

## **MONTAGUE SELECTBOARD MEETING**

**VIA ZOOM**

**Monday, March 31, 2025 AGENDA**

**Join Zoom Meeting <https://us02web.zoom.us/j/89823326682>**

**Meeting ID: 898 2332 6682 Passcode: 411375 Dial into meeting: +1 646 558 8656**

Topics may start earlier than specified, unless there is a hearing scheduled

### **Meeting Being Taped**

### **Votes May Be Taken**

1. 6:30PM Selectboard Chair opens the meeting, including announcing that the meeting is being recorded and roll call taken
2. 6:30 Approve Minutes: Selectboard Meeting March 24, 2025
3. 6:30 Public Comment Period: Individuals will be limited to two (2) minutes each and the Selectboard will strictly adhere to time allotted for public comment
4. 6:32 **Suzanne LoManto, RiverCulture Program Director**
  - RiverCulture seeks permission for the Montague Center May Day event, Sunday May 4, 2025, in partnership with community representative Will Quale. Activities include a short parade from the post office, and entertainment on the Montague Center Common.
  - RiverCulture seeks permission for Northeast Unity Car Show including street closure on First Street and permission to use public parking lots around Town Hall and First Street, on Sunday September 21, 2025, from 10am-4pm
  - RiverCulture gives an update of Montague Wheat Paste Mural Project; three winners announced.
5. 6:37 **Angela Rovatti-Leonard, Children's Librarian**
  - Montague Public Libraries requests an Entertainment License for the Montague Community Fair at Unity Park being held on 9/27/2025 from 2:00pm to 5:00pm.
  - Montague Public Library, Summer Reading Program, request use of Peskeompskut for a dog event being held on July 19, 2025, from 1:00pm to 3:00pm.
6. 6:42 **Phillip Malone Jr, New Guilbault Community Baseball**
  - Use of Public Property: New Guilbault Baseball League Opening Day Parade April 27, 2025(Rain Date 5/4/2025), 9am-12:00pm, beginning at TFHS down Turnpike Road right onto Montague St., right on Crocker Avenue. Approximately 130 people in attendance and 5 vehicles expected to participate.
7. 6:46 **Ann Fisk, Use of Montague Center Town Common**
  - Montague Center Fire Fighters Assoc., Memorial Day Service, May 25, 2025, 10:00 AM to 12:15 PM
  - 1<sup>st</sup> Congregational Church of Montague, Road Race, August 16, 2025, 6:30 AM to Noon

**Montague Selectboard Meeting**  
**March 31, 2025**  
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8. 6:50      **William McKerchie, The Upper Bend, 112 Avenue A, Turners Falls**
- Request to place 7 tables with chairs in front of 112 Avenue A,
9. 6:55      **Emily Innes, Innes Associates Ltd.**
- Montague City Zoning Studies – Selectboard Update #1
10. 7:15      **Maureen Pollock, Planning Director**
- Authorization to extend (and sign) contract to complete MVP 2.0 Pilot Grant until June 30, 2026
11. 7:20      **Vote recommendations for FY26 Budget and May 7 Annual Town Meeting warrant**
- A. Special Articles**
- Implement collective bargaining agreements with United Electrical, Radio, and Machine Workers of America and the National Association of Government Employees- \$125,154
  - Appropriate \$200,000 to Reserves from Free Cash
    - \$100,000 to Town Capital Stabilization
    - \$50,000 to GMRSD Capital Stabilization
    - \$50,000 to OPEB Trust Fund
12. 7:35      **Personnel Board**
- Appoint Oliver Beane, Interim Director of Assessing, Grade G1, Step 1, \$67,277 (old rate: Grade B, Step 1, \$22.37/hr.) effective 3/17/25
  - Appoint Karen Tonelli, - Board of Assessors Consultant, \$45.06/hour up to 10 hours per week through June 30, 2025.
13. 7:45      Review compliance of “Violation of Nuisance Dog” Order issued November 7, 2023 to Kim James-Caron, 20 N Street, Turners Falls
14. 7:55      **Assistant Town Administrator’s Business**
- Execution of payment requisition to Department of Environmental Protection Bureau of Water Resources for Asset Management Grant. Requisition value is \$74,077 for Wastewater Asset Vulnerability Inventory
  - Authorization to apply for Green Communities competitive grant for weatherization and insulation improvements at Unity Park Fieldhouse
  - Other Updates
15. 8:05      **Town Administrator’s Business**
- First Street housing development updates and request to extend Habitat for Humanity Purchase and Sale Agreement through June 30, 2026
  - Topics not anticipated in the 48-hour posting requirements

**Montague Selectboard Meeting**

**March 31, 2025**

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16. 8:15      Executive session in accordance with G.L. c.30A, §21(a)(1) discuss the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual, if the chair declares that an open meeting may have a detrimental effect on the negotiating position of the public body.

**Next Meeting:**

- Selectboard, Monday, April 7, 2025, at 6:30PM, 1 Avenue A, Turners Falls and via ZOOM.



## Board of Selectmen Town of Montague

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

### Event Application for use of PESKEOMPSKUT PARK and MONTAGUE CENTER TOWN COMMON

Name of applicant Suzanne LoManto (RiverCulture), on behalf of Montague residents (event contact is Will Quale)

Name of business/group sponsoring proposed event if applicable: RiverCulture

If applicable, number of years your organization has been running this event in Montague? ~37 yrs  
RiverCulture became an event sponsor in 2021

Address Will Quale: 28 Center St

Contact phone Will: 413-362-9264 Contact email will.quale@gmail.com

FID \_\_\_\_\_

Dates of proposed event Sunday 4 May 2025 Location: Town Common

Hours 9am to 1pm Set Up: that morning Clean Up: that afternoon

Approximate number of people expected to attend ~150

What provisions will be made regarding clean up of site? \_\_\_\_\_  
trash and recycling barrels brought to site; Montague Common Hall is open for bathroom use

Will the proposed event be:

- ☒ Musical
- ☒ Theatrical
- ☐ Exhibitions
- ☐ Amusements
- ☐ Wedding
- ☐ Other \_\_\_\_\_

Fully & specifically describe content of the proposed exhibition, show and/or amusements:

short parade from Post Office to Town Common, followed by about two hours on the Town Common

of maypole dancing, morris dancing, traditional fiddle tunes, and traditional songs to celebrate the May



Fully & specifically describe the premises upon which the proposed event is to take place.

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parade route: from Post Office parking lot up shoulder of Main St to North St to Town Common

---

event takes place on Town Common

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Use back of form or attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), and location of first aid/medical stations.

Will vendors be selling:

- ☐ merchandise
- ☐ food/beverage
- ☐ alcohol
- ☐ other services Congregational Church might host a coordinated bake sale

Fully & specifically describe the extent to which the event and/or premises would affect public safety, health, or order. If serving alcohol, indicate separate serving area, approved server i.e. TIPS trained. (separate license required to serve alcohol)

---

this event affects public health by spreading joy

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Describe the appropriate level and nature of security and/or traffic control that would be needed and what provisions have been made.

---

volunteers watch and caution Main St traffic for the few minutes we are alongside Main St;

---

we use cones to block off a short stretch of North St adjacent to Common during the event;

---

we position additional temporary No Parking signs along the Main St side of the Common, augmenting permanent signs already there

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What provisions will be made regarding first aid and emergency medical care?

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participants include nurses and EMTs

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Are you also applying to place signs within Montague to advertise or give directions to your event? (See the Montague Building Inspector)

If so, at which locations? \_\_\_\_\_

no

---

Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant

Date

3/13/25

License fees:

Monday – Saturday = \$25.00 per day

Sunday = \$50.00

BOARD OF SELECTMEN – Approval

POLICE CHIEF - Approval / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

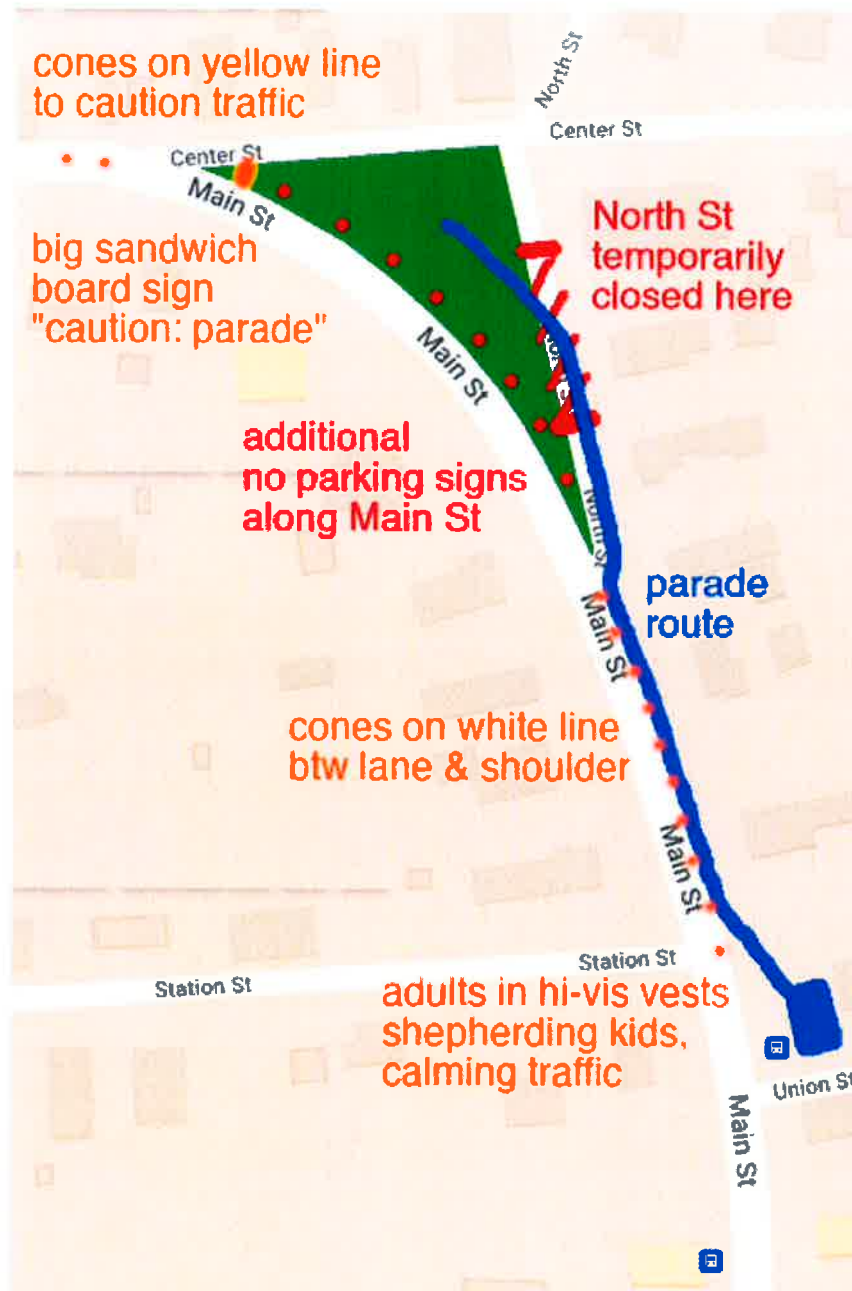
Date: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD OF HEALTH – Approval / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



① RiverCulture will arrange any equipment needed with the DPW

4B



*Board of Selectmen*  
**Town of Montague**

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

**REGISTRATION FOR ASSEMBLY, PUBLIC DEMONSTRATION,  
OR USE OF PUBLIC PROPERTY  
(Not for Peskeompskut Park or Montague Center Common)**

All information must be complete. This form must be returned to the Board of Selectmen within a minimum of 10 days prior to the assembly.

Name of applicant: Suzanne LoManto

Address of applicant: 1 Avenue A Turners Falls

Phone # of applicant: 413-863-3200 ext 115

Name of organization: River Culture

Name of legally responsible person: T. O. M.

Location of assembly: First St, Second St., Town Hall Lots

Date of assembly: Sunday, Sept. 21, 2025

Time of assembly: Begin: 10am End: 4pm

Number of expected participants: 180

~~If a procession/parade:~~

Route: Parking, First St., Town Hall Lots,  
Public parking lot First St.

Number of people expected to participate: \_\_\_\_\_

Number of vehicles expected to participate: \_\_\_\_\_

Subject of demonstration: Northeast Unity Car Show

**Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.**

\*\*\*\*\*

Signatures:

Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

Board of Selectmen, Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

## **Turners Falls Car Show**

SUNDAY, SEPTEMBER 21, 2025

Sponsored by

Nik Kramarczyk: mygolfisslow@comcast.net

Rachel Levey: Rachellevey@gmail.com

Co-Sponsored by RiverCulture

Hello Select Board,

Montague residents Nik Kramarczyk and Rachel Levey are vintage car restorers and active on the regional car show scene. We are seeking permission to close First Street for a 300+ vintage car show. Last year went off without a hitch. The event attracted hundreds of visitors and there were no complaints or complications. This free event would be 10am-4pm and also feature several food trucks on Nova Motorcycles property.

Attached is a map. Porta Potties will be positioned on Town property.

### **THROUGH- TRAFFIC ROAD CLOSURE**

First Street would be closed to through traffic from Avenue A to the Unity Park Hill. Unity Park and the far parking lots would still be accessible from Second Street.

### **HOW IT WORKS**

Participating cars would enter from L Street and be instructed where to park upon check-in. Cars will park only on one side of First Street to make room for emergency vehicles. The show would also utilize municipal parking lots around Town Hall.

RiverCulture would be responsible for coordination with the Town, insurance and road closures. The planning team would be responsible for registration, communication with the car owners, and event parking.

Thank you,

Suzanne LoManto

with Nik and Rachel

\* permission to close streets  
\* permission to use public parking  
lots around Town Hall and First St



# Northeast Unity Auto Show Sunday September 21, 2025

Barndounds at end of 1st St will remain closed until event ends. Goal is to have everyone exit up the hill to keep any traffic flowing in one direction.

Port-a-potties in this lot.

May ask property owner permission to use this grass lot.

**Show-car entrance**  
Drivers will be directed left or right and then parked by event staff.

Show-cars will be directed to turn down 2nd street, and will line up on 2nd St. street wanting to get in so that we don't impede traffic on 3rd St. YTHA need to keep 2nd St intersection open as well. Will put cones out to stop non-show-goers from turning here.

2nd St remains open to public use for park access.

**Mix of vendor tents and show-cars**  
We'll start closer to the road, and expand back towards the river depending on numbers. We can keep space available for town vehicles as needed.

Vendors selling used parts (sawp-mess) in this lot depending on interest.

Motorcycle parking in front of Arena (they will organize an event at the same time).

Vendors with booth cars.

Show-Cars parked along 1st Street, keeping 1 lane open all the way down for emergency vehicle access.

