

**MONTAGUE SELECTBOARD MEETING**  
**Town Hall, 1 Avenue A, Turners Falls, MA 01376**

**Monday, October 4, 2021**

**Join Zoom Meeting:** <https://us02web.zoom.us/j/83608585489>

**Meeting ID:** 836 0858 5489

**Password:** 922367

**Dial into meeting:** **+1 646 558 8656** or **+1 312 626 6799** or **+1 301 715 8592**

This meeting/hearing of the Selectboard will be held in-person at the location provided on this notice. Members of the public are welcome to attend this in-person meeting. Please note that while an option for remote attendance and/or participation is being provided as a courtesy to the public, the meeting/hearing will not be suspended or terminated if technological problems interrupt the virtual broadcast, unless otherwise required by law. Members of the public with particular interest in any specific item on this agenda should make plans for in-person vs. virtual attendance accordingly.

Topics may start earlier than specified, unless there is a hearing scheduled

**Meeting Being Taped**

**Votes May Be Taken**

1. 6:30 PM Selectboard Chair opens the meeting, including announcing that the meeting is being recorded and roll call taken
2. 6:30 Approve Minutes:
  - Selectboard Meeting September 22 and 27, 2021
3. 6:31 Public Comment Period: Individuals will be limited to two (2) minutes each and the Selectboard will strictly adhere to time allotted for public comment
4. 6:31 Liquor License Hearing, Element Brewing Company, LLC, 16 Bridge Street, Millers Falls
  - Request alteration of licensed premises that would give permanent approval to the 29' x 17' (493 sq. ft) outdoor patio area to the north-east of the building that was granted temporary approval during the COVID emergency. If approved, it would connect it to the approved 26'6" x 17' patio area, 945.2 total sq. feet, adding an additional 28 seats outside; tables and seats will be built from reclaimed materials. Current location is approximately 9,300 square feet (total building) with 1100 square feet as public area. One front entrance, one side emergency exit and one rear emergency exit.
5. 6:40 Personnel Board
  - Change hire date for Roy Dennis, DPW Mechanic to 10/5/21 (was 10/12/21)
6. 6:45 Montague Board of Health
  - Review of Montague COVID Case Counts and Trends
  - Review Notice of COVID-19 Emergency Order: Indoor Mask Requirements
  - Discuss any other needed response to COVID situation
7. 7:00 Suzanne LoManto, Assistant Town Planner
  - Execute \$20,000 MassHumanities "Expand Massachusetts Stories" Grant to RiverCulture

**MONTAGUE SELECTBOARD MEETING**  
**Town Hall, 1 Avenue A, Turners Falls, MA 01376**  
**Monday, October 4, 2021**

8. 7:05      Use of Peskeompskut Park: Alyssa Comeau, TFHS/GFMS, Musical Performance, November 14, 2021, 11:00 AM to 4:00 PM
9. 7:10      Use of Public Property: Vanessa Tierney, The Secret of Sinchanee, LLC, use of parking spaces in front of Shea Theater for limousine drop off, October 9, 2021 6:30 PM to 11:00 PM
10. 7:20     Jeff Singleton, FRTA Representative
  - FRTA Advisory Board Meeting Updates
11. 7:30     Town Administrator's Report
  - Town Meeting Logistics
  - Designate Capital Improvements Committee as Reviewers of the 500 Avenue A RFP
  - Update on Blue Shed Disposition
  - Update on CARES spending/requests
  - Topics not anticipated in 48 hour posting
12. 7:45     Executive Session: To discuss strategy with respect to potential litigation where an open meeting may have a detrimental effect on the bargaining or litigating position of the Town, pursuant to G.L. c 30A, Section 21(a)(3)

**Other:**

- Anticipated Next Meeting Date: Monday, October 18, 2021 at 6:30 PM
- Special Town Meeting, Saturday, October 16, 2021, 10:00 AM, Franklin County Tech School, 82 Industrial Blvd., Turners Falls

**Montague Reporter:**

Please publish the following as a legal notice on Thursday, September 23, 2021.

