

DPH MASTER AGREEMENT ENGAGEMENT FORM

Engagement Contract ID: INTF5106H23SPRF61013

Sub-Recipient

Vendor Name: JSI RESEARCH & TRAINING INSTITUTE INC

Vendor Code: VC6000165919

Master Agreement Id: PRF6100000000000000

Procurement No: SPRF61

Procurement Name: PROGRAM COORDINATORS SERVICES

New

Dates of Service:

Anticipated Start Date*:

End Date:

Amendment

Original Start Date: 07/16/2021

Current End Date: 06/30/2023

New End Date:

Total Engagement Maximum Obligation _____

Current Total Engagement Maximum Obligation \$4,636,900.00

Travel reimbursement for Individual @ approved State rate
Travel Budgeted amount _____

Engagement Amendment Amount (+ or -) _____ N/A

No RFQ

New Total Engagement Maximum Obligation _____ N/A

RFQ _____ **attached Vendor response**

RFQ 21SPRF612121 **NOI** _____

NOI _____

Travel reimbursement for Individual @ approved State rate
Travel Budgeted amount _____

Confidentiality Agreement

Line Item Adjustment >25% of current fiscal year budget

Vendor line item email request with program manager approval attached

FPP Scope of Services and Budget Form Amendment

Fixed Price Project (FPP)

FPP Fixed Price Project Scope of Services and Budget Form Attached: A budget which justifies the project costs with deliverables and key dates for the entire duration must be attached. Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract.

Sub Recipient Cost Reimbursement Budget Attached (H78 only): A budget which identifies salaries and fringe benefits of personnel, research assistants and other staff directly engaged in performing sponsored grant's scope of work, materials necessary for performing sponsored grant's scope of work and other costs such as travel, subcontracts, and other directly related costs necessary for performing sponsored grant's specific scope of work.

Monthly Invoicing: All invoices must be tied to deliverables such as a product, report, or a project milestone, with the exception of Sub Recipient Cost Reimbursement Budgets. Payments will be made upon the submission of invoices that are complete and that include appropriate documentation in accordance with the terms of the service scope and governing contract.

DPH MA M04/M78 Budget

Budget Attached: Negotiated DPH MA M04/M78 Budget Form must be attached, supportive of the project. Rates cannot exceed approved/awarded max rates within the Master Agreement Contract.

Monthly Invoicing: Expenditures must be made in accordance with the approved budget for this engagement and the terms and conditions of the procuring agency's RFR and contract. Payments will be processed through the **Enterprise Invoice Management/Enterprise Service Management (EIM/ESM)**. A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, invoicing, and payment.

Funding: Funding for this engagement is subject to the appropriation of funds by the Massachusetts legislature or the federal government for the year(s) in which services are delivered.

Changes to Scope and/or Terms: Any changes to this engagement must be agreed upon in writing by both parties.

Termination: The Department, upon prior written notice, may terminate this engagement without cause and without penalty, or may terminate or suspend an engagement if the vendor breaches any material term or condition or fails to perform or fulfill any material obligation required by this engagement, or in the event of an elimination of an appropriation or absence of sufficient funds for the purposes of an engagement, or in the event of an unforeseen public emergency mandating immediate department action.

Vendor Authorized Signature
DocuSigned by:
Mira Levinson 10/19/2022
Authorized Vendor Signature and Date
518150DEF36D4E4...
Mira Levinson Dir. Boston Health Services
Print Name and Title

Department Authorized Signatures
Cheryl Bernard-Dart 10/19/2022
Authorized DPH Bureau Representative Signature and Date
Cheryl Bernard-Dart
Director of Admin & Finance, BIDLIS
Print Name and Title

* The effective start date of this Engagement or Amendment shall be the latest date this document has been executed by an authorized signatory of the Vendor, the Department or a later Engagement or Amendment start date specified above

**FIXED PRICE PROJECT
COVER PAGE**

Vendor Name:	JSI RESEARCH & TRAINING INSTITUTE INC
All Fiscal Years covered - Example: FY23 - FY25	FY 22-FY 23
Engagement Contract ID:	INTF5106H23SPRF61013
Total Engagement Maximum Obligation (Total of All Fiscal Years):	\$4,636,900.00
Vendor Contact:	Amy Squeglia
Mailing Address:	44 FARNSWORTH STREET BOSTON, MA 02210
Phone:	617-358-3793
Email:	amy_squeglia@jsi.com
Bureau Program Manager:	Dawn Fukuda
Bureau PM Email:	Dawn.Fukuda@mass.gov
Procurement No:	SPRF61
Master Agreement ID:	PRF610000000000000000
Procurement Name:	Management Consultants, Program Coordinators and Planners Services
ONLY FOR RFQ 232527 - Please Choose One Below:	
N/A	
ONLY FOR RFQ 232727 - Please Choose One Below:	
N/A	
ONLY FOR RFQ PRF61 - Please Choose One Below:	
Program Development, Organizational and Strategic Planning Services	
New Engagement Overview or Amendment Description and Reason:	\$3,636,900 is allocated to JSI Research & Training Institute Inc., to purchase gift cards as incentives for participants in the mobile vaccination provider network from Stop and Shop, Market Basket, Target and Walmart and any other vendor specified and agreed to by the Department and JSI at \$75.00 per gift card, totaling 40,000 gift cards.