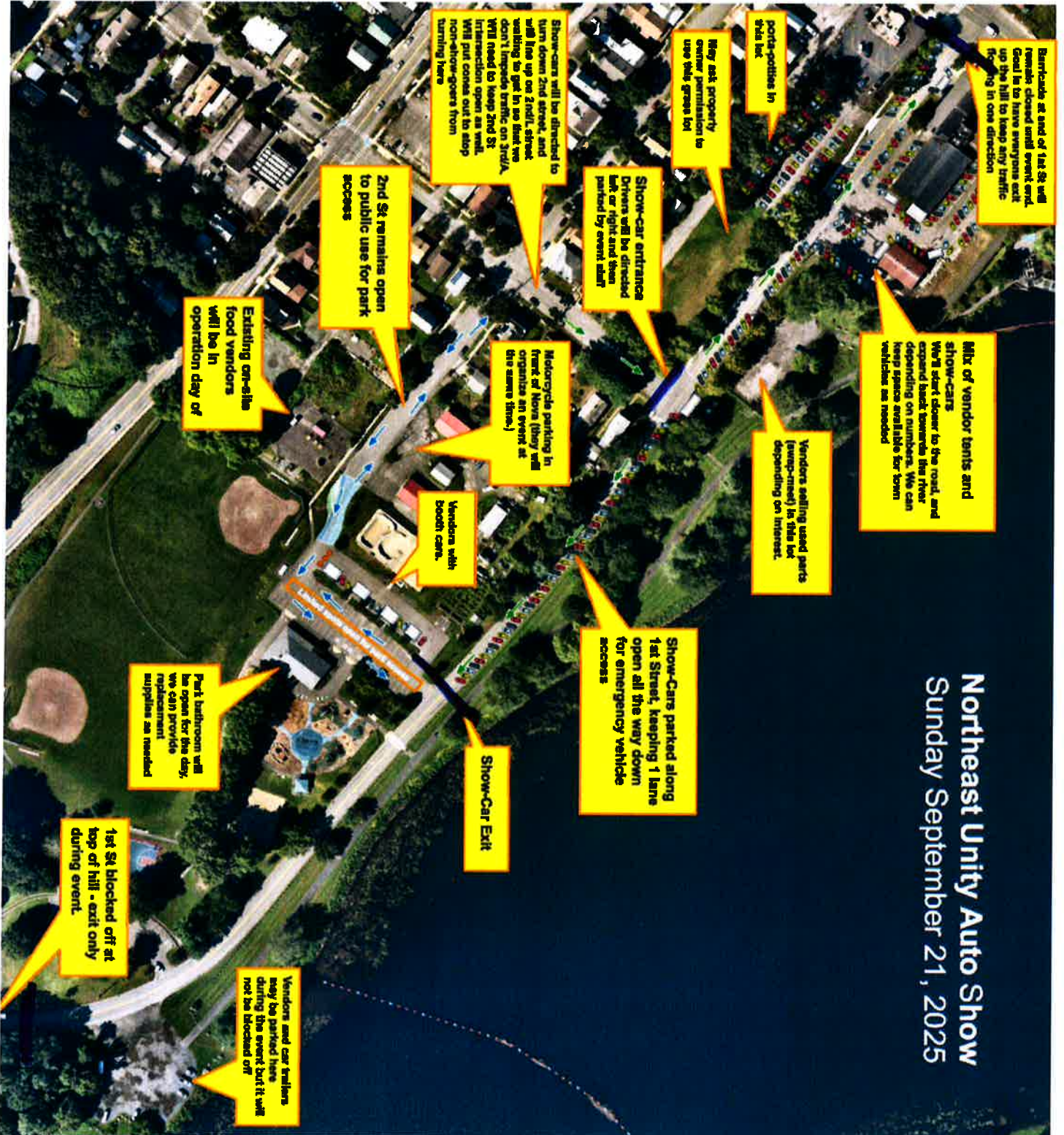
Show-Car Exit

Existing on-site food vendors will be in operation day of.

Park bathroom will be open for the day, we can provide replacement supplies as needed.

Vendors and car trailers may be parked here during the event but it will not be blocked off.

1st St blocked off at top of hill - exit only during event.



**TOWN OF MONTAGUE**  
**APPLICATION FOR AN ENTERTAINMENT LICENSE**  
**SPECIAL AND REGULAR**

Date of Application: 3/24/2025 Date Approved: \_\_\_\_\_ Fee: \_\_\_\_\_

To the Local Licensing Authority:

The undersigned respectfully applies for an Entertainment License for daily operation, calendar year 20 25 during the following hours:

Sunday	from:	to:	Thursday	from:	to:
Monday	from:	to:	Friday	from:	to:
Tuesday	from:	to:	Saturday <u>9/27</u>	from: <u>2:00</u>	to: <u>5:00 pm</u>
Wednesday	from:	to:	Legal Holiday	from:	to:

This is a "special entertainment permit" request? { yes } { no }

This is an annual renewal? { yes } { no }

1. NAME OF APPLICANT: Montague Public Libraries TELEPHONE: 413-863-7214

2. D/B/A: Montague Community Fair

3. PREMISES: Unity Park BUSINESS PHONE: \_\_\_\_\_

4. The specific categories of licensed entertainment sought to be approved are:

\_\_\_\_\_ Radio \_\_\_\_\_ Jukebox \_\_\_\_\_ Video Jukebox \_\_\_\_\_ Pinball Machines  
 \_\_\_\_\_ Wide Screen TV \_\_\_\_\_ Television/Cable \_\_\_\_\_ Pool Tables

Automatic Amusement Devices: Video Games, Number of: \_\_\_\_\_ Type: { Video or { Keno

_____ Dancing by patrons	size of floor _____
<u>X</u> Instrumental Music	number of instruments & amplifiers <u>5 instruments &amp; amplifiers</u>
_____ Live Vocalists	number of persons/type of show <u>5 - Montague Marching Band</u>
_____ Exhibition	type _____
_____ Trade Show	type _____
_____ Athletic Event	type _____
_____ Play	type _____
_____ Readings of Poetry or other	
_____ New Years Eve "after midnight entertainment"	

Indoors: Size of area to be used: \_\_\_\_\_ Allowed: \_\_\_\_\_ Number of People: \_\_\_\_\_ Allowed: \_\_\_\_\_

Outdoors: Size of area to be used: \_\_\_\_\_ Available Parking: \_\_\_\_\_

Alcohol to be served: \_\_\_\_\_

Angela Rovato-Leonard

Applicant Signature

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Board of Health

Date

Fire Department, Chief

Date

Police Department, Chief

Date

Board of Selectmen, Chairman

Date





# Board of Selectmen Town of Montague

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

## Event Application for use of PESKEOMPSKUT PARK and MONTAGUE CENTER TOWN COMMON

Name of applicant Angela Rovatti - Leonard

Name of business/group sponsoring proposed event if applicable: Montague Public Libraries

If applicable, number of years your organization has been running this event in Montague? \_\_\_\_\_

Address 201 Avenue A, Turners Falls, MA 01376

Contact phone 413-863-3214 Ext 2 Contact email Angela RL@montague-ma.gov

FID \_\_\_\_\_

Dates of proposed event 07/19/25 Location: Peskeompskut Park

Hours 1-3 Set Up: 12:00 Clean Up: 4:00

Approximate number of people expected to attend 75+

What provisions will be made regarding clean up of site? I will remove any trash that is generated during the event.

Will the proposed event be:

- ☐ Musical
- ☐ Theatrical
- ☐ Exhibitions
- ☒ Amusements
- ☐ Wedding
- ☐ Other \_\_\_\_\_

Fully & specifically describe content of the proposed exhibition, show and/or amusements:

An event for dog owners, their dogs, and anyone who loves dogs. Part of the MPL summer reading program, this event will include an agility course, meet-and-greet therapy dogs, refreshments, and other fun activities.



Fully & specifically describe the premises upon which the proposed event is to take place.

the event will take place throughout the park in an effort to spread activities out.

Use back of form or attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), and location of first aid/medical stations.

Will vendors be selling:

- ☐ merchandise
- ☐ food/beverage
- ☐ alcohol
- ☐ other services

N/A

Fully & specifically describe the extent to which the event and/or premises would affect public safety, health, or order. If serving alcohol, indicate separate serving area, approved server i.e. TIPS trained. (separate license required to serve alcohol)

N/A

Describe the appropriate level and nature of security and/or traffic control that would be needed and what provisions have been made.

N/A

What provisions will be made regarding first aid and emergency medical care?

I will carry a cell phone.

Are you also applying to place signs within Montague to advertise or give directions to your event? (See the Montague Building Inspector)

If so, at which locations?

No

Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.

N/A Town Agency

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant Angela Rovatt - Leonard  
Date 3/24/2025

License fees:

Monday – Saturday = \$25.00 per day

Sunday = \$50.00

BOARD OF SELECTMEN – Approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

POLICE CHIEF - Approval / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

BOARD OF HEALTH – Approval / Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



# Board of Selectmen Town of Montague

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

## REGISTRATION FOR ASSEMBLY, PUBLIC DEMONSTRATION, OR USE OF PUBLIC PROPERTY (Not for Peskeompskut Park or Montague Center Common)

All information must be complete. This form must be returned to the Board of Selectmen within a minimum of 10 days prior to the assembly.

Name of applicant: Phillip Malone Jr

Address of applicant: PO Box 189, Turners Falls, MA 01376

Phone # of applicant: 413-522-4557

Name of organization: Newt Guilbault Community Baseball

Name of legally responsible person: Phillip Malone Jr

Location of assembly: Turner Falls High School

Date of assembly: 04/27/2025

Time of assembly: Begin: 9:00AM End: 12:00PM

Number of expected participants: \_\_\_\_\_

If a procession/parade:

Route: Turners Falls High School down Turnpike Rd right onto Montague St. right on Crocker Ave.

Number of people expected to participate: 130

Number of vehicles expected to participate: 5

Subject of demonstration: Spring Baseball Opening Day Parade

**Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.**

\*\*\*\*\*

Signatures:

Police Chief: [Signature] Date: 3-31-2025

Comments/Conditions: \_\_\_\_\_

Board of Selectmen, Chairman: \_\_\_\_\_ Date: 3-31-2025

Comments/Conditions: \_\_\_\_\_

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> K&K INSURANCE GROUP, INC. 1712 MAGNAVOX WAY PO BOX 2338 FORT WAYNE IN 46801		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 800-736-7368 <b>FAX (A/C, No):</b> 847-953-2873 <b>E-MAIL ADDRESS:</b> hollie.lamle@kandkinsurance.com															
<b>INSURED</b> MEMBER NO: NEWT GUILBAULT/GILL-MONTAGUE REG. SCHOOL DIST. CRL DBA: Kristin Malone 15 W High St Erving, MA, 01344		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER B: National Union Fire Ins Co of Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A:	NAIC #	New Hampshire Insurance Company	23841	INSURER B: National Union Fire Ins Co of Pittsburgh	19445	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A:	NAIC #																
New Hampshire Insurance Company	23841																
INSURER B: National Union Fire Ins Co of Pittsburgh	19445																
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			AIL0003450194703	03/14/2025 12:01 AM	02/01/2026 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AIL0003450194703	03/14/2025 12:01 AM	02/01/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> # OCCUR <b>EXCESS LIAB</b> # CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	<b>PARTICIPANT ACCIDENT</b>			AID0003450387000	03/14/2025 12:01 AM	02/01/2026 12:01 AM	Excess Medical \$250,000 AD&D \$ 15,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: ANY PERSON, ORGANIZATION OR ENTITY WHO IS ENGAGED IN PROVIDING THE PREMISES, IS A SPONSOR OR CO-PROMOTER, BUT SOLELY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





# Board of Selectmen Town of Montague

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

## Event Application for use of PESKEOMPSKUT PARK and MONTAGUE CENTER TOWN COMMON

Name of applicant Ann Fisk

Name of business/group sponsoring proposed event if applicable: Montague Center Fire Fighters Association

If applicable, number of years your organization has been running this event in Montague? 20

Address 28 Old Sunderland Rd

Contact phone 413-512-0304

Contact email shollow25@comcast.net

FID \_\_\_\_\_

Dates of proposed event May 25, 2025 Location: Montague Center Common

Hours 11-12 pm Set Up: 10 am Clean Up: 12:15

Approximate number of people expected to attend 50

What provisions will be made regarding clean up of site? All equipment will be removed

Will the proposed event be:

- ☐ Musical
- ☐ Theatrical
- ☐ Exhibitions
- ☐ Amusements
- ☐ Wedding
- ☒ Other Memorial Day Service

Fully & specifically describe content of the proposed exhibition, show and/or amusements:

30 min Memorial Day service to honor  
American veterans

Fully & specifically describe the premises upon which the proposed event is to take place.

Area in front of Memorial Stone - east side of  
Common

Use back of form or attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), and location of first aid/medical stations.

Will vendors be selling:

- ☐ merchandise
- ☐ food/beverage
- ☐ alcohol
- ☐ other services N/A

Fully & specifically describe the extent to which the event and/or premises would affect public safety, health, or order. If serving alcohol, indicate separate serving area, approved server i.e. TIPS trained. (separate license required to serve alcohol)

Nothing will affect the public

Describe the appropriate level and nature of security and/or traffic control that would be needed and what provisions have been made.

Firemen will be stationed on Common - traffic is  
not affecting by this

What provisions will be made regarding first aid and emergency medical care?

EMS will be located on Common

Are you also applying to place signs within Montague to advertise or give directions to your event? (See the Montague Building Inspector)

If so, at which locations? No

Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant 

Date 3/24/2025

License fees:

Monday – Saturday = \$25.00 per day

Sunday = \$50.00

BOARD OF SELECTMEN – Approval

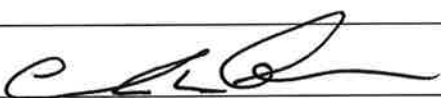
Richard Kuklewicz

Matt Lord

Chris Boutwell

Date: March 31, 2025

POLICE CHIEF - Approval / Comments



Date: 3-24-25

BOARD OF HEALTH – Approval / Comments

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Blackmer Insurance Agency 1147 Mohawk Trail  Shelburne MA 01370	<b>CONTACT NAME:</b> Nadine West <b>PHONE (A/C, No, Ext):</b> (413) 625-6527 <b>E-MAIL ADDRESS:</b> nadine@blackmers.com <b>FAX (A/C, No):</b> (413) 625-8210
<b>INSURED</b> Montague Center Fire District PO Box 237 PO Box 237 Montague MA 01351	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Union Fire Ins Co of Pittsburgh, PA <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 19445

**COVERAGES****CERTIFICATE NUMBER:** 24-25 Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			VFNU-TR-0014098	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			VFNU-CM-0014099	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Montague Center Common

May 25, 2025

**CERTIFICATE HOLDER****CANCELLATION**Town Of Montague  
1 Avenue A

Turners Falls

MA 01376

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## Board of Selectmen Town of Montague

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

### Event Application for use of PESKEOMPSKUT PARK and MONTAGUE CENTER TOWN COMMON

Name of applicant Ann Fisk

Name of business/group sponsoring proposed event if applicable: 1st Congregational Church of Montague

If applicable, number of years your organization has been running this event in Montague? 43

Address 4 North Street, Montague MA

Contact phone 413-512-0304 Contact email Shollow250@comcast.net

FID \_\_\_\_\_

Dates of proposed event Aug 16, 2025 Location: Montague Center

Hours 8:30am - 11:30am Set Up: 6:30am Clean Up: Noon

Approximate number of people expected to attend 75

What provisions will be made regarding clean up of site? All equipment will be removed -

Will the proposed event be:

- ☐ Musical
- ☐ Theatrical
- ☐ Exhibitions
- ☐ Amusements
- ☐ Wedding
- ☒ Other Road Race starting line

Fully & specifically describe content of the proposed exhibition, show and/or amusements:

Running race - starts at intersection of North St and Center St. Course travels south of main to Taylor Hill + Finishes on Station St

Fully & specifically describe the premises upon which the proposed event is to take place.

East side of Common

Use back of form or attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), and location of first aid/medical stations.

Will vendors be selling:

- ☐ merchandise
- ☐ food/beverage
- ☐ alcohol
- ☐ other services

N/A

Fully & specifically describe the extent to which the event and/or premises would affect public safety, health, or order. If serving alcohol, indicate separate serving area, approved server i.e. TIPS trained. (separate license required to serve alcohol)

Short period of time folks will be on Common before + after the Race

Describe the appropriate level and nature of security and/or traffic control that would be needed and what provisions have been made.

