

Posted 2.1.2024 at 3:30pm by JAD



**SELECT BOARD
AGENDA
Tuesday, February 6, 2024
7:00pm**

Rich Maiore, Erin McBee, Kara McGuire Minar, Don Ludwig, Charles Oliver

Pursuant to Chapter 2 of the Acts of 2023, An Act Making Appropriations for the Fiscal Year 2023 to Provide for Supplementing Certain Existing Appropriations and for Certain Other Activities and Projects, and signed into law on March 29, 2023, this meeting will be conducted via remote participation. Interested individuals can listen in and participate by phone and/or online by following the link and phone number below.

Hildreth Pro is inviting you to a scheduled Zoom meeting.

Topic: Select Board

Time: Feb 6, 2024 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88545557089?pwd=cVZpUDVTK01MeWZseDlVbnl0Um5mQT09>

Meeting ID: 885 4555 7089

Passcode: 369240

One tap mobile

+19294362866,,88545557089# US (New York)

+13017158592,,88545557089# US (Washington DC)

Find your local number: <https://us02web.zoom.us/j/88545557089>

AGENDA ITEMS

- 1) Call meeting to order – Chair Rich Maiore
- 2) 204 Lanes – Transfer of Liquor License (7:00)
- 3) Appointments: (7:10)
 - a) Carl Sciple – Permanent Building Committee
 - b) Jeffrey Lin & Katie Wool – Community Cable Access Committee
- 4) Public Communication (7:20)
- 5) Approve minutes from 1/9 (7:25)
- 6) Park & Recreation update on fields (7:30)
- 7) Staff Report/updates (8:00)
- 8) Action/Discussion Items: (8:10)
 - a) DPW Building: update, and excluded debt article
 - b) Work on FY 2025 budget
 - i. What below level services means
 - ii. Presentation of Finance Committee recommendations
 - iii. Override discussion
 - c) Discuss disposition of the Bromfield House
- 9) Select Board Reports

***Next Regular Select Board Meeting
Tuesday, February 20, 2024
7:00pm***

TRANSFER OF LICENSE

To apply for a transfer of alcoholic beverages retail license, you will need the following:

- **\$200 Fee** paid online through our online payment link: [ABCC PAYMENT WEBSITE](#)
- **Monetary Transmittal Form**
- **DOR Certificate of Good Standing** This must be obtained by the seller, not the buyer.
- **DUA Certificate of Compliance** This must be obtained by the seller, not the buyer.
- **Transfer Application**
- **Manager Application**
- **Vote of the Entity**
- **Business Structure Documents**
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth
- **CORI Authorization Form** Complete one for each individual with financial or beneficial interest in the entity that is applying AND one for the proposed manager of record. *This form must be notarized with a stamp or raised seal.*
- **Purchase and Sales Agreement**
- **Proof of Citizenship** for the proposed Manager of Record.
- **Supporting Financial Records** for all financing and or loans, including pledge documents, if applicable.
- **Legal Right to Occupy**, a lease or deed.
- **Floor Plan**
- **Advertisement**
- **Additional information, if necessary, utilizing the formats provided and or any affidavits.**
- **Management Agreement**, if applicable, requires the following :
 - Management Agreement Application
 - Management Agreement
 - Vote of the Entity
 - CORI Forms for all listed in Section 13 and attachments

Please Note: You may be requested to submit additional supporting documentation if necessary.

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM

APPLICATION FOR A TRANSFER OF LICENSE

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

1. TRANSACTION INFORMATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Pledge of Inventory | <input type="checkbox"/> Change of Class |
| <input type="checkbox"/> Alteration of Premises | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change of Category |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Change of License Type
(\$12 ONLY, e.g. "club" to "restaurant") |
| <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Other | <input style="width: 100%;" type="text"/> |

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

2. LICENSE CLASSIFICATION INFORMATION

<u>ON/OFF-PREMISES</u>	<u>TYPE</u>	<u>CATEGORY</u>	<u>CLASS</u>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number	<input style="width: 95%;" type="text"/>	FEIN	<input style="width: 95%;" type="text"/>
Entity Name	<input style="width: 100%;" type="text"/>		
DBA	<input style="width: 25%;" type="text"/>	Manager of Record	<input style="width: 50%;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>		
Phone	<input style="width: 25%;" type="text"/>	Email	<input style="width: 50%;" type="text"/>
Add'l Phone	<input style="width: 25%;" type="text"/>	Website	<input style="width: 50%;" type="text"/>

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

Total Sq. Footage	<input style="width: 95%;" type="text"/>	Seating Capacity	<input style="width: 95%;" type="text"/>	Occupancy Number	<input style="width: 95%;" type="text"/>
Number of Entrances	<input style="width: 95%;" type="text"/>	Number of Exits	<input style="width: 95%;" type="text"/>	Number of Floors	<input style="width: 95%;" type="text"/>

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name <input style="width: 90%;" type="text"/>	By what means is the license being transferred? <input style="width: 90%;" type="text"/>
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List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal <input style="width: 95%;" type="text"/>	Title/Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>
Name of Principal <input style="width: 95%;" type="text"/>	Title/Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>
Name of Principal <input style="width: 95%;" type="text"/>	Title/Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>
Name of Principal <input style="width: 95%;" type="text"/>	Title/Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>
Name of Principal <input style="width: 95%;" type="text"/>	Title/Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLC Members, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal <input style="width: 95%;" type="text"/>	Residential Address <input style="width: 95%;" type="text"/>	SSN <input style="width: 95%;" type="text"/>	DOB <input style="width: 95%;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%;" type="text"/>	Residential Address <input style="width: 95%;" type="text"/>	SSN <input style="width: 95%;" type="text"/>	DOB <input style="width: 95%;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%;" type="text"/>	Residential Address <input style="width: 95%;" type="text"/>	SSN <input style="width: 95%;" type="text"/>	DOB <input style="width: 95%;" type="text"/>
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Title and or Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
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Name of Principal <input style="width: 95%;" type="text"/>	Residential Address <input style="width: 95%;" type="text"/>	SSN <input style="width: 95%;" type="text"/>	DOB <input style="width: 95%;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%;" type="text"/>	Percentage of Ownership <input style="width: 95%;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
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APPLICATION FOR A TRANSFER OF LICENSE

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

Name of Principal	Residential Address	SSN	DOB
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. CORPORATE STRUCTURE

Entity Legal Structure

Date of Incorporation

State of Incorporation

Is the Corporation publicly traded?

