



Select Board Meeting  
Meeting Packet  
March 18, 2025





# Massachusetts School Building Authority

Deborah B. Goldberg  
Chair, State Treasurer

James A. MacDonald  
Chief Executive Officer

Mary L. Pichetti  
Executive Director / Deputy CEO

## INITIAL COMPLIANCE CERTIFICATION

**District Name**

**School Name**

**MSBA Project No.**

*This Initial Compliance Certification (“ICC”) must be completed by all Eligible Applicants who have submitted a Statement of Interest to the Massachusetts School Building Authority (the “Authority”) and have been invited into the Eligibility Period. The Authority will not consider a District to be eligible for a school building repair, renovation or construction grant until after the District has properly submitted an ICC in the form and manner prescribed by the Authority. Each District shall exercise due diligence in ascertaining and certifying the truth, completeness and accuracy of each of following statements, acknowledgements, certifications, agreements and representations. The Eligible Applicant shall also have a continuing duty throughout the Eligibility Period, a Feasibility Study, and all phases of a Proposed Project or Approved Project to inform the Authority in writing when it becomes aware of information that impairs the truth, completeness or accuracy of any of the following statements, acknowledgements, agreements or representations. The Authority’s reference to certain of its regulations, policies, procedures, guidelines and standards in this ICC shall not be construed in any way as a waiver of any of its other regulations, policies, procedures, guidelines, or standards and the Authority’s reference to a portion of a regulation, policy, procedure, guideline, or standard, or paraphrasing thereof, shall not be construed as a waiver of the remainder.*

*Unless otherwise specified, all capitalized terms shall have the meanings ascribed to such terms in M.G.L. c. 70B or 963 CMR 2.00 et seq.*

1. The [TOWN/CITY/REGIONAL SCHOOL DISTRICT] (“District”) hereby certifies that it shall remain in compliance with, the provisions of M.G.L. c. 70B, Chapter 208 of the Acts of 2004, 963 CMR 2.00 et seq., and all other applicable statutes, rules, policies, procedures, guidelines and standards of the Authority.
2. The District hereby certifies and represents that all meetings of all public bodies in the District that relate in any way to the Proposed Project including, but not limited to, the meetings of the District’s school building committee, have been conducted, and shall be conducted, in compliance with the provisions of G.L. c. 30A, §§ 18 – 25, 940 CMR 29.00 et seq., and all other applicable law.
3. The District hereby acknowledges and agrees that the school building renovation and construction grant program established by M.G.L. c. 70B is a discretionary program based on need, as determined by the Authority. The District hereby further acknowledges and agrees that it shall have no entitlement to receive approval or funding



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for a Proposed Project or for any other purpose except at the sole discretion of the Authority.

4. The District hereby agrees to work in collaboration with the Authority in all phases of the process, including at least: (a) identifying perceived deficiencies with school buildings, (b) validating those deficiencies, (c) identifying educationally and financially sound solutions to validated deficiencies, (d) agreeing on a project scope and budget, (e) implementing a solution as agreed upon, and (f) the final project audit and close-out. The District hereby further acknowledges and agrees that, to remain eligible for project approval and potential funding from the Authority, the District must work collaboratively and in cooperation with the Authority through all phases of the Authority's process including, at a minimum, the phases described above, to the satisfaction of the Authority.
5. The District hereby acknowledges and agrees that in order to qualify for any funding from the Authority, the District must comply with M.G.L. c. 70B and 963 CMR 2.00 *et seq.* which require the Authority's collaboration and approval at each step of the school facility grant approval process and further acknowledges and agrees that any actions taken, costs incurred or agreements entered into for the repair, renovation or construction of school facilities without the explicit prior written approval of the Authority shall not be eligible for grant funding.
6. The District hereby certifies, and can demonstrate, that it has expended at least the minimum amount of the District's calculated foundation budget amounts for the purposes of foundation utility and ordinary maintenance expenses and extraordinary maintenance allotment as defined in M.G.L. c. 70, and as required by the provisions of M.G.L. c. 70B, § 8 and 963 CMR 2.03(4)(a), and hereby further acknowledges and agrees that the Authority may not approve any project for any school district that fails to meet such minimum maintenance expenditure requirements.
7. The District hereby certifies that the perceived deficiencies, as set forth in the Statement of Interest submitted to the Authority for this Proposed Project, in whole or in part, are not a result of negligence by the District; are not under warranty with material suppliers or installers; are not the subject of, nor could be the subject of, ongoing litigation by the District or, if so, the District has notified the Authority in writing of such ongoing or potential litigation and has provided and will continue to provide the Authority with information about such ongoing or potential litigation to the satisfaction of the Authority in its sole discretion; are not a result of inadequate routine or capital maintenance by the District; are not covered by available insurance proceeds.
8. The District hereby certifies that, if invited to collaborate with the Authority to conduct a Feasibility Study, it will study and consider all available options for remedying the





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deficiencies asserted in the Statement of Interest, including, to the extent applicable, regionalization or tuition agreements with adjacent school districts, district assignment policies within the school district, rental or acquisition and any necessary rehabilitation or usage modification of any existing building which could be made available for school use.

9. The District hereby acknowledges and agrees that, before the Authority can grant final approval of a Project, the District must vote to authorize and appropriate the full amount of funding for the Proposed Project that is necessary to meet the total project budget as agreed to by the Authority and as described in 963 CMR 2.09(11) and shall use any standard formats and language established or developed by the Authority to draft warrant articles, motions, orders, votes, and ballot questions related to the funding for the Proposed or Approved Project. The District shall submit its draft language for warrant articles, motions, orders, votes, and ballot questions to Authority for its review prior to its publication or use.
10. The District hereby acknowledges and agrees that, in connection with a Proposed Project or an Approved Project, it shall use any standard forms; standard formats for local votes and approvals; standard contract documents; and any standard contract language and clauses that may be established or developed by the Authority, and as may be amended by the Authority from time to time.
11. The District hereby acknowledges and agrees that it shall submit to the Authority, and shall comply with the terms of, any certifications, statements, forms, affidavits, and agreements that the Authority may require for a Proposed or Approved Project and that any such certifications, statements, forms, affidavits, and agreements shall be completed, duly executed and submitted in a form and manner prescribed by or otherwise acceptable to the Authority.
12. The District hereby acknowledges and agrees that no Total Facilities Grant, or any portion thereof, shall be disbursed by the Authority for a Proposed Project or an Approved Project until after a Feasibility Study Agreement, where required by the Authority, and a Project Funding Agreement, have been executed by duly authorized representatives of both the District and the Authority.
13. The District hereby certifies that it has provided or will provide the Authority with all Audit Materials requested by the Authority in connection with any Assisted Facility including, but not limited to, Prior Grant Projects, Waiting List Projects, and any other school building projects for which the District has received or will receive funding from the Authority or the Commonwealth. The District hereby further acknowledges and agrees that it shall continue to cooperate with the Authority and provide any additional



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documentation or information that may be requested by the Authority in connection with any Assisted Facility.

14. The District hereby certifies that the school building for which it has submitted a Statement of Interest is not a school building that has been the site of an approved school project pursuant to G.L. c. 70B or chapter 645 of the Acts of 1948 within the ten (10) years prior to the Proposed Project's application date, or, in the alternative, that the Proposed Project would be unrelated to such previously approved project in the same school building. The District acknowledges and agrees that only the Authority, in its sole discretion, can make the determination as to whether a Proposed Project is to be deemed unrelated to a previously approved project in the same school building. Any such determination shall be made in writing by the Authority prior to the execution of this ICC.
15. The District hereby certifies that prior to submitting any part of its Application to the Authority, it has not sold, leased, or otherwise removed from service any schoolhouse operated by the District, or portion thereof, within the last ten (10) years, or that, if it has done so, the Authority has determined in writing, pursuant to M.G.L. c. 70B, § 15(c): (1) that the grant sought by the District is not for the purpose of replacing such schoolhouse, or (2) that the need for the Proposed Project could not have been reasonably anticipated at the time that such schoolhouse was sold, leased, or otherwise removed from service. Further, the District acknowledges and agrees that only the Authority, in its sole discretion, can make the determination as to whether a Proposed or Approved Project replaces a schoolhouse that was sold, leased or otherwise removed from service and whether the need for the Proposed Project could not have been reasonably anticipated at that time. Any such determination shall be made in writing by the Authority prior to the execution of this ICC.
16. The District hereby acknowledges and agrees that, if it sells, leases, or otherwise removes from service an Assisted Facility, or portion thereof, that the Authority may stop making grant payments associated with the Assisted Facility, may recapture the financial assistance that the Assisted Facility has received from the Authority or the Commonwealth, and may decline to approve any future grants for the District.
17. The District hereby acknowledges and agrees that, as part of a Feasibility Study where a new school option is among the options that may be studied, the District shall study potential sites for the Proposed Project and hereby acknowledges and agrees that it shall base its site selection for a Proposed or Approved Project on, among other things, cost and environmental factors, including an awareness of soil conditions and their probable effect on foundation and site development costs, transportation effects, dislocation of site occupants and relationship to other community facilities. The District further



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acknowledges and agrees that if the Authority were to approve a project for the District, (a) the Authority will not pay for any costs associated with acquiring the site or remediating the site, and (b) the District shall comply with the Authority's specifications and requirements for the site, including, but not limited to, any applicable site cost regulations, policies, guidelines and standards, and any cap on site costs that the Authority may establish from time to time.

18. The District hereby acknowledges and agrees that throughout the planning and construction of an Approved Project, if such final approval is received from the Authority, the District shall follow procedures and practices satisfactory to the Authority such as will assure maximum attention to the operating and capital cost effects of program and design decisions, materials and systems selections.
19. The District hereby certifies that it is current on any payments that it may owe to the Authority and does not have any outstanding amounts past due to the Authority.
20. The District hereby certifies that it is unaware of any lawsuit filed in a court of law against the Authority to which the District is a party and further certifies that it is unaware of any other lawsuit filed in a court of law against either the Authority or the District in relation to the District's Statement of Interest, Proposed Project, or Approved Project.
21. The District hereby certifies that it has specifically read the provisions of 963 CMR 2.03 (3)(a)-(v) and certifies that it has met or will meet each of the requirements described therein and further acknowledges and agrees that the District's failure to comply with each requirement, as determined by the Authority, may be grounds for, among other things, denial of a Total Facilities Grant, rescission of a Total Facilities Grant already issued, or the suspension, termination, or recoupment of reimbursement payments made by the Authority to the District.
22. The District hereby certifies that it has a school specific Multi-Hazard Evacuation Plan for each school under the superintendent's supervision and is in compliance with Section 363 of Chapter 159 of the Acts of 2000.
23. The District hereby acknowledges and agrees that if the District and the Authority execute a Feasibility Study Agreement or Project Funding Agreement, the District shall promptly develop, implement and actively pursue a fraud, waste and abuse detection and prevention program in connection with any Proposed Project or Approved Project and develop written procedures to detect and prevent fraud, waste and abuse.



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24. The District hereby certifies that the Eligible Applicant or its designee who will be in charge of the procurement for the Proposed or Approved Project is, or will be prior to the procurement of any services for the Proposed Project, duly certified as a Massachusetts Certified Public Purchasing Official (“MCPPO”) for design and construction contracting in the MCPPO Program administered by the Inspector General of the Commonwealth of Massachusetts.
25. The District hereby acknowledges and agrees that any Approved Project for the construction of a new facility, or for the addition to or renovation of an existing school facility, for which the District is seeking partial funding from the Authority shall have an anticipated useful life of fifty (50) years as a public school in the District as required by 963 CMR 2.03(3)(b).
26. The District hereby certifies that it has read and understands the provisions of 963 CMR 2.03(5) and acknowledges and agrees that if the Authority determines that any false or intentionally misleading information or documentation has been provided to the Authority by or on behalf of the District, either in relation to this Initial Compliance Certification or in support of any effort to influence any action by the Authority, or if the District or its agents do any other act affecting the integrity of the Authority’s Program, the Authority may suspend or revoke any and all grant payments approved for the District; may recover any previous payments made to the District; and may prohibit the District from receiving a Total Facilities Grant for a period of time to be determined by the Authority.
27. The District hereby acknowledges and agrees that the Authority shall have free access to, and open communication with, any Owner’s Project Manager hired by and/or assigned to the Project by the District and that the Authority shall have full and complete access to all information and documentation relating to the Project to the same extent that the District has such access. The District agrees that it shall require any such Owner’s Project Manager to fully cooperate with the Authority in all matters related to the Project; to promptly communicate, transmit, and/or make available for inspection and copying any and all information and documentation requested by the Authority; to fully, accurately and promptly complete all forms and writings requested by the Authority; and to give complete, accurate, and prompt responses to any and all questions, inquiries and requests for information posed by the Authority. The District agrees that it shall not in any way, directly or indirectly, limit, obstruct, censor, hinder or otherwise interfere with the free flow of communication and information between the Owner’s Project Manager and the Authority in all matters related to the Project and as provided herein; that it shall not suffer the same to occur by the act or omission of any other person or entity; and that it shall not retaliate against the Owner’s Project Manager for communicating information to the Authority as provided herein. The District agrees to execute, deliver and/or



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communicate to the Owner's Project Manager any and all authorizations, approvals, waivers, agreements, directives, and actions that are necessary to fulfill its obligations under this paragraph. The District further agrees that the Authority shall bear no liability whatsoever arising out of the Authority's knowledge or receipt of information communicated to the Authority by the Owner's Project Manager and that the District shall remain responsible for the management and completion of the Project.