Montague Center Fire Dept handles road security at all intersections along the course

What provisions will be made regarding first aid and emergency medical care?

MCFD EMS on scene

Are you also applying to place signs within Montague to advertise or give directions to your event? (See the Montague Building Inspector)

If so, at which locations?

N/A

Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant Am Fish

Date 3/24/2025

License fees:

Monday – Saturday = \$25.00 per day

Sunday = \$50.00

BOARD OF SELECTMEN – Approval

Richard Kuklewicz

Matt Lord

Chris Boutwell

Date: March 31, 2025

POLICE CHIEF - Approval / Comments

[Signature]

Date 3.24.25

BOARD OF HEALTH – Approval / Comments

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/19/2025

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<b>PRODUCER</b> Church Mutual Insurance Company, S.I. 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		<b>CONTACT NAME:</b> Church Mutual Insurance Company, S.I. <b>PHONE (A/C, No, Ext):</b> 1-800-554-2642 <b>E-MAIL ADDRESS:</b> customerservice@churchmutual.com <b>FAX (A/C, No):</b> 855-264-2329	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Church Mutual Insurance Company, S.I.	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	0310924 25-798200	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**Town of Montague  
1 Ave A

Turner Falls

MA 01376

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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BOARD OF SELECTMEN  
TOWN OF MONTAGUE

TABLES AND CHAIRS LICENSE

YEAR 2025  
FEE: \$ 70 - \$10/TABLE

Permit No. \_\_\_\_\_  
Date: 3/19/25

The undersigned petitions the Montague Board of Selectmen for license to place tables and chairs at the location specified in the application.

LOCATION: 112 AVENUE A BUSINESS: THE UPPER BEND - AVENUE A MARKET  
OWNER: WILLIAM MCKERCHIE MANAGER: \_\_\_\_\_

1. The granting and use of this license is in accordance with the Policies for Placing Tables and Chairs in a Public Way approved by the Board of Selectmen June 17, 2002. Compliance with the Policies are a condition of this license.
2. I/We agree to indemnify and hold the Town of Montague harmless from all claims for damage whatsoever arising from the occupation of said public ways under this license. A Certificate of Insurance is attached and will be maintained in the amount of \$500,000/\$500,000.
3. I/We have read the Policies and agree to abide by all conditions stated.

By: WILLIAM MCKERCHIE

Address: 93 K ST. TURNERS FALLS, MA 01376  
Telephone #: 315-396-3607

This license and the location diagram shall be available at the requested location for inspection during the time of use to any enforcing officer of the Town.

Additional conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: Superintendent of Public Works

Signature and Date

The Montague Board of Selectmen voted the petition approved and license granted.

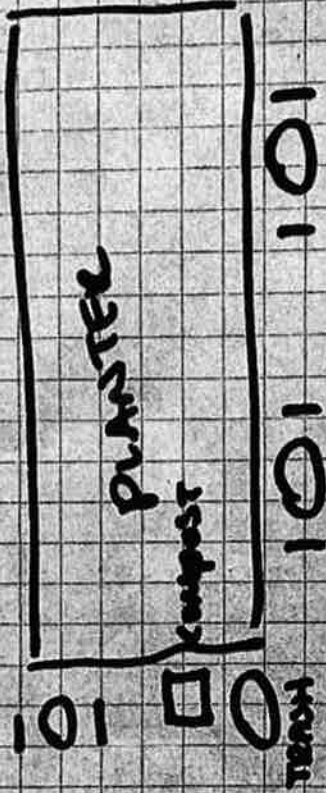
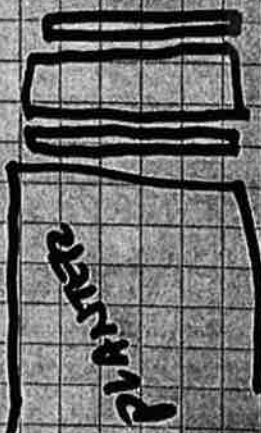
Date

Chair, Montague Selectboard

cc: Police Dept.

F:\Bldg\TablesChairsPermit 20Aug01.doc

AVENUE A



101

101

106

AVE A MARKET

7

TOTAL

112

UPPER 112





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2024

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<b>PRODUCER</b> Dale A. Frank Insurance Agency Inc 2 Amherst Road  Sunderland MA 01375		<b>CONTACT</b> NAME: Marianne D'Antonio PHONE (A/C, No, Ext): (413) 665-8324 E-MAIL: marianne@dalefrankinsurance.com ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: GREEN MOUNTAIN INS CO INC</td><td>20680</td></tr><tr><td>INSURER B: AmTrust Insurance Company</td><td>15954</td></tr><tr><td>INSURER C: Mount Vernon Fire Ins Co</td><td>26522</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: GREEN MOUNTAIN INS CO INC	20680	INSURER B: AmTrust Insurance Company	15954	INSURER C: Mount Vernon Fire Ins Co	26522	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Mount Vernon Fire Ins Co	26522																
INSURER D:																	
INSURER E:																	
INSURER F:																	
<b>INSURED</b> Sow Loud LLC 111 N Silver Ln  Sunderland MA 01375-9566																	

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		20058405	04/19/2024	04/19/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A	WWC3730826	06/11/2024	06/11/2025
C	Liquor Liability		LQ 2003888C	5/01/2024	05/01/2025	Per Person Limit 50,000 Per Accident Limit 1,000,000 Aggregate Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sow Loud LLC, Avenue A Market and Upper Bend Bruncheonette are all covered under these policies

**CERTIFICATE HOLDER****CANCELLATION**

Town of Montague

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marianne D'Antonio





# MONTAGUE CITY ZONING STUDIES

Select Board Update #1  
March 31, 2025



# AGENDA

Introductions: People

Introductions: Projects

Timelines

Initial Studies

Current Zoning

Discussion



# WHO'S WHO

## **Working Group**

Colleen & Skip Descavich

Dorinda Bell-Upp

Gregg Garrison

Janel Nockleby

Jeremy Toal

Kristi Bodin

Mary Kay Mattiace

Roberta Potter

Sam Guerin

## **Town Staff**

Walter Ramsey  
Town Administrator

Chris Nolan-Zeller  
Assistant Town  
Administrator

Maureen Pollock  
Planning Director

# WHO'S WHO

## **Innes Associates**

Emily Keys Innes, AICP, LEED AP ND  
President

Paula Ramos Martinez  
Senior Urban Designer/Planner

Marc Sánchez Olivares  
Design Technology Specialist

## **Massachusetts Housing Partnership (MHP)**

Christine Madore, AICP  
Director of Community Assistance

## **Executive Office of Housing and Livable Communities (EOHLC)**

# PROJECTS

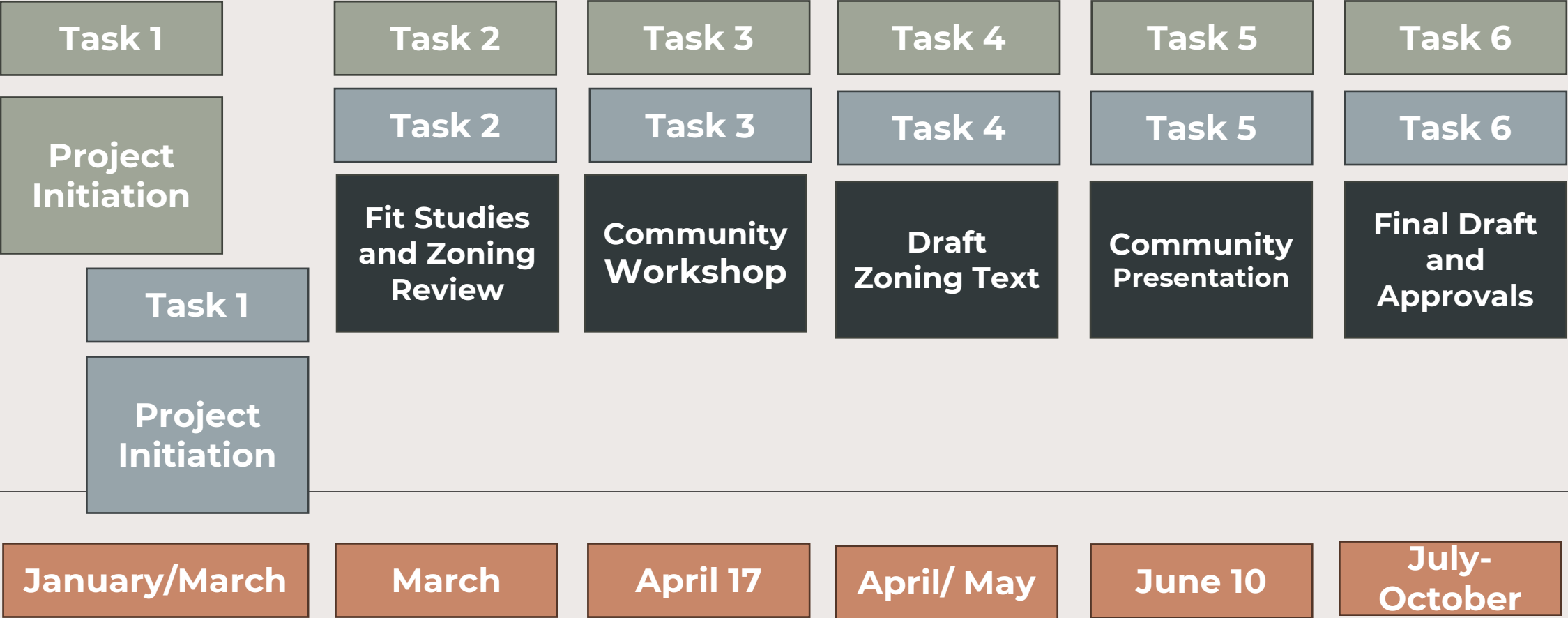
## Montague City Village Center

**Goal: Create zoning  
to realize  
community visions  
for the site of the  
former Farren Care  
Center**

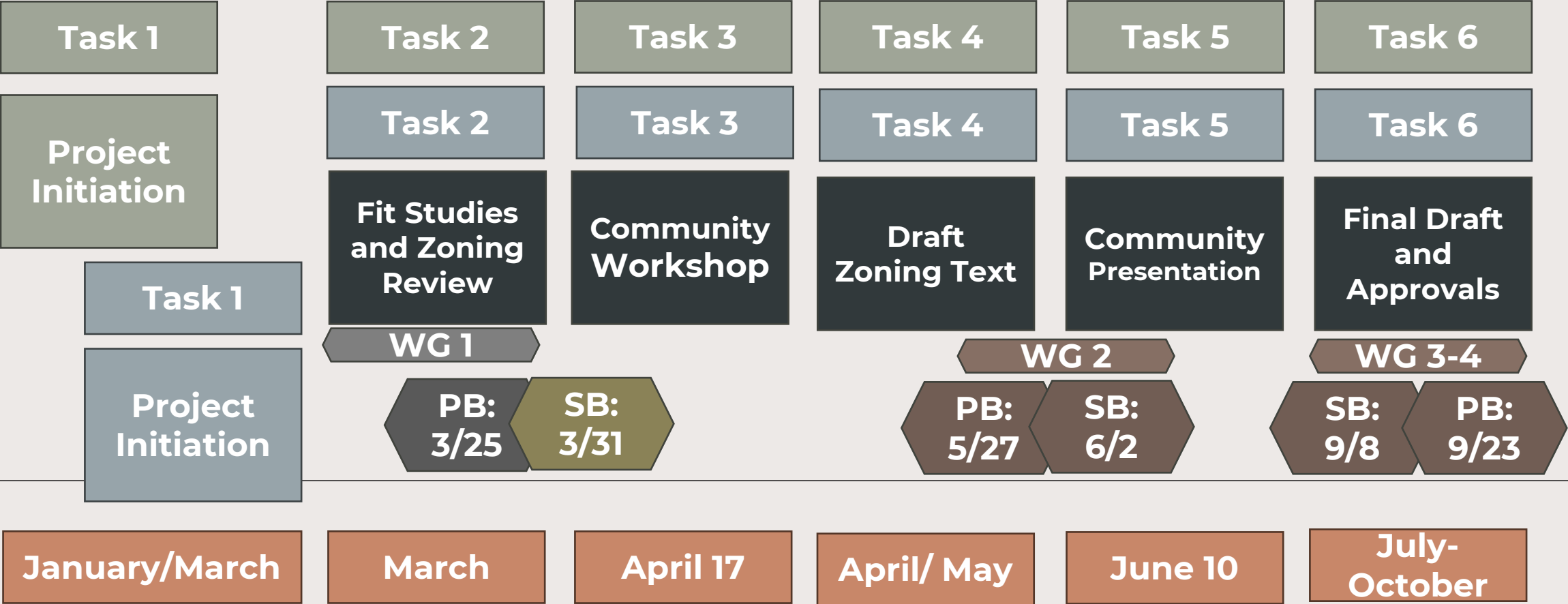
## Rod Shop Road Adaptive Reuse and Gateways

**Goal: Create zoning to  
encourage the adaptive  
reuse of historic buildings  
and encourage a gateway  
transitional from the  
existing residential to the  
new village center.**

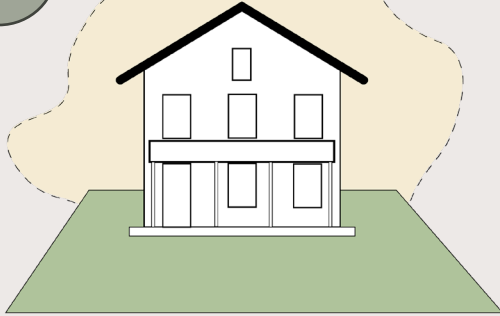
# TIMELINE



# TIMELINE

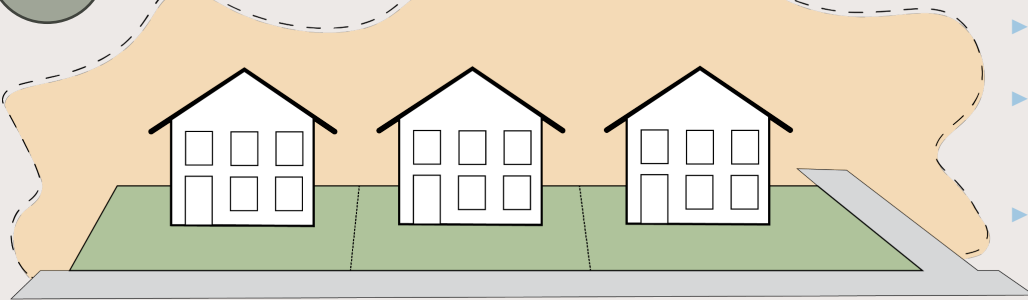


# 1 Your House and Land



- ▶ What can I build?
- ▶ Height
- ▶ Use
- ▶ Setbacks, Coverage

# 2 Your Neighborhood



- ▶ Relation to parcel next door
- ▶ Where are the busy/ quiet zones?
- ▶ Where is my park, corner grocery store?

# 3 Your Town



- ▶ Where is the Town center?
- ▶ Which area needs to stay protected?
- ▶ Where are my green areas and industrial zones?