Yes

No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes

No

9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name:

Phone:

Title:

Email:

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other* (Please specify)	
D. Total Cost	

*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):”

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

Please indicate what you are seeking to pledge (check all that apply) License Stock Inventory

To whom is the pledge being made?

12. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.


Start Date	End Date	Position	Employer	Supervisor Name

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature  Date

13. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

Yes No

If yes, please fill out section 13.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

13A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

Yes No

If yes, attach an affidavit providing the details of any and all convictions.

13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 13A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 13A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 13A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question section 13B, 13C, 13D ever been suspended, revoked or cancelled?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

13F. TERMS OF AGREEMENT

a. Does the agreement provide for termination by the licensee?

Yes No

b. Will the licensee retain control of the business finances?

Yes No

c. Does the management entity handle the payroll for the business?

Yes No

d. Management Term Begin Date

e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

\$ per month/year (indicate amount)

% of alcohol sales (indicate percentage)

% of overall sales (indicate percentage)

other (please explain)

ABCC Licensee Officer/LLC Manager

Management Agreement Entity Officer/LLC Manager

Signature:

Signature:

Title:

Title:

Date:

Date:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

APPLICANT'S STATEMENT

I, the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

Date:

Title:

CORPORATE VOTE

The Board of Directors or LLC Managers of

Entity Name

duly voted to apply to the Licensing Authority of

and the

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Change of DBA |

“VOTED: To authorize

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

“VOTED: To appoint

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts.”

A true copy attest,



Corporate Officer /LLC Manager Signature

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

(Print Name)

ADDENDUM A

6. PROPOSED OFFICER, STOCK OR OWNERSHIP INTEREST (Continued...)

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

 Yes No Yes No

MA Resident

 Yes No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

 Yes No

TOWN OF HARVARD

VOLUNTEER APPLICATION (12/02/2008)



Thank you for your interest in serving the town of Harvard. Please complete this application to be kept informed of volunteer opportunities and/or to apply for a specific position or fill a vacancy when one occurs. You may be also be contacted based on your stated areas of interest for other opportunities to volunteer. Your application will be kept on file for 3 years.

Date of Application: 2/1/2024

Applicant Information:

Name: CARL SCIPLE

Address: River court residences - West Main Street Apt 269, Groton, Ma 01450

Home/Work Phone # **Mobile Phone#**

Email Address: CPSCIPLE@GMAIL.COM

Indicate below which Board(s) or Committee(s) are of interest to you:

- REPRESENTATIVE
- DEVENS ENTERPRISE COMMISSION - ALTERNATE, TOWN OF HARVARD
- COUNCIL ON AGING - Permanent Building Committee

Have you previously been a member of a Board, Committee or Commission (either in Harvard or elsewhere)?

CONSERVATION COMMISSION, COUNCIL ON AGING, ZBA, HES BUILDING COMMITTEE

Do you have any time restrictions? YES NO
Are you a registered voter? YES NO

Please list your present occupation and employer (you may also attach your résumé or CV)

RETIRED.

Do you, your spouse, or your employer have any current or potential business relationship with the Town of Harvard that could create a conflict of interest? (If YES, please describe the possible conflict) NO

Please outline any education, special training or other areas of interest you have that may be relevant to the appointment sought.

PROFESSIONAL ENGINEER, RETIRED CERTIFIED CONSTRUCTION MANAGER, MILITARY TRAINING.

Updated FEB 2024



Town of Harvard

13 Ayer Road

Phone: (978) 456-4100

Volunteer Form

Good Government Starts with You

Date Submitted: October 26, 2023

Name: JEFFREY LIN

Home Address: LITTLETON RD
01451-1236

Mailing Address: 283
HARVARD

Phone Number(s): [REDACTED]

Email Address: 13jlin@gmail.com

Current Occupation/Employer: MP Optical Communications

Have you previously been a member of a Board, Committee or Commission (either in the Town of Harvard or elsewhere)? Yes

If yes, please list the Board name and your approximate dates of service:

I am currently a member of CPIC, since Sept 2021.

Are you a registered voter? Yes

Do you, your spouse, or your employer have any current or potential business relationship with the Town of Harvard that could create a conflict of interest? No

If YES, please describe the possible conflict:

Narrative: My primary work experience is with optical networks, and as part of that broadband access and deployment. As COVID proved, so much of what we do these days is on the internet, and how the town provides for that service is becoming ever more important. Cable TV is increasingly competing with, and losing to, streaming providers like Netflix, Hulu, prime TV, and the like. Simultaneously, homework, access to government programs and services increasingly rely on reliable high speed Internet access. that is becoming ever more prominent, and the federal government agrees with \$60 Billion in federal money recently allocated for rural communities (MA is getting 147M) I'd be interested in how we could bring Harvard and the community that digital access and equity to the community, while not falling behind our peer towns.