**PUBLIC HEARING**

In accordance with the provisions of Chapter 138, General Laws, as amended, the Inhabitants of the Town of Montague are hereby notified that Element Brewing Company, LLC, d/b/a Element Brewing Company, Daniel Kramer as manager, with a Pouring Permit, Farmer Brewery (Malt Beverages Only) has applied for an alteration of Licensed Premises at 16 Bridge Street, Millers Falls, MA. The proposed alteration would give permanent approval to the 29' x 17' (493 sq. ft) outdoor patio area to the north-east of the building that was granted temporary approval during the COVID emergency. If approved, it would connect it to the approved 26'6" x 17' patio area, 945.2 total sq. feet, adding an additional 28 seats outside; tables and seats will be built from reclaimed materials. Current location is approximately 9,300 square feet (total building) with 1100 square feet as public area. One front entrance, one side emergency exit and one rear emergency exit.

Date and place of hearing: Monday, October 4, 2021 at 6:31 P.M. at the Town Hall, Selectmen's Meeting Room, One Avenue A, Turners Falls and via ZOOM

Montague License Commissioners



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDMENT-Change or Alteration of Premises Information**

☐ **Change of Location**

- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

☒ **Alteration of Premises**

- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Element Brewing Company	Montague	FB-69

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Applying to make permanent the outdoor seating area previously approved under the Covid-19 emergency provision. All of which is located on private property.

**APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Daniel Kramer	Member	info@elementbeer.com	413-835-6340

**2. ALTERATION OF PREMISES**

**2A. DESCRIPTION OF ALTERATIONS**

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

Make permanent the 29'X17' outdoor area on the northern side of the front of the building and connecting it to the 26'6" X 17' previously approved area on the south side of the front of the building.

**2B. PROPOSED DESCRIPTION OF PREMISES**

Please provide a complete description of the proposed premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Ground level outdoor space comprised of 493 square feet located in the front of the building.

Total Sq. Footage	493	Seating Capacity	28	Occupancy Number	30
Number of Entrances	2	Number of Exits	2	Number of Floors	1

# Town of Montague Personnel Status Change Notice

Authorized Signature: \_\_\_\_\_ Employee # 1982

**General Information:**

Full name of employee: Roy Dennis Department: DPW  
 Title: Mechanic Effective date of change: 10/5/2021

**New Hire:**

Permanent: Y N If temporary, estimated length of service: \_\_\_\_\_  
 Hours per Week: \_\_\_\_\_ Union: \_\_\_\_\_  
 Pay: Grade \_\_\_\_\_ Step \_\_\_\_\_ Wage Rate: \_\_\_\_\_ (annual/daily/hourly)  
 Board Authorizing: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

**Grade/Step/COLA Change:**

Union: U.E.  
 Old Pay: Grade \_\_\_\_\_ Step \_\_\_\_\_ Wage Rate: \$ \_\_\_\_\_ (annual/daily/hourly)  
 New Pay: Grade \_\_\_\_\_ Step \_\_\_\_\_ Wage Rate: \$ \_\_\_\_\_ (annual/daily/hourly)

**Termination of Employment:**

Resignation: \_\_\_\_\_ Layoff: \_\_\_\_\_ Involuntary Termination: \_\_\_\_\_

**Other:**

\_\_\_\_\_ Unpaid Leave of Absence Termination Date: \_\_\_\_\_  
 \_\_\_\_\_ Unpaid Sick Leave Termination Date: \_\_\_\_\_  
X Other/Specify: Change hire date from Termination Date: \_\_\_\_\_  
10/12/2021 to 10/5/2021

**Copies to:**

\_\_\_\_\_ Employee \_\_\_\_\_ Department \_\_\_\_\_ Board of Selectmen  
 \_\_\_\_\_ Treasurer \_\_\_\_\_ Accountant \_\_\_\_\_ Retirement Board



Town of Montague  
Office of the Selectboard  
One Avenue A  
Turners Falls, MA 01376

6B  
Phone (413) 863-3200 ext. 108  
FAX (413) 863-3231

## **COVID-19 EMERGENCY ORDER: Indoor Mask Requirements**

**WHEREAS**, the so-called 2019 Novel Coronavirus (COVID-19) is a highly contagious and potentially fatal respiratory disease, the prevalence of which is resurgent due to emergence of the so-called Delta Variant in Montague, Franklin County, and the Commonwealth of Massachusetts; and,