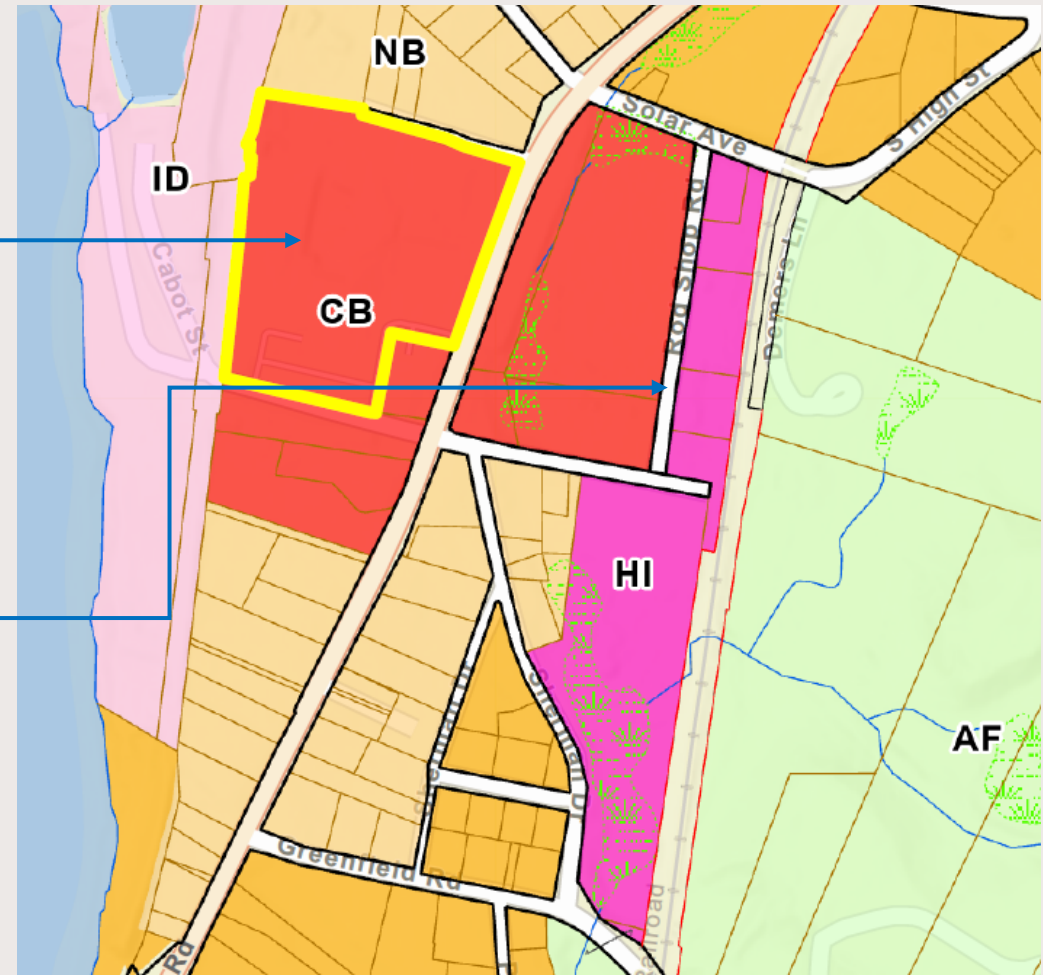
## ZONING 101

Zoning works at different scales.



Farren Site: Central Business (CB)

Rod Shop Road: Central Business (CB)  
Historic Industrial (HI)  
Neighborhood Business (NB)



Zoning Map: Town of Montague

# CURRENT ZONING



	Lot Size (min - sf)	Frontage (min - ft)	Front Yard* (min – ft)	Side Yard (min – ft)	Rear Yard (min – Ft)	Height (max - ft)
<b>CB</b>	None	None	Sidewalk or 10 ft MAX	10	15	36
<b>HI</b>	None	None	25	0, if access to rear of lot of min 12- ft drive	15	50
<b>NB</b>	10,000	75	15	0, if access to rear of lot of min 12- ft drive	30	28

\* Front Yard is also the Street Line Setback; No building need provide a street line setback greater than that of the principal buildings on 3 out of 4 adjoining properties on the same side of the street.

CURRENT ZONING

	CB - Permitted	CB - SP-ZBA	HI - Permitted (existing)	HI - SP-ZBA (new)	NB - Permitted	NB - SP-ZBA
Bulk storage, warehousing, distribution	n	n	✓	✓	n	n
Business, professional, or medical office	✓	n	✓	✓	<1,000	n
Craft workshop or light assembly shop	n	w/ retail	✓	✓	n	✓
Farming and forestry on 5 acres or less	n	n	n	✓	n	✓
Hotels	n	✓	n	✓	n	✓
Lodging houses	n	n	n	n	n	n
Manufacturing, processing, or research	n	n	✓	✓	n	n
Marijuana retailer, medical marijuana treatment center, cultivation, production, research or testing, per §8.10	n	retail only	n	✓	n	n
Mixed-use with the street level as a commercial use and dwelling units on upper floors	<= 4 dwellings	> 4 dwellings	n	n	n	n
Multi-family dwelling	n	n	n	✓	n	✓
Non-profit clubs or lodges	n	n	n	n	n	✓
Non-residential uses in § 5.2.5(a) exceeding 1,000 square feet of floor area and without an accessory drive-through component	n	n	n	n	n	✓
Open recreational enterprises	n	n	n	✓	n	n
Parking lots or parking garages	n	✓	n	n	n	✓
Public utilities	n	✓	n	✓	n	✓
Retail sales and services without an accessory drive-through component	<5,000 SF	>5,000 SF	✓	✓	<1,000	n
Self-service storage facilities	n	n	n	✓	n	n
Single and two-family dwellings	n	n	n	n	✓	n
Social clubs or lodges	✓	n	n	n	n	n
Solar energy and battery energy storage facilities	n	n	n	✓	n	n

# PAST PLANS

## Environmental Reports for Former Farren Care Property – Montague City Road, Montague

### 2023

- Phase I Environmental Site Assessment for the 330, 340, and 356 Montague Road, prepared by Professional Service Industries, Inc., dated October 25, 2023
- Supplemental Soil and Groundwater Assessment Report - 330 & 356 Montague City Road, Prepared by Intertek/PSI, dated November 10, 2023



**2022:** Limited Phase II Site Assessment Report - 330 & 356 Montague City Road, Prepared by Intertek/PSI, dated November 18, 2022

**2021:** Phase I Environmental Site Assessment - Farren Care Center 330 & 356 Montague City Road, Prepared Professional Service Industries, Inc., dated November 4, 2021

**2013:** Immediate Response Action (IRA) Completion Report & Class A2 Response Action Outcome (RAO) Statement report for 356 Montague City Road, prepared by New England Environmental Consulting, Submittal date: June 17, 2013



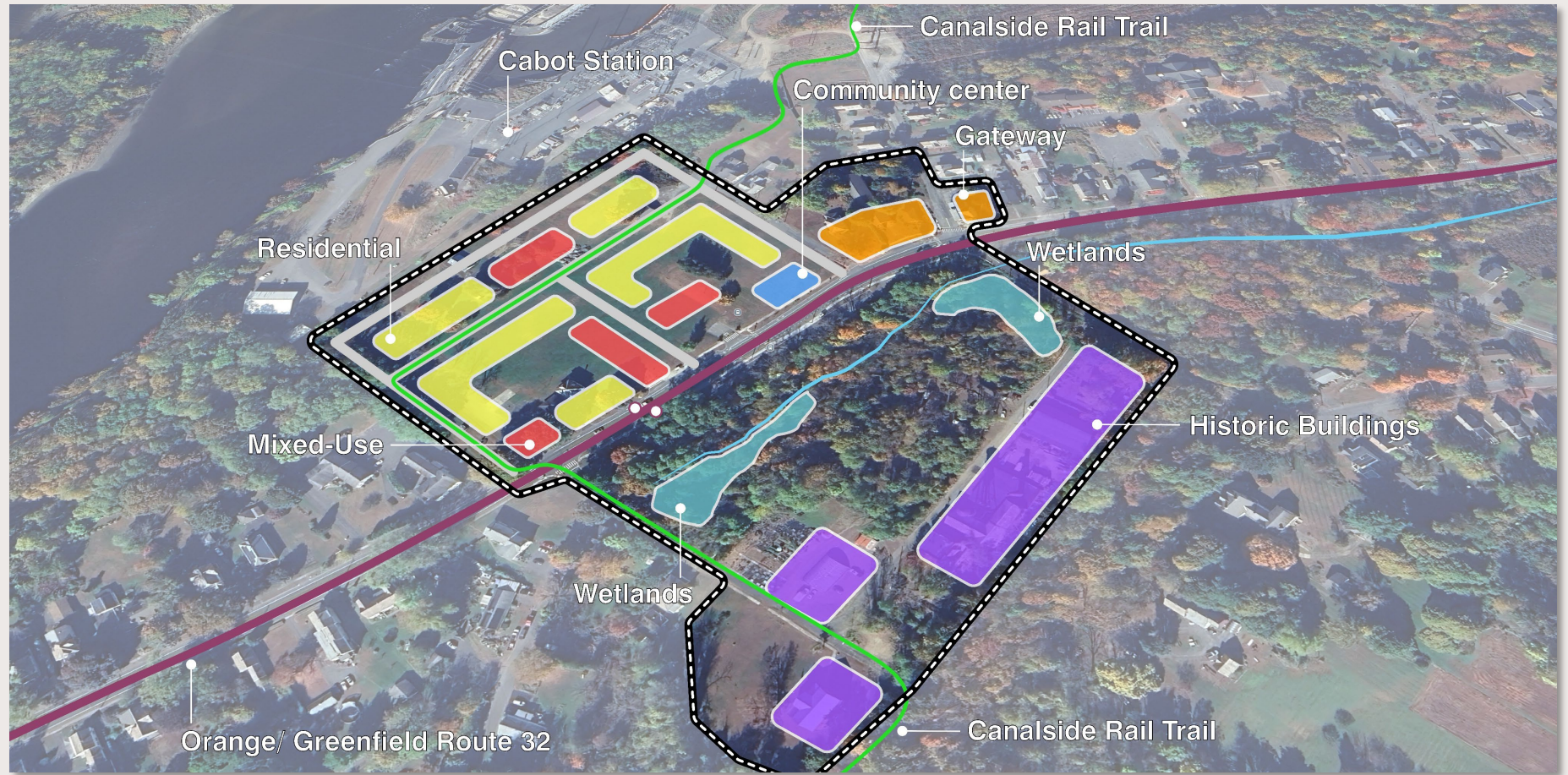
Conceptual Scenarios: VHB, Montague City Village Center Market Analysis and Redevelopment Strategy

# SCENARIOS





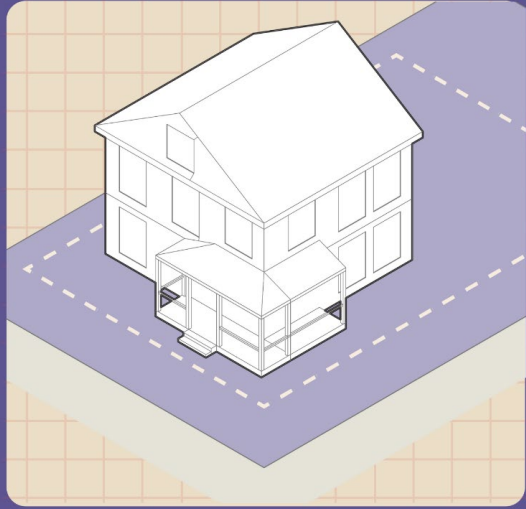
- Residential
- Mixed-Use
- Civic
- Gateway
- Historic Buildings



# FOR ANALYSIS

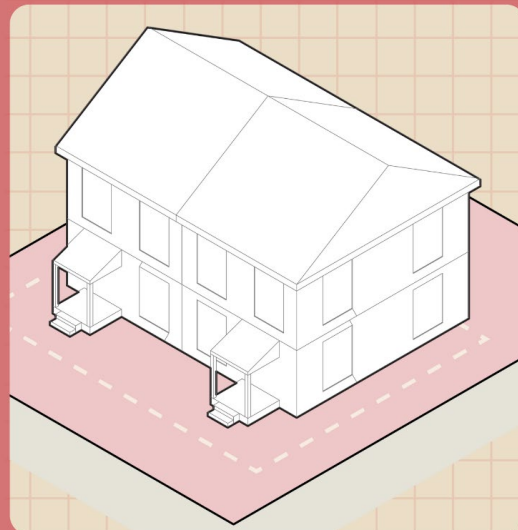
Initial schematic Land Use Map based on the previous studies and integrating the Rod Shop Road area.





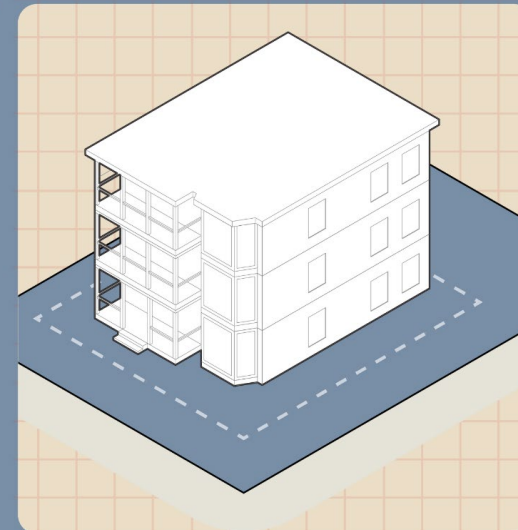
### SINGLE UNIT DWELLING

The process of changing a single-family home into a multi-unit dwelling, each with its own entrance and living space.



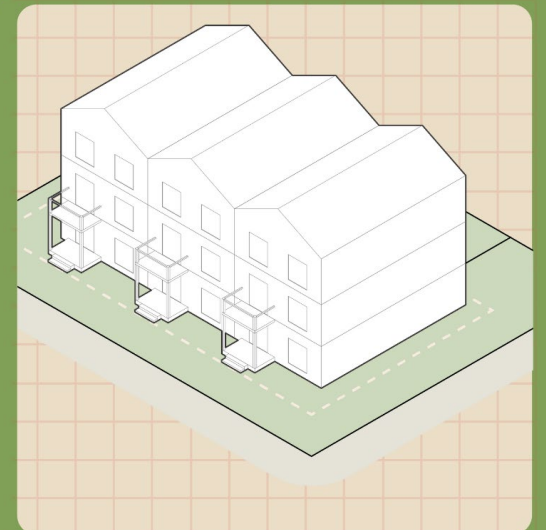
### 2 UNITS

A multi-family housing unit that consists of two separate living spaces that are attached to each other. They can be side by side or top of each other.



### 3 UNITS

A residential property with three separate living units, each with its own entrance and living space.

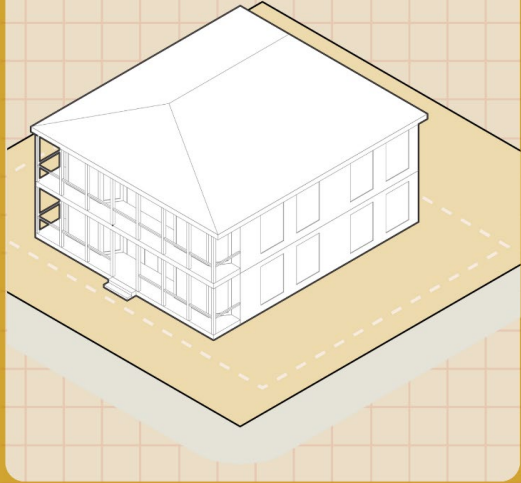


### TOWNHOUSE

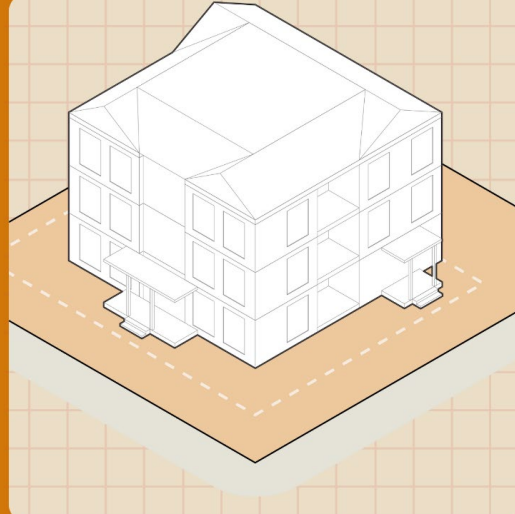
A single-family dwelling unit constructed in a group of three or more attached units in which each unit extends from foundation to roof and with a yard or public way on not less than two sides.