Board(s) / Committee(s): ___ COMMUNITY CABLE ACCESS COMMITTEE

TOWN OF HARVARD

VOLUNTEER APPLICATION (12/02/2008)



Thank you for your interest in serving the town of Harvard. Please complete this application to be kept informed of volunteer opportunities and/or to apply for a specific position or fill a vacancy when one occurs. You may be also be contacted based on your stated areas of interest for other opportunities to volunteer. Your application will be kept on file for 3 years.

Date of Application: January 28, 2024

Applicant Information:

Name: Kate Wool

Address: 49 Slough Road

Home/Work Phone # [REDACTED]

Mobile Phone# [REDACTED]

Email Address: kate@katewool.com

Indicate below which Board(s) or Committee(s) are of interest to you:

The Harvard Media Cooperative

Have you previously been a member of a Board, Committee or Commission (either in Harvard or elsewhere)? If so, please list the Board name and your approximate dates of service:
n/a

Do you have any time restrictions? YES NO
Depends on the day, normal working. hours 9-4

Are you a registered voter? YES NO

Please list your present occupation and employer (you may also attach your résumé or CV)

Creative Director, Tech Wise Systems. Freelance photographer

Do you, your spouse, or your employer have any current or potential business relationship with the Town of Harvard that could create a conflict of interest? (If YES, please describe the possible conflict) N/a

Please outline any education, special training or other areas of interest you have that may be relevant to the appointment sought.

I have been involved in media for 30+ years. You can see more about me on my website katewool.com

Thank you!

Received by Town of Harvard

Return to: Town Of Harvard, 13 Ayer Road, Harvard MA 01451 or email jdoucet@harvard-ma.gov



Select Board Minutes
Tuesday, January 9, 2024
7:00pm

The Select Board Regular Meeting was held virtually in accordance with Chapter 2 of the Acts of 2023, An Act Making Appropriations for the Fiscal Year 2023 to Provide for Supplementing Certain Existing Appropriations and for Certain Other Activities and Projects, and signed into law on March 29, 2023, this meeting was conducted via remote participation.

Select Board participants:

Rich Maiore, Charles Oliver, Don Ludwig, Kara Minar, Erin McBee

Town Department participants:

Assistant Town Administrator Marie Sobalvarro, Executive Assistant Julie Doucet, Finance Director Jared Mullane, EMS Coordinator Jason Cotting, Building Inspector Jeff Hayes

Additional participants:

Julie Darling, CPIC Chair Nate Finch

Permanent Building Committee appointment

Assistant Town Administrator Marie Sobalvarro introduced Julie Darling for appointment to the Permanent Building Committee. She has a background and skill set that is beneficial in this role. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to appoint Julie Darling to the Permanent Building Committee.

Budget update

Finance Director Jared Mullane shared the budget roll up that still has a deficit. He reviewed the list of financial warrant articles. He continues to await the state revenue numbers expected by the end of January.

Capital Planning & Investment Committee recommendations (Attachment B)

Chair Nate Finch reviewed the committee's process and the reasoning used to make their recommendations. The board members thanked Finch and his fellow committee members for all their hard work.

Minutes

By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve the minutes of 12/5, as presented.

Staff Report/updates (Attachment A)

Act on ambulance service write offs (uncollectable)

EMS Coordinator Jason Cotting reported these uncollectable amounts are over two years old. He explained the look back timeframe can be lengthy due to delays with insurance companies. Moving forward they will establish a more regular right off policy. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve write offs for uncollected ambulance service bills.

Library Trustee Resignation

The board members recognized the resignation of recognize Davida Bagatelle from the Library Trustees. A letter of thanks for her service will be sent.

Fruitland’s Museum –Board of Directors change

Executive Assistant Julie Doucet explained their liquor license requires any changes to the board of directors be submitted to the ABCC for review and approval. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve the Board of Directors change for submission to the ABCC.

Addendum to Fivesparks lease

By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve the addendum to the Fivesparks lease.

Surplus of windows

Building Inspector Jeff Hayes described the windows that were purchased with CPC funds for the Hildreth House but were never used. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve surplus of windows as described.

Act on recommendation from the Insurance Advisory Committee on 100% employee paid

HR Director Marie Sobalvarro reiterated these offerings will be 100% employee paid and will not be offered to retirees. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve recommendation to offer dental/eye insurance.

Police and Fire Chief contracts

HR Director Marie Sobalvarro confirmed the contracts are as was discussed in executive session previously. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve the contracts as presented.

Review of the FY24 Select Board goals

Rich Maiore reviewed the list of goals providing status on the items. They expect more information to assist in determining the future of Town Fire & EMT departments and the next steps to improve and increase Town Playing Fields. They discussed ideas to improve resident engagement. Overall, they are making advancing progress on the goals.

Select Board Reports

Erin McBee reported the Planning Board has completed their survey on the MBTA Communities Multifamily Guidelines and are discussing the three locations.

Rich Maiore reported the Park & Recreation Commission will be attending an upcoming meeting to discuss the report findings on the Harvard Park location for playing fields.

Rich Maiore reported the Devens Framework Committee is working on options for Vicksburg Square development.

