



**SELECT BOARD
AGENDA
Tuesday, November 21, 2023
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.

UpperTH ProWebinar is inviting you to a scheduled Zoom meeting

Topic: Select Board

Time: Nov 21, 2023 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87368081830?pwd=bzY4OVdYWkdMeUpQbXJleDZOMG1yZz09>

Meeting ID: 873 6808 1830

Passcode: 598389

One tap mobile

+13092053325,,87368081830# US

+13126266799,,87368081830# US (Chicago)

Dial by your location

Find your local number: <https://us02web.zoom.us/u/kbcszgqxi5>

AGENDA ITEMS

- 1) Call meeting to order – Chair Rich Maiore
- 2) National Grid pole hearing continued – Fairbank Street (7:00)
- 3) Hearing on noncompliance of required training by Conservation Commission member (7:10)
- 4) Public Communication (7:15)
- 5) Update from HR Director on Dental and Eye insurance benefit options and next steps (7:20)
- 6) Approve minutes 11/7 (7:30)
- 7) Staff Report/updates (7:35)
- 8) Action/Discussion Items: (7:45)
 - a) Decide next steps on the cell tower
 - b) Discuss particulars for the Grant Coordinator/Administrator position
 - c) Act on rental space agreement for the new Council on Aging building
 - d) Recognize resignation of Jefferson Burson from the HCIC
 - e) Act on surplus items from the Department of Public Works
 - f) Discuss holiday lights for the town common
- 9) Select Board Reports

***Next Regular Select Board Meeting
Tuesday, December 5, 2023
7:00pm***

DENTAL BLUE[®] FREEDOM

MIIA

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND
BENEFITS



CLAIMS AND
BALANCES



DIGITAL
ID CARD

Sign in

Download the app, or create an account at bluecrossma.org.



DENTAL BLUE FREEDOM

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar-Year Deductible (in-network and out-of-network combined)	
Full Coverage	80% Coverage	50% Coverage
\$1,000 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined)		

Diagnostic

- One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures
- Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months
- Bitewing X-rays twice per calendar year
- Single tooth X-rays as needed
- Study models and casts used in planning treatment once each 60 months
- Periodic or routine oral exams twice per calendar year
- Emergency exams

Preventive

- Routine cleaning, scaling, and polishing of the teeth twice per calendar year
- Fluoride treatment twice per calendar year (members under age 19)
- Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface each 48 months.
- Space maintainers needed due to premature tooth loss (members under age 19)

Restorative

- Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)
- Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)
- Pin retention for fillings
- Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)

Oral Surgery

- Tooth extraction
- Root removal
- Biopsies

Periodontics (gum and bone)

- Periodontal scaling and root planing once per quadrant each 24 months
- Periodontal surgery once per quadrant each 36 months
- Periodontal maintenance following active periodontal therapy once each three months

Endodontics (roots and pulp)

- Root canal therapy (permanent teeth, once in a lifetime per tooth)
- Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth
- Therapeutic pulpotomy on primary or permanent teeth (members under age 16)
- Other endodontic surgery to treat or remove the dental root

Prosthetic Maintenance

- Repair of partial or complete dentures, crowns, and bridges once each 12 months
- Adding teeth to an existing complete or partial denture
- Rebase or reline of dentures once each 36 months
- Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months

Other Services

- Occlusal adjustments once each 24 months
- Services to treat root sensitivity
- General anesthesia when administered in conjunction with covered surgical services
- Emergency dental care to treat acute pain or to prevent permanent harm to a member*

Prosthodontics (teeth replacement)

- Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch
- Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth
- Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable
- Adding teeth to an existing bridge
- Temporary partial dentures to replace any of the six upper or six lower front teeth (only covered if they are installed immediately following the loss of teeth and during the period of healing)

Major Restorative (members age 16 or older)

- Crowns, once each 60 months for each tooth
- Metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance.
- Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth
- Replacement of crowns, once each 60 months for each tooth
- Replacement of metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance.
- Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth
- Post and core or crown buildup, once each 60 months for each tooth

Implants (members age 16 or older)

- Single tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once each 60 month period, when the implant replaces permanent teeth through the second molars

* Emergency care services are not subject to the calendar-year deductible.

WELCOME TO DENTAL BLUE FREEDOM,

A DENTAL PLAN DESIGNED TO MANAGE THE COST OF DENTAL SERVICES.

Your Dentist

Dental Blue Freedom offers a large network of dentists, including dentists in Massachusetts and Rhode Island who participate with Blue Cross Blue Shield of Massachusetts. Dental Blue Freedom members also have access to participating dentists nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist will minimize your out-of-pocket expenses.

