHP) review process. This review does not address all Federal, state, and local requirements. Acceptance of Federal funding requires recipient to comply with all Federal, state and local laws. Failure to obtain all appropriate federal, state and local environmental permits and clearances may jeopardize Federal funding.DHS/FEMA is required to consider the potential impacts to natural and cultural resources of all projects funded by DHS/FEMA grant funds, through its EHP Review process, as mandated by the National Environmental Policy Act; National Historic Preservation Act of 1966, as amended; National Flood Insurance Program regulations; and, any other applicable laws and Executive Orders. To access the FEMA's Environmental and Historic Preservation (EHP) screening form and instructions go to the DHS/FEMA website at: https://www.fema.gov/media- library/assets/documents/90195. In order to initiate EHP review of your project(s), you must complete all relevant sections of this form and submit it to the Grant Programs Directorate (GPD) along with all other pertinent project information. Failure to provide requisite information could result in delays in the release of grant funds.If ground disturbance, and if any potential archeological resources are discovered, applicant will immediately cease work in that area and notify the pass- through entity, if applicable, and DHS/FEMA.

Obligating document

1.Agreement	No	2 Am	and	Imont	3 8	ecinie	nt	4. Typ	e 0	f	5 Con	trol No.	
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07130		N/A			046001404		AWARD						
6. Recipient Name and Address				7. Issuing FEMA Office and Address 8. Payment Office and Address							fice and		
NEWTON, CITY OF			G	Grant Programs Directorate						FEMA, Financial Services			
1164 CENTRE ST				500 C Street, S.W. Washington DC, 20528-7000					Branch				
NEWTON, MA 02459				vashing -866-92						500 C Street, S.W., Room			
				N 1						Washington DC, 20742			
9. Name of Recipient								ame of FEMA F				10a.	
Project Officer							Coordinator Assistance to Fire					Phone No. 1-866-274-	
Phillip McCully				01758	0100		Grant Program					0960	
				2. Method of			13. Assistance			14. Per		formance	
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08/16/2020 C			ОТ	THER - FEMA			COST SHARING				08/22/2021		
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15. Description of Action a. (Indicate funding data for awards or financial changes)													
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Name Abbreviation	Listings No.			Data(ACCS Code)		Total Awarc	Tł	This Action + or (-)		on Award		Non-Federal Commitment	
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				Totals\$.00 \$164,863.			\$164	,863.64	\$16,486.36	3
b. To describe changes other than funding data or financial changes, attach schedule and check here: N/A													
16.FOR NON RETURN THI address)													_

This field is not applicable for digitally signed grant agreements

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



RUTHANNE FULLER MAYOR

City of Newton, Massachusetts Office of the Mayor

382-20

Telephone (617) 796-1100

Telefax (617) 796-1113

TDD (617) 796-1089

E-mail rfuller@newtonma.gov

September 14, 2020

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

Councilors:

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

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

Thank you for your consideration of this matter.

Sincerely,

Fuller

Ruthanne Fuller Mayor

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