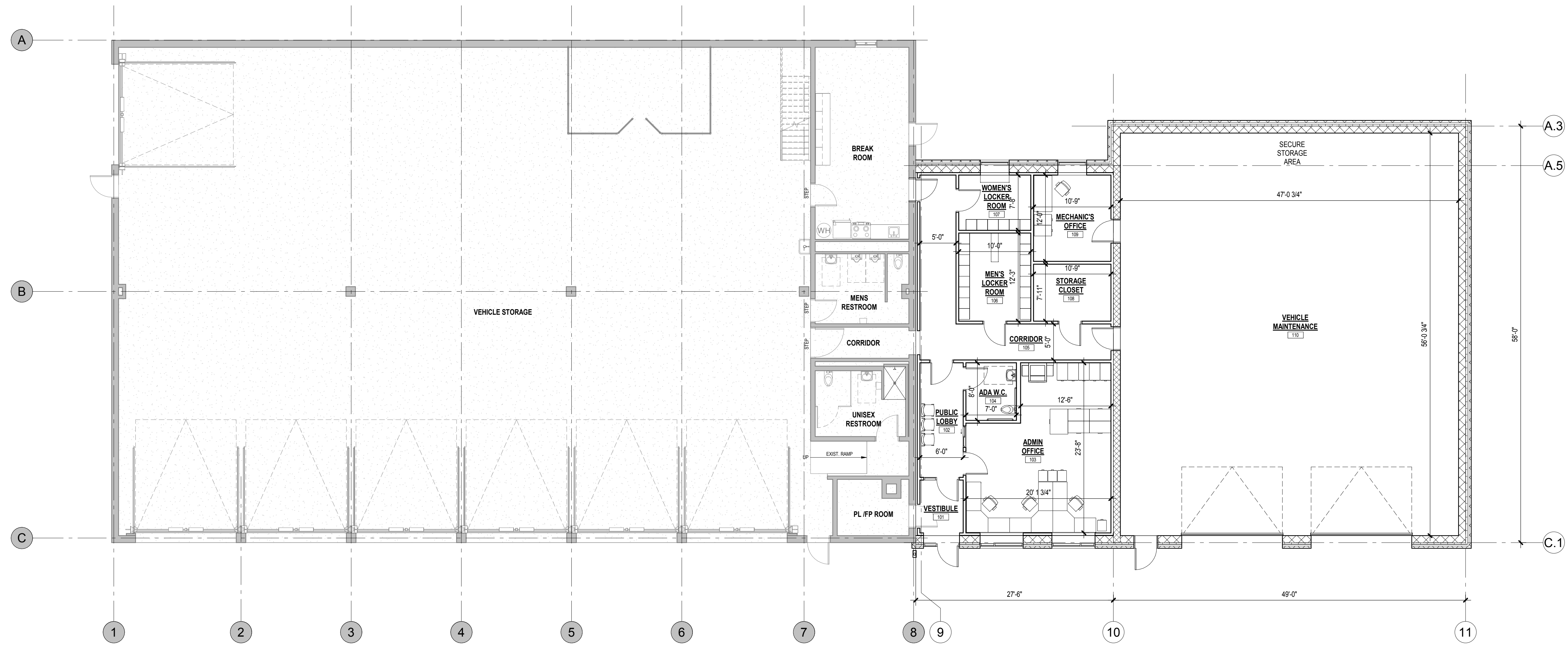
Rich Maiore also advised members budget discussions will begin soon.

The meeting was adjourned at 8:45pm.

Documents referenced:

Julie Darling vol form – dated 10.23.2023
CPIIC recommendations – dated FY25
Ambulance write offs – dated 12.18.2023
Licensing Authority Cert – dated 1.9.2024
Trustees request letter – dated 12.6.2024

IAC Memo – dated 1.24.2024
FY24 Select Board Goals
Fivesparks lease addendum – dated 12.14.2023