28. The District hereby acknowledges and agrees that, if the District wishes to utilize an existing District employee as its Owner's Project Manager pursuant to M.G.L. c. 149, § 44A½, the employee shall meet the minimum requirements established by law and any additional requirements that may be established by the Authority. The District further acknowledges and agrees that it shall complete the application form and certification developed by the Authority before the Authority will consider or approve the use of an existing District employee as an Owner's Project Manager.
29. The District acknowledges and agrees that it shall be solely responsible for the timely and effective communication and distribution of all public information about the Proposed Project to the local community including, but not limited to, elected and appointed officials, boards, committees, commissions, agencies, departments, voters, community and neighborhood organizations, advocacy groups, the media, and the general public. The District shall be solely responsible for the timely identification of, and outreach to, all individuals and entities that may have an interest in the Project or that may be affected by the Project and shall be solely responsible for responding to inquiries about local procedures, financing, budgets, site selection, educational programs, historic preservation issues, voter information, and other project-related information to which the District has access in a timely and effective manner. The District further acknowledges and agrees that the Authority shall not bear any responsibility for developing or maintaining community support for the Proposed Project which shall be the sole responsibility of the District.
30. The District acknowledges and agrees that it shall duly appropriate and authorize the full amount of the funding for a Feasibility Study within the timeframe prescribed by the Authority following the vote of the Authority's Board to invite the District into the Eligibility Period. The District shall not be eligible for an invitation into Feasibility Study unless and until local funding for the Feasibility Study has been secured.
31. The District acknowledges and agrees that it shall complete, to the Authority's satisfaction, all applicable Eligibility Period prerequisites established by the Authority before the Board of the Authority will invite the District to collaborate with the Authority on a Feasibility Study and the Authority will execute a Feasibility Study Agreement including, but not limited to, the submission of a School Building Committee



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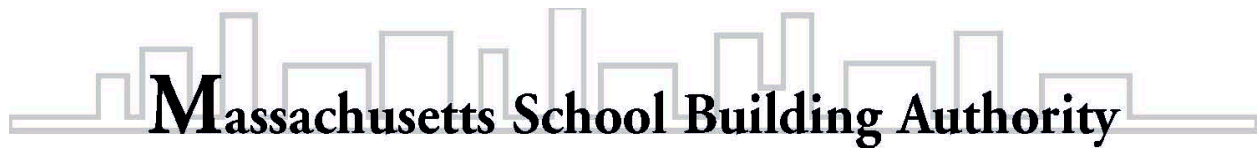
**James A. MacDonald**  
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membership form to the Authority for acceptance; enrollment information through the Authority's online Enrollment Projection tool; an Educational Profile Questionnaire; a summary of the District's existing maintenance practices; a duly executed Design Enrollment Certification for the Proposed Project; a certified copy of the vote authorizing the District to enter into and be bound by terms of the Feasibility Study Agreement, where applicable; certified copies of all local funding votes to authorize and appropriate funding for the Feasibility Study for the Proposed Project, all in the form and manner required by the Authority.

32. The District acknowledges and agrees that it shall complete, to the Authority's satisfaction, all prerequisites established by the Authority before the Board of the Authority will approve a Proposed Project and authorize the Authority to execute a Project Scope and Budget Agreement and/or Project Funding Agreement with the District, including, but not limited to, the submission of a detailed breakdown of total project budget; a detailed project scope description; a duly executed Reimbursement Rate Certification; a project schedule through completion; an estimated project cash flow through completion; project site information; a furnishings, fixtures, and equipment list; a certified copy of the vote authorizing the District to enter into and be bound by terms of Project Scope and Budget Agreement and/or Project Funding Agreement, where applicable; certified copies of all local funding votes to authorize and appropriate funding for the Proposed Project; no-action letters from Regional School District member communities, where applicable, all in the form and manner required by the Authority.
33. The District acknowledges and agrees that, a Project Scope and Budget Agreement for a Proposed Project, which arises out of the provisions of an executed Feasibility Study Agreement, will not be approved by the Authority's Board until, on, or after the specific date which shall be set forth in the Feasibility Study Agreement.
34. The District acknowledges and agrees that it shall duly execute a Reimbursement Rate Certification which shall be attached to the Project Scope and Budget Agreement ("PSBA") and Project Funding Agreement ("PFA") before either of them, if any, is executed by the Authority. The District further acknowledges and agrees that the Reimbursement Rate Certification attached to the PSBA and PFA, if any, includes any incentive reimbursement points that may be approved by the Authority's Board for an Approved Project and that such incentive reimbursement points are awarded provisionally and must be earned by the District in accordance with the Authority's requirements. In the event that a District fails to meet the Authority's requirements for earning incentive points that have been provisionally awarded by the Authority's Board, the District acknowledges and agrees that the Authority shall adjust the reimbursement rate and Total Facilities Grant accordingly.





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35. The District specifically agrees to the provisions of M.G.L. c. 70B, § 9(a)
36. The District acknowledges and agrees that it shall be subject to the Authority's regulations, policies, procedures, standards and guidelines throughout the Proposed or Approved Project, as they may be amended from time to time.
37. The District certifies that it has exercised due diligence in ascertaining and certifying the truth, completeness, and accuracy of each of the statements, acknowledgements, certifications, agreements and representations contained in this Initial Compliance Certification
38. The District hereby acknowledges and agrees that the Authority reserves the right to modify and supplement the Initial Compliance Certification form at any time and may require the District to complete a revised Initial Compliance Certification.

By signing this Initial Compliance Certification, I hereby certify that I have read and understand the terms of this Initial Compliance Certification and further certify on behalf of the Eligible Applicant that each of the above statements is true, complete and accurate.

---

By:  
Title: Chief Executive Officer  
Date:

By signing this Initial Compliance Certification, I hereby certify that I have read and understand the terms of this Initial Compliance Certification and further certify on behalf of the Eligible Applicant that each of the above statements is true, complete and accurate.

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By:  
Title: Superintendent of Schools  
Date:

By signing this Initial Compliance Certification, I hereby certify that I have read and understand the terms of this Initial Compliance Certification and further certify on behalf of the Eligible Applicant that each of the above statements is true, complete and accurate.

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By:  
Title: Chair of the School Committee  
Date:





February 19, 2025

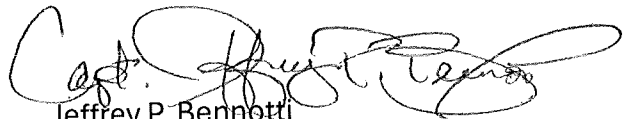
Kristine Trierweiler  
Town Administrator  
Town of Medfield  
459 Main Street  
Medfield MA 02052

Dear Ms. Trierweiler,

In accordance with the process set forth in the Internal Posting for the position of Fire Chief, enclosed please find a copy of my resume as I would like be considered as a candidate for this position. I look forward to the opportunity of meeting with the Select Board on March 4, 2025.

Thank you for your courtesy and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Capt. Jeffrey P. Bennotti", written over a horizontal line.

Jeffrey P. Bennotti  
Captain/EMS Coordinator

# Jeffrey P. Bennotti

July 1997 to Present

## Town of Medfield – Fire Department

Appointed as Town of Medfield's first full time Firefighter.  
Appointed as EMS Coordinator in June, 2000.  
Promoted to the position of Lieutenant in August, 2005.  
Promoted to the position of Captain in 2021.

### Responsibilities as EMS Coordinator:

Oversight of Emergency Medical Operations for the Town of Medfield  
Ensure compliance with State Regulations  
Develop Departmental Operating Guidelines  
Maintain and Purchase Medical Supplies & Equipment  
Coordinate Continuing Education Training for EMT's  
Liaison between Medfield Fire Department & Hospital Medical Director  
Maintain and review all patient care reports for quality and completeness.

### Responsibilities as a Company Officer:

Responsible for administration and supervision of a fire company for fire suppression, hazardous materials response, rescue operations and emergency medical services, and shift supervision. Knowledge of national, state and local laws and fire safety codes. Assist Chief with management, budget and personnel skill-building within the Department. Implement department goals, establish work priorities and responsible for daily log entries and reports and organization/coordination of written reports. Effective oral and written communication with supervisors, peers and the general public.

Respond to alarms as an officer of a firefighting company; perform a variety of firefighting functions, including Incident Command Officer in the absence of the Chief. Knowledge of fire protection systems, water supply, building construction, direct fire and rescue operations, disaster control and extinguishment of combustible and flammable materials, skills in firefighting, EMT, fire inspections, fire scene command and public relations. Respond to general public complaints, requests for information and guidance; cooperate with surrounding communities in firefighting and rescue efforts. Conduct Fire Inspections, assign work projects. Accomplish other duties as they may be assigned.

Research and procure supplies and equipment for the Department. Including assisting with the design specifications for the following apparatus/equipment purchases:

2000 Horton Ambulance  
2008 Horton Ambulance  
2017 Lifeline Ambulance

Achilles Inflatable boat and engine  
2008 Pierce Pumper Truck

Perform light maintenance and repairs on apparatus and equipment. Responsible for station cleanliness and maintenance of apparatus, tools, equipment and other Fire Department property.

## Education

Graduate of Medfield High School 1983

Graduate of Wentworth Technical Institute of Technology 1985

Emergency Medical Technician - Norwood Hospital EMT Basic Program - 1994

Naval Combat Medic - United States Naval Reserve

4<sup>th</sup> Marine Division 1<sup>st</sup> Battalion, 25<sup>th</sup> Marines-Heavy Weapons Company

12/1995 – 12/2003

Paramedic - Safety Program Consultants - Paramedic Program – 1997

Commonwealth of Massachusetts / Department of Fire Services Courses:

. Hazardous Materials / First Responder Operational	September 1992
. Pumps & Hydraulics	September 1992
. Electricity and the Firefighter	November 1992
. Aerial Ladders	March/April 1993
. Fire / Arson Detection	March/April 1993
. Vehicle Extrication	June 1993
. LNG / LPG Gas Firefighting School	September 1993
. Large Diameter Hose	October 1993
. Firefighter II-B	October 1993
. Flammable Liquids	December 1993
. Automatic Sprinkler Systems	March 1994
. Wildfires	April 1994
. Protective Breathing Search & Rescue	June 1994
. Vehicle Extrication	May 1995
. Leadership I	October 1997
. Pre-Hospital Burn Management	January 1998
. Pumps & Hydraulics	May 1999
. 2000 & Beyond – Firefighter Survival Skills – Saving Ourselves	February 2001
. Leadership (II) Strategies for Personal Success	September 2002
. Rapid Intervention	October 2002
. Vehicle Extrication	November 2009
. Flashover Simulator Training	March 2010
. Module #2 – Smoke and CO Detectors	March 2012
. Module #3 – LP Gas	March 2012
. Module #1A – Inspection Principles, Laws & Codes	February 2014
. Module #1B – Assembly Inspections	February 2014
. Module #4 – Oil Burners	February 2014
. Online Blasting Detail Orientation	February 2014
. Fire Prevention Officer – Basic	March 2014
. High Voltage Emergency Awareness	December 2014
. Company Officer Strategy and Tactics	November 2015

## **Certifications**

- . IS-00100 Introduction to the Incident Command System - FEMA
- . IS-00200 ICS for Single Resources and Initial Action Incidents - FEMA
- . Dive Rescue I – Dive Rescue International
- . Dive Rescue II – Dive Rescue International
- . Use of Cairns IRIS – Cairns School
- . Field Level Maintenance of the Scott Air-Pak 2.2/4.5 SCBA – Scott Aviation
- . Certified Master Mechanic - Automotive Society of Engineers
- . Federal Licensed Airframe & Powerplant Aircraft Mechanic

## **Prior Work History**

Norwood Airport – Helicopter Mechanic	1985 - 1987
Foreign Motors West – Automobile Mechanic	1987 - 1989
Clair International – Automobile Mechanic	1989 - 1997
Town of Medfield Fire Department – Call Firefighter	1992 - 1997
Cataldo Ambulance Service - Paramedic	1998 - 2000
Metrowest Medical Center - Paramedic	2000 - 2003
Atlantic Ambulance Service - Paramedic	2003 - 2006



**William DeKing** | [REDACTED] | [REDACTED]

February 5, 2025

Hiring Committee  
459 Main Street  
Medfield, MA 02052

Dear Hiring Committee,

I am honored to submit my application for the position of Fire Chief of the Medfield Fire Department. As a third-generation firefighter with nearly three decades of experience in fire suppression, emergency medical services, and leadership roles, I am deeply committed to the safety and well-being of our community. My extensive experience, leadership capabilities, and passion for public service position me as a strong candidate for this critical role.

In my current role as Captain and Fire Prevention Captain with the Medfield Fire Department, I oversee fire prevention efforts, training programs, scheduling, and enforcement of NFPA and Massachusetts fire codes. As the shift commander of Group 2, I have refined my leadership, problem-solving, and management skills, ensuring efficient emergency response operations. My ability to lead under pressure, develop strategic initiatives, and foster teamwork has been instrumental in enhancing departmental effectiveness.

Beyond emergency response, I take great pride in community outreach and education. As the Public Education Coordinator for the SAFE and Senior SAFE programs, I have strengthened relationships within the community while implementing impactful safety programs. My administrative experience includes grant writing and fund management, which has resulted in securing nearly \$30,000 in funding for these initiatives over the past three years. Additionally, in 2024, I assisted the Fire Chief in writing the SAFER grant, successfully securing over one million dollars to expand our firefighter/paramedic team.

Having served the Town of Medfield for over twenty years, I possess a comprehensive understanding of our community's needs and the department's operations. As Fire Chief, I am eager to build upon our department's legacy by enhancing fire prevention strategies, optimizing emergency response capabilities, and furthering community engagement.