# FOR ANALYSIS

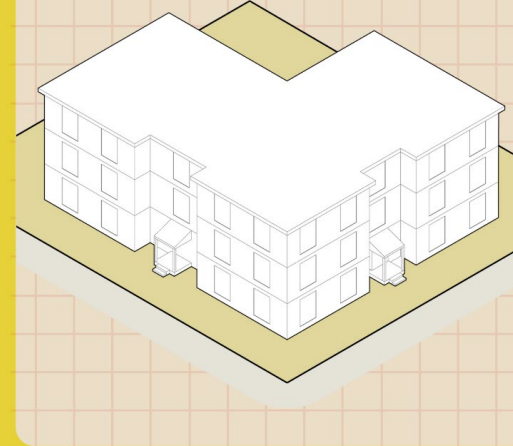
Residential typologies.

**4 - 6 UNITS**

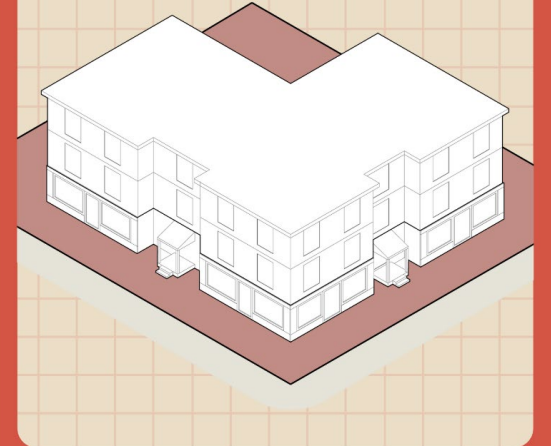
A multi-unit building that can have separate housing units from four (4) to six (6) units.

**6 - 12 UNITS**

A multi-unit building that can have separate housing units from six (6) to ten (12) units.

**RESIDENTIAL BUILDING**

A detached or attached structure that consists of multiple dwelling units arranged side-by-side and/ or stacked, typically with a shared entry from the street.

**MIXED - USED BUILDING**

A multi-story building that provides more than one use in the same structure. Consists of non-residential uses in the lower floors and Multi-unit Dwellings in the Upper floors.

# FOR ANALYSIS

Residential typologies.



# FUTURE ZONING

Community Engagement  
Additional Analysis  
Options for Discussion



## **April 17: First Public Workshop**

**DCR Discovery Center  
2 Avenue A, Turners Falls  
6pm-8pm**

## NEXT STEPS

## COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at [macomptroller.org/forms](#) or [mass.gov/lists/osd-forms](#).



10

CONTRACTOR INFORMATION			COMMONWEALTH INFORMATION		
Contractor Legal Name Town of Montague		d/b/a	Department Executive Office of Energy & Environmental Affairs		MMARS Code ENV
Legal Address 1 Avenue A, Turners Falls, MA, 01376 As entered on Form W-9 or Form W-4			Contract Manager Name Kara Runsten		Business Mailing Address 100 Cambridge St - 10th Floor, Boston, MA 02114
Contract Manager Name Greg Siedeker, Assistant Town Administrator			Billing Address If Different		
Phone 413-665-1400 ex. 104	Email planner@montague-ma.gov	Fax	Phone 617-312-1594	Email kara.runsten@mass.gov	Fax
Vendor Code VC			MMARS Doc ID(s)		
Vendor Code Address ID AD e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number ENV 24 MVP 02		
<b>(C) NEW CONTRACT</b>			<b>(A) CONTRACT AMENDMENT</b>		
Procurement or Exception Type (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated department.) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, and budget.) <input type="checkbox"/> Department Procurement - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, and budget.) <input type="checkbox"/> Contract Employee (Attach Employee Status Form, scope, and budget.) <input type="checkbox"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			Current Contract End Date 6/30/2025 Prior to Amendment		Amendment Amount Or Enter "No Change" No Change
			Amendment Type (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope, or Budget (Attach updated scope and budget.) <input type="checkbox"/> Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget.) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)		
<b>TERMS AND CONDITIONS</b>					
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option): <input checked="" type="radio"/> Commonwealth Terms and Conditions <input type="radio"/> Commonwealth Terms and Conditions for Human and Social Services <input type="radio"/> Commonwealth IT Terms and Conditions					
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="radio"/> Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="radio"/> Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended): \$ 95,000					
<b>PROMPT PAYMENT (PPD)</b>					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See <a href="#">Prompt Pay Discount Policy</a> .					
Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within: 10 days % PPD. 15 days % PPD. 20 days % PPD. 30 days % PPD. If PPD percentages are left blank, identify reason: <input type="checkbox"/> Statutory/legal <input type="checkbox"/> Ready Payments (M.G.L. c. 29, § 23A) <input checked="" type="checkbox"/> Agree to standard 45-day cycle <input type="checkbox"/> Only initial payment					
<b>BRIEF AMENDMENT OF CONTRACT OR REASON FOR IT</b>					
Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications. Amendment to extend the end date to June 30, 2026 in order to complete all tasks for the MVP 2.0 Planning Process and implement a climate resilience seed project as outlined in Attachment A					
<b>SUPPLIER DIVERSITY PROGRAM (SDP) PLAN</b>					
Does the Supplier Diversity Program apply? <input type="radio"/> YES If YES, the Contractor's annual SDP commitment for this Contract is <input type="radio"/> NO If NO, and the department is an Executive Department, enter the appropriate exemption:					
<b>ANTICIPATED START DATE (Complete ONE option only.)</b>					
The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="radio"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="radio"/> 2. may be incurred as of 20, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="radio"/> 3. were incurred as of 20, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
<b>CONTRACT END DATE</b>					
Contract performance shall terminate as of June 30, 2026, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
<b>CERTIFICATIONS</b>					
Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.					
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR</b> Signature and date must be captured at time of signature.			<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH</b> Signature and date must be captured at time of signature.		
Signature		Date	Signature		Date
Print Name		Print Title	Print Name		Print Title

## **ATTACHMENT A - SCOPE OF SERVICES AND ADDITIONAL TERMS AND CONDITIONS**

The Executive Office of Energy and Environmental Affairs (EEA) and the **Town of Montague** (“the community”) hereby contract for the community to complete the Municipal Vulnerability Preparedness (MVP) 2.0 process in the FY24-25 pilot round. Once the contract has been signed by both parties, the community will be provided with an advance payment of **\$45,000** to complete the MVP 2.0 process scope (steps 1-7 and step 9). Once the community has completed step 6 (selected a Seed Project and submitted Part A that was approved by the respective MVP Regional Coordinator) or earlier if authorized by EEA, the community will be provided with an advance payment of **\$50,000** to implement their Seed Project (step 8).

This project will run from the effective date of this contract through **June 30, 2026**. Failure to produce the required deliverables and documentation of spent funds by the contract end date will result in a return of the funds to the state by FY26 fiscal year end. The community may apply for a contract extension as needed and subject to EEA’s discretion for approval.

### Process Summary:

The MVP 2.0 program expands on the climate resilience work communities have done to date and supports communities with new methods, tools, and resources for building climate resilience. In particular, the contract will support the community in revisiting their climate resilience priorities with a focus on equity, and translating those priorities into action through project development and implementation. The MVP 2.0 program does this through:

- Convening a community team to do equitable climate resilience work;
- Providing training on strategies for building climate resilience, equity, and climate justice;
- Revisiting resilience priorities with the involvement of the wider community and a stronger assessment of social vulnerability and resilience;
- Helping the community and community to co-develop and implement a project that builds community resilience, with guaranteed funding for implementation; and
- Providing a process that can be replicated for future MVP Action Grants.

### Resources and Support:

The community will work with a primary vendor to help manage and facilitate the process. MVP will provide a set of guidance documents and tools for completing the process. Additionally, the project team will use the Guides for Equitable and Actionable Resilience (GEAR) online tool, which provides access to community data, downscaled climate projections, and guidance for investigating and understanding local climate vulnerability. The MVP Program’s team of Regional Coordinators (RCs) will also provide support and guidance in the process (see list of MVP checkpoints below).

### Process Details:

The community will conduct the following tasks to complete the MVP 2.0 process as outlined in the MVP 2.0 Process Guide. From step 1 onward, the community will have support from their contracted primary vendor and their implementation vendor for step 8.

<b>Step 0: Hire a Primary Vendor</b> <b>One to two months (July - August of Year 1)</b>	
<b>Actions:</b> <ul style="list-style-type: none"> <li>• Use the <u>sample RFP</u> and <u>vendor criteria</u> to contract with a primary vendor that meets the skill sets required of the MVP 2.0 program.</li> </ul>	<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li>• <b>Just after award</b> - Meet with the MVP Regional Coordinator (RC) for your region to kick off the process and to discuss vendor selection and qualifications.</li> <li>• <b>After selecting a vendor</b> - Email your RC with selected vendor contact information and their qualifications; meet with your MVP Regional Coordinator and your primary</li> </ul>

		vendor to go over the process before getting started.
<b>Phase 1: Developing a Core Team</b>		
<b>Step 1: Groundwork</b> <b>One month (August - September of Year 1)</b>		
<b>Actions:</b> <ul style="list-style-type: none"> <li>Use the <a href="#">Social Resilience Roadmap</a> to dig deeper into understanding who lives and works in your community and who will likely be disproportionately affected by climate change.</li> <li>Identify perspectives and lived experience within your community that will be important to include in your Core Team.</li> </ul>		<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li><b>Upon completion</b> - Email Part A of your <a href="#">Social Resilience Roadmap</a> to your <a href="#">MVP Regional Coordinator</a> before moving on to step two.</li> </ul>
<b>Step 2: Recruiting Your Core Team</b> <b>One to three months (September - November of Year 1)</b>		
<b>Actions:</b> <ul style="list-style-type: none"> <li>Build out a group of municipal staff and community members (i.e., community liaisons) to lead equitable climate resilience work in the community.</li> <li>Ensure approximately half the Core Team members are from and/or with strong relationships with EJ or other priority populations who live and work in your community. Use "<a href="#">Resources for Core Team Recruitment</a>" as needed.</li> </ul>		<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li><b>Upon completion-</b> Email a list of your Core Team members to your <a href="#">MVP Regional Coordinator</a> before moving on to step three. Note which members are community liaisons, the community(ies) they are connected to, and the compensation amount.</li> </ul>
<b>Step 3: Core Team Training</b> <b>One to two months (November - December of Year 1)</b>		
<b>Actions:</b> <ul style="list-style-type: none"> <li>Participate in the Climate Resilience Training and Discussion Modules to build skills and capability that will help in assessing community vulnerability and in developing a resilience project.</li> <li>Participate in the Equity and Climate Justice Learning Series to build skills and capability to work together in ways that center equity and climate justice.</li> </ul>		<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li><b>Upon completion-</b> Email your completed discussion guides for the Climate Resilience Video Modules to your <a href="#">MVP Regional Coordinator</a> before moving on to step four.</li> </ul>
<b>Phase 2: Revisiting Resilience Priorities</b>		
<b>Step 4: Uncovering Social Resilience</b> <b>Three months (January - March of Year 1)</b>		

<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Use the <a href="#">Engagement Plan</a> to design and lead community outreach and engagement activities, focused on connecting with and understanding the needs and priorities of EJ and other priority populations who are disproportionately impacted by climate change.</li> <li>• Use the <a href="#">Social Resilience Roadmap</a> to identify factors that contribute to vulnerability and resilience for people who live and work in the community and region, and to inform your approach to building community resilience in ways that simultaneously address root causes of vulnerability.</li> </ul>	<p><b>MVP Checkpoints:</b></p> <ul style="list-style-type: none"> <li>• <b>Midway</b> - Check in with your <a href="#">MVP Regional Coordinator</a> once you have completed the <a href="#">Engagement Plan</a>, before getting started on your engagement activities.</li> <li>• <b>Upon completion</b>- Email your completed <a href="#">Social Resilience Roadmap</a> (Part B) to your <a href="#">MVP Regional Coordinator</a> before moving on to step five.</li> </ul>
<p><b>Step 5: Resetting Resilience Priorities</b> Two to three months (March - May of Year 1)</p>	
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Use the <a href="#">Resilience Priorities Guide</a> to review and update your resilience priorities based on wider community input about factors that influence vulnerability and resilience for people in your community.</li> <li>• Vet the updated priorities with community members, and specifically people who will be most impacted by climate change, to create shared understanding, transparency, and accountability around community resilience priorities.</li> </ul>	<p><b>MVP Checkpoints:</b></p> <ul style="list-style-type: none"> <li>• <b>Upon completion</b>- Email your completed <a href="#">Resilience Priorities Guide</a> to your <a href="#">MVP Regional Coordinator</a> before moving on to step six.</li> </ul>
<p><b>Phase 3: Implementing a Seed Project</b></p>	
<p><b>Step 6: Selecting a Seed Project</b> Two months (May- June of Year 1)</p>	
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Use the <a href="#">Seed Project Plan</a> to collaborate on the development of a project that will jump-start or advance the updated community resilience priorities.</li> <li>• Vet the project with community members, to ensure that people who will be most impacted by climate change inform decisions related to the project.</li> </ul>	<p><b>MVP Checkpoints:</b></p> <ul style="list-style-type: none"> <li>• <b>Upon completion</b>- Email your completed <a href="#">Seed Project Plan</a> (Part A) to your <a href="#">MVP Regional Coordinator</a> by June 15. Submitting Part A will unlock funding for Seed Project implementation.</li> </ul>
<p><b>Step 7: Seed Project Implementation Plan</b> One to two months (July – August of Year 2)</p>	



<b>Actions:</b> <ul style="list-style-type: none"> <li>• Use the <a href="#">Seed Project Plan</a> to collaborate on the development of an implementation plan for your Seed Project that will help translate the idea into action.</li> <li>• Coordinate with a Seed Project advisor to help develop the plan</li> </ul>	<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li>• <b>Upon completion-</b> Email your completed <a href="#">Seed Project Plan</a> (Part B) to your <a href="#">MVP Regional Coordinator</a> before moving on to Step 8.</li> </ul>
<b>Step 8: Implementing the Seed Project</b> <b>To be led by an implementation vendor which may differ from the primary vendor-community is in charge of procuring and contracting with this vendor prior to this step</b> <b>Nine to ten months (September - June of Year 2)</b>	
<b>Actions:</b> <ul style="list-style-type: none"> <li>• Implement a Seed Project that will set the groundwork for future Action Grants and/or contribute to building community resilience in your community or region.</li> </ul>	<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li>• <b>Midway-</b> Halfway through the implementation of your Seed Project, email or set up a call with your <a href="#">MVP Regional Coordinator</a> to provide a progress update.</li> </ul>
<b>Step 9: Reflecting, Adjusting, and Next Steps</b> <b>Less than one month (June of Year 2)</b>	
<b>Actions:</b> <ul style="list-style-type: none"> <li>• Use the <a href="#">Reflection Roadmap</a> to reflect on the process in order to evolve and improve it for future resilience building efforts.</li> </ul>	<b>MVP Checkpoints:</b> <ul style="list-style-type: none"> <li>• <b>Upon completion-</b> Submit the <a href="#">MVP 2.0 Final Submission Form</a> to the MVP Program, including deliverables, photos, and invoices showing all grant funds were spent to close out the MVP 2.0 project.</li> </ul>

The grantee also agrees to provide feedback, including participating in approximately 2-4 meetings as requested by EEA in relation to the pilot round, so that the program can be improved before its formal roll out after the pilot round.

