

## Applicant Information

**Note: All fields prefaced with an asterisk (\*) are mandatory and must be completed.**

**Allocation Amount:** \$1,068,525

### General

**Program name:** CvRF School Reopening

**Fund Code:** 102

**Fiscal Year:** 2021

**Will this project be using funds assigned by more than one agency?** No

**Will any allocation funds be assigned to another agency?** No

**If Yes is selected:**

You must attach a completed Schedule A in Word or PDF format to this application, with signatures and the amount of funds assigned by each participating agency, when completing the "Attachments List" step of the application.

### Applicant Grant Information

**Applicant:** Billerica

**LEA/District Code:** 0031

**Address 1:** 365 Boston Rd

**Address 2:**

**City:** Billerica

**State:** Massachusetts  
**ZIP Code:** 01821  
**Phone Number:** (978) 528-7900

**Superintendent / Executive Director**

**Name:** Timothy Piwowar  
**Title:** Superintendent  
**Phone Number:** (978) 528-7908  
**Extension:**  
**Alternate:**  
**(i.e. Summer Phone #)**  
**Fax Number:**  
**Email Address:** [tpiwowar@billericak12.com](mailto:tpiwowar@billericak12.com)

## Applicant Contacts

**At least one primary contact person must be added before the grant can be submitted. Click on the document icon to the left below to add contact persons associated with this application.**

Contacts added should be people who can answer programmatic questions and if applicable the person who is entering this application on their behalf.

First Name	Last Name	Title	Phone Number	Ext	Email Address	Alternate Phone #
Jill	Geiser	Assistant Superin...	(978) 528-7920	---	jgeiser@billerica..	---
Robin	Hulsoor	Director of Finan...	(978) 528-7918	---	rhulsoor@billeric..	---

## **Applicant Contacts**

**Note: All fields prefaced with an asterisk (\*) are mandatory and must be completed.**

**First Name:** Jill  
**Last Name:** Geiser  
**Title:** Assistant Superintendent  
**Phone Number:** (978) 528-7920  
**Extension:**  
**Email Address:** jgeiser@billericak12.com  
**Alternate Phone #**  
**(i.e. Summer Phone #)**

## **Applicant Contacts**

**Note: All fields prefaced with an asterisk (\*) are mandatory and must be completed.**

**First Name:** Robin  
**Last Name:** Hulsoor  
**Title:** Director of Finance and Operations  
**Phone Number:** (978) 528-7918  
**Extension:**  
**Email Address:** rhulsoor@billericak12.com  
**Alternate Phone #**  
**(i.e. Summer Phone #)**

## Budget Entry

**\*Response to this field is only required when amending the grant\***

**Please explain the reason for amending your grant. When making a budget change, please identify the line number and the amount changed.**

**Response:**

### Budget Information

#### <br/>ALLOCATION OF FUNDS <br/><br/>

1. Administrator Salaries:	Comments	# of Staff	FTE	MTRS	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
<b>Sub-Total</b>						

**If "Other" has been selected above, you must provide details in the corresponding Comment sections.**

2. Instructional/Professional Staff Salaries:	Comments	# of Staff	FTE	MTRS <sup>1</sup>	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
<b>Sub-Total</b>						

**If "Other" has been selected above, you must provide details in the corresponding Comment sections.**

3. Support Staff Salaries:	Comments	# of Staff	FTE	MTRS <sup>1</sup>	Amount	Select a Primary Function
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
<b>Sub-Total</b>						

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

4. Stipends:	Comments	# of Staff	Rate	Rate Type	MTRS <sup>1</sup>	Amount	Select a Primary Function
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
<b>Sub-Total</b>							

If "Other" has been selected above, you must provide details in the corresponding Comment sections.