**WHEREAS**, the Center for Disease Control has determined that the proper use of properly fitted and constructed masks by both vaccinated and unvaccinated persons in indoor locations can substantially reduce the incidence of transmission and serious illness; and,

**WHEREAS**, the Montague Selectboard has determined that immediate action is needed in order to reduce the prevalence of COVID-19 within Montague and surrounding communities; and,

**WHEREAS**, the Montague Selectboard voted on September 27, 2021 to require that masks be worn in all private and public indoor spaces that are open to the public;

**NOW THEREFORE**, the Montague Selectboard declares that all persons shall wear a face mask suitable to mitigate the spread of COVID-19 in all indoor public spaces and private indoor spaces that are open to the public, except as indicated below:

1. While eating or drinking;
2. While working, other than to prepare food or meals in a room or office that is not open to visitors in which all persons present can maintain a 6-foot distance from other individuals;
3. While engaging in an activity during which it is unsafe or impossible to wear a mask or face covering;
4. Children who are 5 years of age or under;
5. Persons with a medical condition or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing to a dangerous extent, or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;




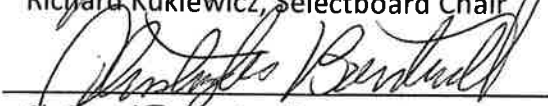
Town of Montague  
Office of the Selectboard  
One Avenue A  
Turners Falls, MA 01376

Phone (413) 863-3200 ext. 108  
FAX (413) 863-3231

6. Persons who are deaf or hard of hearing, or communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication;
7. Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines;
8. Persons engaged in any lawful activity during which wearing a mask or other face covering is prohibited by law.

This order shall be effective beginning Monday, October 4, 2021, and remain in effect until further notice. The order may be further considered, modified, or rescinded by the Montague Selectboard at any future scheduled public meeting.

  
Richard Kuklewicz, Selectboard Chair

  
Christopher Boutwell, Vice Chair

  
Matthew Lord, Secretary

9/29/2021  
Date

9/29/2021  
Date

9/29/2021  
Date

## WendyB-Montague Selectboard

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**From:** River Culture  
**Sent:** Thursday, September 30, 2021 10:36 AM  
**To:** WendyB-Montague Selectboard  
**Subject:** Select Board Agenda 10-4

Wendy,  
Please give me up to 5 minutes to discuss the Mass Humanities Grant.  
Rich needs to sign.

"Suzanne LoManto announces that RiverCulture received a \$20,000 MassHumanities "Expand Massachusetts Stories" Grant.

The grant will be used to develop the Peskeompskut Audio Tour, a self-guided tour that connects the listener to personal and historic narratives by Indigenous partners by-way of cell phone technology. Funding will support the writing and recording of these narratives, costs associated with the app, and advertising. Chair is asked to sign the contract."

-Suzanne



**Grant Title: Peskeompskut Audio Tour**

**Grant #: 145-21**

**PO: JA**

**Amount Requested: \$20,000.00**

**Sponsoring Organization:**  
**RiverCulture/ Town of Montague**  
**1 Avenue A**  
**Turners Falls, MA 01376**

**Contact Information:**  
**Suzanne LoManto**  
**1 Avenue A**  
**Turners Falls, MA 01376**

**[riverculture@montague-ma.gov](mailto:riverculture@montague-ma.gov)**



# FollowUp Form

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## Grant Overview

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Project Title\*

Title of Project

**Peskeompskut Audio Tour**

Amount Awarded

**\$20,000.00**

Grant Number

**145-21**

Grant Period Start Date

**10/04/2021**

Grant Period End Date

The date listed here will become your final report deadline.

**08/07/2022**

## Terms and Conditions

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For your records, you may download a pdf of this agreement by selecting "Follow Up Packet" in the upper right hand corner of your screen.