If you would like help choosing a dentist, or already have a dentist and want to know if they participate with your plan, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card. You can also access the online dental provider directory at bluecrossma.org.

Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

The dental benefits your plan covers are subject to the calendar-year deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. The calendar year begins on January 1 and ends on December 31 of each year. The chart also shows the percentage of costs your plan will pay for covered dental services. Many of the covered services have specific time or age limits.

Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the "treatment plan" to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

Remember, the payment estimate is based on your eligibility status and the amount of your calendar-year benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year benefit maximum or eligibility status has changed.)

Multi-Stage Procedures

Your dental plan provides benefits for multi-stage procedures (procedures that require more than one visit, such as crowns, dentures and root canals) as long as you are enrolled in the plan on the date that the multi-stage procedure is completed. A participating dentist will send a claim for a multi-stage procedure to Blue Cross Blue Shield only after the completion date of the procedure. You will be responsible for all charges for multi-stage procedures if your plan has been cancelled before the completion date of the procedure.

How Dentists Are Paid – Preferred Dentists

For dentists who have a preferred provider contract with Blue Cross Blue Shield, benefits are calculated based on the provisions of the preferred dentist's payment agreement and the dentist's allowed charge that is in effect at the time the covered dental service is provided. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum.

How Dentists Are Paid – Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated at the same benefit level that applies when the same covered dental services are provided by a preferred dentist. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum.

How Out-of-Network Dentists Are Paid – Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating dentist are provided based on the allowed charge or the dentist's actual charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the dentist's actual charge or the allowed charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year benefit maximum.

When Coverage Begins

You are covered, without a waiting period, from the date you enroll in the plan.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your plan description (and riders, if any) for exact coverage details.

Accumulated Maximum Rollover Benefits

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover brochure for further information.

Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with qualifying conditions. To learn more about specific conditions included in this benefit, review your plan description (and riders, if any) on MyBlue at bluecrossma.org.

If You Have to File a Claim

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298. All member-submitted claims must be submitted within two years of the date of service.

If you have a grievance, see your plan description for instructions on how to file a grievance.

Other Information

Coordination of benefits applies to plan members who are covered by another plan for health care expenses. Coordination of benefits ensures that payments from other insurance or health care plans do not exceed the total charges billed for covered services.

Your plan description has a subrogation clause, which means that Blue Cross Blue Shield can recover payments if a member has already been paid for the same claim by a third party.

QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at bluecrossma.org.

Limitations and Exclusions. These pages summarize the benefits of your dental plan. Your plan description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



MASSACHUSETTS

DENTAL BLUE[®] ACCUMULATED MAXIMUM ROLLOVER

At Blue Cross Blue Shield of Massachusetts, we know that oral health is a critical part of overall health. That's why we offer a dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year.

HOW MAXIMUM ROLLOVER WORKS

Beginning 60 days after the last day of your benefit period, your rollover amount will be added to your maximum benefit amount, increasing it for you to use that year and beyond (see below for amounts and maximums).

There is no cost to you. You don't need to do anything. To figure out the amount of benefit dollars that are eligible to roll over, just use the chart below. Start by searching for your benefit period maximum in the first column. If Blue Cross

doesn't pay out more claims dollars on your behalf than the amount in the second column, your benefit maximum for the next year will increase by the amount in the third column.

And, your rollover amount keeps growing and is available for you to use as long as your employer offers this rollover benefit.* The last column will show you the total amount of additional benefit dollars you can earn. It's one more way we're working to improve health care for all our members.

You can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures.

This benefit applies to you automatically if:

- You receive at least one service during the benefit period
- You remain a member of the plan throughout the benefit period
- You don't exceed the claim payment threshold in the benefit period

If your dental plan's annual maximum benefit amount is:	And if your total claims don't exceed this amount for the benefit period:*	We'll roll over this amount for you to use next year and beyond:*	However, rollover totals will be capped at this amount:*
\$500–\$749	\$200	\$150	\$500
\$750–\$999	\$300	\$200	\$500
\$1,000–\$1,249	\$500	\$350	\$1,000
\$1,250–\$1,499	\$600	\$450	\$1,250
\$1,500–\$1,999	\$700	\$500	\$1,250
\$2,000–\$2,499	\$800	\$600	\$1,500
\$2,500–\$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

*This is not a flexible spending account (FSA). The amount reflects your benefit maximum for a given year.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **hhs.gov**.

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/Ελληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowłgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).