5. Fringe Benefits:	Comments	Amount
5-a MA Teachers' Retirement System (Federally-Funded Grants Only)		
5-b Other		
Health Insurance		
Other Retirement Systems		
Federal Insurance Contributions Act (FICA)		
Other (Explain)		
<b>Sub-Total</b>		

6. Contractual Services: Indicate the services to be provided and the rate to be paid per hour or per day.	Comments	Rate	Rate Type	Amount	Select a Primary Function
Other	Improvement and Upgrades of Facilities / School Buildings	120	Day	\$100,000	CvRF School Reopening (102)

<b>Sub-Total</b>				\$100,000	

**If "Other" has been selected above, you must provide details in the corresponding Comment sections.**

<b>7. Supplies and Materials: Items costing less than \$5,000 per unit or having a useful life of less than one year.</b>	<b>Comments</b>	<b>Amount</b>	<b>Select a Primary Function</b>
Instructional Technology	1:1 Chromebooks in Two Middle Schools	\$430,000	CvRF School Reopening (102)
Instructional Technology	Instructional Technology Platforms and Curriculum to Support Remote Learning	\$200,000	CvRF School Reopening (102)
Other	Cleaning Supplies and Personal Protective Equipment (PPE)	\$280,000	CvRF School Reopening (102)
Other	Nutrition Services Equipment to Support In-Person and Remote Distribution	\$58,525	CvRF School Reopening (102)
<b>Sub-Total</b>		\$968,525	

**If "Other" has been selected above, you must provide details in the corresponding Comment sections.**

<b>8. Travel: Mileage, conference registration, hotel, and meals.</b>	<b>Comments</b>	<b>Amount</b>	<b>Select a Primary Function</b>
<b>Sub-Total</b>			

**If "Other" has been selected above, you must provide details in the corresponding Comment sections.**

<b>9. Other Costs: Please indicate the amount requested in each category.</b>	<b>Comments</b>	<b>Amount</b>	<b>Select a Primary Function</b>

<b>Sub-Total</b>			

11. Equipment: List only items costing \$5,000 or more per unit.	Comments	Amount	Select a Primary Function
Instructional Equipment			
Non-Instructional Equipment			
<b>Sub-Total</b>			

**Total Activity Funds Requested: \$1,068,525**



## Project Expenditures - Detailed Information

**Note:**

Lines 1 to 9 and 11 on this form are automatically populated based on details entered on Activity forms. To change these totals, edit the Budget Entry form. The Indirect Cost information, if applicable, should be entered directly in Line 10 on this form.

### STAFFING CATEGORIES DETAIL EXPENDITURES<br/><br/>

1. Administrator Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Administrator Salaries (MTRS)			<input type="checkbox"/>	
Administrator Salaries (non-MTRS)				
<b>Sub-Total</b>				

2. Instructional/Professional Staff Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Instructional/Professional Staff Salaries (MTRS)			<input type="checkbox"/>	
Instructional/Professional Staff Salaries (non-MTRS)				
<b>Sub-Total</b>				

3. Support Staff Salaries:	# of Staff	FTE	MTRS <sup>1</sup>	Amount
Support Staff Salaries (MTRS)			<input type="checkbox"/>	
Support Staff Salaries (non-MTRS)				
<b>Sub-Total</b>				

4. Stipends:	# of Staff	MTRS <sup>1</sup>	Amount
Stipends (MTRS)		<input type="checkbox"/>	
Stipends (non-MTRS)			
<b>Sub-Total</b>			

5. Fringe Benefits:	Amount
5-a MA Teachers' Retirement System (Federally-Funded Grants Only)	
5-b Other (total)	
<b>Sub-Total</b>	

6. Contractual Services: Services provided and the amount to be paid.	Amount
<b>Contractual Services Total</b>	\$100,000

7. Supplies and Materials: Items costing less than \$5,000 per unit or having a useful life of less than one year.	Amount
<b>Supplies and Materials Total</b>	\$968,525

8. Travel: Mileage, conference registration, hotel, and meals.	Amount
<b>Travel Total</b>	

9. Other Costs:	Amount
<b>Other Costs Total</b>	

10. Indirect Costs:	Rate (%) Cannot exceed approved rate	Amount
Indirect Costs:		

11. Equipment: List only items costing \$5,000 or more per unit.	Amount
<b>Equipment Total</b>	

**Total Allocation Amount:** \$1,068,525  
**Total Funds Requested:** \$1,068,525  
**MTRS Applicable Amount:**  
**Balance Remaining:** \$0

