

CORRECTED
JOINT SELECTBOARD,
Police Advisory Community Engagement
and
Equity and Use of Force Committees
MEETING NOTICE

Due to COVID-19 Public Participation will be by:

Join Zoom Meeting: <https://us02web.zoom.us/j/87559979859>

Meeting ID: 875 5997 9859 **Password:** 783464

Dial into meeting: **+1 646 558 8656** or **+1 312 626 6799** or **+1 301 715 8592**

Monday, May 17, 2021

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

Meeting Being Taped

Votes May Be Taken

1. 6:00 PM Selectboard Chair opens the meeting, including announcing that the meeting is being recorded and roll call taken

2. 6:00 Personnel Board
 - Appoint Melissa Brown, 911 Police Dispatcher, NAGE Grade B, Step 5, 37.69 hrs/wk, effective 5/23/21

3. 6:05 Personnel Board
 - Inspector of Buildings Search Committee Recommendation – Bill Ketchen
 - Meet and Consider Appointment of Bill Ketchen as Inspector of Buildings, NAGE Grade G, Step 3, 35 hrs/wk, effective 6/7/21

4. 6:15 Event Application: Montague Center Town Common; Montague Center Fire Dept, Memorial Day Service – Honor fallen Veterans, May 30, 2021, 10:30 AM to Noon

5. 6:20 Registration for Use of Public Property: in front of LaMariposa, 111 Avenue A, Turners Falls
 - Gabriella della Croce, Pioneer Valley Workers Center, Community Food Distribution Every other Thursday, 2:00 PM to 4:30 PM starting May 20, 2021
 - Leslie Chaison, Peoples Medicine Project, WMTC, Free massages, NADA protocol

6. 6:30 Police Advisory Groups Public Information Session
 - Overview of Meeting Goals/Process – Paula Greene
 - Advisory Group Findings in Brief
 - New Montague Police Department Initiatives
 - Community Questions and Discussion

7. 8:00 Adjourn Meeting

Upcoming Meetings:

- Selectboard Meeting, **MONDAY, May 24, 2021, 6:30 PM** via Zoom
- Annual Town Meeting, **SATURDAY, MAY 22, 2021, 9:00 AM**, Franklin County Tech School, 82 Industrial Blvd., Turners Falls

Town of Montague Personnel Status Change Notice

Authorized Signature: _____ Employee # _____
Chief of Police: [Signature]

General Information:

Full name of employee: Melissa Brown Department: Police - Dispatch
Title 911 - Police Dispatcher Effective date of change: 5-23-21

New Hire:

Permanent: Y N If temporary, estimated length of service: _____
Hours per Week: 37.69 Union: NAGE
Pay: Grade B Step 5^{4th} (step) Wage Rate: 19.37
Board Authorizing: _____ Date of Meeting: _____

Grade/Step/COLA Change:

Union: _____
Old Pay: Grade _____ Step _____ Wage Rate: _____ (annual/hourly)
New Pay: Grade _____ Step _____ Wage Rate: _____ (annual/ hourly)
Notes: _____

Termination of Employment:

Resignation: _____ Layoff: _____ Involuntary Termination: _____

Other:

_____ Unpaid Leave of Absence Termination Date: _____
_____ Unpaid Sick Leave Termination Date: _____
_____ Other/Specify: _____ Termination Date: _____

Copies to:

- _____ Employee
- _____ Treasurer
- _____ Department
- _____ Accountant
- _____ Board of Selectmen
- _____ Retirement Board

Melissa Brown

REDACTED

Work Experience

On-Call Firefighter / EMT

Town of Hatfield - Hatfield, MA
November 2019 to Present

Respond to all town emergencies as able

Kettle Coordinator

Salvation Army - Northampton, MA
November 2017 to Present

Helped run the Kettle Campaign (2017) , successfully ran two years of the Angel Tree program soliciting toy donations and doing outreach / paperwork for families in need of holiday gifts. Also participated in two veterans day events at the VA in Leeds and other events as needed.