I welcome the opportunity to discuss how my experience and leadership align with the department's vision for the future. Please feel free to contact me at your convenience via email at [REDACTED] or by phone at [REDACTED].

Thank you for your time and consideration. I look forward to the possibility of serving Medfield in this capacity.

Sincerely,  
William DeKing

# **William A. DeKing III**

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## **Professional Experience**

### **Town of Medfield – Medfield, MA**

#### **Captain / EMT-A (January 2022 – Present)**

- Shift commander for Group 2, overseeing personnel and equipment on fire, EMS, and hazmat scenes.
- Fire Prevention Captain, enforcing NFPA and Massachusetts fire codes, conducting inspections, and issuing permits.
- Public Education Coordinator for the SAFE & Senior SAFE programs, enhancing community safety awareness.
- Train and mentor firefighters in fire suppression, rescue techniques, and leadership development.
- Develop and implement fire prevention programs and community risk reduction strategies.
- Assist the Fire Chief in budgeting, reviewing, and presenting financial plans.
- Maintain emergency readiness through apparatus inspections, repairs, and technical tasks.
- Conduct annual fire drills for Medfield Public Schools.
- Schedule and lead training for the Medfield Fire Cadet Program.
- Served on the hiring committee for new firefighter/paramedics.
- Plan and conduct department-wide training and education programs.

#### **Firefighter / EMT-A (January 2005 – January 2022)**

- Administered first-aid, CPR, and spinal immobilization; stabilized patients for transport.
- Operated fire suppression and rescue equipment in emergency situations.
- Ensured all station equipment and apparatus were in a constant state of readiness.
- Conducted checks and maintenance on self-contained breathing apparatus (SCBA).
- Fostered positive relationships with district employees, government agencies, and the community.

### **First Response EME – Stoughton, MA**

#### **EMT-B Lead Instructor IC / Director of BLS (January 2007 – January 2022)**

- Scheduled and supervised EMT-B classes.
- Served as Lead Instructor and Instructor Coordinator for EMT-B courses.
- Provided hands-on instruction as a lab instructor for EMT-B students.
- Certified AHA CPR Instructor.

## **Town of Wellesley – Wellesley, MA**

### **911 Dispatcher** (September 2001 – January 2005)

- Answered and dispatched emergency and non-emergency calls, including 911.
  - Coordinated emergency response for the Wellesley Fire and Police Departments.
  - Managed multiple emergency situations simultaneously.
  - Worked in collaboration with Massachusetts State Police and neighboring fire and police departments.
  - Provided Emergency Medical Dispatch assistance.
- 

### **Certifications**

- **Mass Fire Officer II** (March 2025)
- **Massachusetts Fire Chief Credentialed (FCC)** – (Pending - Applied February 2025)
- **Intermediate ICS for Expanding Incidents (ICS 300)** (February 2025 – Present)
- **Community Risk Reduction – Policy Approach** – (NFA November 2024)
- **Mass Fire Instructor II** (April 2024 – Present)
- **Mass Fire Prevention Officer II** (December 2022 – Present)
- **Mass Fire Instructor I** (March 2022 – Present)
- **Mass Fire Prevention Officer I** (November 2021 – Present)
- **Mass Firefighter I & II** (June 2020 – Present)
- **Massachusetts Advanced EMT** (February 2016 – Present)
- **National Registered Advanced EMT** (February 2016 – Present)
- **Massachusetts Certified Instructor/Coordinator for EMT-B** (April 2008 – Present)
- **American Heart Association CPR Instructor** (November 2007 – Present)
- **Introduction to the Incident Command System (ICS 100)** (2006 – Present)
- **ICS for Single Resources (ICS 200)** (2006 – Present)
- **National Response Plan (NRP) an Introduction (ICS 800)** (2006 – Present)
- **Dive Rescue Specialist I & II (Dive Rescue International)** (August 2006 – Present)
- **PADI Open Water Diver** (November 2005 – Present)
- **Massachusetts Intermediate EMT** (September 2003 – April 2015)
- **New York Certified Firefighter** (January 1999 – Present)
- **American Heart Association CPR Certified** (January 1990 – Present)



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## Education

- **Anna Maria College – Paxton, MA**  
*Master's Degree in Fire Science (Expected Graduation: September 2026)*
  - **Anna Maria College – Paxton, MA**  
*Bachelor's Degree in Fire Science (Expected Graduation: May 2025)*
  - **Hartwick College – Oneonta, NY** (1995 – 1998)
  - **Mt. Markham Sr. High School – West Winfield, NY** (1991 – 1995)
- 

## Volunteer Experience

- Member, Sons of The American Legion Post 225
- Member, VFW Auxiliary – 5988 Aptuxet (Bourne)
- Former Secretary/Treasurer, Medfield Permanent Firefighters Association
- Three-Year Member, Medway Call Fire/Ambulance Department
- Five-Year Member, Bridgewater Volunteer Fire Company
- Five-Year Member, Bridgewater Volunteer Ambulance Company
- Two-Year EMS Captain, Bridgewater Volunteer Ambulance Company





Kristine Trierweiler <ktrierweiler@medfield.net>

## 3/11/25 - Medfield State Hospital Site Walk Follow Up from Trinity

Thu, Mar 13, 2025 at 3:24 PM

Hello everyone,

Thank you for setting up the site walk for MSH on Tuesday 3/11. We appreciated the chance to talk with you about the Water Tower Parking lot and hear the ongoing concerns from abutters about the design as it currently stands.

We understand the abutters have concerns regarding the proximity of the water tower parking lot to their homes. As we have attempted to do in our prior interactions, we have incorporated design elements to address these concerns. These have included the incorporation of landscaping features such as a fence and vegetation, the incorporation of dark sky lighting and appropriate stormwater mitigation.

We have reviewed the alternative design sketch provided by Matt Parillo. In reviewing the sketch with our team at VHB, we do not believe the reduction of two rows of parking will be feasible as it would necessitate going beyond the existing, nearby access road.

We have, however, worked with VHB to develop the attached sketch, which we believe meets the spirit of what Matt tried to achieve. This new design also incorporates additional components to further address neighbor concerns. The sketch is meant to communicate a concept we are willing implement and is subject to refinement, etc. as we get into further design. We have also included the attached concept overlaid on top of the previously drawn site plan. Highlights of the attached, revised concept are as follows:

- The updated parking lot design maintains the 72 spaces
- We reduced the parking lot by approximately 18 feet on the east side (facing the neighborhood)
- We extended the parking lot by approximately 3 feet to the south side to accommodate a new parking layout.
- We retained the wooden stockade fence, as in previous designs, but we increased the dimension from 6 feet high to 8 feet high.
- We retained the vegetative buffer that we had in the in the former design.
- We retained a stormwater retention system to capture stormwater.
- We added a berm to raise the grade and provide a raised buffer for the neighbors, as discussed. The height of the berm is still to be determined.

Once this concept is submitted as part of the permitting process and we secure funding we will be advancing the design to incorporate more details. As we mentioned on our site walk, time is of the essence and we are preparing to submit our subdivision plan, final site plan approval and stormwater designs to the Town in the coming days. We need to incorporate a version of the parking lot in this package.

Based on our conversation, it is our believe that the updated design would be more palatable to the neighbors and we would like to proceed in this direction. **If there are any comments -we respectfully request you provide them by 12pm tomorrow, Friday, March 14.** Our team will be working diligently over the weekend and next week to update the site package plans (including landscape, electrical, stormwater) accordingly. This change reverberates through multiple layers of documents of our permitting package so we need to move quickly on this updated version.

Please forward this to the other participants on the walk as I do not have all of their emails (namely Justin the neighbor who had recently moved to the neighborhood). We hope we have demonstrated our willingness to work with the Town and the neighbors, and to make accommodations where we are able to, while allowing the project to advance as a whole.

Thank you,

Abby

Confidentiality Notice: This email and any of its attachments may be legally privileged and/or confidential. If you are not an intended recipient, you should not retain, disseminate, distribute, or copy this e-mail and may be violating law if you do so. If you have received this e-mail in error, please notify the sender and permanently delete this e-mail and any attachments immediately.

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#### 2 attachments



**15677.00-LM-Tower Lot Updates.pdf**

799K

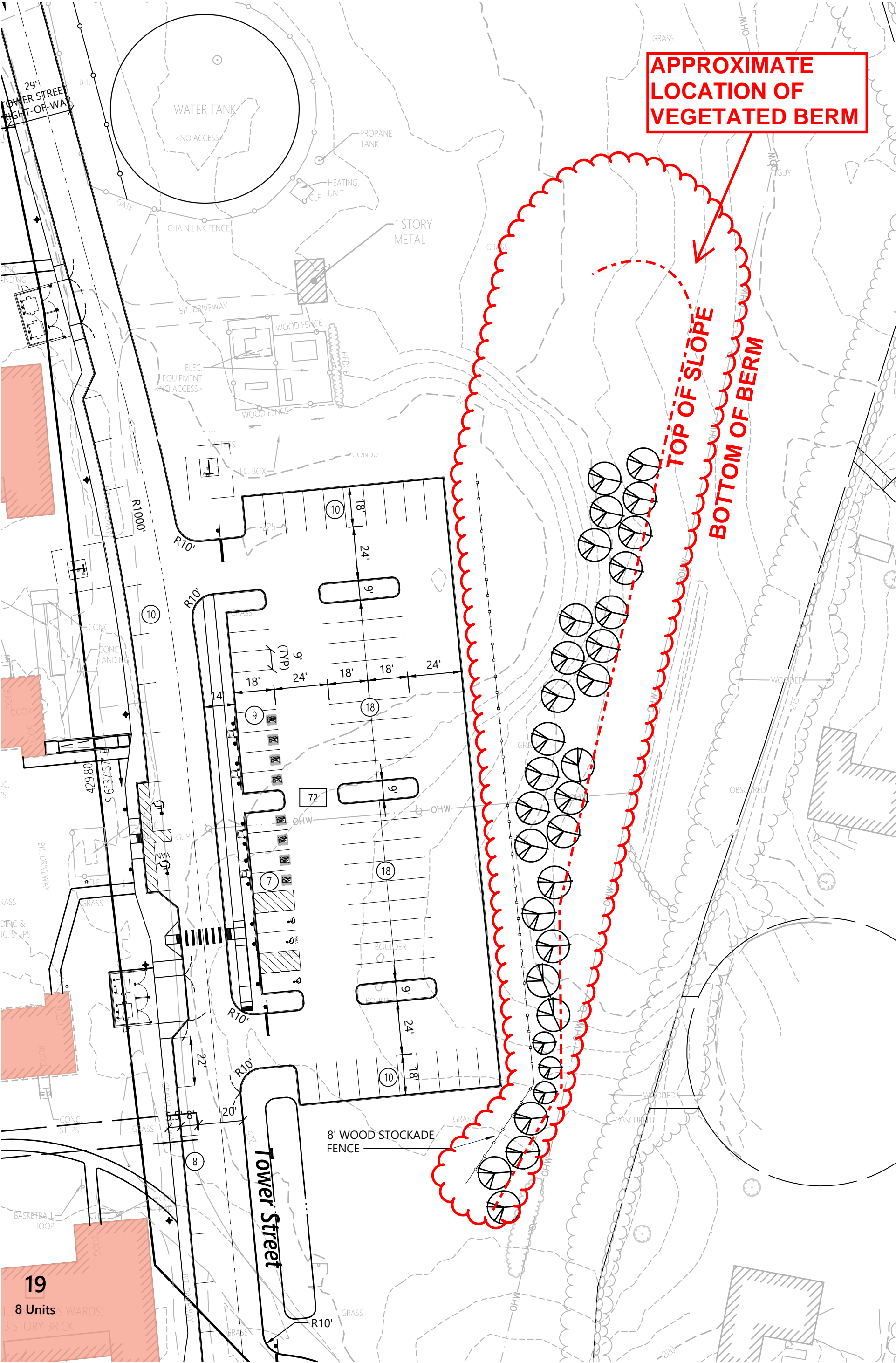


**15677.00-LM-Tower Lot Updates -Overlay.pdf**

873K







0 20 40 80 Feet



Tower Lot Reconfiguration

Figure 1



## **Town of Medfield's Acceptance of Conservation Easement at Grist Mill Estates**

The Town of Medfield, acting by and through its Select Board in the exercise of the authority granted to them in the Code of the Town of Medfield, Chapter 60 Section 60-6 Authority to Accept Conveyances of Land, a true copy of which is attached hereto as "Exhibit 1," hereby accepts the "Conservation Easement" from Ralph Costello, Trustee of New Realty Trust u/d/t May 19, 1986 dated September 30, 1992 and recorded in Norfolk County Registry of Deeds in Book 9535 at Page 312.