## Attachments List

**2 documents are required to upload for submission:**

**Part I/Cover Page: Sign & Scanned Part I - Required; TO AVOID APPROVAL DELAYS PLEASE MAKE SURE THE AMOUNT ON YOUR COVER SHEET MATCHES THE TOTAL AMOUNT REQUESTED ON THE EDGRANTS BUDGET SUBMISSION.**

**Document 1: FY21 CvRF School Reopening Grant Program Application Workbook  
 Schedule A (if applicable)**

**Have you uploaded all the required documents? Yes**

Document Type	Required?	Document Description	Date Attached
Document 1	No	FY21_CRVF - 0031 ...	08/27/2020
Document 2	No		
Document 3	No		
Document 4	No		
Part I / Cover Page	Yes	FY21_CRVF - 0031 ...	08/27/2020
Schedule A – Consolidated Assignment Schedule	No		

## Attachment Details

### Attachment Instructions:

1. In the Document Description field, enter a descriptive name for the file attachment that includes your district/organization name (e.g., Forms 1 and 2 – Abington).
2. Click the 'Browse' button next to the File Name field.
3. Navigate to the appropriate file on your computer and select it.
4. Make sure the file includes your organization code (e.g., Forms1and2\_0001.xls).
5. Click 'Open' to upload the file to G3.

**Document Description:** FY21\_CRVF - 0031 (Billerica Workbook)

## Attachment Details

### Attachment Instructions:

1. In the Document Description field, enter a descriptive name for the file attachment that includes your district/organization name (e.g., Forms 1 and 2 – Abington).
2. Click the 'Browse' button next to the File Name field.
3. Navigate to the appropriate file on your computer and select it.
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**Document Description:**

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4. Make sure the file includes your organization code (e.g., Forms1and2\_0001.xls).
5. Click 'Open' to upload the file to G3.

**Document Description:** FY21\_CRVF - 0031 (Billerica Signature Page)

## **Attachment Details**

**Attachment Instructions:**

1. In the Document Description field, enter a descriptive name for the file attachment that includes your district/organization name (e.g., Forms 1 and 2 – Abington).
2. Click the 'Browse' button next to the File Name field.
3. Navigate to the appropriate file on your computer and select it.
4. Make sure the file includes your organization code (e.g., Forms1and2\_0001.xls).
5. Click 'Open' to upload the file to G3.

**Document Description:**

## Information and Affirmation

**Note: All fields prefaced with an asterisk (\*) are mandatory and must be completed.**

### General Note Regarding Conflict Of Interest

Public employees -- including Department of Elementary and Secondary Education employees, consultants, or volunteer members of a Department or Board of Elementary and Secondary Education advisory council or committee -- may not participate in the review, recommendation or approval of a grant or contract proposal if they know that they personally, their immediate family or a business or organization (including a school district) with which they are closely associated has a financial interest in the grant or contract.

They are specifically prohibited from acting on matters affecting:

- (1) themselves;
- (2) their immediate family (their spouse, parents, children, brothers and sisters); (3) their partner;
- (4) a business organization in which they serve as an officer, director, trustee, partner or employee; or
- (5) any person or organization with whom they are negotiating for or have any arrangement concerning future employment. In addition, public employees must avoid conduct that creates a reasonable impression that they will act with bias.

Failure to comply with these requirements of conflict of interest law, G.L. c. 268A, may result in revocation of a grant or contract award by the Department of Elementary and Secondary Education and may preclude the recipient from future eligibility.