This agreement is made between Mass Humanities (the Massachusetts Foundation for the Humanities, known also as the Foundation) and the Grantee (the organization named above as the recipient of the grant or its fiscal sponsor as identified in the project proposal, also commonly known as the Subrecipient) to govern the terms of the grant made by Mass Humanities as of the date hereof for the project identified above and associated with the grant number above, which is more particularly described in the Grantee's project proposal. Below are the terms and conditions of the grant award. Please read them carefully. This is a legally binding agreement, and the Grantee should understand that acceptance of an award creates a legal duty on the part of the Grantee to use the funds in accordance with the terms of the grant and to comply fully with all provisions and conditions.

## Definitions

As used throughout this grant document, the following terms shall have the meaning set forth below:

1. The term "Foundation" means the Massachusetts Foundation for the Humanities, dba Mass Humanities.
2. The term "grantee" means the organization/institution/group/fiscal sponsor named in the grant award letter as the recipient of the grant, also known as the subrecipient.
3. The term "project" is the identified activity or program approved by the Foundation for support.
4. The term "grant period" means the period of time specified in the grant award (see grant period start date and end date above) and/or approved extension change request during which project costs may be charged against the grant.

## General

This award from Mass Humanities is a subaward of the Massachusetts Cultural Council. The Grantee will use this award for only for the project purposes set forth in the proposal as originally approved or subsequently amended.

The total payment by the Foundation to the Grantee will not exceed the amount set forth in the original grant award letter or written modification thereof. With respect to the award,

- The Grantee certifies that the project will be non-profit in nature.
- The Grantee agrees to spend grant funds only on federally allowable expenses occurring within the grant award period (see above for the dates when the grant period begins and ends). Grant funds may NOT be used for any of the following: lobbying; fundraising; the endowment of capital campaigns; debt or deficit reduction; the purchase of land or facilities; the cost of construction or renovation; the purchase of alcohol; or other unallowable costs for Federal Grants (see 2 CFR 200, Subpart E - Cost Principles). Costs for entertainment, including amusement, diversion, and social activities and any costs directly associated with such costs (such as tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are also unallowable (see 2 CFR Part 230).
- The Grantee agrees not to seek or receive Federal Funds for the same expenditures incurred in connection with this grant.
- Project amendments must be submitted online via an extension/change request form by the project director for written approval by the Foundation.
- Significant changes requiring such action include:
  - o Changes of project purpose, scope, activities or schedule.
  - o Changes in the major personnel identified in the approved proposal.
  - o Changes in the duration of the grant period. (Changes should be requested at least 30 days prior to the termination of the grant period).
  - o Changes in any budget line item in the Foundation grant column which exceed \$500 or changes which introduce or eliminate a category of expenditure. Within the limitation the grantee may shift funds from one line item to another without prior approval of the Foundation, but any such shifts shall be reported to the Foundation in the next fiscal report.
  - o Subcontracting or transferring substantive project work.
- Commitment of grant funds, and of such non-Foundation funds as are required, must be incurred during the grant period. Such commitment must relate to goods or services provided and utilized within the grant period.
- Funds remaining uncommitted at the termination of the grant period must be returned to Mass Humanities within thirty (30) days. Such funds should be sent with the final report by a check payable to "Mass Humanities." In those unusual circumstances when interest accrues on Foundation funds, the interest must also be remitted by check to the Foundation.

Unless it is a municipality, or state or federally recognized tribal government, the Grantee certifies that the organization receiving the grant funds (the Grantee or its fiscal sponsor) is a currently tax-exempt non-profit 501(c)3 organization, that it has timely filed all reports, and that it has not received any notice or information that the determination letter it has received from the IRS has been, or is likely to be, revoked or suspended.

Grant funds may not be used for the advocacy of any partisan, political, or religious purpose, including any particular program of social or political action or any particular public policies or legislation.

### **Payment and Reporting**

- The Foundation funds will be sent to the Grantee in two to three installments of the Amount Awarded (above), depending on the size of the award. Grantees should review their award notification for their payment schedule.
- If the Grantee fails to complete its final reporting requirements, the Foundation may, at its discretion declare the Grantee ineligible for future grants from the Foundation for a period of 5 years

### **Termination and misapplied funds**

In the case that the Grantee fails at any point to fulfill the terms of the grant award, the Foundation may, at its discretion after consultation with the Grantee, terminate on 30 days written notice any grant, in whole or in part, and may move for the return of funds already granted. The Grantee agrees to furnish the Foundation, within 30 days after the date of termination, an itemized accounting of funds expended, obligated, and remaining under the grant. The Grantee also agrees to remit within 30 days after the receipt of a written request therefore any amount determined to be due.