**SO-VOTED** this \_\_\_\_ day of March 2025.

Town of Medfield Select Board

\_\_\_\_\_  
Eileen Murphy, Chair

\_\_\_\_\_  
Osler L. Peterson, Member

\_\_\_\_\_  
Gustave Murby, Clerk

## **COMMONWEALTH OF MASSACHUSETTS**

NORFOLK, ss:

March \_\_, 2025

Then personally appeared the aforementioned Eileen Murphy, Gustave Murby, and Osler L. Peterson, each proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person whose name is signed on the preceding document, and each acknowledged to me that she/he signed it voluntarily for its stated purpose as the free act and deed of the Town of Medfield Select Board.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



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**CONSERVATION EASEMENT**

ALFRED J. HANSON  
NORFOLK COUNTY REGISTRY OF DEEDS  
MEDFORD, MA  
NOTARY PUBLIC  
312  
B. J. HANSON  
RECEIVED, HANSON REGISTRY

I, RALPH COSTELLO, Trustee of New Realty Trust under Declaration of Trust dated May 19, 1986 and recorded with the Norfolk Registry of Deeds in Book 7060, Page 63, having a mailing address of c/o Delta Real Estate, 503 Main Street, Medfield, Massachusetts 02052, for consideration of One Dollar (\$1.00), grant to the TOWN OF MEDFIELD (the "Town"), a Massachusetts municipal corporation with its principal place of business at Town Hall, Medfield, Massachusetts 02052, a conservation easement in perpetuity, upon terms hereinafter set forth, over land situated in the Town of Medfield, Norfolk County, Massachusetts and shown on a subdivision plan (the "Subdivision Plan") entitled "Grist Mill Estates" prepared by Guerriere and Halnon, Inc., dated November 7, 1990. The Subdivision Plan, which shall contain an affirmative reference to this Conservation Easement, is recorded herewith. The area subject to this Conservation Easement (the "Easement Area") is denoted on the Subdivision Plan as "Open Space and Conservation Easement" and is presently comprised of a portion of Lots 4 and 5 as shown on the Subdivision Plan. This Conservation Easement shall not become effective unless and until the Subdivision Plan is recorded with the Registry of Deeds. In the event that the lot lines between Lot 3 and Lot 4, as shown on the Subdivision Plan, are relocated so that a portion of the Easement Area encroaches onto Lot 3, said Lot 3 shall be subject to this Conservation Easement.

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Query: Is proposed gate being installed within 'Conservation Area'?

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This Conservation Easement shall be for the purpose of preserving the scenic nature of the Easement Area, (ii) appurtenant to and for the benefit of certain Town owned land known as Kingsbury Pond, which is adjacent to the Easement Area, and (iii) an exclusive easement subject only to the Reserved Rights set forth below.

The Grantor hereby covenants for himself and his successors and assigns to hold title to said Lots 4 and 5 subject to such restrictions, and hereby grants to the Town the right to enforce the following restrictions against all persons:

1. No building, sign, utility pole, or other temporary or permanent structure accessory to any residential, commercial, or industrial purpose shall be constructed, placed, or permitted to remain in the Easement Area;
2. No loam, peat, gravel, soil, or other mineral substance or other refuse of vegetable or animal origins, vehicle, manufactured object, debris, waste, fertilizer, pesticide, or unsightly or offensive material will be placed, stored, parked, or dumped in the Easement Area;
3. No loam, peat, gravel, soil, or other mineral substance or natural deposit shall be excavated or removed that will substantially change the slope and natural scenic nature of the Easement Area.
4. Except as otherwise provided below, the character of the trees and other vegetation in the Easement Area shall not be disturbed; and,
5. Neither the Grantor nor his successors or assigns will perform or permit others to perform any of the foregoing acts.

The Grantor reserves to himself and to his successors and assigns the right to conduct or permit the following activities ("Reserved Rights") in the Easement Area:

1. The right to use the Easement Area for recreational purposes (i.e., fishing, picnicking, and walking), which includes the

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right to store a canoe or small rowboat, have a wooden picnic table, and maintain footpaths and trails;

2. The right to trim and clear dead trees and dead limbs and pull out unsightly weeds, and plant grass, additional shrubbery and flowers;
3. The right to install a stone wall along the southern perimeter of the Easement Area that coincides with the southern property line of said Lot 4, for privacy and to deter trespassing, said stone wall to be no higher than five (5) feet;
4. The right to cut shrubs, saplings, and trees to install utilities, walkways, sewer, and drainage, and to accomplish such other work authorized by any permit issued to the Grantor in connection with the Grist Mill Pond Estates Subdivision, including, but not limited to, an Order of Conditions issued by the Conservation Commission, conditions of the Town of Medfield Planning Board incident to its approval of the Subdivision Plan, and conditions of any special permit issued by the Zoning Board of Appeals; and
5. With the prior written approval of the Town of Medfield Tree Warden (or equivalent municipal official should there be no Tree Warden), which approval shall be issued promptly and consistent with the intent of this Conservation Easement, the right to cut, trim, or prune, saplings, shrubs, and trees, the removal of which are reasonably necessary to secure and maintain a clear scenic view of the Kingsbury Pond from the houses on Lots 3, 4, and 5, provided such rights may only be exercised with respect to saplings, shrubs and trees located on the same Lot upon which such house is located.

This Conservation Easement does not grant to the Town, to the public generally, or to any other person, the right to enter the Easement Area, except that the Town, the Tree Warden, and his agent have the right to enter the Conservation Area after written notification to the then current owners of the land encumbered by this Conservation Easement of the time and date of an inspection to determine compliance. Said notice to be delivered at least forty-eight (48) hours prior to such inspection.

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Nothing in this Conservation Easement relieves the Grantor, his successors or assigns, the Town, its employees or agents, of the necessity of complying with the Massachusetts Wetlands Protection Act, Massachusetts General Laws Chapter 131, Section 40, the Town of Medfield Wetlands By-Law, any regulation issued under either, or any Order of Conditions issued by the Medfield Conservation Commission or the Massachusetts Department of Environmental Protection.

The Grantor and the Grantee shall have the right to enforce any of the provisions of this Conservation Easement or to appeal any decision made hereunder, including without limitation, any decision issued by the Town of Medfield Tree Warden concerning the removal of trees and vegetation from the Easement Area by commencing an action in the Superior Court for the County in which the Easement Area is located.

The burden of this Conservation Easement shall run with the land described above and shall be binding upon all future owners of any interest herein.

Grantor agrees to incorporate the terms of this Conservation Easement in any deed or other legal instrument by which Grantor divests himself of any interest in all or a portion of the Easement Area. The failure of the Grantor to perform any act required by this paragraph shall not impair the validity of the Conservation Easement or limit its enforceability in any way.



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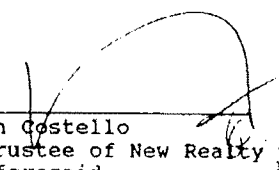
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For Grantor's title, see Deed of \_\_\_\_\_, dated  
\_\_\_\_\_, recorded in the Norfolk Registry of Deeds in Book  
\_\_\_\_\_, Page \_\_\_\_\_.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 30  
day of September, 1992.

  
Ralph Costello  
as Trustee of New Realty Trust  
as aforesaid

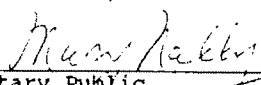
COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, ss.

9/30,

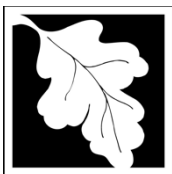
, 1992

Then personally appeared the above-named Ralph Costello and  
acknowledged the foregoing instrument to be his free act and  
deed, as Trustee as aforesaid, before me,

  
\_\_\_\_\_  
Notary Public  
My commission expires:

MARY P. NALLY  
NOTARY PUBLIC  
My Commission Expires June 18 1994





# Massachusetts Department of Environmental Protection

Bureau of Water Resources - Wetlands

## WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Municipality \_\_\_\_\_

### A. General Information

#### Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



#### 1. Applicant:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### 2. Property Owner (if different from Applicant):

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address (if known) \_\_\_\_\_

#### 3. Representative (if any)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address (if known) \_\_\_\_\_

### B. Project Description

#### 1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Latitude (Decimal Degrees Format with 5 digits after decimal  
e.g. XX.XXXXX)

Longitude (Decimal Degrees Format with 5 digits after  
decimal e.g. -XX.XXXXX)

Assessors' Map Number \_\_\_\_\_

Assessors' Lot/Parcel Number \_\_\_\_\_

#### b. Area Description (use additional paper, if necessary):

#### c. Plan and/or Map Reference(s): (use additional paper if necessary)

Title \_\_\_\_\_

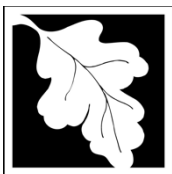
Date \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

[How to find Latitude and Longitude](#)

[and how to convert to decimal degrees](#)



**Massachusetts Department of Environmental Protection**

Bureau of Water Resources - Wetlands

**WPA Form 1- Request for Determination of Applicability**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

\_\_\_\_\_  
Municipality

**B. Project Description (cont.)**

2. a. Activity/Work Description (use additional paper and/or provide plan(s) of Activity, if necessary):

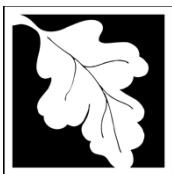
b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- ☐ Single family house on a lot recorded on or before 8/1/96
- ☐ Single family house on a lot recorded after 8/1/96
- ☐ Expansion of an existing structure on a lot recorded after 8/1/96
- ☐ Project, other than a single-family house or public project, where the applicant owned the lot before 8/7/96
- ☐ New agriculture or aquaculture project
- ☐ Public project where funds were appropriated prior to 8/7/96
- ☐ Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- ☐ Residential subdivision; institutional, industrial, or commercial project
- ☐ Municipal project
- ☐ District, county, state, or federal government project
- ☐ Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary).





Massachusetts Department of Environmental Protection

Bureau of Water Resources - Wetlands

**WPA Form 1- Request for Determination of Applicability**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Municipality \_\_\_\_\_

**C. Determinations**

1. I request the \_\_\_\_\_ make the following determination(s). Check any that apply:  
Conservation Commission

- ☐ a. whether the **area** depicted on plan(s) and/or map(s) referenced above is an area subject to jurisdiction of the Wetlands Protection Act.
- ☐ b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced above are accurately delineated.
- ☐ c. whether the **Activities** depicted on plan(s) referenced above is subject to the Wetlands Protection Act and its regulations.
- ☐ d. whether the area and/or Activities depicted on plan(s) referenced above is subject to the jurisdiction of any **municipal wetlands' ordinance** or **bylaw** of:

\_\_\_\_\_  
Name of Municipality

- ☐ e. whether the following **scope of alternatives** is adequate for Activities in the Riverfront Area as depicted on referenced plan(s).
- \_\_\_\_\_

**D. Signatures and Submittal Requirements**

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative (if any)

\_\_\_\_\_  
Date





## MASSACHUSETTS HOUSING PARTNERSHIP

# CHAPTER 40B TECHNICAL ASSISTANCE PROGRAM GUIDELINES FY 2025

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### OVERVIEW

The Massachusetts Housing Partnership (MHP) provides technical assistance to local Zoning Boards of Appeal (ZBA) in the review of permit applications for Comprehensive Permits pursuant to Chapter 40B of the Massachusetts General Laws (“Chapter 40B”) and the regulations promulgated there under at 760 C.M.R. 56.00 (the “Regulations”).

The purpose of the MHP Chapter 40B Technical Assistance Program is to assist the Zoning Board of Appeals, and other relevant municipal boards, in the review of specific Chapter 40B development proposals. MHP provides awards of up to \$15,000 to municipalities to pay for third-party consultants to work with the ZBA to increase local capacity and to assist in the review and permitting process for Chapter 40B Comprehensive Permit projects. Communities that have achieved 10% on the Subsidized Housing Inventory or that have been certified by EOHLIC to have an affordable housing inventory that is at or above 10% or exceeds 1.5% of the land zoned for residential, commercial or industrial use are not eligible for the 40B TA Program.

Since the inception of this program in 1999, most communities receiving technical assistance from MHP have successfully negotiated comprehensive permits on terms mutually agreeable to the municipality and the developer. In a small number of cases MHP’s technical assistance has resulted in the withdrawal of inappropriate Chapter 40B proposals or the denial of the permit by the community.

### PROCEDURES

#### Application Process

- The applicant contacts the MHP Chapter 40B technical assistance staff at any time to discuss a Chapter 40B development that has been filed or is likely to be filed with the ZBA.
- Applications are accepted by MHP after an initial phone intake.
- An application for technical assistance will only be accepted and reviewed by MHP after the comprehensive permit application has been filed with the ZBA,
- Applicants can request a pre-hearing training on 40B for the Zoning Board and other town staff, boards and committees.
- The MHP application must include:
  - a copy of the Project Eligibility Letter from the subsidizing agency,
  - the comment letter the municipality sent to the Subsidizing Agency, and
  - any Local Rules for Comprehensive Permits the ZBA may have adopted
- The application must be signed by both the ZBA Chair and the Chief Elected Official.
- MHP strongly recommends interested communities contact MHP early in the process to facilitate the engagement of a qualified consultant *prior* to the start of the first public hearing. MHP reserves the right to reject an application for assistance after the hearing has opened.

- MHP typically completes a review within 10 days of the receipt of a complete of the application and, if approved, sends an award letter to the applicant community.

### **Consultant Services**

- Prior to receiving an award a community must select a consultant from MHP's list of Program Consultants.
- Program Consultants are responsible for
  - providing technical assistance to the municipality in understanding the Chapter 40B permitting and review process;
  - assisting in identifying areas needing additional study or technical information; and
  - facilitating constructive discussions between the developer and the ZBA.
- The Program Consultant's role in providing comprehensive Chapter 40B technical assistance does not replace the role of the municipality's legal counsel. However, in accepting the technical assistance award, the municipality agrees that the consultant will be the lead consultant for the project and will assist in assessing the need for additional technical assistance including peer review consultants.
- Program Consultants are limited to contracting with a maximum of 3 communities at one time. Exceptions may be made for consultants who have previously contracted with communities under the Program.

### **Uses of Technical Assistance Funds**

- MHP Program staff will work with the applicant community to determine the amount of the technical assistance award. A maximum of \$15,000 is available for the first award to a given community with a typical award amount of up to \$10,000 for subsequent requests.
- For communities with multiple simultaneous 40B projects, MHP reserves the right to limit the total amount of funds awarded at any given time to a community.
- An award under the Program does not fund or take the place of services that are typically the financial responsibility of the developer, such as peer review for engineering, traffic, architecture and other technical issues eligible for funding under M.G.L. c. 44 Sec. 53G.
- Legal costs for municipal counsel and mediation services are not within the scope of this Program.