MIIA HEALTH BENEFITS TRUST
Harvard
Proposal
07/01/2024 - 06/30/2026

MONTHLY CONTRIBUTION RATES		
PRODUCTS		
Dental Blue Freedom Plan - 100/80/50; \$50/\$150 Ded.; \$1,000 CYM;	Individual	\$ 40.95
	Family	\$ 101.46

* Benefits represent current offerings
 Prospective rates are based on continuing the current enrollment.
 Dental rates are guaranteed for 2 years, 7/1/2024 - 6/30/2026.
 FY27 active plan rates to be no higher than Average of Trust as approved by the Board of Trustees.
 Please provide a copy of the in-force PEC or IAC agreement, if applicable.

Signature for Acceptance of Rates	Title	Date
Print Name		



MASSACHUSETTS

BLUE 20/20 MATERIALS ONLY PREMIUM VISION PLAN: ACCESS NETWORK

Vision care service	In-network member cost	Out-of-network reimbursement ¹
Frames	\$150 allowance, then additional 20% off the balance	up to \$90
Standard plastic lenses		
• Single vision	\$10 copay	up to \$42
• Bifocal	\$10 copay	up to \$78
• Trifocal	\$10 copay	up to \$130
• Lenticular	\$10 copay	up to \$130
• Standard progressive lens	\$75 copay	up to \$140
• Premium progressive lens	\$75 copay, then 80% of charge less \$120 allowance	up to \$196
Lens options²		
• UV treatment	\$15	n/a
• Tint (solid and gradient)	\$15	n/a
• Standard plastic scratch coating	\$15	n/a
• Standard polycarbonate	\$40	n/a
• Standard polycarbonate for covered dependents under age 19	Paid in full	up to \$26
• Standard anti-reflective coating	\$45	n/a
• Photochromic/Transitions [®] plastic	20% off retail price	n/a
• Polarized	20% off retail price	n/a
• Other add-ons	20% off retail price	n/a
Contact lenses³		
• Conventional	\$150 allowance, then additional 15% off the balance	up to \$120
• Disposable	\$150 allowance	up to \$120
• Medically necessary	Paid in full	up to \$210
Frequency		
• Lenses for frames or one order of contact lenses	once every 12 months	
• Frames	once every 12 months	

ADDITIONAL IN-NETWORK SAVINGS AND DISCOUNTS

40%

OFF A COMPLETE SECOND PAIR OF GLASSES

20%

OFF NON-PRESCRIPTION SUNGLASSES

15%

OFF RETAIL PRICE OR 5% OFF PROMOTIONAL PRICE FOR LASER VISION CORRECTION THROUGH U.S. LASER NETWORK

Blue 20/20 is administered by EyeMed Vision Care[®], an independent company.



For costs and further details about the coverage, including exclusions, refer to your member booklet.

1. Your actual expenses for covered services may exceed the stated out-of-network amount.
2. Indicates a service that is a discounted arrangement as part of your vision plan.
3. Discount applies to materials only and not to fittings for contact lenses.

BENEFITS YOU CAN SEE—FROM A COMPANY YOU TRUST



ACCESS TO ONE OF
THE NATION'S LARGEST
VISION NETWORKS



THOUSANDS OF
INDEPENDENT PROVIDERS



AWARD-WINNING
CUSTOMER SERVICE

FAVORITE NATIONAL RETAILERS

LENSCRAFTERS®

PEARLE VISION™

OPTICAL®

and many regional retailers.

ONLINE SHOPPING OPTIONS

- Glasses.com
- Contactsdirect.com
- Ray-Ban.com
- Targetoptical.com
- Lenscrafters.com



SPECIAL OFFERS FOR ADDITIONAL SAVINGS

Find them at blue2020ma.com.

SAVE ON HEARING EXAMS AND HEARING AIDS

Offered by Amplifon Hearing, an independent company. To learn more about the savings available, visit amplifonusa.com/blue2020. To get started, call 1-866-921-5367.

Questions?

Call customer service at 1-855-875-6948.