DRAFT



Town of Harvard - General Fund - 5 Year Budgeted Revenue / Expense Projection

	<i>Actual Budget 2023</i>	<i>Estimated Budget 2024</i>	<i>Estimated Budget 2025</i>	<i>Estimated Budget 2026</i>	<i>Estimated Budget 2027</i>	<i>Estimated Budget 2028</i>	<i>Estimated Budget 2029</i>
<u>Budgeted Revenues - Tax Levy (actual \$)</u>							
R.E. Tax Levy Limit from Prior Year	22,301,670	23,088,972	23,901,964	24,619,513	25,355,001	26,088,876	26,841,098
2.5% Increase	557,542	577,224	597,549	615,488	633,875	652,222	671,027
New Growth	229,760	235,768	120,000	120,000	100,000	100,000	100,000
Override - Tier 1	-	-	504,582	-	-	-	-
Override - Tier 2	-	-	780,541	-	-	-	-
Debt Exclusion - TH Renovations \$2.25M	153,188	149,738	146,288	142,838	139,388	137,088	134,788
Debt Exclusion - TH Renovations Reimb Prem	(7,292)	(7,292)	(7,292)	(7,292)	(7,292)	(7,292)	(7,292)
Debt Exclusion - TH Renovations \$700K	46,988	45,938	44,888	43,838	42,788	42,088	41,388
Debt Exclusion - TH Renovations Reimb CPA	(46,988)	(45,938)	(44,888)	(43,838)	(42,788)	(42,088)	(41,388)
Debt Exclusion - Sr Ctr/Hildreth Hse	96,350	93,750	91,150	83,550	81,150	78,750	76,950
Debt Exclusion - Public Library	136,925	129,375	126,563	-	-	-	-
Debt Exclusion - Fire Truck	30,000	29,250	28,500	27,750	27,000	26,500	26,000
Debt Exclusion - School - Bromfield Renov	331,975	320,725	308,813	-	-	-	-
Debt Exclusion - School Reimb Premiums	(2,200)	(2,200)	(2,200)	-	-	-	-
Debt Exclusion - Roads	58,500	57,000	55,500	54,000	52,500	41,500	25,700
Debt Exclusion - MWPAT	122,195	122,366	122,540	122,717	122,899	123,083	123,273
Debt Exclusion - MWPAT Reimb from Better	(59,179)	(59,262)	(59,346)	(59,432)	(59,520)	(59,610)	(59,701)
Debt Exclusion - Heavy Duty Dump Truck (2017)	12,250	11,750	11,250	10,750	10,250	-	-
Debt Exclusion - Bromfield Science Lab (2017)	7,475	7,225	6,975	6,725	6,475	6,225	5,975
Debt Exclusion - HES School Building Project	2,343,175	2,279,925	2,216,675	2,153,425	2,085,300	2,022,300	1,959,300
Debt Exclusion - HES Sch Bldg Reimb Cap Stab	(200,000)	(200,000)	(100,000)	-	-	-	-
Debt Exclusion - HES Sch Bldg Reimb Devens	(200,000)	(200,000)	(100,000)	-	-	-	-
Debt Exclusion - Ladder Truck	78,307	80,600	78,600	76,600	74,600	72,600	70,600
Debt Exclusion - Heavy Duty Dump Truck	28,921	31,300	30,300	29,300	28,300	27,300	21,300
Debt Exclusion - Ayer Rd Design	111,166	107,800	98,800	-	-	-	-
Debt Exclusion - Purchase of COA Bldg	215,401	213,400	208,200	203,000	197,800	192,600	187,400
Debt Exclusion - Old Library Roof	28,776	30,675	29,875	29,075	28,275	27,475	21,675
Debt Exclusion - Old Library Roof	39,122	40,375	39,375	38,375	37,375	36,375	35,375
Subtotal - Debt Exclusions	3,325,054	3,236,500	3,330,565	2,911,380	2,824,500	2,724,894	2,621,343
Subtotal - Budgeted Tax Revenue	26,414,026	27,138,464	29,235,202	28,266,382	28,913,376	29,565,992	30,233,468
<u>Budgeted Revenue-State Aid, Local Rec & Transf</u>							
State - Cherry Sheet Revenue	4,310,611	4,519,970	4,486,309	4,486,309	4,486,309	4,486,309	4,486,309
Estimated Local Receipts	1,661,862	1,684,514	1,508,127	1,508,327	1,453,527	1,453,527	1,453,527
Community Preservation for Debt	46,988	45,938	44,888	43,838	42,788	42,088	41,388
Sewer Betterments for Debt	92,195	92,324	92,455	92,589	92,726	92,866	93,009
Capital Stabilization for Debt	269,388	-	-	-	-	-	-
School Devens Fund for Debt	200,000	200,000	100,000	-	-	-	-
Title V Septic Betterment for Debt	11,529	11,529	11,529	11,529	11,529	11,529	11,529
HCTV Fund	83,700	81,000	-	-	-	-	-
Library Trust Fund	5,000	5,000	-	-	-	-	-
Subtotal - Budgeted State Aid, Local Rec & Transf	6,681,272	6,640,275	6,243,308	6,142,592	6,086,879	6,086,319	6,085,762
<u>Budgeted Assessments</u>							
Library - Cherry Sheet Offset Item	(14,179)	(15,414)	(15,759)	(17,650)	(19,768)	(22,140)	(24,797)
School Choice - Cherry Sheet Offset Item	(326,022)	(298,407)	(267,241)	(299,310)	(335,227)	(375,454)	(420,509)
State - Cherry Sheet Assessments	(626,238)	(650,691)	(548,143)	(613,920)	(687,591)	(770,101)	(862,514)
Town - Estimated Overlay	(100,000)	(90,140)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)
Subtotal - Budgeted Assessments	(1,066,439)	(1,054,652)	(931,143)	(1,030,880)	(1,142,586)	(1,267,696)	(1,407,820)
NET BUDGETED REVENUES	32,028,859	32,724,087	34,547,366	33,378,094	33,857,670	34,384,615	34,911,411
	<i>Estimated Budget 2023</i>	<i>Estimated Budget 2024</i>	<i>Estimated Budget 2025</i>	<i>Estimated Budget 2026</i>	<i>Estimated Budget 2027</i>	<i>Estimated Budget 2028</i>	<i>Estimated Budget 2029</i>
<u>Budgeted Expenditures</u>							
Town Expenses	12,947,284	13,585,301	14,402,699	14,655,952	15,298,574	15,740,456	16,440,491
Local School Expenses	14,622,343	15,181,636	16,230,250	17,067,218	17,621,903	18,194,614	18,785,939
Debt Expense - Prin & Interest Due	4,016,882	3,659,468	3,751,764	3,422,314	3,333,877	3,233,177	3,128,641
R&A Article Expenses	231,058	21,129	47,653	125,000	125,000	125,000	125,000
Sewer Subsidy (Voted in Enterprise Fund)	-	105,000	115,000	115,000	115,000	115,000	115,000
TOTAL BUDGETED EXPENDITURES	31,817,567	32,552,534	34,547,366	35,385,485	36,494,354	37,408,248	38,595,071
<u>BUDGET SUMMARY</u>							
Net Budgeted Revenues	32,028,859	32,724,087	34,547,366	33,378,094	33,857,670	34,384,615	34,911,411
Budgeted Expenditures	(31,817,567)	(32,552,534)	(34,547,366)	(35,385,485)	(36,494,354)	(37,408,248)	(38,595,071)
Estimated Surplus / (Deficit)	211,291	171,553	0	(2,007,391)	(2,636,684)	(3,023,633)	(3,683,660)

Harvard Public Library FY2025 Budget Cut (\$61,970) Response

Harvard Public Library's (HPL) FY25 level service budget request was for \$734,891 which is a 2.8% increase over our FY24 appropriation. HPL's budget, representing just 2.2% of the Town of Harvard's FY24 Omnibus budget, provides for library services to every demographic of the town's population year round.

As indicated by Town Administrator's January 22 email and memo, Harvard Public Library's FY25 budget may be cut by \$61,970 to reach a balanced budget for the town.

If this cut were to be approved, the library's budget for FY25 would fall below the Municipal Appropriation Requirement (MAR) as outlined in Massachusetts General Laws:

Municipal Appropriation Requirement (MAR)

Massachusetts General Law (M.G.L., c.78, s.19A) states that a municipality must appropriate a figure of at least the average of the last 3 years' municipal appropriations to the library for operations, increased by 2.5%, in order to be certified for State Aid to Public Libraries.

