



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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MAY 16 2023
MERRIMAC
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Tel: 617-624-6000
www.mass.gov/dph

May 4, 2023

Kassandra Gove, Mayor
City of Amesbury
62 Friend St
Amesbury, MA 01913

Dear Mayor Gove:

Congratulations! We are pleased to notify you as lead municipality for Amesbury (Amesbury, Georgetown, Groveland, Merrimac, Newbury, Newburyport, Rowley, and West Newbury) that you have been awarded a Public Health Excellence for Shared Services Grant in an annualized amount of \$143,105.00 pending negotiation of a final workplan. Through this funding and your continued support, we hope to give municipalities the resources to strengthen the local public health system to align with the recommendations of the Special Commission on Local and Regional Public Health.

The Office of Local and Regional Health at the Massachusetts Department of Public Health will contact Ann Marie Casey, Mayor's Chief of Staff, to negotiate a contract for FY2024.

Please feel free to contact Sam Wong, Director of the Office of Local and Regional Health at the Department of Public Health at Samuel.S.Wong@mass.gov if you have any questions.

Sincerely,

Samuel Wong
Director of the Office of Local and Regional Health
Massachusetts Department of Public Health

Massachusetts Department of Public Health
Office of Local and Regional Health
Public Health Excellence (PHE) Grant Program for Shared Services
RFR #214333
Municipality Statement of Commitment

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Section 1: Instructions

1. The PHE lead municipality/agency sends this form to any municipality interested in joining the PHE grantee group.
2. New municipalities must complete Section 2 and send the **signed** form back to the PHE lead municipality/agency to complete Section 3.
3. The PHE lead municipality/agency authorized public health official (ex. health director, board of health chair, public health commissioner) completes Section 3, which must be signed and dated **after** the signatures in Section 2 are signed and dated.
4. The PHE lead municipality/agency sends a scanned copy of this completed, signed, and dated form on or before the date agreed upon to their OLRH Program Coordinator.

Notes:

- The lead municipality does not need to sign its own Statement of Commitment. The contract signature signifies their commitment to PHE.
- The PHE grantee group must agree by a majority vote to officially accept a new municipality.

Section 2: PHE Participating Municipality Statement of Commitment

***To be signed by two authorized signatories of the PHE participating municipality: 1) a municipal chief executive and 2) a board of health chair or commissioner**

Name of lead municipality or agency:

City of Amesbury _____

Official or working name of shared service arrangement:

Greater Amesbury Public Health Excellence Group _____

Municipality submitting this form (the municipality that is joining the PHE group):

Merrimac _____

Check each box below to affirm that your municipality understands and intends to:

- ☒ Work with the lead municipality/agency to ensure compliance with the scope of services for the Public Health Excellence Grant Program for Shared Services.
- ☒ Use funds provided under this program only to augment rather than replace current municipal funding for public health staff or services.
- ☒ Join only this one public health shared service arrangement.

Form must be signed by a municipal chief executive and board of health chair or commissioner:

Municipal Chief Executive

Name _____ Title _____ Date _____

Board of Health Chair or Commissioner

Name Christopher Title Chairman BOH Date 5/17/2023

Section 3: PHE Lead Municipality/Agency Acknowledgment

***To be filled out and signed by PHE lead agency authorized public health official signatory (ex. health director, board of health chair, public health commissioner)**

***Signature must be dated after signatures in Section 2**

PHE lead agency/ municipality:

Check the box below to affirm that:

- ☐ Our PHE lead agency/municipality has agreed by a majority vote to accept _____ (municipality name) as a member of our Public Health Excellence Grant Program for Shared Services.

Form must be signed by PHE lead agency authorized public health official signatory (ex. health director, board of health chair, public health commissioner):

Name _____ Title _____ Date _____