### **Contracting and Payment**

- MHP will contract with the Program Consultant selected by the applicant, who will be an independent contractor of MHP and will render the contracted services directly to the community. The Program Consultant shall perform the services in a professional, independent, impartial manner in accordance with Chapter 40B, the Regulations, DHCD's Guidelines for Ch. 40B Comprehensive Permit Projects, and the 40B Consultant Program Guidelines
- MHP will furnish a copy of the signed contract to the municipality, which will contain a scope of work.
- The Program Consultant shall submit invoices directly to MHP for payment. MHP will request authorization for payment from the municipality prior to making a payment to the Program Consultant. However, if no response by the municipality is received within 5 business days, approval will be assumed.

### **Reporting and Evaluation**

- MHP requests that the municipality notify MHP if the Chapter 40B permit application is withdrawn by the developer or if for any reason the technical assistance award funds are no longer needed.
- MHP requires that a copy of the final ZBA decision be sent to MHP at the time the decision is issued and filed with the Clerk's office.

To speak to MHP staff about your Chapter 40B project and to request an application for technical assistance contact Emma McGurren at [emcgurren@mhp.net](mailto:emcgurren@mhp.net) or 857-317-8517.



Date: \_\_\_\_\_

## Ch. 40B Technical Review Assistance Application

Please speak to Community Assistance staff to discuss your project before requesting an application.

Emma McGurren: emcgurren@mhp.net or 1-857-317-8517.

### CONTACT INFORMATION

Municipal Contact Name & Title		ZBA Chair		Chief Elected Official Name & Title	
Address		Address		Address	
City/Town/Zip		City/Town/Zip		City/Town/Zip	
Phone		Phone		Phone	
Email		Email		Email	

### PROJECT INFORMATION

Project Name:	Developer:
Principals:	Attorney:
Consultants:	Engineer:
Project Address:	

### DEVELOPMENT SITE & ZBA MEETINGS

Number of Units Proposed: Total \_\_\_\_\_ Affordable \_\_\_\_\_

Project Type: Rental ☐ Homeownership ☐

Size of Site: \_\_\_\_\_ acres

Age-restricted? Yes ☐ No ☐

Date Permit Application Filed with ZBA: \_\_\_\_\_

First Hearing Date? \_\_\_\_\_

Is 1st Hearing within 30 days of application? Yes ☐ No ☐

**A letter agreeing to an extension to the 30 day deadline was received with the application**

Day/Time ZBA meets? \_\_\_\_\_

Have hearings been held already for this project? Yes ☐ No ☐

If Yes, dates? \_\_\_\_\_

ZBA hearings are held:

In person \_\_\_\_\_ Virtually \_\_\_\_\_ Hybrid \_\_\_\_\_

ZBA would expect the consultant to attend meetings & hearings:

In person \_\_\_\_\_ Virtually \_\_\_\_\_ No preference \_\_\_\_\_

## SITE APPROVAL/ELIGIBILITY LETTER:

What is the source of the project eligibility letter? \_\_\_\_\_

Date of Project Eligibility Letter \_\_\_\_\_

Please provide a copy of the letter with this application.

Did the municipality submit comments to the Subsidizing Agency? Yes ☐ No ☐

Please provide a copy of the comment letter with this application.

What specific review issues would you like assistance?

What are the main municipal concerns with the project?

Does municipal staff or ZBA members have prior experience reviewing comprehensive permits ?

Yes ☐ No ☐ If yes, how much? \_\_\_\_\_

Does the municipality have a Housing Production Plan that addresses affordable housing?

Yes ☐ No ☐

If yes, is the plan approved by EOHLC? Yes ☐ No ☐ Certified? Yes ☐ No ☐

Has the municipality adopted Comprehensive Permit review rules? Yes ☐ No ☐

*If yes, please include a copy of the rules with this application.*

Who is the counsel/attorney for the ZBA on this project?

Please list the Comprehensive Permit applications submitted to the municipality in the last 5 years .

NAME OF PROJECT	FUNDING SOURCE	APPROVED/DENIED	DATE

Which consultant does the ZBA prefer?

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CHIEF ELECTED OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF ZBA CHAIR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



## **AMBULANCE SERVICE MEDICATION EXCHANGE AGREEMENT**

This Ambulance Service Medication Exchange agreement (“Agreement”) is made and entered into effective the \_\_\_\_ day of \_\_\_\_\_ 2025 ("Effective Date"), by and between town of Medfield, Medfield Fire (Ambulance Service”), with a principle place of business at 112 North St Medfield, MA , and BMC Community Hospital Corporation d/b/a Good Samaritan Medical Center, Inc., with a corporate place of business at One Boston Medical Center Place, Boston, MA 02118 (“Hospital”) (individually referred to as a “Party”, and collectively referred to as the “Parties”).

WHEREAS, the Ambulance Service operates an ambulance service that is licensed to provide pre-hospital emergency medical services at the Basic Life Support (“BLS”) and/or Advanced Life Support (“ALS”) levels (“Services”), and employs or otherwise contracts with qualified emergency medical technicians (“EMTs”) certified at the appropriate level of care to allow the Ambulance Service to deliver Services; and

WHEREAS, the Hospital is an acute care hospital located in the Commonwealth of Massachusetts with a pharmacy able to replenish or restock medications used by the ambulance service.

NOW, THEREFORE, in consideration of the recitals above and the mutual covenants contained herein and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Ambulance Service and Hospital agree as follows:

1. The Hospital shall establish policies and procedures, copies of which shall be available upon request, through which the Ambulance Service may obtain medications from the Hospital's pharmacy. The Ambulance Service agrees to adhere to such policies and procedures.
2. It is the intent of both the Hospital and Ambulance Service that any replenishing of medications or medical supplies comply with the ambulance replenishing safe harbor to the federal Anti-Kickback Statute at 42 C.F.R. §1001.952(v).
3. The Ambulance Service agrees to staff its ambulances with EMTs fully trained, oriented, and certified at the appropriate level to provide the Services contemplated by this Agreement. The Ambulance Service shall provide patient care in accordance with the Emergency Medical Services Statewide Treatment Protocols, and further agrees that all services provided pursuant to this Agreement shall be performed in compliance with all applicable standards set forth by law or ordinance or established by the rules and regulations of any federal, state, or local agency, department, commission, association, or other pertinent governing, accrediting, or advisory body, including but not limited to, the Office of Emergency Medical Services (“OEMS”).
4. The Ambulance Service shall provide effective physical security controls against theft and other diversion of medications in its possession. The Ambulance Service shall report any thefts of controlled substances as required by law. The Ambulance Service



shall be solely responsible and liable for the loss or diversion of any medications that were in its possession or the possession of its employees, representatives, or agents.

5. Ambulance Service will supply the Hospital's Director of Pharmacy Services with a list of all other facilities that the Ambulance Service exchanges or replenishes medications at **Exhibit A**, and will notify the Director of Pharmacy Services if this information changes.
6. Ambulance Service agrees to supply a current and regularly updated list of its EMTs that are authorized by Ambulance Service to exchange medications on the Ambulance Service's behalf. Ambulance Service agrees to promptly notify the Director of Pharmacy Services of all changes involving EMTs, including all newly hired EMTs and those individuals who are terminated/terminated their arrangement with the Ambulance Service, or those who are suspended or otherwise not providing services. Notifications shall be made in writing no less than twenty-four (24) hours following a change in EMT staffing.
7. Ambulance Service shall maintain, or cause the EMTs to maintain, adequate professional liability insurance in the amount of One Million (\$1,000,000) per occurrence with a Five Million (\$5,000,000) annual aggregate or in such scope and amount as satisfies all applicable federal, state and local laws, whichever is greater.
8. **TERM AND TERMINATION.** The Parties agree as follows:
  - a. The initial term of this Agreement shall be for two (2) years commencing on the Effective Date. Thereafter, this Agreement shall renew annually, subject to any updates, unless either Party provides written notice of non-renewal at least thirty (30) days prior to the expiration of the then current term.
  - b. Either Party may terminate this Agreement at any time without cause upon ninety (90) days written notice to the other Party.
  - c. Either Party may terminate this Agreement with cause upon thirty (30) days written notice (which notice shall include the details of the nature and extent of the breach and specify the effective date of termination) if the other Party materially breaches any provision of this Agreement and does not cure such breach to the reasonable satisfaction of the non-breaching Party within such thirty (30) day period.
  - d. The Hospital may terminate this Agreement immediately upon the occurrence of any of the following events:
    - i. Any conduct of the Ambulance Service, its EMTs, or its employees or agents which jeopardize the health, safety, or welfare of any person, or the safety, reputation, or the regular functions of the Hospital; or
    - ii. The loss of any license, certification, or permit necessary for the Ambulance Service's provision of Services hereunder;
    - iii. The Ambulance Service's failure to pay any amount due under this

Agreement within thirty (30) days.

- iv. If the Ambulance Service or any of its officers, employees and/or agents are debarred, suspended, or excluded from participation in any federally funded health care program, as defined under 42.U.S.C. § 1320a- 7b(f), or any form of state Medicaid program (see Section 11 of this Agreement).

**9. INDEMNIFICATION.** The Parties agree to indemnify, defend and hold each other harmless as follows:

- a. The Ambulance Service will indemnify and hold the Hospital harmless from all claims, actions, liability, or expenses (including costs or settlements, judgments, court costs, and attorney's fees, regardless of the outcome of such claim or action) caused by or resulting from alleged negligent or intentional actions or omissions of the Ambulance Service, its employees or agents, or any failure to perform any obligation undertaken or any covenant made by the Ambulance Service under this Agreement.
- b. Hospital will indemnify and hold the Ambulance Service harmless from all claims, actions, liability, or expenses (including costs or settlements, judgments, court costs, and attorney's fees, regardless of the outcome of such claim or action) caused by or resulting from alleged negligent or intentional actions or omissions of the Hospital, its employees or agents, or any failure to perform any obligation undertaken or any covenant made by the Hospital under this Agreement. Notwithstanding any provision of the foregoing, the indemnification obligations of Hospital as set forth herein shall be satisfied only through, and to the extent of, payments or reimbursements resulting from the insurance coverage maintained by Hospital at the time at which the underlying claim arose as set forth in this Agreement.

**10. CONFIDENTIALITY.** The Parties agree as follows:

- a. The Ambulance Service shall not disclose to any third Party, except where permitted or required by law or where such disclosure is expressly approved in writing, any patient or medical record information regarding a patient of the Hospital. The Ambulance Service and its employees and agents shall comply with all federal and state laws and regulations, and all rules, regulations, and policies of the Hospital regarding the confidentiality of such information, including without limitation the Standards for the Protection of Personal Information of Residents of the Commonwealth (201 CMR § 17.00 et seq.), the Massachusetts security breach laws (M.G.L. c. 93H), and the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, as amended from time to time.
- b. Each Party to this Agreement, by virtue of entering into this Agreement, will have access to certain information of the other Party that is confidential and constitutes valuable, special and unique property of the other Party. Each Party agrees that it will not at any time, either during or subsequent to the term of this

Agreement, disclose to others, use, copy or permit to be copied, without the other Party's express prior written consent, except pursuant to its duties hereunder, any confidential or proprietary information of the other Party, including, but not limited to, costs, prices, and treatment methods at any time used, developed or made by the other Party, and which is not otherwise available to the public.

11. **NO EXCLUSION.** Ambulance Service represents and warrants that neither it, nor any of its officers, employees and agents are presently debarred, suspended, or excluded from participation in any federally funded health care program, as defined under 42.U.S.C. § 1320a- 7b(f), or any form of state Medicaid program, and to Ambulance Service's knowledge, there are no pending or threatened governmental investigations that may lead to such exclusion. The Ambulance Service shall notify the Hospital immediately (but in no event more than seven (7) days) if it acquires knowledge of any threatened, proposed, or actual debarment, suspension, or exclusion from any federally funded health care program, including Medicare and Medicaid. In the event the Ambulance Service, its officers, employees or agents are debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in any federally funded health care program during the term of this Agreement, the Hospital may, at its discretion, immediately terminate this Agreement in its entirety, or may choose to immediately terminate this Agreement solely with respect to the excluded person.
12. **COMPLIANCE.** Ambulance Service acknowledges and understands that the Hospital has adopted and implemented a corporate compliance program designed to promote prevention and resolution of conduct that does not conform to federal and state statutory and regulatory requirements and the requirements of third-party payor programs, as well as the Hospital's own ethical and business policies. The Ambulance Service represents and covenants that it will: (a) comply with all applicable federal and state statutes and regulations, third-party requirements; and (b) report to the Hospital in writing any known or suspected violations of any statutory or regulatory provision, and/or third-party payor requirements.
13. **ACCESS TO RECORDS.** Upon the written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, the Ambulance Service will make available those contracts, books, documents, and records necessary to verify the nature and extent of the costs of providing ambulance services under this Agreement. Such inspection shall be available up to four (4) years after the rendering of such ambulance services. If the Ambulance Service carries out any of the duties of this Agreement through a subcontract with a value of \$10,000 or more over a 12-month period with a related individual or organization, the Ambulance Service agrees to include this requirement in any such subcontract. This section is included pursuant to and is governed by the requirements of Public Law 96-499, 952 (186l(v)(l) of the Social Security Act) and the regulations promulgated thereunder. No attorney- client, accountant-client or other legal privilege will be deemed to have been waived by the Hospital or the Ambulance Service by virtue of this Agreement.