To locate an in-network provider, visit blue2020ma.com.*

*Registration not required to search for providers.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

BLUE 20/20 MATERIALS ONLY STANDARD VISION PLAN: ACCESS NETWORK

Vision care service	In-network member cost	Out-of-network reimbursement ¹
Frames	\$130 allowance, then additional 20% off balance	up to \$74
Standard plastic lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular • Standard progressive lens • Premium progressive lens 	<ul style="list-style-type: none"> \$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$90 copay, then 80% of charge less \$120 allowance 	<ul style="list-style-type: none"> up to \$42 up to \$78 up to \$130 up to \$130 up to \$140 up to \$196
Lens options² <ul style="list-style-type: none"> • UV treatment • Tint (solid and gradient) • Standard plastic scratch coating • Standard polycarbonate • Standard polycarbonate for covered dependents under age 19 • Standard anti-reflective coating • Photochromic/Transitions[®] plastic • Polarized • Other add-ons 	<ul style="list-style-type: none"> \$15 \$15 \$15 \$40 Paid in full \$45 20% off retail price 20% off retail price 20% off retail price 	<ul style="list-style-type: none"> n/a n/a n/a n/a up to \$26 n/a n/a n/a n/a
Contact lenses³ <ul style="list-style-type: none"> • Conventional • Disposable • Medically necessary 	<ul style="list-style-type: none"> \$130 allowance, then additional 15% off balance \$130 allowance Paid in full 	<ul style="list-style-type: none"> up to \$104 up to \$104 up to \$210
Frequency <ul style="list-style-type: none"> • Lenses for frames or one order of contact lenses • Frames 	<ul style="list-style-type: none"> once every 12 months once every 24 months 	

ADDITIONAL IN-NETWORK SAVINGS AND DISCOUNTS

40%

OFF A COMPLETE SECOND PAIR OF GLASSES

20%

OFF NON-PRESCRIPTION SUNGLASSES

15%

OFF RETAIL PRICE OR 5% OFF PROMOTIONAL PRICE FOR LASER VISION CORRECTION THROUGH U.S. LASER NETWORK

Blue 20/20 is administered by EyeMed Vision Care[®], an independent company.



For costs and further details of the coverage, including exclusions, please refer to your member booklet.

1. Your actual expenses for covered services may exceed the stated out-of-network amount.
2. Indicates a service that is a discounted arrangement as part of your vision plan.
3. Discount applies to materials only and not fittings for contact lenses.

BENEFITS YOU CAN SEE—FROM A COMPANY YOU TRUST



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Blue 20/20 is administered by EyeMed Vision Care[®], an independent vision benefits company.

Choosing a Plan: Blue 20/20 offers three **Materials Only** plan options. You can see some of the plan highlights below. For a full description of coverage, refer to the plan summaries.

Former Plan Name	Lens Copay	Frame Allowance	Contact Lens Allowance	Frequency ¹
Standard Plan	\$25	\$130	\$130	12/24
Premium Plan	\$10	\$150	\$150	12/12

MIIA Rates by Plan²

Plan rates listed are the same for both Access and Insight networks.

Choosing a Vision Network

We offer two vision network options through EyeMed Vision Care: Access and Insight. Access is the

	Employee	Employee Plus Spouse	Employee Plus One or More Children	Family
Materials Only pricing				
Former Plan Name				
Standard Plan	\$4.97	\$8.46	\$8.71	\$13.68
Premium Plan	\$6.77	\$11.51	\$11.85	\$18.62

largest network nationwide, with more than 113,000 providers. Insight is the second-largest network, with more than 108,000 providers nationwide. Coverage for premium progressive lenses and premium anti-reflective coating differs by network. Refer to the plan summaries for details.

1. Frequency order: Lenses/Frames. [Example: 12/24. Lenses (for frames or one order of contacts) once every 12 months/Frames once every 24 months.]
 2. Premiums are based on a per-employee, per-month fee.

Underwriting Guidelines and Information

- Voluntary: Employers contribute less than 25% of plan premiums, or plans are 100% employee paid.
- For groups of 2–9 eligible employees, at least 75% participation and a minimum of 2 employees are required to be enrolled.
- For groups of 10 or more eligible employees, at least 10% participation and a minimum of 3 employees are required to be enrolled.
- Four-year rate guarantee.
- Premium must be payroll-deducted.
- Plans must be effective the first day of the month.
- Subscribers who disenroll may not re-enroll for at least two years, and re-enrollment must be on anniversary.



Select Board Minutes
Tuesday, November 7, 2023
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:

Town Administrator Tim Bragan, Assistant Town Administrator Marie Sobalvarro, and Executive Assistant Julie Doucet

Additional participants:

National Grid Representative Javier Morales, Regional Assessor Mike Saltsman, Josh Malam, Joe Gatto, Patrick & Leslie Bunnell, BHPWMC Chair Bruce Leicher, PBC Chair Pablo Carbonell, Mark Mikitarian

National Grid Pole Hearing – Fairbank Street

Representative Javier Morales explained this request is for the installation of a new pole to serve an upgrade of service at 5 Fairbank Street. He explained the utility poles in the area are congested therefore a new pole is necessary. He said when homes become fossil fuel free it requires more equipment to satisfy the increase in electricity demand.