If Mass Humanities determines that the Grantee has misapplied any of the grant funds, Mass Humanities has an ownership interest in any money or property acquired through the use of the misapplied funds. The Grantee must repay misapplied funds to Mass Humanities.

In the case that the Grantee fails to submit a completed final report within 90 days after the end of the grant period, the Foundation may, at its discretion, declare the Grantee ineligible for subsequent grants from the Foundation for a period of five years.

### **Indemnification**

As part of the terms of this contract, the Grantee agrees to hold the Foundation, the Massachusetts Cultural Council, and their employees and agents harmless. The Grantee also agrees to defend and indemnify the Foundation, the Massachusetts Cultural Council, and their employees and agents against all claims, actions, liability, damage, loss, and expense, including attorney fees, in any matter arising (or alleged to have arisen) from acts or omission by you, the Grantee, your employees, agents, and sub-contractors in connection with the grant.

To protect its interests, Mass Humanities strongly recommends that the Grantee develop written agreements whenever services or goods are to be provided to the Grantee by others.

### **Publicity and rights**

The Grantee will acknowledge Mass Humanities and the Massachusetts Cultural Council (MCC) in written and promotional materials related to this grant and make sure to include the Mass Humanities logo and the MCC logo. Below is sample language:

"Funding from Mass Humanities has been provided through the Massachusetts Cultural Council."

"This program is made possible by a grant from Mass Humanities, which provided funding through the Massachusetts Cultural Council (MCC)."

The grantee will recognize Mass Humanities and MCC in appropriate social media posts crediting funders and partners, including posts on Twitter, Facebook, blogs and other channels.

Whenever feasible, the Foundation should be referred to as "Mass Humanities, state-based affiliate of the National Endowment for the Humanities." In web-based and email publicity and announcements, either the words "Mass Humanities" or the Foundation's logo shall be hyper-linked to our website's home page at [www.masshumanities.org](http://www.masshumanities.org).

The Grantee also agrees to recognize Mass Humanities and MCC as donors in their current fiscal year. The nature of the acknowledgement should reflect the Grantee's policies and practices for recognizing

donors at various levels of financial support.

Finally, the Grantee agrees to inform elected officials (via letter, email, or a phone call) that you received this funding. Because the Massachusetts Cultural Council is funded by the State of Massachusetts, officials notified should include your state legislator and state senator (based on the location of your organization).

The Foundation reserves a non-exclusive license to use and reproduce for government or public purposes, without payment, any publishable matter, including copyrighted matter, arising out of grant activities where the government or the Foundation deems it in its interest to do so.

Upon request the grantee shall furnish to the Foundation free of charge two copies, or streaming access to, of any films, video recordings, audio recordings, slides, or any other audio-visual materials made as a part of or as an outgrowth of the project provided this does not entail costs in addition to those set forth in the approved project.

#### **Grant Agreement Links**

Where links to federal regulations or other requirements are provided above or in the Grant Agreement Addendum, you are responsible for reading and complying with the full text of that regulation or requirement. If links are broken, and you are otherwise unable to find the full text, please contact us before signing this agreement and we will provide the information to you.

#### **Grant Agreement Addenda\***

Please review the additional terms of our grant agreement here.

**I have reviewed the Addenda.**

#### **Acceptance of Terms & Conditions\***

Receipt of Mass Humanities' funding is conditional upon Grantee's acceptance of the terms and conditions set forth herein. By selecting the "I Accept Grant Terms and Conditions" below the Grantee agrees to accept and comply with the stated terms and conditions of this grant. Grant checks will be sent via US Mail or e-payment upon receipt and review of this signed grant agreement.