**14. MISCELLANEOUS.** The Parties agree as follows:

- a. **Governing Law.** This Agreement and the rights and obligations of the Parties hereunder shall be governed by and construed according to the laws of the Commonwealth of Massachusetts.
- b. **Entire Agreement.** This Agreement contains the entire understanding of the Parties with respect to the subject matter hereof, and supersedes all prior agreements, oral or written, and all other communications between the Parties relating to such subject matter.
- c. **Modification.** This Agreement may not be amended or modified except by mutual written agreement of the Parties.
- d. **Notices.** All notices hereunder by either Party to the other shall be in writing, delivered personally by certified or registered mail, return receipt requested, or by Federal Express or Express Mail, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, in the case of the Hospital to the President with an address of 235 North Pearl Street, Brockton, MA 02301 with a copy to the Office of the General Counsel with an address of One Boston Medical Center Place, Boston, MA 02118, and in the case of the Ambulance Service to the Chief Executive Officer to the address provided above.
- e. **Waiver.** A waiver by either Party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.
- f. **Referrals.** The Parties acknowledge that none of the benefits granted Ambulance Service hereunder are conditioned on any requirement that Ambulance Service generate business for Hospital. None of the medical control or other services provided to Ambulance Service or obligations satisfied by the Hospital in connection with this Agreement are conditioned on any requirement that Hospital or Hospital staff make referrals to, or be in a position to make or influence referrals to, or otherwise generate business for Ambulance Service. The Parties further acknowledge that Hospital is not restricted from referring any patient to, or otherwise generating business for any other ambulance service provider of Hospital's choosing.
- g. **Non-Discrimination.** The Ambulance Service shall comply with Title VI of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to regulations of the U.S. Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that Title, to the end that, no person in the United States shall, on the ground of race, color, sex, religion, or national origin, be excluded from participation in, be denied for benefits of, or be otherwise subjected to discrimination under any program or activity for which Federal funds are used in support of the Ambulance Service's activities.

- h. Assignment. Neither Party may assign this Agreement without the express prior written consent of the other Party; provided, however, that the Hospital may assign this Agreement without the consent of the Ambulance Service to any entity controlling, controlled by, or under common control with the Hospital or to any entity which purchases all, or substantially all, of the assets of the Hospital.
- i. The Parties agree to review this Agreement at least annually and make any updates necessary to ensure it is consistent with current practice. In performing their respective obligations under this Agreement, the Parties each agree to be responsive, in a timely manner, to the other Party's concerns and needs.
- j. The Parties agree to notify the Massachusetts Department of Public Health and/or OEMS in writing of any changes altering the specifics of this Agreement.
- k. Authorization. By execution hereof, the undersigned signatory for the Ambulance Service represents that the Ambulance Service has taken all steps and obtained all authorizations and approvals necessary to execute and perform this Agreement.

***[Intentionally Left Blank – Signature Page Follows]***

IN WITNESS WHEREOF, the Parties have caused this instrument to be executed in their names and on their behalf, or by a duly authorized officer thereof, as of the Effective Date.

**BMC COMMUNITY HOSPITAL CORPORATION d/b/a GOOD SAMARITAN  
MEDICAL CENTER**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **AMBULANCE SERVICE**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Exhibit A**

**List of Facilities that Ambulance Service works with to Replenish Medications**

(Ambulance Service must list all facilities that it exchanges or replenishes medications with)







Bellforge Arts Center 2025

Request for 1 day all-alcohol permits, contact: Jean Mineo, Ex. Dir. [jmineo@bellforge.org](mailto:jmineo@bellforge.org)

#	Date and Time	Raindate	Service Area	Purpose
1	Sat. May 10, 2 pm – 6 pm	Sun. May 11	please See map	Mother's day themed event: yoga, workshops, Women in Music partner
2	Sat. May 31, 2 pm - 6 pm	Sun. June 1		Pride Festival
3	Sat. June 7, 2 pm – 6 pm	Sun. June 8		FieldFest local music
4	Sat. June 14, 2 pm – 6 pm	Sun. June 15		Youth Selected Programs
5	Sat. June 21, 2 pm – 6 pm	Sun. June 22		Juneteenth and Solstice
6	Wed. June 25, 6 pm – 9 pm	None		Summer Sounds
7	Wed. July 9, 6 pm – 9 pm	None		Summer Sounds
8	Wed. July 16, 8 pm – 10 pm	None		Movie Night
9	Wed. July 23, 6 pm – 9 pm	None		Summer Sounds
10	Thurs. July 24, 5 pm – 8 pm	None		Theatre production
11	Fri. July 25, 5 pm – 8 pm	None		Theatre production
12	Sat. July 26, 5 pm – 8 pm	None		Theatre production
13	Wed. July 30, 8 pm – 10 pm	None		Movie Night
14	Wed. Aug. 6, 6 pm – 9 pm	None		Summer Sounds
15	Wed. Aug. 13, 8 pm – 10 pm	None		Movie Night
16	Wed. Aug. 20, 6 pm – 9 pm	None		Summer Sounds
17	Wed. Aug. 27, 8 pm – 10 pm	None		Movie Night
18	Sat. Sept. 6, 4 pm – 7 pm	Sun. Sept. 7		Live music
19	Sat. Sept. 13, 4 pm – 7 pm	Sun. Sept. 14		Live music
20	Sat. Sept. 20, 4 pm – 7 pm	Sun. Sept. 21		Live music/MetroFest
21	Sat. Oct. 11, 2 pm – 6 pm	Sun. Oct. 12		RocktoberFest
22	Sat. Oct. 25, 2 pm – 6 pm	Sun. Oct. 26		Illuminate parade / End of season celebration

**Not to Scale / Will coordinate with Trinity's infrastructure installation**



Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Frank Gervasio**  
*Assistant Town Administrator*

*Office of the Select Board*

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

**As of July 18, 2023**

SamRM

Conditions:

**Select Board**  
Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Kristine Trierweiler**  
*Town Administrator*

**Frank Gervasio**  
*Assistant Town Administrator*

## TOWN OF MEDFIELD

### *Office of the Select Board*

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

### ONE DAY LIQUOR LICENSE APPLICATION

**As of July 18, 2023**

Applicants Name: Bellforge Arts Center Email: jmineo@bellforge.org

Street Address: 45 Hospital Road Telephone: 617-877-5158

City/Town, State: Medfield, MA

Event and Purpose:

3rd annual Pride Festival with live music, guest speakers, vendors

Location of Event: Medfield State Hospital, front lawn

Date and Hours of Event: Sat. May 31 2 pm - 6 pm (raindate: Sun. June 1 2 pm - 6 pm)

Type of License Requested: All Alcohol ☒ Or Malt/Wine only ☐

Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐

Copy of Valid Bartender Trainings attached: Yes ☒ No ☐

Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐

If Requested All Alcohol License, proof of non-profit status attached: Yes ☒ No ☐

Signature of Applicant

Date filed

Licensing Authority Signature

Date approved

Conditions: \_\_\_\_\_

Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Frank Gervasio**  
*Assistant Town Administrator*

*Office of the Select Board*

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**As of July 18, 2023**

SanRM

Conditions:



**Select Board**  
Osler L. Peterson, Chair  
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Gustave H. Murby, Member



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### ONE DAY LIQUOR LICENSE APPLICATION

**As of July 18, 2023**

Applicants Name: Bellforge Arts Center Email: jmineo@bellforge.org

Street Address: 45 Hospital Road Telephone: 617-877-5158

City/Town, State: Medfield, MA

Event and Purpose:

Four outdoor movie nights celebrating anniversaries of iconic movies (no rain dates)

Location of Event: Medfield State Hospital, front lawn

Date and Hours of Event: 8 pm - 10 pm on July 16, July 30, Aug. 13 and Aug. 27

Type of License Requested: All Alcohol ☒ Or Malt/Wine only ☐

Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐

Copy of Valid Bartender Trainings attached: Yes ☒ No ☐

Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐

If Requested All Alcohol License, proof of non-profit status attached: Yes ☒ No ☐

Signature of Applicant

Date filed

Licensing Authority Signature

Date approved

Conditions: \_\_\_\_\_

Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Frank Gervasio**  
*Assistant Town Administrator*

*Office of the Select Board*

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

**As of July 18, 2023**

Conditions:

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**As of July 18, 2023**

Conditions:

**Select Board**  
Osler L. Peterson, Chair  
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**Kristine Trierweiler**  
*Town Administrator*

**Frank Gervasio**  
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## TOWN OF MEDFIELD

### *Office of the Select Board*

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

### ONE DAY LIQUOR LICENSE APPLICATION

**As of July 18, 2023**

Applicants Name: Bellforge Arts Center Email: jmineo@bellforge.org

Street Address: 45 Hospital Road Telephone: 617-877-5158

City/Town, State: Medfield, MA

Event and Purpose:

Rock the 'Forge live music event

Location of Event: Medfield State Hospital, front lawn

Date and Hours of Event: Sat. Oct. 11 2 pm - 6 pm (raindate Sun. Oct. 12 2 pm - 6 pm)

Type of License Requested: All Alcohol ☒ Or Malt/Wine only ☐

Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐

Copy of Valid Bartender Trainings attached: Yes ☒ No ☐

Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐

If Requested All Alcohol License, proof of non-profit status attached: Yes ☒ No ☐

Signature of Applicant

Date filed

Licensing Authority Signature

Date approved

Conditions: \_\_\_\_\_

**Select Board**  
Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Kristine Trierweiler**  
*Town Administrator*

**Frank Gervasio**  
*Assistant Town Administrator*

## TOWN OF MEDFIELD

### *Office of the Select Board*

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

### ONE DAY LIQUOR LICENSE APPLICATION

**As of July 18, 2023**

Applicants Name: Bellforge Arts Center Email: jmineo@bellforge.org

Street Address: 45 Hospital Road Telephone: 617-877-5158

City/Town, State: Medfield, MA

Event and Purpose:  
End of season live music celebration followed by illuminate lantern parade around core campus

Location of Event: Medfield State Hospital, front lawn

Date and Hours of Event: Sat. Oct. 25 2 pm - 6 pm, followed by parade (raindate Sun. Oct. 26 2 pm - 6 pm)

Type of License Requested: All Alcohol ☒ Or Malt/Wine only ☐

Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐

Copy of Valid Bartender Trainings attached: Yes ☒ No ☐

Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐

If Requested All Alcohol License, proof of non-profit status attached: Yes ☒ No ☐

Signature of Applicant

Date filed

Licensing Authority Signature

Date approved

Conditions: \_\_\_\_\_

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 25 2015

CULTURAL ALLIANCE OF MEDFIELD  
459 MAIN STREET  
MEDFIELD, MA 02052-0000

Employer Identification Number:  
47-3735323  
DLN:  
26053570002115  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
May 4, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

CULTURAL ALLIANCE OF MEDFIELD

Sincerely,

*Tamara Rippanda*

Director, Exempt Organizations

Letter 5436

OGDEN UT 84201-0046

In reply refer to: 0423220055  
Jan. 19, 2023 LTR 252C 0  
47-3735323 000000 00  
00007951  
BODC: TE

CULTURAL ALLIANCE OF MEDFIELD  
DBA BELLFORGE ARTS CENTER  
% JEAN MINEO  
459 MAIN ST  
MEDFIELD MA 02052-2009

031100

Taxpayer Identification Number: 47-3735323

Dear Taxpayer:

Thank you for the inquiry dated Aug. 04, 2022.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at [www.irs.gov](http://www.irs.gov) or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,

*Cynthia Crowell*

Cynthia J. Crowell  
Department Manager, Entity

Enclosure(s):  
Copy of this letter





Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0038

048512.504315.357395.8349 1 AB 0.507 372



CULTURAL ALLIANCE OF MEDFIELD  
DBA BELLFORGE ARTS CENTER  
258 MAIN ST UNIT 1  
MEDFIELD MA 02052-2000

For your reference	
Notice name	CP148A
Notice date	March 27, 2023
Employer ID number	XX-XXX5323
<b>For more information</b>	
Visit <a href="https://irs.gov/cp148a">irs.gov/cp148a</a> to learn more about this notice and what to do and avoid waiting on the phone.	



## We changed your mailing address

We updated your mailing address in our records because the address entered on a tax return or Form 8822-B was different from the one in our records. We will now mail notices and letters to the address above. In addition, we sent an address confirmation notice to your previous mailing address.

### What does this mean

- Our update may be for minor changes in word and abbreviations (e.g., ST instead of Street). We recommend you verify your full address, abbreviations, and zip code using the United State Postal Service (USPS) address look up tool. This will ensure your address meets the mailing standards and avoid minor changes from happening in the future.
- Review your most recent filed returns or Form 8822-B to verify that an address update was required.
- If your address should not have been changed, you can call us at 800-829-0115, visit [irs.gov/addresschange](https://irs.gov/addresschange) for more information or write to us at the address in upper left corner.
- **Caution for employers regarding third party payroll providers:**
  - If we find any issues with an account, we send a letter or notice to your address of record. We strongly caution any employer against changing the address of record to that of a payroll service provider or other third party as it may significantly limit our ability to inform the employer of tax matters involving the business.
  - The employer is ultimately responsible for depositing and paying all federal employment tax liabilities.
  - For more information visit [irs.gov/outsourcing-payroll-duties](https://irs.gov/outsourcing-payroll-duties).
- Keep this notice for your records.
- Please be sure you (or your tax preparer) always enter your correct mailing address on tax returns in exactly the same way every time you file unless you change your mailing address after you filed your last return.



