Engagement Contract ID: INTFS108H28SPRF81013 Vendor Name: JSI RECEARCH & TRANNING INSTITUTE INC Waster Agreement Id: PRF61000000000000000000000000000000000000	DPH MASTER AGREE	MENT ENGAGEMENT FORM
Vendor Code: VC0000168018 Master Agreement Id: PRPSIO000000000000000000000000000000000000	Engagement Contract ID: INTF5106H23SPRF61013	☐ Sub-Recipient
Procurement Name: PROGREMA COORDINATORS SERVICES		Vendor Code: VC6000165919
Procurement Name: PROGRAM COORDINATORS SERVICES New Dates of Service: Anticipated Start Date: End Date: Current Total Engagement Maximum Obligation Services Current Total Engagement Maximum Obligation Services Services Current Total Engagement Maximum Obligation Services Serv		Procurement No: SPRF61
Dates of Service: Anticipated Start Date: End Date: Total Engagement Maximum Obligation Tavel reimbursement for individual @ approved State rate Travel Budgeted amount Services No.		
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□ Travel reimbursement for Individual ② approved State rate Travel Budgeted amount □ No RFQ □ RFQ □ attached Vendor response □ NOI □ Travel reimbursement for Individual ② approved State rate □ Travel Publishment > 25% of ourrent fiscal year budget □ Confidentiality Agreement □ Fixed Price Project (FPP) □ FPP 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: 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: A budget which justifies the project costs with 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 MO4/M78 Budget Budget Attached: Negotiated DPH MA MO4/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 Service Providers (login required) integrating services reporting, invoicing, and payment. Monthly Invoicing: Expenditures must be made in accordance with the approved budge	End Date.	New Ellu Date.
New Total Engagement Maximum Obligation N/A	Total Engagement Maximum Obligation	Current Total Engagement Maximum Obligation \$4,636,900.00
□ RFQ attached Vendor response □ RFQ 21SPRE612121 □ NOI □ Travel reimbursement for Individual @ approved State rate Travel Budgeted amount □ Line Item Adjustment >25% of current fiscal year budget Vendor line Item email request with program manager approval attached PFP Scope of Services and Budget Form Attached. A budget which plustfles 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 plustfles the project costs with depressional, research assistants and other staff directly engaged in 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 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. □ Department Authorized Signature □ Department Authorized Signatures □		Engagement Americanic (* 51)
RFQ	□ No BEO	New Total Engagement Maximum Obligation N/A
□ NOI □ Travel Budgeted amount □ Line them Adjustment > 26% of current fiscal year budget ∨ Wendor line litem email request with program manager approval attached □ FPP 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 and other costs such as travel, subcontracts, and other directly related costs 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 Involcing: All involces 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 involces 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 Involcing: 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 Involce Management/Enterprise Service Management (EIM/ESM). A web-based billing and service reporting system for Purchase of Service providers (login required) integrating services reporting, involcing, and payment. □ Deculying this enga		☑ RFQ 21SPRF612121 □ NOI □
□ Confidentiality Agreement □	RFQattached Vendor response	☐ Travel reimbursement for Individual @ approved State rate
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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 Department Authorized Signatures 10/19/2022 Authorized Vendor Signature and Date S18150DEF36D4E4 Mira Levinson Dir. Boston Health Services	Termination: The Department upon prior written notice may terminate	e this engagement without cause and without penalty, or may terminate or
Vendor Authorized Signature Department Authorized Signatures 10/19/2022 Authorized Vendor Signature and Date S181500EF3604E4 Mira Levinson Dir. Boston Health Services Department Authorized Signatures Authorized DPH Bureau Representative Signature and Date Cheryl Bernard Dotter Cheryl Bernard Dott	suspend an engagement if the vendor breaches any material term or co	ondition or fails to perform or fulfill any material obligation required by this sence of sufficient funds for the purposes of an engagement, or in the event
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Authorized Vendor Signature and Date 518150DEF36D4E4 Mira Levinson Dir. Boston Health Services Authorized DPH Bureau Representative Signature and Date Cheryl Bernard Dog Finance STOLS	DocuSigned by:	11 1 00 15 101010
Mira Levinson Dir. Boston Health Services Cheryl Bernard Dorf Pinena SIDLS	Mira Levinson	Authorized DPH Bureau Representative Signature and Date
	518150DEF36D4E4	Cheryl Bernard-Dort
		7.1