Human Service Intern

Trauma Institute and Child Trauma Institute, Inc
2015 to 2016

- Provide childcare while clients receive treatment PEC in home
- Solicit Donations for In Kind Match Program
- Create Resource Guide for Clients

Various Volunteer Positions

Policy Council Head Start, E2C2 Council
2012 to 2016

Per Diem Patient Care Representative

Shields MRI, Bay State Hospital - Greenfield, MA
2012 to 2012

- Process Medical Paperwork
- Check In Patients
- Call for Labs as needed
- Call for Written orders and all other necessary documentation

Den Leader

Boys Scouts of America
2011 to 2012

- Supervise 12 Boys Age 6-7
-

- Plan Field Trips
- Ensure Badge Completion
- Whole Group Promoted to Next Level

Parent Involvement Liaison

Community Action PCDC - Northampton, MA
2010 to 2011

- * Process In Kind Non Federal Share Invoices
- * Coordinate and PLAN Parent Workshops/ Events
- * Design/ Redesign Forms, Processes
- * Help Coordinate Volunteers for Head Start Policy Council
- * Interact With Upper Level Management Staff And Diverse Populace
- * Interact with Community Members (Public Schools) To Plan Events
- * Reception

On Call Dispatcher Trainee, ZBA recording clerk

Town of Easthampton - Easthampton, MA
2009 to 2010

- Process Incoming Calls For Emergency Services
- * Record Minutes At ZBA Meetings
- * Obtained State 9-1-1 Certification

Executive Assistant

Premier Foods - Buzzards Bay, MA
2008 to 2009

- * Promoted from office clerk to executive assistant
- * Handled all accounts payable and receivable
- * Completed Database Management Functions
- * Set Up New Customer Accounts And Verified Insurability, collections
- * Ordered office supplies
- * RECEPTION

Board Secretary

Town of Mashpee - Mashpee, MA
2007 to 2009

- * RECORDED MEETING MINUTES ON TAPE RECORDER
- * TRANSCRIBED MEETING MINUTES FOR PUBLIC RECORD
- * EMAILED COMPLETED MINUTES TO DEPARTMENT SECRETARY FOR DISTRIBUTION

Office Automation Clerk, Fire Prevention Inspector

State Quartermaster, Otis ANG Base - Buzzards Bay, MA
2006 to 2007

- Performed Building Inspections
- Drafted Building Plans on FireZone Software
- Inspected and Tagged Fire Extinguishers
- Wrote Articles for Base Newspaper on Fire Prevention Topics
- Tested Fire Alarms
- Taught Children Fire Safety

Branch Sales and Service Representative

TD Banknorth
2000 to 2006

- * Promoted from teller to call center agent to call center specialist to B.S.S.R and fast track assistant manager program
- * ACCOMPLISHED PERSONAL QUARTERLY SALES GOALS, 405% TO GOAL 2005'
- * OPENED NEW ACCOUNTS
- * HELPED OPEN NEW LOCATION WITH INVESTMENT TEAM AT PINEHILLS
- * DEMONSTRATED SOFTWARE FOR OTHER FINANCIAL INSTITUTIONS
- * HANDLED HIGH CALL VOLUME
- * PERFORMED ELECTRONIC BANKING RESETS AND INVESTIGATIONS
- * Notary

Education

Bachelor of Science in Management and Human Services in Management and Human Services

Fisher College - Boston, MA
2007 to 2016

A.S in Fire Science

Sandwich Community School - Sandwich, MA
2008

A.A in Liberal Arts in Liberal Arts

Cape Cod Community College - West Barnstable, MA

Skills

- Customer Service
- Phone etiquette
- EMT Experience
- Patient Care
- Personal Assistant Experience
- EMR Systems
- Medical Records

Certifications and Licenses

EMT Certification

CPR Certification

BLS Certification

Assessments

Electronic Medical Records: Best Practices — Expert

April 2020

Knowledge of EHR data, associated privacy regulations, and best practices for EHR use