#### Reporting and Final Deliverables:

To close out the MVP 2.0 process, the community is required to provide EEA with the following materials. These materials will be submitted as attachments to the [MVP 2.0 Final Submission Form](#).

- Completed MVP Checkpoints listed under each step above
- Completed materials:
  - Discussion Guide for the Climate Resilience Video Modules (will be available on [MVP 2.0 website](#))
  - [Engagement Plan](#)
  - [Social Resilience Roadmap](#) (Parts A + B)
  - [Resilience Priorities Guide](#)
  - [Seed Project Plan](#) (Parts A + B)
  - [Reflection Roadmap](#)



- Final Submission Form
- Close-out materials:
  - Final invoice(s) demonstrating all grant funding was spent according to the contract scope of work. (If multiple invoices, please compile into one PDF.)
  - Final deliverables from the Seed Project. (If multiple or too big to upload, please email to your MVP Regional Coordinator.)
  - Slide(s) with photos or images from the process and/or your Seed Project. (We may share these publicly so please only upload photos or images with any necessary permissions to share secured.)

Failure to produce the required deliverables and documentation of spent funds by the contract end date will result in a return of the money to the state by fiscal year end.

Any changes to the scope or deliverables must be approved in writing by the MVP Regional Coordinator or MVP staff.

**Grantee/Municipal Staff Commitment:**

The grantee/community must provide sufficient staff time to assure completion of this grant. The time commitment for the project manager and municipal members of the Core Team is estimated at roughly 90 hours and 60 hours, respectively, from October 2023 - August 2024, with the following ten months to be determined based on the project selected by the Core Team. The grantee does not need to track or report on this time provided that the following tasks are completed. Staff time will include the following activities:

- Complete a contract with the Commonwealth and maintain all necessary reporting;
- Procure a primary vendor based on the provided vendor qualifications;
- Complete Part A of the Social Resilience Roadmap to identify perspectives and lived experience within your community that will be important to include in your Core Team (Step 1);
- Recruit a Core Team, with at least half the members being community liaisons with strong connections to EJ and other priority populations in the community (Step 2);
- Participate in the Core Team training (Step 3);
- Work with community liaisons on your Core Team to lead inclusive and equitable community outreach and engagement activities to gather insight on sources of vulnerability and resilience in the community and complete Part B of the Social Resilience Roadmap (step 4);
- Participate in discussions with your Core Team to revisit and update your community resilience priorities; vet the updated priorities with the community (Step 5);
- Participate in discussions with your Core Team to identify a Seed Project idea; vet the Seed Project idea with the community (Step 6);
- Participate in discussions with your Core Team to develop a Seed Project Implementation Plan; identify a subject matter advisor(s) to support this process (Step 7);
- Identify an implementation vendor to lead or support the implementation of the Seed Project; work with the implementation vendor and community stakeholders to implement the Seed Project (Step 8);
- Reflect on the MVP 2.0 process, and submit the MVP 2.0 Final Submission form with all associated deliverables to the MVP team (Step 9).

**Materials:**

All materials, software, maps, reports, and other products produced through the grant program shall be considered in the public domain and thus available at the cost of production. All materials created through this opportunity and as a result of this award should credit the Executive Office of Energy and Environmental Affairs Municipal Vulnerability Preparedness (MVP) program.

**Other Terms:**

Receipt of MVP funding shall not be considered state approval of the project for any necessary state, federal, or local permits, nor provide any indication of the project's competitiveness for future funding phases.

GRANTEE: TOWN OF MONTAGUE

**ATTACHMENT B - BUDGET AND APPROVED EXPENDITURES**

{The Department and Contractor may complete this format or attach an approved alternative Budget format or invoice.}

Items identified below which are not part of the Contract should be left blank.

Attach as many additional copies of this format as necessary, Maximum obligation should appear as last entry.

Contract Expenditures	Unit Rate (per unit, hour, day)	Number of Units	Other Fees or Charges (specify)	TOTAL
To be distributed July 2023: State FY24				\$45,000
To be distributed July 2024 (or upon completion of Step 6 in Att. A): State FY25				\$50,000

**MAXIMUM OBLIGATION**

**Total \$95,000.00**

Attachment B is subject to any restrictions or additional provisions outlined in Attachment A

**Additional Terms:**

- Funding awarded as a result of this contract must be placed in a non-interest-bearing account.
- Failure to produce the required deliverables and documentation of spent funds by the contract end date will result in a return of the money to the state by fiscal year end.
- Requests for extensions or amendments to this contract are at the sole discretion of EEA and must be requested at least one month in advance of the contract end date.
- Please refer to the request for responses ENV 24 MVP 02 for additional requirements.

**Vote recommendations for FY26 Budget****Pay and Class Implementation - \$125,154 FC X-X, SB X-X**

Move to recommend appropriation \$125,154 for the implementation of pay and class study and collective bargaining agreements with United Electrical, Radio and Machine Workers of America and the National Association of Government Employees with \$98,892 to be raised from Taxation and \$26,262 to be raised from Sewer Revenues.

**Reserves from Free Cash \$200,000 FC X-X, SB X - X**

Move to recommend appropriating \$100,000 to Town Capital Stabilization, \$50,000 to GMRSD Capital Stabilization, and \$50,000 to OPEB Trust Fund said sum to be raised from Free Cash

# Town of Montague

## Personnel Status Change Notice

### Rate Changes

Authorized Signature: \_\_\_\_\_

Employee # \_\_\_\_\_

**General Information:**Full name of employee: Oliver BeaneDepartment: Board of AssessorsTitle: Interim Director of Assessing Effective date of change: 3/17/25**Grade/Step/COLA Change:**

Union: \_\_\_\_\_

Old Pay: Grade B Step 6Wage Rate: \$22.37 (~~annual~~/hourly)

Wage Rate: \_\_\_\_\_ weekly

Weekly Incentive: \_\_\_\_\_ (Police Only)

New Pay: Grade G Step 1Wage Rate: \$67,277 (annual/~~hourly~~)Wage Rate: \$1,287.77 weekly

Weekly Incentive: \_\_\_\_\_ (Police Only)

Wage Rate: \_\_\_\_\_ 1<sup>st</sup> week if different

Wage Rate: \_\_\_\_\_ last week if different

Stipends

For: \_\_\_\_\_

Wage Rate: \_\_\_\_\_ (annual)

Weekly Amount: \_\_\_\_\_

Wage Rate: \_\_\_\_\_ 1<sup>st</sup> week if different

Wage Rate: \_\_\_\_\_ last week if different

For: \_\_\_\_\_

Wage Rate: \_\_\_\_\_ (annual)

Weekly Amount: \_\_\_\_\_

Wage Rate: \_\_\_\_\_ 1<sup>st</sup> week if different

Wage Rate: \_\_\_\_\_ last week if different

Notes:

Copies to:

\_\_\_\_\_  
Employee\_\_\_\_\_  
Department\_\_\_\_\_  
Board of Selectmen\_\_\_\_\_  
Accountant\_\_\_\_\_  
Retirement Board

# Town of Montague

## Personnel Status Change Notice

### New Hires

Employee # 1724Board Authorizing **Appointment:**                     Selectboard                     Meeting Date 3/31/2025

Authorized Signature: \_\_\_\_\_

Board Authorizing **Wages:**                     Selectboard                     Meeting Date 3/31/2025

Authorized Signature: \_\_\_\_\_

**General Information:**Full name of employee: Karen M. Tonelli Department: Board of AssessorsTitle: Board of Assessors Consultant (Temporary) Effective date of hire: 4/1/2025**New Hire:**Permanent:    Y   X  N If temporary, estimated length of service: June 30, 2025Hours per Week: Up to 10 Union: \_\_\_\_\_**Wages:**

Union: \_\_\_\_\_

Wages: Grade     Step     Wage Rate: \$45.06 (annual/ hourly)

Notes:

**Copies to:**

_____ Employee	_____ Department	_____ Selectboard
_____ Accountant	_____ Retirement Board	_____ Town Clerk





## Selectboard Town of Montague

1 Avenue A  
Turners Falls, MA 01376

(413) 863-3200 xt. 108

FAX: (413) 863-3231

November 7, 2023

### BY CONSTABLE

Ms. Kim James-Caron  
20 N Street  
Turners Falls, MA 01376

### **VIOLATION OF NUISANCE DOG ORDER**

Dear Ms. James-Caron:

On Monday, November 6, 2023, the Montague Selectboard held a public hearing to determine whether you violated the Board's October 17, 2023 order concerning the licensing and restraint of dogs owned and/or kept by you at your property located at 20 N Street, Turners Falls, Massachusetts. The Board's order required you to license all dogs kept at the property by the close of business on October 25, 2023 or to surrender them to the Animal Control Officer by the close of business on October 26, 2023.

According to the sworn testimony of the Animal Control Officer the Board found that you did not comply with the order by licensing or surrendering the dogs by the deadlines established by the Board. As a result of this finding, the Board voted to prohibit you from licensing a dog in the Commonwealth of Massachusetts for a period of five (5) years from the date of this order, as required by Massachusetts General Laws, Chapter 140, Section 157(h).

Please be advised that it is unlawful to own or keep a dog in the Commonwealth without it being properly licensed and vaccinated and that any violation of this order or the provisions of the General Laws relating to the licensing and control of dogs may be punished by fines or imprisonment or both.

Very truly yours,

*Wendy*

Wendy M. Bogusz  
Executive Assistant

The Town of Montague is an equal opportunity provider and employer



*Selectboard*  
**Town of Montague**  
1 Avenue A  
Turners Falls, MA 01376

(413) 863-3200 xt. 108  
FAX: (413) 863-3231

October 18, 2023

Ms. Kim James-Caron  
20 N Street  
Turners Falls, MA 01376

**NOTICE OF DECISION  
NUISANCE DOGS**

Ms. James-Caron:

On Tuesday, October 17, 2023, the Montague Selectboard held a public hearing pursuant to Massachusetts General Laws, Chapter 140, Section 157 to determine whether the dogs owned and/or kept by you in the Town of Montague are Nuisance or Dangerous Dogs as those terms are defined in said statute.

During the hearing, the Board considered sworn testimony from the Town's Animal Control Officer, two area residents and yourself concerning the behavior of the dogs. The Board also considered documentary evidence, photographs and videos of the dogs. The evidence established that you are keeping four unlicensed dogs at the property, that they are frequently allowed to roam loose and unattended, that they have escaped from the home and are permitted to be on the roof of your home, that they are aggressive and that they attacked another dog while it was being walked on a leash on a public way.

Based on the evidence introduced at this hearing the Board found that all four dogs are Nuisance Dogs and it issued the following Order:

1. That all dogs kept at the property shall be licensed by Ms. James-Caron or another adult providing proof of residency at the property by the close of business on October 25, 2023. No dogs will be licensed in the name of Nicholas Pratt. At the time of licensing, the person applying for the license shall provide a current photograph of each dog. This paragraph shall apply to all dogs currently kept at the property and any dogs brought to the property in the future.
2. Any dogs not licensed by this deadline shall be surrendered to the animal control officer by the close of business on October 26, 2023 and such dogs may be euthanized or put up for adoption within the animal control officer's sole discretion. Once surrendered, any or all of the dogs may be claimed by Ms. James-Caron, if they have not already been euthanized or placed for adoption and provided that she pays for vaccination and licensing and the other terms of this order are met. The dogs shall not be released to Mr. Pratt under any circumstance.
3. No additional dogs shall be brought to the property unless they are properly licensed and vaccinated and all licenses and vaccines shall be kept current at all times.

The Town of Montague is an equal opportunity provider and employer



4. If any dogs are kept at the property, the following conditions shall apply:
- No dogs shall be permitted on the roof of the building or any portion thereof, and all doors and windows shall be properly secured to prevent the dogs from being able to escape;
  - No dogs kept at the property shall be permitted to run loose outside the property;
  - No dog kept at the property shall be permitted to be outdoors unless it is secured on a leash held by a responsible adult or unless it is within a secure pen or fenced-in area on the property. Any pen or fence installed at the property shall be sufficiently durable to contain the dogs and shall be of sufficient size to allow them to exercise. The pen or fence shall be approved by the animal control officer before any dogs are allowed to be kept inside and no more than two dogs shall be allowed outdoors at any one time, and any person walking a dog may only hold one lead to one dog at a time. Notwithstanding the terms of this paragraph, no dog shall be kept outdoors for long periods of time unless they have adequate food and shelter;
  - No dog shall be chained, tethered or otherwise tied to a run or an inanimate object including, but not limited to, a tree, post or building at any time; and
  - Within twenty (20) calendar days of issuance of this order, if any dogs are kept at the property, Ms. James-Caron shall provide proof of insurance in an amount not less than \$100,000 insuring her against any claim, loss, damage or injury to persons, domestic animals or property resulting from the acts, whether intentional or unintentional of any dog kept at the property.


Please be advised that, if you are found in violation of this order, the dog shall be subject to seizure and impoundment by a law enforcement or animal control officer and you will be prohibited from owning a dog in the Commonwealth of Massachusetts for a period of five years.

Please be further advised that if you fail to comply with this order you may be punished, for a first offense, by a fine of not more than \$500 or imprisonment for not more than 60 days in a jail or house of correction, or both, and for a second or subsequent offense by a fine of not more than \$1,000 or imprisonment for not more than 90 days in a jail or house of correction.

You may appeal this Order within ten days of the date of this correspondence in accordance with the provisions of Massachusetts General Laws, Chapter 140, Section 157.