The Select Board members asked Morales to have the unnecessary pole in the Bromfield School driveway removed. They reminded him of this request being made many times over the past few years with no response from National Grid. The board decided to not act on this recent request until there are substantial efforts to act on this previous request made by the town to National Grid.

Homeowner Fay Martin asked the board to not put her project on hold due to this issue.

By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to continue the hearing to the 21st of November.

Tax Classification Hearing

Regional Assessor Mike Saltzman recommends the town maintain a single tax rate. His presentation included the fiscal year 2024 calculation of the levy limit, amount to be raised and valuations by class. He said property values continue to rise therefore the tax rate will be lower than last year. The average property value in Harvard is \$875,968. He does anticipate a slowdown however they have not seen that yet. By a roll call vote, Minar – aye, Ludwig – aye, Oliver – aye, McBee – aye, Maiore – aye, the board voted unanimously in accordance with M.G.L., Ch. 40, Sec. 56, as amended, the percentage of local tax levy which will be borne by each class of real and personal property, relative to setting the Fiscal Year 2024 tax rates and set the Residential Factor at 1.0, with a corresponding CIP shift of 1.0, pending approval of the town’s annual tax recap by the Massachusetts Department of Revenue.

Dog Hearing – November 7, 2023

Chair Rich Maiore opened the hearing being conducted under Chapter 140 of the MGL's at 7:30pm by outlining the hearing process and noted a decision is not required this evening.

Rich Maiore read aloud the victim's statement. He then swore in the parties that all information and statements are the whole truth and nothing but the truth.

Testimony of complainant

Patrick Bunnell said his home abuts the Gatto property. He explained during the spring, summer and fall months you are unable to see their home through the trees. They do not interact. They have seen the Mastiff on their property prior to this incident. Once in June prior to their son's graduation party. It was stressful because the dog would not leave their property however, he was not aggressive. They had no idea where the dog came from. Patrick Bunnell explained on the day in question he and his wife were doing yard work. He suddenly heard an awful sound which was his wife screaming. He immediately ran to where she was and saw a large brown Mastiff violently attacking their dog, George. He was able to scare the dog off. The dog ran towards the Abbot Lane property. The Bunnell's brought George to the Westford Veterinary Emergency Center. He was treated for large puncture that required he be shaved and have a drain. Patrick Bunnell shared a picture of the injury his dog sustained. His wife Leslie Bunnell put a picture on Next Door Harvard of a dog that looked like the one who attacked George to try and find out any information they could on this dog. They contact Dog Officer Paul Willard and the Police Department. Willard suspected it could be a dog living at 15 Abbott Lane because dog owner Josh Malam reported his large brown Mastiff missing which fits the description of the dog that attacked George. Willard confirmed there was no other Mastiffs in the neighborhood. Patrick Bunnell has lived next to Gatto, owner of 15 Abbott Lane, for quite some time. He said the dogs are left outside and bark incessantly at all hours of the day and night. He understands Mr. Malam is disputing this was his dog but then whose dog, was it? This incident has been a nightmare for the Bunnell family. They are seeking reimbursement for the costs incurred but more importantly want to feel safe in their yard. This was a horrific incident for them and they want something done about it. He indicated his youngest brother will not allow his children to be outside in their yard after this incident.

Dog Officer Report

Dog Officer Paul Willard agreed with the testimony given by Patrick Bunnell. He has no doubt George was attacked by Mr. Malam's dog. He believes the dog is dangerous to other dogs however not sure how he is with people. He knows this dog lives at 15 Abbott Lane.

Dog owners' testimony

Josh Malam apologized to Leslie and Patrick Bunnell. He stated he spoke with the Dog Officer and based on the timing of the events he thought they had an understanding that it was not his dog. He admitted to owning a brown Mastiff. He described his dog as kind and has never shown any tendencies to harm like the incident that has been explained. He said his dog does not leave the property unless on a leash and is in his crate most of the day. His dog is not connected to the wireless fence at the property. He was adamant it could not have been his dog. He is aware the dogs barking has been an issue as they were summoned into Clinton District Court to speak with the Clerk Magistrate. He explained the 15 Abbott Lane address is being considered as operating a disorderly household and if another complaint is filed within the year further action will be taken therefore the dogs have been kept inside. Josh Malam said he is moving to Colorado in December with his dog and another dog owned by Mr. Gallo. His stay in Harvard was temporary. He mentioned Mr. Gatto has plans to sell his home.