Full results: Expert

Verbal Communication — Highly Proficient

April 2020

Speaking clearly, correctly, and concisely

Full results: Highly Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

WILLIAM K. KETCHENREDACTED

Dear Town of Montague Hiring Committee,

I'm writing this letter to express my sincere interest in becoming the Inspector of Buildings for the Town of Montague. I've been involved in the construction industry my entire life, starting in childhood where I grew up in a family excavating company. In 2002 I decided that I wanted to be more involved with the actual construction of buildings and decided to become a carpenter, which I've been doing ever since. Fortunately, I was hired by a well established company called Snow's Enterprises based out of Belchertown, MA that only built custom homes and additions. The owner Ken taught me how to build a quality product that uses the best materials. He also taught me the importance of building everything according to the building code, so that the occupants of the building are safe and comfortable.

After spending 19 years as a carpenter working on a variety of different buildings and seeing the entire construction process from start to finish I decided to use my strong understanding of building materials, building codes, and how to use the code books efficiently and effectively to become a Building Official. For the last two years, I have had the privilege of being the most recent Local Building Inspector for the City of Greenfield, MA. My passion and experience as a Building Official has only strengthened my desire to protect and honor the importance of enforcing building codes and laws for the safety of our community for years to come.

My motivation, extreme attention to detail, work ethic, and expertise in the construction industry as well as my current responsibilities as a Local Building Inspector would make me an excellent candidate to join the town of Montague as it's Inspector of Buildings. I know I would be a great asset to the citizens of Montague and would be honored to have the opportunity to use my skills, knowledge, and experience to further serve the community.

Please see my attached resume for further details. I look forward to hearing from you and appreciate your consideration. Thanks for your time.

Sincerely,

William K. Ketchen

WILLIAM K. KETCHEN

REDACTED

PROFESSIONAL SUMMARY

A certified Massachusetts Local Inspector with over 19 years experience as a carpenter with 9 years in a supervisory position in all aspects of construction from frame to finish. Experienced working in municipal government interacting with the general public, contractors, design professionals and other municipal departments. Excellent organization skills, management, customer service, efficiency, and expertise in the construction industry. Dedicated to ongoing professional development and staying current with licenses, certifications, and code changes.

PROFESSIONAL EXPERIENCE

LOCAL INSPECTOR CODE ENFORCEMENT OFFICER

City of Greenfield | Greenfield, MA | June 2019 - Present

- Assist the Inspector of Buildings to provide administrative and technical work connected with the interpretation, processing, and enforcement of the Building Code and Zoning By-laws
- Receive applications, review plans and specifications for construction, reconstruction, alteration, repair, addition and demolition projects within the town to determine compliance with Massachusetts and town codes, by-laws, and regulations relation to building, zoning, signs, and architectural access
- Issuance of building permits; calculate and collect fees, and the maintenance of associated records
- Perform field inspections: inspect buildings and alterations to buildings under construction and upon completion for conformance with structural requirements and approved plans; issue Certificate of Occupancy when required Interpret and enforce the MA State Building Code 780 CMR and the applicable sections of MGLs
- Inspect complaints of alleged code violations and take appropriate action and issue necessary notices or orders to correct
- Assist in making annual inspections of restaurants, liquor establishments, nursery schools, private schools, places of assembly, and other facilities required in conformance with statute, code, and local by-laws (section 110 and 304's)

GENERAL CONTRACTOR / OWNER

Ketchen Construction | Pioneer Valley, MA | October 2016 - June 2019

- Meet with clients to determine the scope of work and provide accurate estimates
 - Develop a plan for implementing the scope of work
 - Manage all phases of the construction process from start to finish, ensuring all steps are completed according to code
 - Manage all subcontractors
 - Manage all schedules and budgets
 - Responsible for framing, roofing, siding, decks, kitchens, and bath remodels
-