Sincerely,

TOWN OF MONTAGUE

  
Richard J. Kukulicz  
Chair, Selectboard

cc: Calin Giurgiu, Animal Control Officer  
Chris Williams, Chief of Police  
Ryan Paxton, Board of Health  
Chris Brown  
Jennifer Brown  
Deb McCormick

The Town of Montague is an equal opportunity provider and employer

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**BUREAU OF WATER RESOURCES**  
**ASSET MANAGEMENT GRANT**  
**PAYMENT REQUISITION**

GRANT NO.: <u>CWA-24-07</u> DMS PROJECT NO.: <u>CWSRF-16733</u>	REQUEST NO.: <u>1</u> DISTRIBUTION NO.: <u>1</u>		
LEGAL NAME AND ADDRESS OF APPLICANT: <u>Town of Montague</u> <u>Town Hall</u> <u>One Avenue A</u> <u>Montague, MA 01376</u>			
EXPENDITURE TYPE	APPROVED AMOUNT \$	PREVIOUS REQUESTS \$	THIS REQUEST \$
Grant Amount	\$ 75,000	\$ -	\$ 74,077
Total Grant Request	\$ 75,000	\$ -	\$ 74,077
CERTIFICATION OF THE APPLICANT: The Authorized Representative of the Applicant identified below certifies the following: (i) This payment is for Project Costs and the obligations specified herein have not been the basis for a prior requisition that has been paid; (ii) there has been no Default, as defined in the Regulatory Agreement hereunder or no Event of Default as defined in the Grant Agreement, and no event or condition exists which after notice or lapse of time or both, would become a Default under the Regulatory Agreement or an Event of Default under the Grant Agreement exists; and (iii) the payment requested by this requisition is due for work actually performed or materials or property actually supplied prior to the date of of this requisition less retainage.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature: _____            Print Name: <u>Rich Kuklewicz</u>            Title: <u>Select Board Chair</u> </div> <div style="width: 35%;">           Date: _____         </div> </div>			
(To be completed by the DEP Division of Municipal Services)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Amount Requested: _____             Signature: _____             Print Name: <u>Maria E. Pinaud</u>            Title: <u>Division Director</u> </div> <div style="width: 45%;">           Amount Approved: _____             Date: _____         </div> </div>			

## GRANT SUMMARY


GRANT NO.: **CWA-24-07**  
DMS PROJECT NO.: **CWSRF-16733**  
Project Description: **Wastewater Asset Vulnerability Inventory**

REQUEST NO.: **1**

CONTRACT TASK	APPROVED AMOUNTS	PRIOR REIMBURSEMENT	CURRENT REIMBURSEMENT	TOTAL	% COMP	OVERRUN
Grant Amount	\$ 75,000	\$ -	\$ 74,077	\$ 74,077	99%	
Cash Contribution	\$ 35,000	\$ -	\$ 35,000	\$ 35,000	100%	
In Kind Services	\$ 15,000	\$ -	\$ 9,094	\$ 9,094	61%	
	<b>\$ 75,000</b>	<b>\$ -</b>	<b>\$ 74,077</b>	<b>\$ 74,077</b>	<b>99%</b>	



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**BUREAU OF WATER RESOURCES**  
**ASSET MANAGEMENT GRANT**  
**PAYMENT REQUISITION**  
(Consultant Engineer's Request and Certification)

GRANT NO. : CWA-24-07		DESCRIPTION OF PROJECT:  Wastewater Asset Vulnerability Inventory					
DMS PROJECT NO. : CWSRF-16733							
CONTRACT No. <u>N/A</u>							
LEGAL NAME OF APPLICANT: Town of Montague Town Hall		REQUEST No. <u>1</u>					
CONSULTANT NAME & ADDRESS: Wright-Pierce 213 Court Street, Suite 501 Middletown, CT 06457		PAYMENT PERIOD: From: <u>6/1/24</u> To: <u>3/5/25</u>					
		CONTRACT SERVICE DATES: From: <u>6/1/24</u> To: <u>Present</u>					
EXPENDITURE TYPE	APPROVED COST \$	PREVIOUS REQUESTS %	PREVIOUS REQUESTS \$	THIS REQUEST \$	THIS REQUEST %	CUMMULATIVE REQUESTS \$	REMAINING BALANCE \$
Grant Amount	\$ 75,000	0%	\$ -	\$ 74,077	99%	\$ 74,077	\$ 923
Cash Contribution	\$ 35,000	0%	\$ -	\$ 35,000	100%	\$ 35,000	\$ -
In-Kind Services	\$ 15,000	0%	\$ -	\$ 9,094	61%	\$ 9,094	\$ 5,906
SRF Request Totals	\$ 75,000	0%	\$0	\$74,077	99%	\$ 74,077	\$ 923
The Applicant's Consultant Engineer identified herein certifies as follows: 1) the attached invoices and supporting documentation are for project costs for work actually performed or material or property actually supplied prior to the date of this requisition in conformity with the Scope of Work approved by the Department, or in the case of substantial deviations from the approved plans and specifications, the attached documentation demonstrates that all such deviations have been authorized and certified to by the Applicant or it's Consultant Engineer in accordance with M.G.L. c 30, ss39I and are project costs.							
BY THE CONSULTING ENGINEER <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Certified by: <u></u>   Type Name and Title: <u>Lisa M. Muscanell-DePaola, PE</u>  <u>Project Manager</u> </div> <div style="width: 35%; text-align: right;"> Date Signed <u>3.20.2025</u>   Telephone <u>860-852-1912</u> </div> </div>							

## GRANT INVOICE SUMMARY

DMS Project No.: **CWSRF-16733**

Approved Contract: \$ 75,000

## Project Description: **Wastewater Asset Vulnerability Inventory**

Request No.: 1

Task/Contract No.:

Date: 3/20/2025

[illegible]



## IN KIND SERVICES SUMMARY

DMS Project No.: **CWSRF-16733**

Approved Amount: \$ 15,000

Project Description: **Wastewater Asset Vulnerability Inventory**

Task/Contract No.: In Kind Services

Request No.: 1

Date: 3/20/2025

[illegible]

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/8/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		6.00					6.00	\$ 222.84			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:	The following activities were completed since the last In Kind Services Report:
<div style="background-color: #f0f0f0; padding: 10px; width: 80%; margin: 0 auto;">7/9/2024</div>	<div style="background-color: #f0f0f0; padding: 10px; width: 80%; margin: 0 auto;">Manhole Inspections</div>

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.50					9.50	\$ 352.83			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer



**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/10/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Title:	Hourly Rate:					Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Kyle Bessette	CSO Lead	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>	9.50							9.50	\$ 352.83			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/11/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette						Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead										
	Hourly Rate:	\$ 37.14										
<b>Turners Falls Sewer Collection System</b>		6.00						6.00	\$ 222.84			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/22/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette						Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead										
	Hourly Rate:	\$ 37.14										
<b>Turners Falls Sewer Collection System</b>		6.00						6.00	\$ 222.84			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/23/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.50					9.50	\$ 352.83			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/24/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		8.00					8.00	\$ 297.12			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">7/25/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		6.00					6.00	\$ 222.84			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer



**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">8/5/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">Manhole Inspections</div>
---	---

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		7.00					7.00	\$ 259.98			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">8/6/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">Manhole Inspections</div>
---	---

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		8.00					8.00	\$ 297.12			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">8/7/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">Manhole Inspections</div>
---	---

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		8.00					8.00	\$ 297.12			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">8/8/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">Manhole Inspections</div>
---	---

	Name:	Kyle Bessette	Eric Cole					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead	TD/Lab									
	Hourly Rate:	\$ 37.14	\$ 30.78									
<b>Turners Falls Sewer Collection System</b>		7.00	7.00					14.00	\$ 475.44			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">8/19/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette	Steve Gochinski					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead	TD/Lab									
	Hourly Rate:	\$ 37.14	\$ 28.60									
<b>Turners Falls Sewer Collection System</b>		7.00	7.00					14.00	\$ 460.18			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">8/20/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette	Steve Gochinski								
		CSO Lead	TD/Lab								
		\$ 37.14	\$ 28.60								
<b>Turners Falls Sewer Collection System</b>		8.00	8.00				16.00	\$ 525.92			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer



**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">10/21/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

By signing below, I certify that the staff effort shown is valid for the time period covered.



\_\_\_\_\_  
Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">10/22/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">10/23/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">10/24/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/4/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/5/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

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Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/6/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette						Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead										
	Hourly Rate:	\$ 37.14										
<b>Turners Falls Sewer Collection System</b>		9.00						9.00	\$ 334.26			

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Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/7/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
---	--

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		9.00					9.00	\$ 334.26			

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Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/18/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		10.00					10.00	\$ 371.40			

By signing below, I certify that the staff effort shown is valid for the time period covered.



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Town of Montague, Authorized Agent

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/19/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:						Total IKS Hours	Total IKS Dollars	Cash Contributio ns this period*	Cash Contributio ns to date*	Task Progress (%)
	Title:										
	Hourly Rate:										
		Kyle Bessette									
		CSO Lead									
		\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		10.00					10.00	\$ 371.40			

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Town of Montague, Authorized Agent

TD/Lab = Truck Driver/Laborer

**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/20/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:	Kyle Bessette					Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead									
	Hourly Rate:	\$ 37.14									
<b>Turners Falls Sewer Collection System</b>		10.00					10.00	\$ 371.40			

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">11/21/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:	Kyle Bessette						Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
		CSO Lead										
		Hourly Rate: \$ 37.14										
<b>Turners Falls Sewer Collection System</b>		10.00						10.00	\$ 371.40			

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Asset Management Plan  
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IKS Reporting Date/Month/Year:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">12/10/2024</div>	The following activities were completed since the last In Kind Services Report:  <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Manhole Inspections</div>
--	--

	Name:	Kyle Bessette						Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
		CSO Lead										
		Hourly Rate: \$ 37.14										
<b>Turners Falls Sewer Collection System</b>		10.00						10.00	\$ 371.40			

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**Town of Montague  
Asset Management Plan  
Development Cost Tracker**

IKS Reporting Date/Month/Year:	The following activities were completed since the last In Kind Services Report:
7/1/24 - 2/28/25	Manhole Inspections

	Name:	Kyle Bessette	Eric Cole	Steve Gochinski								Total IKS Hours	Total IKS Dollars	Cash Contributions this period*	Cash Contributions to date*	Task Progress (%)
	Title:	CSO Lead	TD/Lab	TD/Lab												
	Hourly Rate:	\$ 37.14	\$ 30.78	\$ 28.60												
		227.50	7.00	15.00								249.50	\$ 9,093.81			

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TD/Lab = Truck Driver/Laborer

Town of Montague, Authorized Agent



PLEASE REMIT PAYMENT TO:

Wright-Pierce  
Department 2100 | PO Box 986500  
Boston MA 02298-6500  
(207) 725-8721

Camden National Bank  
ABA Routing No. 011201458  
Account No. 15505735  
a-r@wright-pierce.com

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000236842  
Invoice Date : 7/3/2024  
Due Date: 8/2/2024  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 6/28/2024

Asset Vulnerability Inventory

		Billings			
		Fee	Available	To Date	Previous
					Current
A - Study		109,995.00	109,995.00	10,293.05	0.00
Total Labor	10,293.05				10,293.05
				Current Billings	10,293.05
				Amount Due This Bill	10,293.05

Lisa M. Muscanell-DePaola

10 - Study			
Personnel			
Class	Hours	Rate	Amount
ENG. TECHNICIAN	0.25	83.200	20.80
	3.75	96.000	360.00
	12.75	108.352	1,381.49
	16.50	118.112	1,948.85
	2.00	153.824	307.65
	0.50	144.000	72.00
Total ENG. TECHNICIAN	35.75		4,090.79
OFFICE ASSISTANT	0.75	110.400	82.80
PROJ ENGINEER	15.25	105.376	1,606.98
	7.50	121.920	914.40
	1.25	165.888	207.36
Total PROJ ENGINEER	24.00		2,728.74
PROJ. MANAGER	20.00	169.536	3,390.72
Total Personnel			10,293.05
Total Bill Task: 10 - Study			10,293.05
Total Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory			10,293.05

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000237527  
Invoice Date : 7/31/2024  
Due Date: 8/30/2024  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 7/26/2024

Asset Vulnerability Inventory

		Billings			
		Fee	Available	To Date	Previous
					Current
A - Study		109,995.00	99,701.95	27,773.56	10,293.05
Total Labor	13,726.19				
Expenses	730.32				
Unit Multiplier Expense	3,024.00				
Total Expense	3,754.32				
Current Billings					17,480.51
Amount Due This Bill					17,480.51

Lisa M. Muscanell-DePaola

00 - Expenses				
Expenses				
Account		Cost	Multiplier	Amount
MEALS & TIPS		48.63	1.00	48.63
MISC. EXPENSES/SUPPLIES		109.66	1.00	109.66
ROOMS		572.03	1.00	572.03
Total Expenses				730.32
Unit Multiplier Expenses				
Account / Unit	Quantity	Cost Rate	Multiplier	Amount
FIELD EQUIPMENT/SUPPLIES				
TRUCK w/STANDARD FIELD EQUIP	8.00	378.000	1.00	3,024.00
Total FIELD EQUIPMENT/SUPPLIES				3,024.00
Total Unit Multiplier Expenses				3,024.00
Total Bill Task: 00 - Expenses				3,754.32

10 - Study				
Personnel				
Class	Hours	Rate	Amount	
ENG. TECHNICIAN	42.00	83.200	3,494.40	
	54.50	96.000	5,232.00	
	7.00	102.400	716.80	
	4.00	118.112	472.45	
Total ENG. TECHNICIAN	107.50		9,915.65	
PROJ ENGINEER	19.00	105.376	2,002.14	
	2.00	121.920	243.84	
	1.00	165.888	165.89	
Total PROJ ENGINEER	22.00		2,411.87	
PROJ. MANAGER	8.25	169.536	1,398.67	
Total Personnel				13,726.19
Total Bill Task: 10 - Study				13,726.19



Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000238281  
Invoice Date : 9/5/2024  
Due Date: 10/5/2024  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 8/30/2024

Asset Vulnerability Inventory

		Billings			
		Fee	Available	To Date	Previous
					Current
A - Study		109,995.00	82,221.44	65,628.22	27,773.56
Total Labor	34,170.44				
Expenses	2,550.22				
Unit Multiplier Expense	1,134.00				
Total Expense	3,684.22				
Current Billings					37,854.66
Amount Due This Bill					37,854.66

Lisa M. Muscanell-DePaola

00 - Expenses

Expenses			Cost	Multiplier	Amount
Account					
MEALS & TIPS			285.80	1.00	285.80
ROOMS			1,852.49	1.00	1,852.49
VEHICLE EXPENSE			411.93	1.00	411.93
		Total Expenses			2,550.22
Unit Multiplier Expenses					
Account / Unit		Quantity	Cost Rate	Multiplier	Amount
FIELD EQUIPMENT/SUPPLIES					
TRUCK w/STANDARD FIELD EQUIP		3.00	378.000	1.00	1,134.00
		Total Unit Multiplier Expenses			1,134.00
Total Bill Task: 00 - Expenses					3,684.22

10 - Study

Personnel			Hours	Rate	Amount
Class					
RESIDENT PROJECT REPRESENTATIVE			31.00	96.900	3,003.90
		Total Personnel			3,003.90
Personnel			Hours	Rate	Amount
Class					
ENG. TECHNICIAN			21.25	73.600	1,564.00
			66.00	83.200	5,491.20
			108.75	96.000	10,440.00
			1.50	102.400	153.60
			29.00	118.112	3,425.25
			6.00	124.800	748.80
Total ENG. TECHNICIAN			232.50		21,822.85
PROJ ENGINEER			35.50	111.552	3,960.10
			28.00	112.320	3,144.96
			6.50	121.920	792.48
Total PROJ ENGINEER			70.00		7,897.54
PROJ. MANAGER			8.00	169.536	1,356.29
			0.50	179.712	89.86
Total PROJ. MANAGER			8.50		1,446.15
		Total Personnel			31,166.54
Total Bill Task: 10 - Study					34,170.44



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Department 2100 | PO Box 986500  
Boston MA 02298-6500  
(207) 725-8721

Camden National Bank  
ABA Routing No. 011201458  
Account No. 15505735  
a-r@wright-pierce.com

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000238872  
Invoice Date : 10/2/2024  
Due Date: 11/1/2024  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 9/27/2024

Asset Vulnerability Inventory

		Billings			
		Fee	Available	To Date	Previous
					Current
A - Study		109,995.00	44,366.78	72,892.95	65,628.22
Total Labor	3,796.80				
Expenses	1,199.93				
Unit Multiplier Expense	2,268.00				
Total Expense	3,467.93				
				Current Billings	7,264.73
				Amount Due This Bill	7,264.73