Town Administrator Tim Bragan clarified the summons was for the barking dogs and did not include this incident. The Bunnell's were unaware the court was involved.

Select Board Questions/Discussion

Rich Maiore asked if his dog goes outside without a leash. Charles Oliver asked if the dog can get out on his own. Josh Malam answered no. He said his dog does not get along with one of the other dogs therefore they are kept apart. Charles Oliver asked for confirmation on the number of dogs living at 15 Abbott Lane. Josh Malam said there were four but one recently passed away. Mr. Gatto confirmed the fourth dog passed on September 28th. There were some inconsistencies with the timeframe. Town Administrator Tim Bragan confirmed none of the dogs living at 15 Abbott Lane have been properly licensed with the town. Josh Malam indicated he was only in town temporarily but his dog was licensed in Brighton where he was living previously. Kara Minar asked if the brown Mastiff has had issues prior to this incident. Josh Malam answered no saying his dog is lazy in his crate most of the time.

Additional comments

Patrick Bunnell said they have seen the brown Mastiff a couple of times this spring. He indicated his property is about 75 yards from 15 Abbott Lane making it very easy for the dog to gain access to their property.

Options outlined by Town Administrator

Town Administrator Tim Bragan explained options available to the Select Board related to this incident. He said the board has a wide range of options when it comes to dangerous dogs. They can require leashing, muzzling, restricting to property as well as fencing requirements amongst other options. They can also not allow the dogs back into town once they leave. He said the one option the board does not have is banishing the dogs from town.

Conclusion of Hearing

The board members agreed that it is unlikely there is another dog in the neighborhood that fits this description. Charles Olivier said the dogs not being registered is troublesome especially with no confirmation of rabies vaccination.

Charles Oliver said based on the testimony there is not enough evidence to classify the dog a nuisance however there is enough evidence to classify the dog dangerous.

Charles Oliver made a motion to deem the brown Mastiff a dangerous dog; seconded by Rich Maiore. The board voted unanimously, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, to deem the brown Mastiff a dangerous dog.

Decision conditions

The board members decided on the following:

- Reimburse the Bunnell family within 30 days for veterinarian costs associated with this incident
- Dog (Ruben) must be on a leash and always muzzled while outside and must be accompanied by either Mr. Malam or Mr. Gatto
- Dog (Ruben) must be licensed immediately with proof of rabies vaccination
- All outstanding fines must be paid
- Notice of Mr. Malam moving from town with two dogs including Ruben by mid-December
- Homeowner (Joe Gatto) must supply proof of homeowners insurance for the dogs

The dog hearing was officially closed at 8:35pm.

Public Communication

School Committee member Suzie Allen spoke on behalf of the Harvard Educators Association (HEA) about agreement during their last contract negotiations for the town to investigate offering a 100% employee paid dental insurance plan. HR Director Marie Sobalvarro confirm this topic will be on the Select Board's November 21st agenda.

HEA member Kathleen Doherty reiterated the same request as Allen. She asked the town implement this benefit as soon as feasible and practical.

Current activities/monitoring - Bare Hill Pond Watershed Management Committee

Chair Bruce Leicher gave a presentation that included:

- Background/context
- Current State of the Pond and its Watershed
- 2023 Challenges
- DEP Review of Order of Conditions
- Pump Drive Repair
- Recommendations for Beach

Leicher highlighted new challenges facing the committee. The pond has experienced Algal Blooms when a full drawdown was not possible, pump repairs, DEP questioning the Order of Conditions and an increase of invasives at the town beach. Conservation Commission Chair Eve Wittenberg said the commission is fully supportive of the committee's efforts and is understanding of the challenges they are facing. Harbormaster Bob O'Shea has offered to work with the committee to clear invasives from the beach area.

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 10/3 & 10/17, as presented.

Staff Report/updates (Attachment A)

Provide direction to the Permanent Building Committee (PBC) regarding the Fire Dept facility

PBC Chair Pablo Carbonell spoke about efforts being made on the public works building. He shared pictures of the pole barn. The project estimates have come in higher than expected. Carbonell said the PBC is seeking guidance from the Select Board on the next steps regarding the Fire Station. Town Administrator Tim Bragan confirmed this project does not have funding currently and is on the capital plan for 2026. Chief Procurement Officer Marie Sobalvarro said if the current site is not the optimal location land acquisition would have to be done in tandem with the project itself even though a possible site is available for purchase now. It was decided the PBC will informally work with the Fire Dept to determine a path forward.