LEAD CARPENTER

Apollo Contracting | Leverett, MA | September 2015 - October 2016

- Accountable for maintaining a safe job site and work environment
- Supervise five employees with a range of skills from laborers to carpenters
- Arrange and attend all meetings with Inspectors
- Ensure the clients are happy with the progress of the project and that it is completed in a timely fashion according to code
- Manage all subcontractors
- Responsible for a wide range of projects including standing seam metal roofs, new construction, and existing home remodels

LEAD CARPENTER

Inspireye Carpentry | Leverett, MA | June 2012 - September 2015

- Supervise and manage the day to day operations of projects
- Responsible for delegating duties for three employees
- Liable for maintaining a safe working environment
- Coordinate inspections at appropriate times and meet with inspectors
- Supervise all subcontractors such as electricians, plumbers, HVAC installers etc.
- Accountable for the project finishing on time and according to code
- Responsible for a wide range of projects from new custom houses, additions, remodels, and decks

EDUCATION & CERTIFICATIONS

BUILDING OFFICIAL CERTIFICATION LOCAL INSPECTOR

BO-2195

UNRESTRICTED CONSTRUCTION SUPERVISOR LICENSE (CSL)

CS-109928

HIGH SCHOOL DIPLOMA

Lee High School | Lee, MA

REFERENCES

MARK SNOW

BUILDING COMMISSIONER

City of Greenfield

413-772-1396

TOM MCDONALD

WIRING INSPECTOR

Franklin Regional Council of Governments

413-325-3614

KEVIN ROSS

LOCAL BUILDING INSPECTOR

City of Northampton

413-325-5471

RON SENN

LEAD CARPENTER

Teagno Construction

413-326-8780



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 Department

If applicable, number of years your organization has been running this event in Montague? 15 years

Address 28 Old Sunderland Rd

Contact phone 367-2812

Contact email shollow25@comcast.net

FID _____

Dates of proposed event May 30 2021 Location: Montague Center Common

Hours 10:30 Set Up: _____ Clean Up: Noon

Approximate number of people expected to attend 40

What provisions will be made regarding clean up of site? All items will be picked up

Will the proposed event be:

- Musical
- Theatrical
- Exhibitions
- Amusements
- Wedding
- Other Memorial Day

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

Memorial Day Service - honor fallen veterans

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

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 _____

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)

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

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

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? _____

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/10/2021

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).

PRODUCER Blackmar Insurance Agency Inc 1147 Mahawk Trail Shelburne MA 01375	CONTACT NAME: Nadine West PHONE (AUG. No. Ext.): (413) 625-6527 E-MAIL ADDRESS: nadine@blackmars.com	FAX (A.C. No.): (413) 625-8210
INSURED Montague Center Fire District PO Box 237 Montague MA 01361	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Union Fire Ins. Co. of Pittsburgh, PA	NAIC # 19448
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2151005806 **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	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:			VFNU-TR-0014098	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (if occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROMISE \$ 10,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (if an accident) \$ BODILY INJURY (if per person) \$ BODILY INJURY (if per accident) \$ PROPERTY DAMAGE (if per accident) \$ \$
	UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER-STATUTE <input type="checkbox"/> OTH-PR 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 Hall.
May 30th 2021

CERTIFICATE HOLDER Town Of Montague 1 Avenue A Tumans Falls MA 01375	CANCELLATION 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 <i>Nadine M West</i>
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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

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: Gabriella della Croce

Address of applicant: (PVWC) 20 Hampton Ave, Suite 200, Northampton, MA

Phone # of applicant: 845-216-9676

Name of organization: Pioneer Valley Workers Center

Name of legally responsible person: Gabriella della Croce

Location of assembly: in front of La Mariposa, 111 Avenue A, Turners Falls, MA 01376

Date of assembly: every other Thursday afternoon

Time of assembly: Begin: 2:00 End: 4:30

Number of expected participants: 10-30, usually not more than 10 at the same time

If a procession/parade: Not sure where to explain what this is. We at the Workers Center run a Community Food Distribution, handing out free groceries to anyone who needs it. We advertise widely through our extensive networks over email, social media and other non-profits throughout the area.