In case of any questions about the applicability of the conflict of interest law to a particular situation, please contact the Department's Legal Office or the State Ethics Commission (617-371-9500)

**According to the guidelines stated above do you believe that you would be in conflict of interest by accepting a grant?** No

### General Note Regarding State Finance Regulations

In accordance with state finance regulations, grant recipients can only expend funds from the date their grant was entered as approved into the Department's Grant Management system. This means that if a grant recipient wishes to expend grant funds as of a certain start date, the grant must have completed a programmatic review, and been submitted as approved to Grants Management prior to that start date. grant recipients may not use local funds to cover initial costs for a grant prior to receiving official approval from the Department, with the intent to reimburse themselves after receiving the award notice. Audit exceptions may be taken for any grant funds used for periods not covered by the award letter, leading to grant recipients needing to pay back the misused grant funds.

**I certify that I have read and understand the State Finance Regulations**

### Certification of Information

I certify that the information contained in this application is correct and complete; that the applicant agency has authorized me, as its representative, to file this application; and that I understand that for any funds received through this application the agency agrees to comply with all applicable state and federal grant requirements covering both the programmatic and fiscal administration of grant funds.

**I certify that the information is correct.**

**Name of the Authorized Signatory:** Jill Geiser

**Title:** Assistant Superintendent



## Submission Summary

Page	Last Updated
<b>Applicant Information</b>	08/27/2020
<b>Applicant Contacts</b>	08/27/2020
<b>Budget Entry</b>	No Input Required
<b>Project Expenditures</b>	No Input Required
<b>Attachments List</b>	08/27/2020
<b>Information and Affirmation</b>	08/27/2020

## CT Interface Setup

**Today's Date** 08/27/2020  
**Service To:** 06/30/2021  
**SVC\_END\_DT\_1:** 06/30/2021  
**SVC\_END\_DT\_2:** 06/30/2022  
**SVC\_END\_DT\_3:** 12/31/2022  
**CT\_ACTG\_DOC\_ACTG\_LN\_NO\_1:** 1  
**CT\_ACTG\_DOC\_ACTG\_LN\_NO\_2:** 2  
**CT\_ACTG\_DOC\_ACTG\_LN\_NO\_3:** 3  
**Budget FY:** 2021  
**Budget Year:** 2022  
**Budget Year:** 2022  
**Fiscal Year:** 2021  
**CT\_ACTG\_FY\_DC\_2:** 2022  
**CT\_ACTG\_FY\_DC\_3:** 2023  
**Event Type:** PR05  
**Event Type:** PR05  
**Event Type:** PR05  
**State Fiscal Year:** 2021

**Massachusetts Department of Elementary and Secondary Education**  
**STANDARD CONTRACT FOR BUDGET ALLOCATION FOR PROGRAM GRANTS**

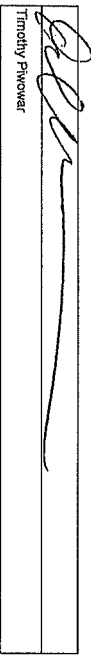
**SIGN AT THE BOTTOM. THEN, UPLOAD A SCANNED COPY OF THIS PAGE WITH THE DATE OF SUBMISSION TO EDGRANTS WITH THE BUDGET FOR THE CYRF SCHOOL REOPENING GRANT PROGRAM (FUND CODE 102)**

District staff with the role of "control user" in EdGrants have been provided user log-in names and passwords and have been trained to submit a grant application via EdGrants. Provide all required application materials to your district control user with access to EdGrants in order to submit budget and attachments.  
**Applications are due by August 31, 2020 and funds are available to be obligated until December 30, 2020.**

Select District from dropdown: Billerica District Code: 0031

Address: 365 Boston Rd Billerica, MA 01821 DESE Contact Email: CyrfGrant@mass.gov