Eagle Scout proclamation

By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to endorse Eagle Scout Proclamation for Logan Ostaszewski.

By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to extend their meeting past 10:00pm.

Fivesparks abatement request

The Select Board members agreed to approve rent abatement for costs incurred by Fivesparks during repairs to the old library building after flooding. By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to approve rent abatement for Fivesparks in the amount of \$2001.00.

Appoint Recreation Director Anne McWaters to the Open Space Committee

By a roll call vote, McBee – aye, Minar – aye, Ludwig – aye, Oliver – aye, Maiore – aye, the board voted unanimously to appoint Anne McWaters to the Open Space Committee.

Noncompliance of required training by Conservation Commission member

The board will hold a hearing at their November 21st meeting to discuss how best to proceed. The member will be notified.

Review rental space agreement for the new Council on Aging building

The Select Board made a minor revision to the agreement for approval at their next meeting.

Select Board Reports

Erin McBee reported the Planning Board continues to work on sites to meet the MBTA community requirements.

Kara Minar reported the Climate Collaborative Committee will give a quarterly update in December.

Don Ludwig reported the Finance Committee is reviewing budgets along with the revenue report shared by Finance Director Jared Mullane.

The meeting was adjourned at 10:08pm.

Documents referenced:

National Grid hearing request – dated 10.3.2023

Tax Classification presentation – dated 11.7.2023

Dog complaint form w/ police reports – dated 9.25.2023

Letter from Town Administration to property owner Joseph Gatto – dated 10.23.2023

Current activities/updated Bare Hill Pond – dated 11.7.2023

Proclamation request – dated 10.23.2023

Fivesparks request – dated 10.23.2023

CoA rental agreement – dated 11.7.2023

Purpose of Position:

The Grant Administrator researches and identifies grant funding sources, prepares and submits grant applications to meet the Town Departments' priorities and goals, and manages grants received. Under the day-to-day supervision of the Town Administrator's office and the Director of Planning, the work involves extensive research and relationship building with Department Heads, the community, and Federal and State funding agencies. Post-award, the position is responsible for development of grant-recipient contracts, coordinating the completion and submission of required reports, and insuring compliance with applicable rules and regulations.

Essential Functions:

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.)

- Identifies grant funding opportunities on behalf of the Town.
- Researches and prepares grant proposals based on departmental needs, familiarity with the Town's services, programs, goals, and financial needs, and state/federal law.
- Develops and retains grant and procurement records.
- Provides training and technical assistance to grant recipients in the financial aspects of grant management and compliance.
- Provides information to Departments regarding funding opportunities, requirements, and procedures.
- Acts as liaison with funding entities.
- Manages timelines, reporting, and deliverables.
- Prepares and monitors budgets related to grants.
- Attend and participate in staff, department, or other meetings.
- Performs similar or related work as required, directed or as situation dictates.

Recommended Minimum Qualifications:**Education, Training and Experience:**

Bachelor's Degree and/or three to five years previous experience as a grant writer, grant manager, procurement officer, purchasing agent. Demonstrated strong writing and organizational skills, coupled with attention to detail. Preferred qualifications are prior work experience in municipal grant writing and familiarity with grants administration.

Special Requirements:

Possession of a valid motor vehicle operator's license

Knowledge, Ability and Skill:

Knowledge: Thorough knowledge of office practices and procedures, familiarity with the laws and regulations affecting state and federal grants and procurement. Knowledge of grant opportunities and grant solicitation process. Advanced computer skills to generate spreadsheets, documents, and utilization of database tracking programs.

Ability: Ability to communicate effectively in a professional manner with all departments. Ability to keep accurate complex records and generate reports. Ability to work independently, take initiative, and set priorities for meeting internal and external deadlines. Ability to prioritize multiple tasks and deal effectively with interruptions, sometimes under considerable time pressure.

Skill: Strong customer service, and oral communication skills, exceptional written communication skills. Advanced computer skills to generate spreadsheets, documents, and utilization of database tracking programs.

Physical Requirements:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Little or no physical demands are required to perform the work. Work effort principally involves sitting to perform work tasks, with intermittent periods of stooping, walking, and standing. Employee is required to walk, stand, sit, talk, and hear; uses hands to finger, handle, feel or operate tools or controls, and reach with hands and arms. Vision at or correctable to normal ranges.

Supervision:

Supervision Received: Works under the policy direction of the Town Administrator and in accordance with applicable provisions of the Massachusetts General Laws and town bylaws. Employee functions independently, referring specific problems to supervisor only when clarification or interpretation of town or department policy or procedures is required.