Number of people expected to participate: _____

Number of vehicles expected to participate: n/a

Subject of demonstration: _____

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: _____



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: Leslie Chaisson, People's Medicine Project, WMTc
Address of applicant: ~~204~~ 204 Bardwells Ferry Rd Conway
Phone # of applicant: (413) 842-4762 = People's Medicine Proj
Name of organization: Western MA Training Consortium
Name of legally responsible person: Leslie Chaisson, or the ED, Kristel Applebee
Location of assembly: 111 Ave A
Date of assembly: 5/20, 6/3 6/17
Time of assembly: Begin: 1:00 End: 4:00
Number of expected participants: 20-30

If a procession/parade:
Route: _____
Number of people expected to participate: _____
Number of vehicles expected to participate: _____

Subject of demonstration: free massages, ~~health support~~, NADA protocol, clinic opening, free body work to people who can't afford it

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: _____

lchaisson@wmtcinfo.org

great falls town

Buildings

planter

tent

tent

~~La Maiposa~~

Down

La Maiposa

PWOC
FOOD DISTRIBUTION

4'

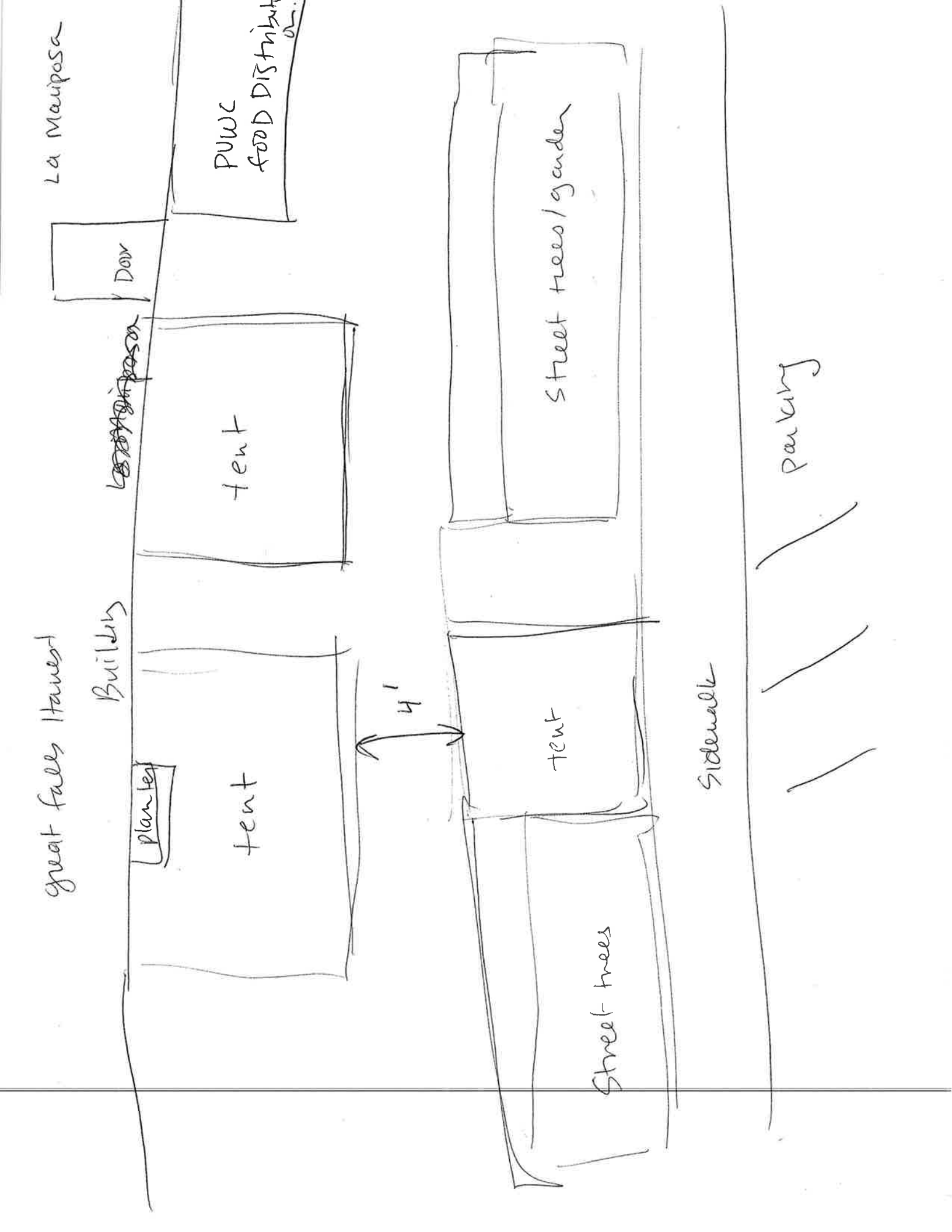
tent

Street trees/garden

Street trees

Sidewalk

Parking





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2021

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PRODUCER HUB International New England 1070 Suffield St Agawam, MA 01001	CONTACT NAME: PHONE (A/C, No, Ext): (800) 243-8134		FAX (A/C, No): (413) 731-9539
	E-MAIL ADDRESS:		
INSURED Western Massachusetts Training Consortium, Inc. 187 High St Suite 202 Holyoke, MA 01040	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company		18058
	INSURER B : AIM, Inc.		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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

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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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PHPK2148521	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 SEXUAL ABUSE MO \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2148511	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB727553	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AWC40070207892020A	7/1/2020	7/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The American House LLC is included as an additional insured on the general liability coverage with waiver of subrogation.