A 360TRAINING COMPANY

## CERTIFICATE OF COMPLETION

This certifies that

**John Francis Collins**

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**



Hours  
3.00



Completion Date  
08/31/2023



Expiration Date  
08/30/2026



Certificate #  
ON-000029600636

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)

**TIPS** On-Premise

Issued: 08/31/2023

Certificate #: ON-000029600636

John Francis Collins

86 Adams Street  
Medfield

MA 02052

**CERTIFIED**

Expires: 08/30/2026

**TIPS**

**360**  
TRAINING

A 360TRAINING COMPANY

Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.



## CERTIFICATE OF COMPLETION

This certifies that

**John Crichton**

is awarded this certificate for

**TIPS Concessions Alcohol Training**



Hours  
3.00



Completion Date  
03/04/2023



Expiration Date  
03/03/2026



Certificate #  
000028258478

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)



Issued: 03/04/2023

Certificate #: 000028258478

John Crichton

6 Flint Locke Lane  
Medfield

MA 02052

**CERTIFIED**

Expires: 03/03/2026



Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_





## CERTIFICATE OF COMPLETION

This certifies that

**Patrick Floody**

is awarded this certificate for

**TIPS Concessions Alcohol Training**



Hours  
3.00



Completion Date  
03/03/2023



Expiration Date  
03/02/2026



Certificate #  
000028258476

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | [www.360training.com](http://www.360training.com)



(CUT HERE)



(CUT HERE)

FOLD



Concessions

Issued: 03/03/2023

Certificate #: 000028258476

Patrick Floody

15 Juniper Lande

Medfield

MA 02052

**CERTIFIED**

Expires: 03/02/2026



A 360TRAINING COMPANY

Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_





**CERTIFICATE OF COMPLETION**

This certifies that

**Jonathan Gray**

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**

Hours  
3.00

Completion Date  
02/25/2025

Expiration Date  
02/25/2028

Certificate #  
CN-000036248210

*Jonathan Gray*  
Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

1504 Bridge Point Parkway, Suite 100 | Austin, TX 78733 | [www.360training.com](http://www.360training.com)



**CERTIFIED**

Expires 02/25/2028

Jonathan Gray  
21 North Street, Suite 100, Dallas, TX 75201



Phone: 800-418-8477  
[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_

<

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3

...



## CERTIFICATE OF COMPLETION

This certifies that

**Lou Masella**

is awarded this certificate for

**TIPS Concessions Alcohol Training**



Hours  
3.00



Completion Date  
03/03/2023



Expiration Date  
03/02/2026



Certificate #  
000028258477

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)



Issued: 03/03/2023

Certificate #: 000028258477

Lou Masella  
3 ALDER RD  
Medfield

MA 02052

**CERTIFIED**

Expires: 03/02/2026



Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_



## CERTIFICATE OF COMPLETION

This certifies that

**Claire McNulty**

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**



Hours  
3.00



Completion Date  
07/18/2023



Expiration Date  
07/17/2026



Certificate #  
ON-000029292633

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | [www.360training.com](http://www.360training.com)



(CUT HERE)



(CUT HERE)

FOLD



Issued: 07/18/2023

Certificate #: ON-000029292633

Claire McNulty

41 Blacksmith Drive  
Medfield

MA 02052

**CERTIFIED**

Expires: 07/17/2026



Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_



## CERTIFICATE OF COMPLETION

This certifies that

**Emma Somol**

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**



Hours  
3.00



Completion Date  
07/12/2023



Expiration Date  
07/11/2026



Certificate #  
ON-000029218131

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | [www.360training.com](http://www.360training.com)



(CUT HERE)



(CUT HERE)

FOLD



On-Premise

Issued: 07/12/2023

Certificate #: ON-000029218131

Emma Somol

11 Woodland Rd

Dover

MA 02030

**CERTIFIED**

Expires: 07/11/2026



Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_





## CERTIFICATE OF COMPLETION

This certifies that

**Mark Somol**

is awarded this certificate for

**TIPS Concessions Alcohol Training**



Hours  
3.00



Completion Date  
09/14/2024



Expiration Date  
09/14/2027



Certificate #  
000034758974

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)

FOLD



Issued: 09/14/2024

Certificate #: 000034758974

Mark Somol

11 Woodland Road  
Dover

MA 02030

**CERTIFIED**

Expires: 09/14/2027



Phone: 800-438-8477

[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cleary Insurance Inc 226 Causeway Street  Boston MA 02114-2155	<b>CONTACT NAME:</b> Wendy Smith <b>PHONE (A/C, No, Ext):</b> (617) 723-0700 <b>E-MAIL ADDRESS:</b> wsmith@clearyinsurance.com <b>FAX (A/C, No):</b> (617) 723-7275
<b>INSURED</b> Cultural Alliance of Medfield, Inc. dba Bellforge Arts Center 258 Main Street, Unit 1  Medfield MA 02052	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Co. <b>INSURER B:</b> BCS Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 18058 38245

**COVERAGES****CERTIFICATE NUMBER:** 2024.25 Liability**REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR includes host Liquor Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2555440-003	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PHPK2555440-003	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$	Y	Y	PHUB864345-003	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Cyber Liability			RPS-P-1217665M	07/01/2024	07/01/2025	each occurrence \$1,000,000 aggregate \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Town of Medfield Listed as an additional insured per written contract. This policy includes special event with Liquor Liability coverage per form PI-SE-001 MA 0919

**CERTIFICATE HOLDER****CANCELLATION**

Town of Medfield 459 Main Street  Medfield MA 02052	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
--	---

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**Select Board**  
Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Kristine Trierweiler**  
Town Administrator

**Frank Gervasio**  
Assistant Town Administrator

## TOWN OF MEDFIELD

### Office of the Select Board

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

### ONE DAY LIQUOR LICENSE APPLICATION

As of July 18, 2023

Applicants Name: Robert Barossi Email: rbarossie@etrustees.org  
Street Address: 38 Hartford St Telephone: 774-219-6321  
City/Town, State: Medfield, MA 02052

Event and Purpose: Rock the Woods Outdoor Music Festival

Location of Event: Rocky Woods Reservation, 38 Hartford St.  
Date and Hours of Event: 6/7/25 12:00 - 5:00 PM Medfield, MA 02052

Type of License Requested: All Alcohol ☒ Or Malt/Wine only ☐

Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐

Copy of Valid Bartender Trainings attached: Yes ☒ No ☐

Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐

If Requested All Alcohol License, proof of non-profit status attached: Yes ☒ No ☐

Robert Barossi  
Signature of Applicant

3/5/25  
Date filed

\_\_\_\_\_  
Licensing Authority Signature

\_\_\_\_\_  
Date approved

Conditions: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 470 Atlantic Avenue Boston MA 02210		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 617-261-6700 <b>FAX (A/C, No):</b> 617-646-0400 <b>E-MAIL ADDRESS:</b>	
License#: BR-724491		<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURED The Trustees of Reservation 200 High Street, 4th Floor Boston MA 02210		<b>INSURER A:</b> Philadelphia Indemnity Insurance Company	
TRUSOFR-01		<b>INSURER B:</b> Navigators Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 261575310**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	PHPK2537003	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR LIABILITY \$ 1,000,000
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2537006	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		Y	PHUB857854	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
B A	Excess Liability SEXUAL/PHYSICAL ABUSE OR MOLESTATION			NY23EXRZ04W1CIV PHPK2537003	4/1/2023 4/1/2023	4/1/2024 4/1/2024	Excess Limit \$10,000,000 Occurrence Limit \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured's:  
The Trustees of Reservation  
Boston Natural Areas Network  
The Farm Institute  
The Massachusetts Land Conservation Trust  
Hilltown Land Trust  
Fruitlands Museum  
deCordova  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Town of Medfield  
459 Main Street  
Medfield MA 02052

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Arthur J. Gallagher Risk Management Services, LLC		<b>NAMED INSURED</b> The Trustees of Reservation 200 High Street, 4th Floor Boston MA 02210
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

deCordova Museum and Sculpture Park  
 deCordova and Dana Museum and Park

Town of Medfield is included as additional insured with respect to the general liability policy; as their interests may appear through written contract or agreement; in accordance with policy terms and conditions.



**This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.**  
Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention Procedures) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



Sincerely,

Adam F. Chafetz  
HCI President

ID#: 5531843    Name: Rob Barossi  
Exam Date: 8/14/2021    Expiration Date: 8/14/2024



**CERTIFIED**  
eTIPS On Premise 3.1

Issued: 8/14/2021    Expires: 8/14/2024  
ID#: 5531843

Rob Barossi  
Trustees of Reservations  
Appleton Farms  
219 County Rd  
Ipswich, MA 01938-2725

For service visit us online at [www.gettips.com](http://www.gettips.com)



Commonwealth of Massachusetts  
Department of Revenue  
Christopher C. Harding, Commissioner

mass.gov/dor

Letter ID: L0634754688  
Notice Date: December 3, 2018  
MA Taxpayer ID: 11172891



## CERTIFICATE OF EXEMPTION



TRUSTEES OF RESERVATIONS THE  
200 HIGH ST FL 4  
BOSTON MA 02110-3036

000252

Attached below is your Certificate of Exemption (Form ST-2). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-2 can be issued.

DETACH HERE



MASSACHUSETTS DEPARTMENT OF REVENUE

Form ST-2

### Certificate of Exemption

TRUSTEES OF RESERVATIONS THE  
200 HIGH ST FL 4TH  
BOSTON MA 02110-3036

MA Taxpayer ID: 11172891  
Certificate Number: 633251840

This certifies that the organization named above is an exempt purchaser under Chapter 64H, section 6(d) or (e) of the Massachusetts General Laws. All purchases of tangible personal property by this organization are exempt from taxation to the extent that such property is used in the conduct of the business of the purchaser. Misuse of this certificate by any tax-exempt organization or unauthorized use of this certificate by any individual will lead to revocation. Willful misuse of this certificate is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines. This certificate is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

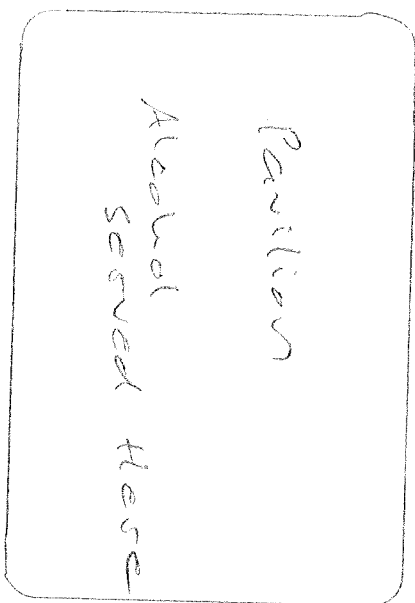
Effective Date: January 4, 2019

Expiration Date: January 3, 2029



Rock the Woods Outdoor Music Festival  
Rocky Woods 6/27/25

Woods  
Tree line



Woods  
Tree line



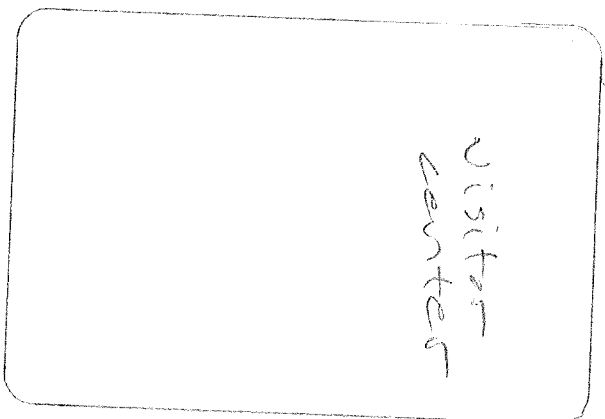
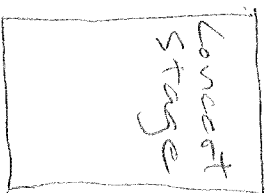
Picnic  
Tables



Open  
Field



Alcohol  
Consumption  
Area



Open  
Field



Alcohol  
Consumption  
Area



Driveway





**Select Board**  
Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Kristine Trierweiler**  
Town Administrator

**Frank Gervasio**  
Assistant Town Administrator

## TOWN OF MEDFIELD

### Office of the Select Board

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • [www.town.medfield.net](http://www.town.medfield.net)

### ONE DAY LIQUOR LICENSE APPLICATION

As of July 18, 2023

Applicants Name: Robert Barossi Email: sbarossie@trustees.org

Street Address: 38 Hartford St Telephone: 774-219-6321

City/Town, State: Medfield, MA 02052

Event and Purpose: Friday the 13th Scary Movie Night

Location of Event: Rocky Woods Reservation, 38 Hartford St,

Date and Hours of Event: 6/13/25 5:00 PM to 12:00 AM Medfield, MA 02052

Type of License Requested: All Alcohol ☒ Or Malt/Wine only ☐

Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐

Copy of Valid Bartender Trainings attached: Yes ☒ No ☐

Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐

If Requested All Alcohol License, proof of non-profit status attached: Yes ☒ No ☐

Robert Barossi  
Signature of Applicant

3/5/25  
Date filed

\_\_\_\_\_  
Licensing Authority Signature

\_\_\_\_\_  
Date approved

Conditions: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 470 Atlantic Avenue Boston MA 02210		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 617-261-6700 <b>FAX (A/C, No):</b> 617-646-0400 <b>E-MAIL ADDRESS:</b>	
License#: BR-724491		<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURED The Trustees of Reservation 200 High Street, 4th Floor Boston MA 02210		<b>INSURER A:</b> Philadelphia Indemnity Insurance Company	
TRUSOFR-01		<b>INSURER B:</b> Navigators Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 261575310**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	PHPK2537003	4/1/2023	4/1/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 LIQUOR LIABILITY \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2537006	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		Y	PHUB857854	4/1/2023	4/1/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Excess Liability SEXUAL/PHYSICAL ABUSE OR MOLESTATION			NY23EXRZ04W1CIV PHPK2537003	4/1/2023 4/1/2023	4/1/2024 4/1/2024	Excess Limit \$10,000,000 Occurrence Limit \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured's:  
The Trustees of Reservation  
Boston Natural Areas Network  
The Farm Institute  
The Massachusetts Land Conservation Trust  
Hilltown Land Trust  
Fruitlands Museum  
deCordova  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Town of Medfield  
459 Main Street  
Medfield MA 02052

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED The Trustees of Reservation 200 High Street, 4th Floor Boston MA 02210
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

deCordova Museum and Sculpture Park  
deCordova and Dana Museum and Park

Town of Medfield is included as additional insured with respect to the general liability policy; as their interests may appear through written contract or agreement; in accordance with policy terms and conditions.