Lisa M. Muscanell-DePaola

Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory				Invoice: 0000238872	
00 - Expenses					
Expenses					
Account			Cost	Multiplier	Amount
ROOMS			1,143.71	1.00	1,143.71
VEHICLE EXPENSE			56.22	1.00	56.22
Total Expenses					1,199.93
Unit Multiplier Expenses					
Account / Unit		Quantity	Cost Rate	Multiplier	Amount
FIELD EQUIPMENT/SUPPLIES					
TRUCK w/STANDARD FIELD EQUIP		6.00	378.000	1.00	2,268.00
Total FIELD EQUIPMENT/SUPPLIES					2,268.00
Total Unit Multiplier Expenses					2,268.00
Total Bill Task: 00 - Expenses					
3,467.93					
10 - Study					
Personnel					
Class		Hours		Rate	Amount
ENG. TECHNICIAN		12.00		83.200	998.40
		25.25		96.000	2,424.00
		3.00		124.800	374.40
Total ENG. TECHNICIAN		40.25			3,796.80
Total Personnel					3,796.80
Total Bill Task: 10 - Study					
3,796.80					
Total Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory				7,264.73	

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000239516  
Invoice Date : 10/31/2024  
Due Date: 11/30/2024  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 10/25/2024

Asset Vulnerability Inventory

		Billings			
		Fee	Available	To Date	Current
A - Study		109,995.00	37,102.05	93,757.95	20,865.00
Total Labor	18,667.87				
Expenses	463.13				
Unit Multiplier Expense	1,734.00				
Total Expense	2,197.13				
Current Billings					20,865.00
Amount Due This Bill					20,865.00

Lisa M. Muscanell-DePaola

00 - Expenses

Expenses				
Account		Cost	Multiplier	Amount
MEALS & TIPS		117.39	1.00	117.39
MISC. EXPENSES/SUPPLIES		32.15	1.00	32.15
ROOMS		2.00	1.00	2.00
VEHICLE EXPENSE		311.59	1.00	311.59
Total Expenses				463.13
Unit Multiplier Expenses				
Account / Unit	Quantity	Cost Rate	Multiplier	Amount
FIELD EQUIPMENT/SUPPLIES				
GPS - Daily	4.00	150.000	1.00	600.00
TRUCK w/STANDARD FIELD EQUIP	3.00	378.000	1.00	1,134.00
Total FIELD EQUIPMENT/SUPPLIES	7.00			1,734.00
Total Unit Multiplier Expenses				1,734.00
Total Bill Task: 00 - Expenses				2,197.13

10 - Study

Personnel				
Class	Hours	Rate		Amount
ENG. TECHNICIAN	36.50	73.600		2,686.40
	30.00	96.000		2,880.00
	22.00	118.112		2,598.46
Total ENG. TECHNICIAN	88.50			8,164.86
OFFICE ASSISTANT	0.75	99.200		74.40
PROJ ENGINEER	42.25	111.552		4,713.07
	8.75	121.920		1,066.80
	19.00	126.176		2,397.34
	4.25	128.032		544.14
Total PROJ ENGINEER	74.25			8,721.35
PROJ. MANAGER	9.50	179.712		1,707.26
Total Personnel				18,667.87
Total Bill Task: 10 - Study				18,667.87



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(207) 725-8721

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Account No. 15505735  
a-r@wright-pierce.com

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000240238  
Invoice Date : 12/5/2024  
Due Date: 1/4/2025  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 11/29/2024

Asset Vulnerability Inventory

			Billings			
		Fee	Available	To Date	Previous	Current
A - Study		109,995.00	16,237.05	101,119.60	93,757.95	7,361.65
Total Labor	4,529.43					
Expenses	2,832.22					
Current Billings						7,361.65
Amount Due This Bill						7,361.65

Lisa M. Muscanell-DePaola



Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory				Invoice: 0000240238	
00 - Expenses					
Expenses					
Account		Cost	Multiplier	Amount	
MEALS & TIPS		123.35	1.00	123.35	
ROOMS		2,019.10	1.00	2,019.10	
VEHICLE EXPENSE		689.77	1.00	689.77	
Total Expenses				2,832.22	
Total Bill Task: 00 - Expenses				2,832.22	
10 - Study					
Personnel					
Class		Hours	Rate	Amount	
ENG. TECHNICIAN		3.25	73.600	239.20	
		1.00	80.000	80.00	
		1.00	110.400	110.40	
Total ENG. TECHNICIAN		5.25		429.60	
PROJ ENGINEER		18.25	126.176	2,302.71	
PROJ. MANAGER		10.00	179.712	1,797.12	
Total Personnel				4,529.43	
Total Bill Task: 10 - Study				4,529.43	
Total Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory				7,361.65	

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000240848  
Invoice Date : 1/2/2025  
Due Date: 2/1/2025  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 12/27/2024

Asset Vulnerability Inventory

			Billings		
			Fee	Available	
				To Date	Previous
					Current
A - Study			109,995.00	8,875.40	104,887.60
Total Labor	2,976.98				101,119.60
Expenses	779.02				3,768.00
Unit Multiplier Expense	12.00				
Total Expense	791.02				
Current Billings					3,768.00
Amount Due This Bill					3,768.00

Lisa M. Muscanell-DePaola

Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory				Invoice: 0000240848	
00 - Expenses					
Expenses					
Account			Cost	Multiplier	Amount
ROOMS			426.28	1.00	426.28
VEHICLE EXPENSE			352.74	1.00	352.74
Total Expenses					779.02
Unit Multiplier Expenses					
Account / Unit		Quantity	Cost Rate	Multiplier	Amount
FIELD EQUIPMENT/SUPPLIES					
FIELD NOTEBOOK		1.00	12.000	1.00	12.00
Total Unit Multiplier Expenses					12.00
Total Bill Task: 00 - Expenses					791.02
10 - Study					
Personnel					
Class		Hours		Rate	Amount
ENG. TECHNICIAN		15.25		80.000	1,220.00
		9.00		118.112	1,063.01
Total ENG. TECHNICIAN		24.25			2,283.01
PROJ ENGINEER		5.50		126.176	693.97
Total Personnel					2,976.98
Total Bill Task: 10 - Study					2,976.98
Total Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory					3,768.00



PLEASE REMIT PAYMENT TO:

Wright-Pierce  
Department 2100 | PO Box 986500  
Boston MA 02298-6500  
(207) 725-8721

Camden National Bank  
ABA Routing No. 011201458  
Account No. 15505735  
a-r@wright-pierce.com

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000241529  
Invoice Date : 2/6/2025  
Due Date: 3/8/2025  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 1/31/2025

Asset Vulnerability Inventory

		Billings			
		Fee	Available	To Date	Previous
A - Study		109,995.00	5,107.40	106,532.42	104,887.60
Total Labor	1,120.00				
Expenses	524.82				
Current Billings					1,644.82
Amount Due This Bill					1,644.82

Lisa M. Muscanell-DePaola

00 - Expenses

Expenses				
Account		Cost	Multiplier	Amount
MISC. EXPENSES/SUPPLIES		350.00	1.00	350.00
VEHICLE EXPENSE		174.82	1.00	174.82
Total Expenses				524.82
Total Bill Task: 00 - Expenses				524.82

10 - Study				
Personnel				
Class		Hours	Rate	Amount
ENG. TECHNICIAN		13.25	80.000	1,060.00
		0.50	120.000	60.00
Total ENG. TECHNICIAN		13.75		1,120.00
Total Personnel				1,120.00
Total Bill Task: 10 - Study				1,120.00



PLEASE REMIT PAYMENT TO:

Wright-Pierce  
Department 2100 | PO Box 986500  
Boston MA 02298-6500  
(207) 725-8721

Camden National Bank  
ABA Routing No. 011201458  
Account No. 15505735  
a-r@wright-pierce.com

Attention: Robert J. McDonald  
Town of Montague, MA  
34 Greenfield Road  
Montague, MA 01351

Invoice : 0000241999  
Invoice Date : 3/5/2025  
Due Date: 4/4/2025  
Project : 21864  
Project Name : Montague, MA - Wastewater Asset  
Vulnerability Inventory

For Professional Services Rendered Through 2/28/2025

Asset Vulnerability Inventory

			Billings			
		Fee	Available	To Date	Previous	Current
A - Study		109,995.00	3,462.58	109,076.75	106,532.42	2,544.33
Total Labor	2,544.33					
Current Billings						2,544.33
Amount Due This Bill						2,544.33

Lisa M. Muscanell-DePaola

10 - Study			
Personnel			
Class	Hours	Rate	Amount
ENG. TECHNICIAN	0.50	96.000	48.00
	14.00	118.112	1,653.57
Total ENG. TECHNICIAN	14.50		1,701.57
PROJ ENGINEER	3.75	120.480	451.80
	0.25	126.176	31.54
Total PROJ ENGINEER	4.00		483.34
PROJ. MANAGER	2.00	179.712	359.42
Total Personnel			2,544.33
Total Bill Task: 10 - Study			2,544.33

Total Project: 21864 - Montague, MA - Wastewater Asset Vulnerability Inventory

2,544.33



October 11, 2016

## Berkshire Gas Assessment Summary Report

**PROJECT NAME & LOCATION:** Town of Montague Parks Building, Turners Falls, MA

**ENERGY ANALYST:** Jamie Overby, Center for EcoTechnology

### Building Envelope

An assessment of the Town of Montague Parks Building was performed on 10/5/16. This space is 3,040 sqft, and approximately half (1440 sqft) of the space (the main building) houses office space, public restrooms, and programing space for the Parks and Rec Dept., while the other half (a 1600 sqft addition) is currently an unconditioned garage space. There are plans to convert the garage space into conditioned programing space in the future. There are quite a few insulation upgrades that could be made to improve the efficiency of the space, but given the current condition of the building, it would require some construction projects to ready the space for any recommended insulation upgrades.

The majority of the conditioned side of the building (the main building) has a drop tile ceiling with a large open attic above. There is currently one 19 year old ComfortMaker forced air heating & cooling system (100,000 BTU/HR) located above the office spaces and ducted to the drop tile ceiling on the conditioned side of the building only. Given the nature of the drop tile ceiling and the current thermal boundary being the rafters, the heating system is currently heating almost twice the volume necessary. Changing the thermal boundary to be the ceiling could show significant energy savings and improved comfort of those in the building. This would require some construction/prep work before any insulation upgrades could be made, as a new ceiling would have to be framed out and sheet rocked to support the weight of added insulation and air sealing. At that point it would be necessary to insulate the duct work and the hot water pipes to the restrooms as well.

The “garage” area (building addition) has an unfinished sheetrock ceiling with an unconditioned attic above. There is currently 6” of fiberglass batt in the attic floor, but no air sealing has been done. The pull down stairs that are the access for this unconditioned attic space are actually located on the conditioned side of the building, with a hole in the original roof line connecting an “unconditioned” attic space with a “conditioned” attic space. Bringing the thermal boundary of the main building down to the ceiling would make this a non-issue. The ceiling of the “garage” area would have to be finished prior to air sealing and insulation upgrades to the attic above.

The walls of the entire building are concrete block construction which has a relatively low R-value. It is possible to add insulation to exterior walls like this but they would have to be framed out first. There are also two garage doors that would need to be removed and the walls framed out in order to complete the conditioned space that is planned.

I have done a savings analysis of some proposed insulation upgrades and determined that you could save an estimated 2,449 therms a year if the whole building is addressed (this assumes the garage area is upgraded to conditioned space). I have included (next page) a chart showing the existing condition of the uninsulated areas, proposed upgrades, estimated total cost, and possible Berkshire Gas incentive and estimated customer cost. Berkshire Gas typically provides an incentive (up to 50% of the insulation cost) for proposed work that passes a cost effectiveness screen.

There are prescriptive rebates available if you are looking to replace your existing heating system, but I do know that you would not be able to install equipment that exceeds the BTU/HR output of the current system. Regardless, given the circumstances of this specific building, I would recommend prioritizing insulation upgrades over anything else. I would be happy to discuss the details of this with you and answer any questions you might have once you have looked it over.



Location	Existing insulation	Proposed work	Estimated Total cost*	Berkshire Gas Incentive	Customer Cost	Savings (therms)
Main Attic (1600 sqft)	none	14 hours air sealing	\$1,190.40	\$595.20	\$595.20	405
Addition Attic (1440 sqft)	none	14 hours air sealing	\$1,190.40	\$595.20	\$595.20	365
Main Attic (1600 sqft)	None (fgb in rafters)	12" Cellulose to attic floor	\$2,816	\$1,408	\$1,408	105
Main Building Ext. Walls (1440 sqft)	None (concrete block)	4" fgb	\$2,188.80	\$1,094.40	\$1,094.40	782
Addition Attic (1440 sqft)	6" fgb	6" open blow Cellulose	\$2,030.40	\$1,015.2	\$1,015.2	63
Addition Ext. Walls (1344 sqft)	None (concrete block)	4" fgb	\$2,042.88	\$1,021.44	\$1,021.44	729

*\*These prices are estimates and not contractor quotes*

If you are interested in moving forward on these energy upgrades the next steps are as follows:

- CET will solicit contractor quote
- If acceptable an incentive contract needs to be signed by the contractor and customer. Any deposit required by the contractor is the responsibility of the customer.
- Work is scheduled
- Incentive is paid to contractor after the completed work is inspected by CET.

If you have any questions about the above measures or would like to discuss next steps please give me a call or email me.

Jamie Overby, Energy Analyst,  
Center for EcoTechnology  
413-586-7350 ext. 300 – Office  
336-404-8406 - Cell  
[jamie.overby@cetonline.org](mailto:jamie.overby@cetonline.org)

**THIRD AMENDMENT  
TO PURCHASE AND SALE AGREEMENT  
BY AND BETWEEN  
TOWN OF MONTAGUE  
AND  
PIONEER VALLEY HABITAT FOR HUMANITY, INC.**

NOW COME the Town of Montague (“Seller”) and Pioneer Valley Habitat for Humanity, Inc. (“Buyer”), parties to a Purchase and Sale Agreement dated June 30, 2023 (the “Agreement”), for certain real property located at First Street, Montague, Massachusetts (the “Premises”).

WHEREAS, under Section 23 of the Agreement, the Buyer has the right to conduct certain inspections at the Premises, subject to the terms and conditions set forth in the Agreement (the “Inspection Contingency”);

WHEREAS, the Closing Date under the Agreement is December 27, 2023;

WHEREAS, the Seller and Buyer entered into a First Amendment to Purchase and Sale Agreement (“First Amendment”) extending the Inspection Contingency and the Closing Date to June 30, 2024; and

WHEREAS, the Seller and Buyer entered into a Second Amendment to Purchase and Sale Agreement (“First Amendment”) extending the Inspection Contingency and the Closing Date to June 30, 2025; and

WHEREAS, the Seller and the Buyer desire to extend further both the Inspection Contingency and the Closing Date to June 30, 2026, as set forth herein.

NOW, THEREFORE, for good and valuable consideration, receipt whereof is hereby acknowledged, the Seller and the Buyer hereby agree to amend the Agreement as amended by the First and Second Amendment as follows:

1. The Inspection Contingency and the Closing Date under the Agreement are extended to June 30, 2026.
2. In all other respects, the terms of the Purchase and Sale Agreement as previously amended by the First Amendment shall remain in full force and effect.

**[Signature Page Follows]**

Executed under seal this 31 day of March, 2025.

**SELLER:**  
TOWN OF MONTAGUE  
By Its Selectboard

**BUYER:**  
PIONEER VALLEY HABITAT  
FOR HUMANITY, INC.

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Richard Kuklewicz, Chair

By:   
Megan McDonough,  
Executive Director

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Matt Lord, Vice Chair

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Christopher Boutwell, Clerk