**I accept the grant terms and conditions.**

Authorizing Official's First and Last Name

**Richard Kuklewicz**

#### **Authorized Signature\***

The electronic signature on this document of the person authorized to make legal contracts for Grantee will represent Grantee's acceptance of this award and agreement to comply with the stated terms and conditions of this grant. Please signify your agreement to the foregoing terms and conditions by typing in your Name and Title, followed by the Date in the spaces below. You must be an authorized officer of the Grantee duly empowered to make legal contracts for Grantee.

If you prefer to a signify your agreement by signing a physical copy you may download a pdf of this agreement, sign it, and upload it to the "Optional Signature Upload" space below.

Name\*

[Unanswered]



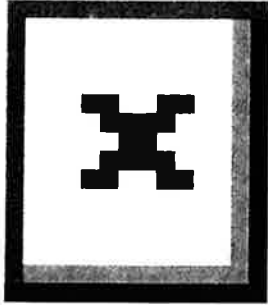
Date\*

10/04/2021

Job Title at Grantee Organization\*

Chair of the Montague Select Board

Authorized by:



**Brian Boyles**  
Mass Humanities Executive Director

To download a copy of your completed agreement, select the pdf icon "FollowUp Packet" on the upper right of this page.

#### Optional Signature Upload

Instead of providing an electronic signature, you may download a pdf of your agreement, have the authorizing official sign it, and then upload the signed agreement below.

If you choose to upload a signed pdf instead of providing an electronic signature, make sure to type "see upload" in the electronic signature line.

#### Grantee Social Media

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##### Facebook page\*

Enter the link to your organization or project's facebook page. If you do not have one, put N/A.

<https://www.facebook.com/RiverCulture>

##### Twitter Handle\*

Enter your organization's or project's Twitter handle. If you do not have one, put N/A.

N/A

##### Instagram Handle\*

Enter your organization's or project's instagram handle. If you do not have one, put N/A.

N/A

## Other Social Media

Enter any other social media links or handles.

[www.riverculture.org](http://www.riverculture.org)

## Optional Grantee Survey

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Mass Humanities is assessing our role in supporting diversity and best practices in public humanities programming. To help us in that effort, please take a moment to respond to the following brief survey questions. Note: these are not required to complete your grant agreement form

### Expand Massachusetts Stories Cohort - Survey

Would you be interested in taking part in a virtual convening of Expand Massachusetts Stories grantees to share projects and explore forming a grantee cohort, coordinated by Mass Humanities?

**Yes**

### Stories Represented - Survey

Will your final project collect, share, or discuss stories of under-represented or historically excluded communities?

Note: We recognize that many communities identify across these categories or do not fit neatly into them. Check all that apply. If Other, please explain. If none, select N/A.

**Rural Communities with limited access to humanities institutions and programming**

**Indigenous Communities**

**Immigrants and/or Refugees**

**Members of Low-Income Communities and Families**

### Other Stories Represented - Survey

### By and For - Survey

Are individuals from under-represented or historically excluded communities represented in any of the following areas of program planning and implementation? Select all that apply. If none, select N/A. If other, please explain.

**Project director**

**Lead project staff**

**Humanities advisor**

**Researcher**

**Community advisory board member**

**Interviewee**

**Guest speaker**

**Discussion participant**

**Story creator**

## Other By and For Role - Survey

**This project is co-directed by David Brule of the Nolumbeka Project. He is of Indigenous decent.**

### Payment Information

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#### **Direct Deposit Through Bill.com Option**

Mass Humanities has contracted with Bill.com to manage direct deposit payments. Bill.com allows us to process direct deposit payments quickly and with extra security.

If you select direct deposit through Bill.com, within three weeks you should receive an email from Bill.com with a request to set up a Bill.com account for Mass Humanities. The account creation process requires you either to enter or to confirm your organization's bank account information with Bill.com. To ensure that your Bill.com account links with Mass Humanities' payment process, we recommend that you follow the link in the email to set up your account, instead of going to Bill.com directly.

You can learn about Bill.com accounts here, and about how Bill.com addresses information security and fishing scam concerns here.

If you are concerned that you are receiving an email that is not officially from Bill.com, please feel free to reach out to [grants@masshumanities.org](mailto:grants@masshumanities.org).