This calculated figure is known as the Municipal Appropriation Requirement (MAR).

(from Massachusetts Board of Library Commissioners website)

The Library MAR for FY2025 is \$701,450.

If the FY25 library budget is reduced by \$61,970, the library would fall below the FY25 MAR and risk losing certification which could result in a loss of state aid and an inability to participate in the interlibrary loan system through which we borrowed 12,403 items from other libraries for Harvard residents in FY24 and 14,882 items in FY23. If certification is lost, this service would no longer be available to Harvard residents. In similar fashion, residents would not be able to borrow materials from other libraries when/if visiting those libraries. The Harvard Finance Department is currently showing an FY25 cherry sheet offset for the library of \$17,264. Those dollars could disappear if HPL was not certified for FY25.

In the event that a municipality cannot meet the MAR for library funding, there is the possibility to petition for a waiver. A waiver may be granted if a community can show financial hardship in meeting the MAR budget number, and can demonstrate that the reduction to the library budget is not disproportionate relative to changes in other municipal departments.

The proposed cut to the library budget is listed as "reduced hours". But that is an abstraction that obfuscates the whole picture. Yes, we would need to close one day (or two half days) weekly throughout the year as determined by the cut. Beyond that, this cut would translate into staff reductions/lost jobs, potential loss of certification, lost State Aid, and a loss of key services currently available and regularly used by Harvard residents and the Harvard schools.

HARVARD COUNCIL ON AGING
and SENIOR CENTER at 16 Lancaster County Road

13 Ayer Road, Harvard, Massachusetts 01451
(978) 456-4120

dthompson@harvard-ma.gov
Deborah Thompson, Director



To Finance Committee
Impact of budget cuts to Council on Aging

The Council on Aging is appreciative of the support we have received from the Town and grateful that we have space to continue to execute the mission of the Council on Aging, and the Town Master Plan as a gathering place for our seniors. Closing the doors of the Senior Center at 16 Lancaster County Road one day a week would indeed cut the budget, but there would be a cost to the town:

- 1) The COA offers programs, events, and trips every day of the week. These programs are geared to different needs by different individuals, for example, we have the men's coffee on Wednesday mornings. For many of our men, this is the only event they come to, but they look forward to this opportunity every week. In fact, many of them plan their weekly trip to the transfer station after they have come here for coffee and conversation.
- 2) Tuesdays and Thursdays, lunch prepared by Minuteman is served here. These are open to seniors from the community, some of whom can easily support themselves, but several of them are here because it is a "\$2 donation requested" lunch so even those who are living on a meager amount can still get a hot lunch at a low cost or free. The largest benefit the seniors get from these lunches is a chance to get out of their homes and socialize. Some end up staying well after the lunch hour ends. We have anywhere from 15 to 20 people now that we have the space for a regular Minuteman lunch. That does **not** include special lunches like attendees to our Turkey dinner (86), or our December holiday dinner (96). These special lunches are free to the seniors, and paid for by donations, grants, and staff contributions.
- 3) On other days we have Women's coffee, special events like musical performances, educational presentations and wellness/fitness programs like yoga, Tai Chi, aerobics, Zumba, and trips from the Senior Center to museums, galleries, and restaurants. One of our seniors (a widow with no family) has said repeatedly that this is her "second home, and we are her family". These programs offer opportunities for socialization, which is so important in battling isolation and depression for our seniors. Cutting down a day would cause a break in continuity for our senior community and their families who depend on us to support their elderly parents.
- 4) Transportation is paramount to seniors being able to remain in their homes so they can age in place in the environment where they feel comfortable. With the COA closed, there would be no transportation which would deeply impact those who do not drive and have no other options, especially for necessary medical rides.

- 5) Our outreach team helps with applications for fuel assistance, SNAP (food stamp) benefits, housing, and mental health referrals, and make home visits to vulnerable seniors in town who often need follow up home care. We also support families in crisis and work closely with fire, police, and ambulance services. With the increase in attendance since we have moved to our new building, it has also increased the need for social services.

The COA has a small staff, dedicated to supporting the needs of our seniors and we take our responsibility very seriously. Cutting the salaries of our program coordinator at 17 hours per week and outreach coordinators who are only working 19 hours each per week would drastically impede our ability to support our most frail elders... not to mention our ability to retain well-trained staff members. We do utilize volunteers and tax work off personnel to support our small staff, but they are no replacement for trained service providers. Our seniors rallied and voted to have a senior center that will serve their needs, so it would show a lack of commitment to them if we had to now cut our operating hours.

In short, we are a service-oriented department and cutting this budget below level-service would cripple the operations here at the COA.

Thank you for your time and concern during this difficult decision.

Respectfully submitted,

Deborah Thompson, MS, LSW

Overtime Budget Reduction of \$15,000 Scenario

Reducing the overtime budget by \$15,000 in the police department, even with the hiring of an additional officer, presents a multifaceted scenario. The current overtime budget of \$165,245, which allows for 45% coverage of open shifts under the current staffing of eight full time officers, would be cut to \$150,245 with nine officers, raising coverage to an expected 54%. However, this is still significantly lower than the ideal budget of \$274,469 required for full coverage. Leaving the OT budget at \$165,245 we can fill 60% percent of open shifts

While this reduction aligns with fiscal prudence and could potentially lead to more efficient use of resources and encourage innovative staffing solutions, it also poses several operational and safety challenges. Reduced overtime budget could lead to lower operational capacity, impacting public safety due to slower response times and less community visibility. Additionally, it could strain existing personnel, increasing the risk of officer fatigue, burnout, and lower job satisfaction.

