



COMMONWEALTH OF MASSACHUSETTS INTERDEPARTMENTAL SERVICE AGREEMENT FORM

This form is issued and published by the Office of the Comptroller (CTR) pursuant to 815 CMR 6.00 for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. This shall not prohibit the addition of non-conflicting terms. By executing this Interdepartmental Service Agreement (ISA), the Buyer and Seller Departments, under the pains and penalties of perjury, make all certifications required by law and certify compliance with the following requirements: that the Seller Department is qualified and shall at all times remain qualified to perform this ISA; that performance shall be timely and meet or exceed ISA standards, including obtaining requisite licenses, permits and resources for performance; that the Buyer and Seller are legislatively authorized to enter into this ISA; that the Buyer and Seller Departments agree to maintain the necessary level of interdepartmental communication, coordination and cooperation to ensure the successful completion of the ISA; that the Buyer certifies that sufficient funds are available for this ISA; that the Seller Department is required to provide reports as specified in the ISA; that the terms of this ISA shall survive its termination for the purpose of resolving any claim, dispute or other action, or for effectuating any negotiated representations and warranties; that the Buyer and Seller agree that all terms governing performance of this ISA are attached to this ISA or incorporated by reference herein, including the Interdepartmental Service Agreement Instructions, all relevant Massachusetts state and federal laws, regulations, Executive Orders, treaties, and any corresponding policies and procedures issued by CTR; and that the Buyer and Seller are responsible for reviewing and complying with the Interdepartmental Service Agreement Instructions and ISA Policy and 815 CMR 6.00 available under Comptroller Policy Memo #306 (or as amended) available at www.state.ma.us/osc/Accounting/mamemos/memos.htm.

MMARS DOCUMENT ID: BGCN-EPS-	
BUYER DEPARTMENT: EXECUTIVE OFFICE OF PUBLIC SAFETY	SELLER DEPARTMENT: Massachusetts State Police
MMARS 3-POSITION DEPARTMENT CODE: EPS	MMARS 3-POSITION DEPARTMENT CODE: POL
ISA MANAGER: JEFFREY BROWNELL	ISA MANAGER: JOHN F. FLYNN
PHONE: 617-725-3323 FAX: 617-725-0260 E-MAIL ADDRESS: JEFFREY.BROWNELL@STATE.MA.US	PHONE: 508-820-2359 FAX: 508-820-2355 E-MAIL ADDRESS: JACK.FLYNN@POL.STATE.MA.US
BUSINESS MAILING ADDRESS: 10 PARK PLAZA - SUITE 3720 BOSTON, MA 02108	BUSINESS MAILING ADDRESS: 470 WORCESTER ROAD FRAMINGHAM, MA 01702
COMPENSATION: (Check and complete all that apply) <input type="checkbox"/> Single Fiscal Year Financial ISA <input checked="" type="checkbox"/> Multiple Fiscal Year Financial ISA Total Maximum Obligation for Duration of this ISA: \$1,635,480.00 Transaction Amount for current fiscal year obligation: \$ _____	TRANSACTION DOCUMENTATION ATTACHED: (Check option that applies) <input type="checkbox"/> ASTA Form (when required to establish new Child Account) <input type="checkbox"/> AC Transaction (for total of current fiscal year obligation) <input type="checkbox"/> SC Transaction (for total duration of ISA, including outyears. Only allowable if Seller is a Higher Education State Department) <input type="checkbox"/> Other (only upon prior approval of CTR) <input checked="" type="checkbox"/> BGCN
BUYER ACCOUNT INFORMATION (complete as many that apply)	SELLER ACCOUNT INFORMATION (complete as many that apply)
Parent Account: 8000-4692 Fund: 100 TO:	Child Account: 8000-4692 Fund: 100
Parent Account: _____ Fund: _____ TO:	Child Account: _____ Fund: _____
Parent Account: _____ Fund: _____ TO:	Child Account: _____ Fund: _____
Parent Account: _____ Fund: _____ TO:	Child Account: _____ Fund: _____
BRIEF DESCRIPTION OF PERFORMANCE: (Reference to attachments without a narrative description of performance is insufficient.) State Homeland Security Grant Program	
RFR REFERENCE NUMBER: (If Seller responded to a Buyer RFR or "N/A" if not applicable)	
ANTICIPATED ISA EFFECTIVE START DATE: Performance shall begin on _____ which shall be no earlier than the latest date this ISA is signed by authorized signatories of the Buyer and Seller Departments pursuant to 815 CMR 6.00.	
TERMINATION DATE OF THIS ISA: This ISA shall terminate on 9/30/06 unless terminated or amended by mutual written agreement by the parties prior to this date pursuant to 815 CMR 6.00.	
AUTHORIZING SIGNATURE FOR THE BUYER DEPARTMENT: X: <u>Cynthia L. Duggan</u> (Signature of Buyer Department's Authorized Signatory) DATE: <u>4/21/05</u> (Date must be handwritten at time of signature) NAME: CYNTHIA L. DUGGAN TITLE: DIRECTOR - HOMELAND SECURITY DIVISION	AUTHORIZING SIGNATURE FOR THE SELLER DEPARTMENT: X: <u>John F. Flynn</u> (Signature of Seller Department's Authorized Signatory) DATE: <u>4-8-05</u> (Date must be handwritten at time of signature) NAME: JOHN F. FLYNN TITLE: C.A.O.

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MMARS DOCUMENT ID: _____



ATTACHMENT A - DESCRIPTION OF PERFORMANCE:

Check one: Initial ISA Description of Performance
 Amendment to Description of Performance

Include a statement of purpose; justification for ISA; responsibilities of the parties; any relevant definitions; a schedule of performance or completion dates if applicable; resources to be committed to the ISA and any reporting requirements. Reference to attachments without a narrative description of performance is insufficient. If amending the description of performance, identify what performance is being amended. Attach any supporting documentation and reporting requirements. This Attachment Form must be used. Insert (type or copy and paste) all relevant information using as many pages as necessary. An electronic copy of this form is available in Policy Memo #306 under Comptroller Policy Memos.

FFY 2005 Homeland Security grant funding for the purchase of materials related to the development of the Massachusetts State Police Fusion Center.

Indicate the Seller Department's reporting requirements:

Must provide quarterly spending and programmatic reports to the appropriate EOPS programs division grant manager in the EOPS dictated format.

Must agree to spend federal funds solely on goods/services authorized by the Grant language.