Please note: if you select payment through Bill.com but do not complete the account creation process, after two attempts to contact you, Mass Humanities will mail a paper check to the address listed for your organization above.

#### **Direct Deposit - Bill.com\***

Do you want to receive your award via Bill.com's direct deposit process?

Please note: If you choose to receive a paper check, please double check the address information for your organization. Checks will be sent to this address. If your project is fiscally sponsored, the check will be sent to the fiscal sponsor address listed in the proposal.

**No - I prefer to receive a paper check at the address for my organization or fiscal sponsor.**

#### **Bill.com Email Address**

If you select Direct Deposit through Bill.com please enter the email address you would like associated with your Bill.com account for Mass Humanities. This email address will receive the Bill.com email invitation and any messages from Bill.com about payments.



# FollowUp Files

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Applicant File Uploads

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*No files were uploaded*





*Board of Selectmen*  
**Town of Montague**

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

**Event Application for use of  
PESKEOMPSKUT PARK and MONTAGUE CENTER TOWN COMMON**

Name of applicant Alyssa Comeau

Name of business/group sponsoring proposed event if applicable: \_\_\_\_\_  
Turners Falls High School/Great Falls Middle School

If applicable, number of years your organization has been running this event in Montague? N/A

Address 222 Turnpike Road, Montague, MA

Contact phone 413-863-7251 Contact email alyssa.comeau@gmrtd.org

FID \_\_\_\_\_

Dates of proposed event Sunday, November 14th Location: Peskeompskut Park/ Common

Hours 1:00pm-3:00pm Set Up: 11:00am-12:30pm Clean Up: 3:00pm-4:00pm

Approximate number of people expected to attend 30 people

What provisions will be made regarding clean up of site? \_\_\_\_\_  
Students, families, and music support team will help clean the site. We will bring trash bags and bring trash to the school.

Will the proposed event be:

- ☒ Musical  
☐ Theatrical  
☐ Exhibitions  
☐ Amusements  
☐ Wedding  
☐ Other \_\_\_\_\_

Fully & specifically describe content of the proposed exhibition, show and/or amusements:

\_\_\_\_\_  
The middle and high school music classes will be presenting a performance. Music selected by me, the music teacher, will be prepared over the next two months and presented in a live concert. Students will be split into small groups to perform songs out of lesson books, original written duets/trios, classical based music, and some pop tunes.

Fully & specifically describe the premises upon which the proposed event is to take place.

We will be using the common area that had the small performance building cover and the grass area directly in front of it.

Use back of form or attach a map of the premises indicating parking area(s), entertainment area(s), vendor area(s), location & number of toilets, location & number of garbage receptacles, garbage storage area, camping area(s), and location of first aid/medical stations.

Will vendors be selling:

- ☐ merchandise
- ☒ food/beverage
- ☐ alcohol
- ☐ other services \_\_\_\_\_

Fully & specifically describe the extent to which the event and/or premises would affect public safety, health, or order. If serving alcohol, indicate separate serving area, approved server i.e. TIPS trained. (separate license required to serve alcohol)

It should not affect public safety, health or order. Students will be supervised by staff and families will be seated on blankets chairs, etc.

Describe the appropriate level and nature of security and/or traffic control that would be needed and what provisions have been made.

I believe that having one office attend the event would be needed just to make sure the area is clear before students arrive. I will have staff and volunteer support to help monitor the security of the performers.

What provisions will be made regarding first aid and emergency medical care?

N/A I could request that a school nurse be present.

Are you also applying to place signs within Montague to advertise or give directions to your event? (See the Montague Building Inspector)

If so, at which locations? \_\_\_\_\_

No

Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.