I CERTIFY THAT I HAVE THE AUTHORITY ON BEHALF OF THE MUNICIPALITY AND LOCAL EDUCATION AGENCY TO REQUEST PAYMENT FROM THE COMMONWEALTH OF MASSACHUSETTS. AT THIS TIME, I AM REQUESTING PAYMENT FOR COSTS IN CONNECTION WITH SECTION 601 OF THE SOCIAL SECURITY ACT, AS ADDED BY SECTION 501 OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT, PUBLIC LAW NO. 116-136, DIV. A, TITLE V (MARCH 27, 2020) (SECTION 601), UNDERSTAND THAT THE COMMONWEALTH WILL RELY ON THIS CERTIFICATION AS A MATERIAL REPRESENTATION IN MAKING A PAYMENT TO THE MUNICIPALITY OR LOCAL EDUCATION AGENCY. AS REQUIRED BY FEDERAL LAW, THE MUNICIPALITY'S OR LOCAL EDUCATION AGENCY'S PROPOSED USES OF THE FUNDS PROVIDED AS PAYMENT IN RESPONSE TO THIS REQUEST WILL BE USED ONLY TO COVER THOSE COSTS THAT 1) ARE NECESSARY EXPENDITURES INCURRED DUE TO THE PUBLIC HEALTH EMERGENCY WITH RESPECT TO THE CORONAVIRUS DISEASE 2019 (COVID-19); 2) WERE NOT ACCOUNTED FOR IN THE BUDGET MOST RECENTLY APPROVED AS OF MARCH 27, 2020; AND 3) WERE INCURRED DURING THE PERIOD THAT BEGINS ON MARCH 1, 2020 AND ENDS ON DECEMBER 30, 2020. I WILL REPORT BIMONTHLY ON INCURRED EXPENSES IN A FORM PRESCRIBED BY THE SECRETARY OF ADMINISTRATION AND FINANCE AND WILL COOPERATE WITH THE EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE IN CREATING AND RETAINING APPROPRIATE DOCUMENTATION TO DEMONSTRATE THAT THE PROPOSED USES MEET THE REQUIREMENTS OF SECTION 601. I WILL COOPERATE WITH THE EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE IN OPTIMIZING FEDERAL FUNDS FROM SECTION 601 AND OTHER POTENTIALLY AVAILABLE FEDERAL SOURCES. IN PARTICULAR, I WILL PRIORITIZE AND COORDINATE APPLICATION FOR FEMA REIMBURSEMENT WHERE AVAILABLE TO THE EXTENT ACTUAL EXPENDITURES ARE LESS THAN THE AMOUNT REQUESTED. I AGREE TO RETURN THE BALANCE OF UNUSED FUNDS TO THE COMMONWEALTH. IF THE UNITED STATES DEPARTMENT OF THE TREASURY RECOURSES FUNDS FROM THE COMMONWEALTH BASED ON A DETERMINATION THEY WERE USED BY THE MUNICIPALITY OR LOCAL EDUCATION AGENCY IN A MANNER NOT IN COMPLIANCE WITH SECTION 601, I AGREE THAT THE COMMONWEALTH MAY RECOVER FUNDS FROM THE CITY OR TOWN THROUGH AN ASSESSMENT OR DEDUCTION FROM THE CITY OR TOWN'S PERIODIC UNRESTRICTED LOCAL AID DISTRIBUTION. I FURTHER CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS, INCLUDING USING THE GRANT FUNDS FOR ACTIVITIES ALLOWABLE UNDER SECTION 5007 (G) OF THE CARES ACT OF 2020. IN ADDITION, THE APPLICANT AGENCY ACKNOWLEDGES AND AFFIRMS THAT ITS FY20 FEDERAL GRANT ASSURANCES (AS WELL AS ANY FUTURE ASSURANCES PROVIDED DURING THE GRANT PERIOD, INCLUDING THE FY21 FEDERAL GRANT ASSURANCES) APPLY TO THIS GRANT.

AUTHORIZED SIGNATURE:  TITLE: Superintendent

PRINTED NAME: Timothy Pivovar SUBMISSION DATE: 8/27/2020

FY2021 Allocation	FEDERAL GRANT	PROJECT DURATION		TOTAL ALLOCATION
		FROM	TO	
Cyrf School Reopening Grant Program Fund Code 102		12/30/2020		\$1,068,525

UPLOAD A SCANNED, SIGNED COPY OF THIS PAGE WITH THE DATE OF SUBMISSION TO EDGRANTS WITH THE BUDGET FOR THIS GRANT BY AUGUST 31, 2020

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