**This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.**  
Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention Procedures) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



Sincerely,

A handwritten signature in blue ink, appearing to read "Adam Chafetz".

Adam F. Chafetz  
HCI President

ID#: 5531843 Name: Rob Barossi  
Exam Date: 8/14/2021 Expiration Date: 8/14/2024



eTIPS On Premise 3.1  
**CERTIFIED**

Issued: 8/14/2021 Expires: 8/14/2024  
ID#: 5531843

Rob Barossi  
Trustees of Reservations  
Appleton Farms  
219 County Rd  
Ipswich, MA 01938-2725

For service visit us online at [www.gettips.com](http://www.gettips.com)



Commonwealth of Massachusetts  
Department of Revenue  
Christopher C. Harding, Commissioner

mass.gov/dor

Letter ID: L0634754688  
Notice Date: December 3, 2018  
MA Taxpayer ID: 11172891



## CERTIFICATE OF EXEMPTION



TRUSTEES OF RESERVATIONS THE  
200 HIGH ST FL 4  
BOSTON MA 02110-3036

Attached below is your Certificate of Exemption (Form ST-2). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-2 can be issued.

DETACH HERE



MASSACHUSETTS DEPARTMENT OF REVENUE

Form ST-2

### Certificate of Exemption

TRUSTEES OF RESERVATIONS THE  
200 HIGH ST FL 4TH  
BOSTON MA 02110-3036

MA Taxpayer ID: 11172891  
Certificate Number: 633251840

This certifies that the organization named above is an exempt purchaser under Chapter 64H, section 6(d) or (e) of the Massachusetts General Laws. All purchases of tangible personal property by this organization are exempt from taxation to the extent that such property is used in the conduct of the business of the purchaser. Misuse of this certificate by any tax-exempt organization or unauthorized use of this certificate by any individual will lead to revocation. Willful misuse of this certificate is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines. This certificate is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

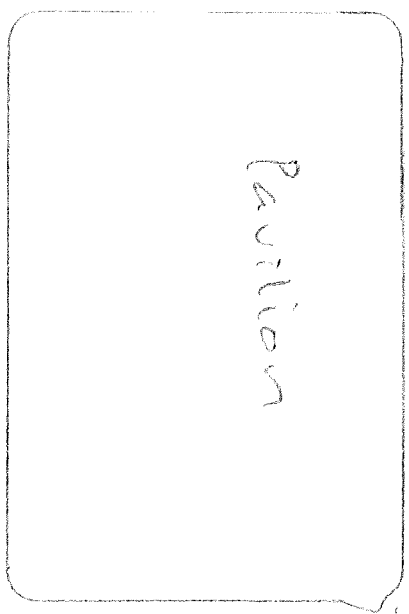
Effective Date: January 4, 2019

Expiration Date: January 3, 2029

Friday the 13th  
Rocky Woods 6/13/25  
Scary Movie Night

Woods

Tree line



Woods

Tree line

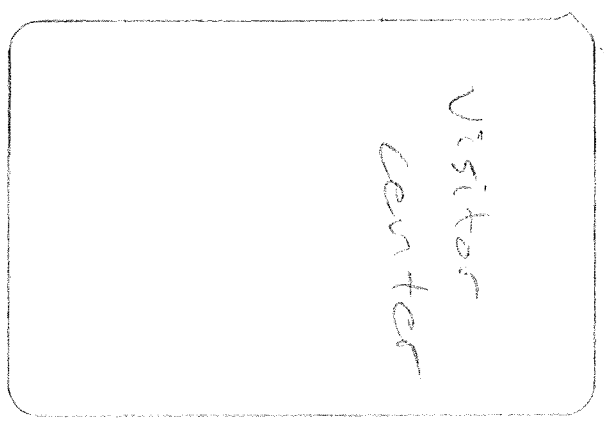
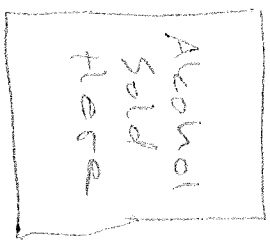


Picnic  
Tables



↑  
Open  
Field  
↓

Alcohol  
Consumption  
Area  
↓



↑  
Open  
Field  
↓

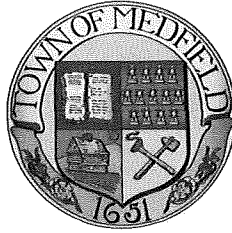
Alcohol  
Consumption  
Area  
↓

← Driveway →





**Select Board**  
Osler L. Peterson, Chair  
Eileen M. Murphy, Clerk  
Gustave H. Murby, Member



**Kristine Trierweiler**  
Town Administrator

**Frank Gervasio**  
Assistant Town Administrator

## TOWN OF MEDFIELD

### Office of the Select Board

Town House • 459 Main Street • Medfield, Massachusetts 02052-0315

Phone: 508-906-3011 • www.town.medfield.net

### ONE DAY LIQUOR LICENSE APPLICATION

As of July 18, 2023

THE FRIENDS OF THE DWIGHT  
Applicants Name: DERBY HOUSE Email: COPTERSAUTER@GMAIL.COM  
Street Address: 7 FRAIRY ST. Telephone: 774-478-5262  
City/Town, State: MEDFIELD, MA 02052  
Event and Purpose:  
KICK OFF PARTY FOR MEDFIELD HISTORY  
WEEKEND  
Location of Event: DWIGHT-DERBY HOUSE, 7 FRAIRY ST, MEDFIELD  
Date and Hours of Event: FRIDAY APRIL 25, 2025 HOUR - 6:30 - 8:30 PM  
Type of License Requested: All Alcohol ☐ Or Malt/Wine only ☒  
Sketch of Area Where Liquor to be Served attached: Yes ☒ No ☐  
Copy of Valid Bartender Trainings attached: Yes ☒ No ☐  
Copy of Certificate of Liability Insurance attached: Yes ☒ No ☐  
If Requested All Alcohol License, proof of non-profit status attached: Yes ☐ No ☐

Geoffrey M. Sauter, Pres.  
Signature of Applicant

3/10/2025  
Date filed

\_\_\_\_\_  
Licensing Authority Signature

\_\_\_\_\_  
Date approved

Conditions: \_\_\_\_\_



FRIEFT-02

RMANTOS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Corcoran & Havlin Insurance Group 287 Linden Street Wellesley, MA 02482	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (781) 235-3100	<b>FAX (A/C, No):</b> (781) 235-1622
<b>INSURED</b>  The Friends of the Dwight-Derby House, Inc. P.O. Box 712 Medfield, MA 02052	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Twin City Fire Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			08SBAIX9126	8/28/2024	8/28/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.I. EACH ACCIDENT \$
							E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Town of Medfield is listed as an Additional Insured.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Medfield  
459 Main Street  
Medfield, MA 02052

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## CERTIFICATE OF COMPLETION

This certifies that

**Geoffrey Sauter**

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**



Hours  
3.00



Completion Date  
03/23/2024



Expiration Date  
03/23/2027



Certificate #  
ON-000033137795

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)



Issued: 03/23/2024  
Certificate #: ON-000033137795

Geoffrey Sauter  
5 JUNIPER LN  
Dover MA 02030

**CERTIFIED**

Expires: 03/23/2027



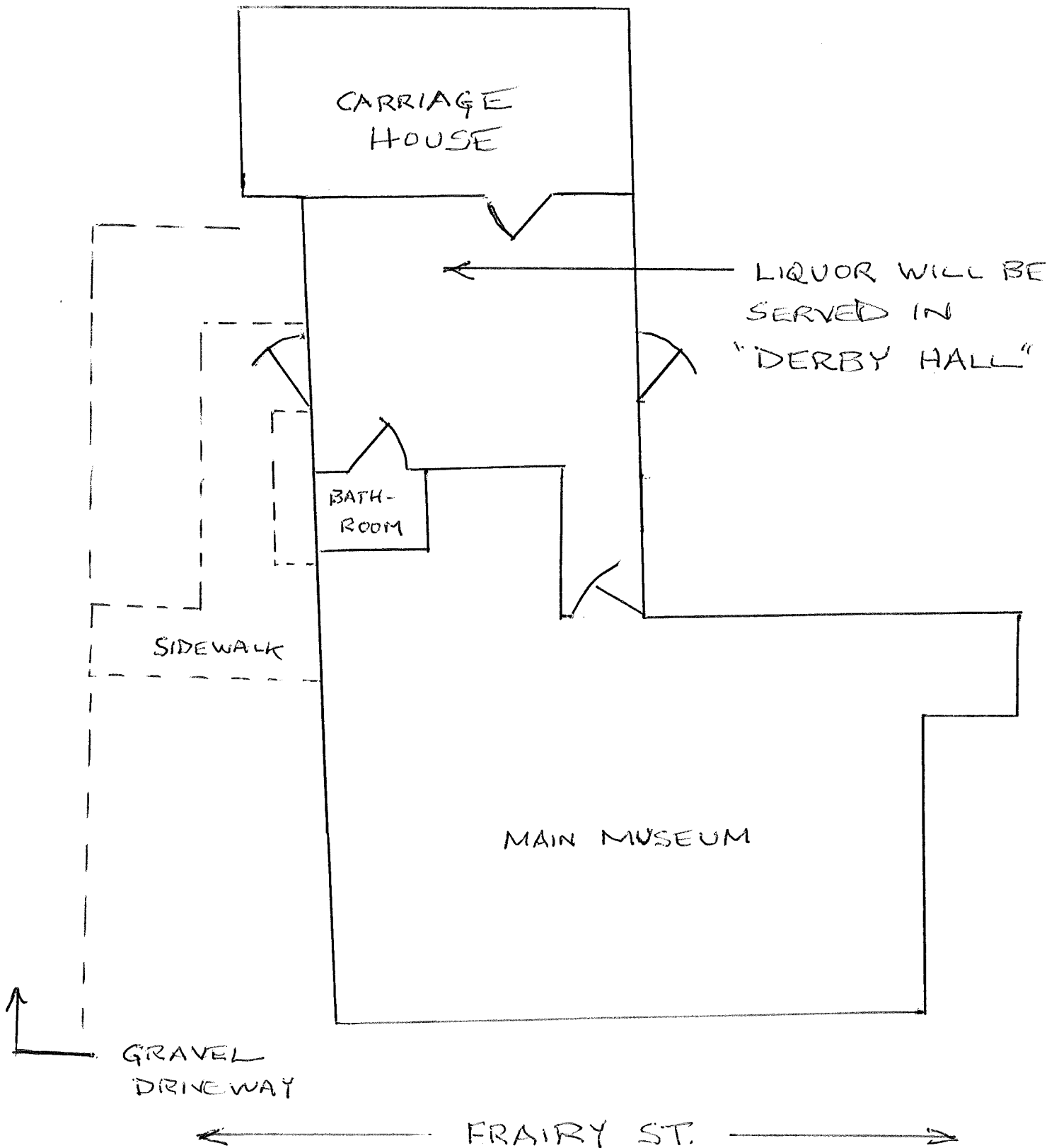
Phone: 800-438-8477  
[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_

3/10/2025

# SKETCH FOR 1-DAY LIQUOR LICENSE



Informational



SOVEREIGN CONSULTING INC.

February 26, 2025

Medfield Board of Health  
Medfield Town Hall  
459 Main Street  
Medfield, Massachusetts 02052

Medfield Board of Selectmen  
Medfield Town Hall  
459 Main Street  
Medfield, Massachusetts 02052

Re: **Availability of Phase V Remedy Operation Status Report**  
Former Texaco-Branded Service Station  
26 Spring Street  
Medfield, Massachusetts  
RTN 2-3003830

To Whom It May Concern:

In accordance with the Massachusetts Contingency Plan (MCP) 310 CMR 40.1403 (3)(e), this correspondence serves as notification that a Phase V Remedy Operation Status Report was submitted to the Massachusetts Department of Environmental Protection (MassDEP) for the above-referenced location (the disposal site).

The selected remedial action alternative (RAA) for the "disposal site" is operation of a High Vacuum Extraction (HVE) system and monitored natural attenuation (MNA). The report documents the operation, maintenance and monitoring of the selected RAA between August 2024 and February 2025.

A copy of the Phase V Remedy Operating Status Report as well as all other applicable documents pertaining to the subject site, are available for review on the MassDEP website: <https://eeaonline.eea.state.ma.us/EEA/fileviewer/Rtn.aspx?rtn=2-3003830>. Please contact the undersigned if you have any questions.

Sincerely,  
SOVEREIGN CONSULTING INC.

Senior Barbara K. Laughlin  
Project Manager

Steven Passafaro, PE, LSP  
Senior Project Manager

cc: MassDEP CERO  
Edward Henke, Shell Oil Products US  
Sovereign File - 2L883