I attest that to my knowledge the information provided in this application is accurate and not misleading.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

**License fees:**

Monday – Saturday = \$25.00 per day

Sunday = \$50.00

**BOARD OF SELECTMEN – Approval**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**POLICE CHIEF - Approval / Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**BOARD OF HEALTH – Approval / Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



GILLREG-01

KLESTER

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 9/27/2021

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> Berry Insurance 31 Hayward Street, Suite J Franklin, MA 02038	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (508) 528-5200 FAX (A/C, No): (508) 520-6914 E-MAIL ADDRESS: berry247@berryinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Argonaut Insurance Company	
INSURER B : MEGA	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**INSURED**

Gill-Montague Regional School District  
 35 Crocker Avenue  
 Turners Falls, MA 01376

**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"/> COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> LOC OTHER:			PE-4633409-10	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			SBA700092510	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			UMB-4633409-10	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCX3402190021	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER**

Town of Montague  
 1 Avenue A  
 Turners Falls, MA 01376

**CANCELLATION**

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

Kimberly Lester



# Board of Selectmen Town of Montague

1 Avenue A (413) 863-3200 xt. 108  
Turners Falls, MA 01376 FAX: (413) 863-3231

## REGISTRATION FOR ASSEMBLY, PUBLIC DEMONSTRATION, OR USE OF PUBLIC PROPERTY (Not for Peskeompskut Park or Montague Center Common)

All information must be complete. This form must be returned to the Board of Selectmen within a minimum of 10 days prior to the assembly.

Name of applicant: Vanessa Tierney  
Address of applicant: 1137 N Hudson Avenue Los Angeles CA 90038  
Phone # of applicant: 4135227802  
Name of organization: The Secret of Sinchanee LLC  
Name of legally responsible person: Vanessa Tierney// Steven Grayhm  
Location of assembly: Shea Theater Arts Center 71 Avenue A, Turners Falls MA 01376  
Date of assembly: October 9, 2021  
Time of assembly: Begin: 6:30 PM Event Start End: 11 PM  
Number of expected participants: 300

If a procession/parade:

Route: \_\_\_\_\_

Number of people expected to participate: \_\_\_\_\_

Number of vehicles expected to participate: \_\_\_\_\_

Subject of demonstration: Use of parking spaces in front of the Shea Theater for limousine drop off

**Attach a copy of your insurance policy or liability binder indicating a minimum policy of \$1Million Individual/\$3Million Group.**

\*\*\*\*\*

Signatures:

Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

Board of Selectmen, Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2021

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**PRODUCER**

Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA  
5 Concourse Parkway  
Suite 2150  
Atlanta GA, 30328

**CONTACT****NAME:**

PHONE (A/C, No, Ext): (888) 202-3007

FAX (A/C, No):

**E-MAIL**

ADDRESS: contact@hiscox.com

**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Hiscox Insurance Company Inc

10200

**INSURER B:****INSURER C:****INSURER D:****INSURER E:****INSURER F:****INSURED**

Vanessa Tierney Photography  
1137 N Hudson Avenue  
Los Angeles, CA 90038

**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
	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	N		UDC-4049748-EO-21	01/24/2021	01/24/2022	Each Claim: \$ 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)

The Secret of Sinchance Move Premiere  
October 9, 2021

**CERTIFICATE HOLDER**

Shea Theater Arts Center  
71 Avenue A  
Turners Falls MA 01376

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

**WendyB-Montague Board of Selectmen**

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**From:** StevenE - Montague Town Administrator  
**Sent:** Monday, September 27, 2021 9:50 AM  
**To:** WendyB-Montague Board of Selectmen  
**Cc:** TomB - Montague Highway Department; Highway Foreman  
**Subject:** Oct 4 TA business

Hi Wendy

For next Monday please add to the Town Admin's Business:

- Update on Blue Shed Disposition

In brief, the DPW has requested time for further consideration of what should be done with the 40' x 60' storage shed (Blue Shed) in the Town Hall parking lot. They are living through their first full year in the new building and are still determining whether it would be better to move the shed up to the new site. Much or all of the exterior may need to be scrapped, but the structure itself appears to be in very good condition. In addition, removal of the building will require some site work to ensure the parking lot in that area is both plowable and useable.

The assumption is that any bids for the building will come in at low or even negative cost, depending on how much we require for site leveling and paving.

Steve

Steven Ellis  
Montague Town Administrator  
One Avenue A  
Turners Falls, MA 01376  
413-863-3200 x110  
[www.montague-ma.gov](http://www.montague-ma.gov)

Pronouns: Him/His (or just call me Steve)