CERTIFICATE HOLDER Town of Montague 1 Avenue A Turners Falls, MA 01376	CANCELLATION 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 

COVID-19 Control plan



All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

BUSINESS INFORMATION | please provide the following information _____

Business name: People's Medicine Project Check if part of a larger corporation

Address: PO Box 923, Greenfield, MA 01370

Contact information (Owner/Manager): Leslie Chaison

Contact information (HR representative), if applicable: Kathy Chaisson

Number of workers on-site: 4

SOCIAL DISTANCING | check the boxes to certify that you have: _____

- Ensured that all persons, including employees, customers, and vendors remain at least six feet apart to the greatest extent possible, both inside and outside workplaces
- Established protocols to ensure that employees can practice adequate social distancing
- Posted signage for safe social distancing
- Required face coverings or masks for all employees
- Implemented additional procedures. Please describe them here: _____

HYGIENE PROTOCOLS | check the boxes to certify that you have: _____

- Provided hand washing capabilities throughout the workplace
- Ensured frequent hand washing by employees and provided adequate supplies to do so
- Provided regular sanitization of high touch areas, such as workstations, equipment, screens, doorknobs, restrooms throughout work site
- Implemented additional procedures. Please describe them here: all visitors must also wear masks, provided PPE, including face shields and gloves

COVID-19 Control plan



All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

STAFFING & OPERATIONS check the boxes to certify that you have: _____

- Provided training for employees regarding the social distancing and hygiene protocols
- Ensured employees who are displaying COVID-19-like symptoms do not report to work
- Established a plan for employees getting ill from COVID-19 at work, and a return-to-work plan
- Implemented additional procedures. Please describe them here: **contact tracing for all visitors**

CLEANING & DISINFECTING check the boxes to certify that you have: _____

- Established and maintained cleaning protocols specific to the business
- Ensured that when an active employee is diagnosed with COVID-19, cleaning and disinfecting is performed
- Prepared to disinfect all common surfaces at intervals appropriate to said workplace
- Implemented additional procedures. Please describe them here: **provided towels, clean sheets, and other materials to keep surfaces protected and clean**