The added officer will not sufficiently offset the reduced overtime capacity, especially given the substantial gap between the ideal and actual overtime budgets. In the long term, consistent underfunding of overtime could lead to lower morale, higher turnover rates, and challenges in maintaining law enforcement standards. Therefore, while the budget cut might offer short-term financial benefits, it raises concerns regarding operational efficiency, officer welfare, and public safety. The department must carefully weigh these factors, considering both the immediate financial implications and the long-term sustainability of their operational capacity and public trust.

Positives:

- Reduced costs: Slashing \$15,000 from the budget will lead to immediate cost savings of \$15,000.

Negatives:

- Increased open shifts:
 - At the current budget, 45% of open shifts can be filled.
 - Reducing the budget to \$150,000 with one additional officer will allow filling 54% of open shifts, an increase of 9 percentage points.
 - This could lead to:
 - Reduced public safety due to fewer officers on duty.
 - Increased workload and stress for existing officers.

- Lower morale among officers.
- **Potential for additional costs:**
 - Unfilled shifts may require mandatory overtime, potentially negating some of the cost savings.

Conclusion:

Reducing the overtime budget by \$15,000 will achieve immediate cost savings but also result in more unfilled open shifts. This could have negative consequences for public safety, officer morale, and potentially lead to additional costs.

Respectfully submitted,

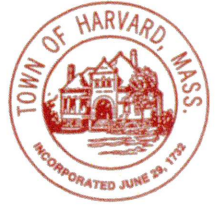
James Babu

Chief of Police

Harvard Fire Department

13 Ayer Road
Harvard, Massachusetts 01451

Business Phone: (978) 456-3648
Fax: (978) 456-3381



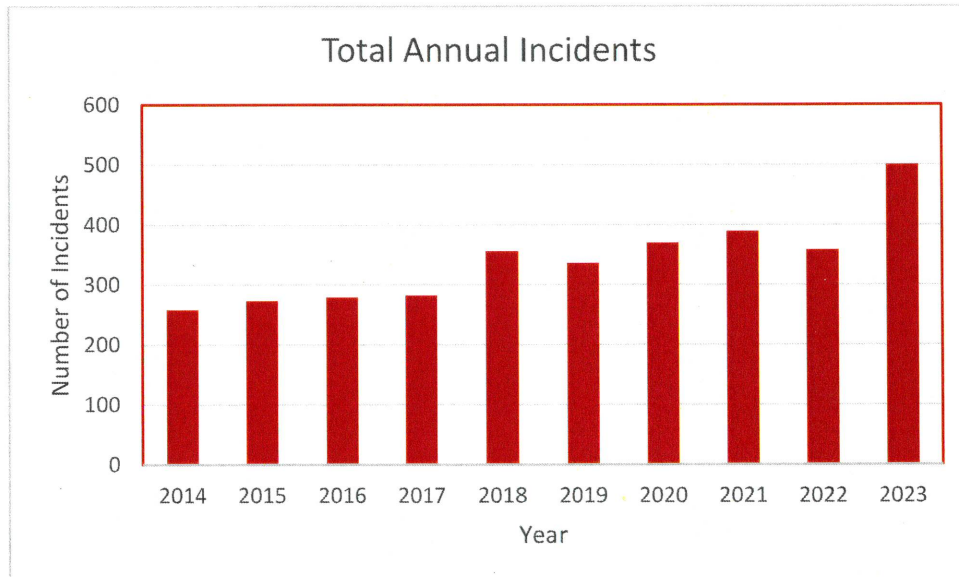
January 29, 2024

Dear Tim,

The following is the Fire Departments response to the proposed cuts to the FY2025 requested budget.

\$5,000 reduction in Wages

Over the past 10 years we have seen a steady increase in emergency responses for our department. Last year it increased 28.4% over the previous years alone.

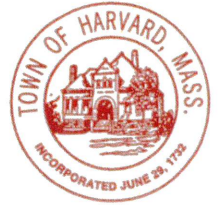


This is a trend that is not unique to Harvard and is being seen throughout the industry. Without knowing how many emergency responses we will have in any given year, the only remaining variable we can count on are our scheduled meetings and trainings. We hold these every Wednesday night throughout the year and would have to cut them out to make up for this \$5,000 budget cut. We feel this would be very detrimental to our department for these training and meetings are what keeps our department a primarily an on-call department. It also helps ensure that all members are keeping up with their skills so they will be ready for the next emergency they respond to. Without these trainings/meetings we also run the risk of some of our members losing interest in the department during a time when it is very difficult and time consuming to find someone who wants to be an on-call firefighter.

Harvard Fire Department

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\$8,000 reduction in Expenses

The \$8,000 reduction in expenses represents \$4,000 from our annual pump training. We bring an outside training vendor annually to train all our firefighters with pumping and advanced pumping. Fortunately, we do not have many fires in town but when we do, every member needs to be able to pump our trucks at their optimal performance. Since we have fewer fires, we have less day-to-day experiences with pumping and this helps ensure we are ready when called upon. Removing this training will potentially reduce our members ability to operate our vehicles efficiently. There are many firefighting skills that if "you don't use it, you lose it" and this is why we train and reinforce these skills every Wednesday night.

The other \$4,000 will come out of the purchasing of new gear. Every firefighter's personal protective gear (helmet, gloves, coat, pants, boots) expire after 10 years. We have the purchase of replacement gear staggered every year so we do not have to come to the Town every 10 years with a large Capital Expense (\$143,000) to replace everyone's gear all at once. Every year the department is budgeted for the purchase and replacement of 5 sets of gear at a much more manageable and easier to budget for expense (\$23,704). We have a replacement schedule setup for each firefighter and a disruption in this schedule will mean that a firefighter will not get their gear replaced when it is scheduled to and will have to wear expired gear. This means that we take the potential for a large liability if this firefighter gets hurt while wearing this gear.