^{*} 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
covered - Example: FY23 - FY25	FY 22-FY 23
Engagement Contract ID:	INTF5106H23SPRF61013
Total Engagement Maximum Obligation (Total of	\$4,636,900.00
All Fiscal Years):	
Vendor Contact:	Amy Sgueglia
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:	PRF61000000000000
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	c Planning Services
	to care one is allowed to 10 Boscoarch & Training Institute Inc. to nurchase giff cards as incentives for participants in the mobile
New Engagement Overview or Amendment	vaccination provider network from Stop and Shop, Market Basket, Target and Walmart and any other vendor specified and agreed
	to by the Department and 351 at \$75.00 per girt card, what is To 200 Birt card.

FIXED PRICE PROJECT SCOPE OF SERVICES and BUDGET FORM

TO ENTER A LINE RETURN PRESS THE ALT KEY + RETURN KEY TO ENTER A LINE RETURN PRESS THE ALT KEY + RETURN KEY TO ENTER A JUNE RETURN PRESS THE ALT KEY + RETURN KEY This is a scope of service clarification for the \$3,836,900 is allocated to SI Research & Training Institute inc., to purchase gift cards as incentives for participants in the mobile vaccination provider network from Stop and Stop, braket basket, Targets and Walmart and any other vendor specified and agreed to by the Department and JSI Research and Training Institute at \$75,00 per gift card, totaling 40,000 gift cards. New Projection Particular Service Servi	* 1,000,000.00	Obligation (All Fraca, Teals).	
ID: INTF5106H23SPRF61013 WT: FY 23 KEY DATES to 10/12/22 - 6/30/23 New Project/Amendment (+or-): Current Total Engagement Maximum Obligation:	¢4 636 900 00	Total Engagement Maximum Obligation (All Elecal Voors):	
ID: INTF5106H23SPRF61013 KEY DATES KEY DATES	\$4,636,900.00	Current Total Engagement Maximum Obligation:	
ID: INTF5106H23SPRF61013 KEY DATES KEY DATES	\$0.00	New Project/Amendment (+or-):	
ID: INTF5106H23SPRF61013 WI: FY 23 KEY DATES to 10/12/22 - 6/30/23			
ID: INTF5106H23SPRF61013 WIT: FY 23 KEY DATES to 10/12/22 - 6/30/23			
ID: INTF5106H23SPRF61013 WIT: FY 23 KEY DATES to 10/12/22 - 6/30/23			
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ID: INTF5106H23SPRF61013 VT: FY 23 KEY DATES to 10/12/22 - 6/30/23			
ID: INTF5106H23SPRF61013 VT: FY 23 KEY DATES to	\$0.00	10/12/22 - 6/30/23	and JSI Research and Training Institute at \$75.00 per gift card, totaling 40,000 gift cards.
ID: INTF5106H23SPRF61013 VII: FY 23 KEY DATES to			Shop, Market Basket, Target and Walmart and any other vendor specified and agreed to by the Department
FY 23 KEY DATES KEY DATES			purchase gift cards as incentives for participants in the mobile vaccination provider network from Stop and
OR PROJECT/AMENDMENT: FY 23 KEY DATES KEY DATES			This is a scope of service clarificaton for the \$3,636,900 is allocated to JSI Research & Training Institute Inc., to
NGAGEMENT CONTRACT ID: INTF5106H23SPRF61013 OR PROJECT/AMENDMENT: FY 23 KEY DATES			TO ENTER A LINE RETURN PRESS THE ALT KEY + RETURN KEY
ENGAGEMENT CONTRACT ID: INTF5106H23SPRF61013 ENTER FISCAL YEAR FOR PROJECT/AMENDMENT: FY 23	COST	KEY DATES	DELIVERABLES
ENTER FISCAL YEAR FOR PROJECT/AMENDMENT: FY 23			
ENGAGEMENT CONTRACT ID: INTF5106H23SPRF61013		FY 23	ENTER FISCAL YEAR FOR PROJECT/AMENDMENT:
VENDOR NAME: JSI RESEARCH & IKAINING INSTITUTE INC		INTF5106H23SPRF61013	ENGAGEMENT CONTRACT ID:
	NC	JSI RESEARCH & IRAINING INSTITUTE IT	VENDOR NAME