Supervision Given: None

Job Environment:

- Administrative work is performed under typical office conditions.
- Regularly operates a computer, telephone, and standard office machines.
- Makes regular with town departments/boards/committees, local/state governmental agencies.

Contact is by: telephone, in writing, through personal meetings, and meetings with groups.
(This job description does not constitute an employment agreement between the employers and is subject to change by the employer as the needs of the employer and requirements of the job change.)

BUILDING USE POLICY
HARVARD SENIOR CENTER
16 Lancaster County Road, HARVARD MASSACHUSETTS

SCHEDULING:

Scheduling for the use of the Harvard Senior Center at 16 Lanaster County Road will be done through the COA Director's office Monday through Friday, 9:0AM – 3:00PM, holidays excluded.

TIMES FOR USE:

1. The Senior Center is generally available to be scheduled from Friday 5pm to Sunday at 5pm, as well as on holidays.
2. The Senior Center can be used by town boards and commissions on most Monday through Thursday evenings. Other groups may schedule an event but will risk being bumped for a special meeting.

PRIORITY FOR USE:

The Senior Center is available for the use by groups in the following order of priority:

1. Meeting of Town Boards, Commissions, and Committees.
2. Use by town based non-profit organizations
3. Town resident private events
4. Other non-profit organizations
5. For profit organizations

FEE SCHEDULE:

1. Meetings of Town Boards, Commissions, and Committees – No charge.
2. Use by groups 3, 4 and 5: \$150 per use, plus insurance certificate up to 4 hours and beyond.

Fees are payable by check, in advance, at the Town Administrator's Office. Checks should be made payable to the Town of Harvard.

REQUIREMENTS & RESTRICTIONS:

1. The facility is for the use by groups listed above.
2. Certificate of Insurance is required naming the Town of Harvard as an "additional insured" and providing evidence of no less than \$1,000,000 per claim/\$3,000,000 aggregate, in liability coverage.
3. Activities that have potential to cause damage to the Senior Center will not be permitted.
4. Alcoholic beverages – not permitted, except as per Harvard Board of Selectmen Liquor Policies.
5. Smoking is prohibited anywhere in the building or on the grounds.
6. Kitchen is not available for use.
7. Groups that would like audio/visual support should contact Harvard Cable TV
8. No helium balloons are permitted in the building or on the property.
9. Total number of people not to exceed 90. Note the Board of Selectmen Large Scale Event Policy may apply.

CLEAN UP PROCEDURES:

1. The premises, including tables and chairs, are required to be left in the order and condition in which they were found.
2. All trash and rubbish to be removed from the premises.
3. The bathrooms are to be left clean.
4. Lights are on sensors, so no need to turn lights on or off.
5. Make sure the doors are locked upon leaving.

APPLICATION FOR USE OF:
HARVARD SENIOR CENTER
AT 16 Lancaster County Road, HARVARD MASSACHUSETTS

Please complete this form and return it with appropriate fee to:
Town Administrator's Office, Harvard Town Hall, 13 Ayer Road, Harvard, MA 01451

Date: _____

Name of Organization: _____

Type of Organization: _____

- Town Board/Committee Town based non-profit Town resident private event
 Other non-profit organizations For-Profit

Address (mailing): _____

Contact Name and Phone Number: _____

Email Address: _____

Date (s) of requested use: _____

Purpose/Event description (or attach event invitation):

Times needed – include set –up and clean-up: _____

Expected Attendance: _____ Open to Public: _____

Will catering be involved? _____ Name of caterer, if applicable: _____

A certificate of Insurance, is required at the time of application, in the amount of \$1,000,000 per claim/\$3,000,000 aggregate.

_____ hereby agrees that this event will be held in accordance with the
Organization Name
Use Policy of the Harvard Senior Center.

By: _____

Signature

Printed Name

From: jefferson@7robots.org <jefferson@7robots.org>

Sent: Friday, October 20, 2023 5:42 PM

To: Julie Doucet <jdoucet@harvard-ma.gov>

Cc: Ellen Leicher <esachsleicher@gmail.com>

Subject: Climate Committee resignation

Hello Julie,

I hope you are well. Ellen reminded me that my resignation from the climate committee may not have made it officially to you. If so, my apologies on that!

As such, this email is a formal notification that I resigned from the Committee on 29 May due to extensive personal/work time conflicts.

If there is additional information that I need to provide, let me know!

Thanks,

jefferson