Respectfully submitted,

Chief Rick Sicard

Proposed round 2 budget cuts

Jeff Hayes <jhayes@harvard-ma.gov>

Tue 1/23/2024 1:12 PM

To:Tim Bragan <tbragan@harvard-ma.gov>

Tim,

Thank you for the information on this next proposed round of cuts to my departments.

In response:

A further reduction of \$5,810 to an already stretched building maintenance budget will be impactful as we have many ageing buildings that we are doing our best to provide preventative maintenance(PM) to. While it is understandable to look at different areas to consider cuts, I would like to point out that this cut can have a much larger and expensive consequence attached to it. Reducing the amount of PM will typically come back at the town in much more expensive repairs/maintenance. While looking at areas to cut costs, I would implore Fin Comm to consider the costs potentially tied to this reduction as it very well could have a counter effect.

We ask that the committee take this into account as you look for areas to reduce cost that rather, in this case, may increase costs to the town.

The reduction to the Gas, Plumbing and Electrical Inspectors budget seems like an unreasonable request. These are for inspectional services that these inspectors provide as they are required. Additional costs would be for Continuing Education training that is part of their job to maintain their state licenses. Do not see where a reduction in this area would make sense, especially as when they conduct more inspections it relates to more revenue for the town.

For the fuel/gas reduction of \$5,000, my assumption is that is for natural gas for heating. As we need to heat our buildings and fuel prices fluctuate, I am not sure how we would manage this proposed cut.

Currently we have two buildings that are not used for municipal purposes in the Old Library and The Bromfield House. These buildings do contribute additional expenses to the town and may be something to consider as we look at ways to reduce the building budget.

Respectfully,
Jeff

Jeffrey Hayes

Building Commissioner

Facilities Manager

Zoning Officer

Town of Harvard

13 Ayer Road

Harvard, MA 01451

978-456-4100 x425

Jeffrey Hayes

Building Commissioner

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FY25 Budget Cuts

Tim Kilhart <tkilhart@harvard-ma.gov>

Tue 1/23/2024 10:35 AM

To: Tim Bragan <tbragan@harvard-ma.gov>

Tim,

I just wanted to let you know that by cutting the small equipment account by \$20,000 that we might have to defer other work if we are unable to purchase needed equipment. Also any cuts to building maintenance funds will cause us to defer maintenance to future dates if the money is not available. Thanks for everything you are trying to do.

Timothy B. Kilhart
Harvard DPW Director
47 Depot Rd.
Harvard, MA 01451
978-456-4130 office
978-456-4125 fax
tkilhart@harvard-ma.gov

BUDGET PROGRESSION BETWEEN JANUARY 11, 2024 AND JANUARY 26, 2024

	Revenue	Deficit	Change
January 11	33,046,794	1,477,884	
January 26	33,262,243	1,169,435	308,450

Changes in Revenue/Expense		
	Net Governor's Budget	215,450
	Insurance	93,000
	Total Change	308,450

Level Service			
	Town	School	Total Override
January 11	216,523	596,509	813,032
Change	(105,181)	(203,269)	(308,450)
January 26	111,342	393,240	504,582

Requests Above Level Service			
	Town	School	Total Override
	169,852	495,001	664,853
			115,000
			779,853

This includes 8 new positions but 9 benefit eligible positions
 Average cost of benefits with 80% taking benefits
 Total for this portion of the tier


1,284,435 Combined total

BROMFIELD HOUSE REAL PROPERTY DISPOSITION

Following the comprehensive efforts of the Bromfield House Committee¹ in the Spring of 2021, the Town voted in October 2021 to support a non-binding Citizens' Petition to:

...direct the Select Board to sell the parcel of land with the building thereon known, and numbered as 39 Massachusetts Avenue, Harvard, Massachusetts and described in the deed dated June 2, 1982 and recorded with the Worcester District Registry of Deeds in Book 7951, Page 344, as a private residence...

Massachusetts General Law Chapter 30B, Section 16 outlines procedures for disposing of real property, when the property is valued at > \$35k.

 **Step 1: Declare the property available** for disposition and (a) **identify reuse restrictions***, if any, and/or (b) **minimum purchase amount**.


An example of this was the MAHT's declaration of the Poor Farm property on 3/25/2015.

...Neuburger moved that the Town of Harvard Municipal Affordable Housing Trust (1) declare that the land, with the improvements thereon known and numbered as 166 Littleton Road, Harvard, Massachusetts is surplus and no longer needed for municipal affordable housing purposes...

[The MAHT had not identified any reuse restrictions, set a minimum price of \$800k, and in the RFP stipulated the duration Notification of Award, completion of P&S, and closing.]

Step 2: Determine the value of the property by using procedures customarily accepted by the appraising profession as valid. Last valuation was at \$688,746.

Step 3: Develop the RFP including the following components:

- (a) description of the property and interest in the property the Town plans to sell or lease (the "property description") and any reuse restrictions;
-  (b) **evaluation criteria** (non-price factors? price? timing? buyer financial resources?)
- (c) rule for award;
- (d) proposal submission requirements, and
- (e) the contract terms and conditions

Step 4: Issue the RFP, advertise, and place advertisement in the Central Register (>2500 sq ft) for 30 days prior to proposal offering.

Step 5: Publicly open proposals, evaluate based on evaluation criteria and weighting stated in the RFP, award based on RFP-defined 'rule for award,' and publish the name of successful proposer and the amount of the transaction in the Central Register.

* Outside of pre-codified legal requirements (e.g., zoning, historical, sewer growth-neutrality, etc.)

¹ https://www.harvard-ma.gov/sites/g/files/vyhlf676/f/uploads/bromfield_house_committee_-_final_report.pdf