

# Section 4

## Part 2









FY 2018 BUDGET DETAIL

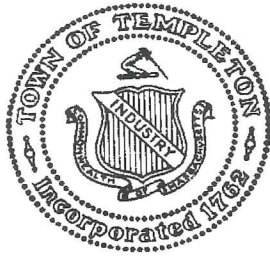
DEPARTMENT: **Development Services**  
 FUND: **1000**  
 ACCOUNT NUMBER: **250**                                 **5600**  
 ACCOUNT NAME: **Intergovernmental**

Expense Budget

FY 2018  
Request

FY 2018  
Administrator  
Recommended

Quantity	Cost	Description		
1	\$575.00	Gasoline @ Highway (Intown w/Town Car)	\$575	\$575
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
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			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
		LUMP SUM DISALLOWED		-\$75
		<b>Totals</b>	<b>\$575</b>	<b>\$500</b>



## Town of Templeton

### Board of Health

P.O. Box 620  
E. Templeton MA 01438  
978-894-2771 PH, 978-894-2792 FAX  
Email: [health@templeton1.org](mailto:health@templeton1.org)



**Public Health**  
Prevent. Promote. Protect.

### Memorandum – Development Services

To: Carter Terezini, Interim Town Administrator

From: Laurie A. Wiita, Health Agent, and Director Development Services

Subject: FY18 Budget for Development Services

Date: January 30, 2017

CC: Kelli Pontbriand, Town Accountant

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This memo provides justification for questions you may have on the Development Services budget for FY18.

*1000-250-5100 Personnel* – Amounts for Health Agent, and Building Inspector are level funded, Adm. Asst. 1 had a paid increase of three hours and Adm. Asst. 2 had a decrease in hours; we are requesting a revolving account be created for fees collected for both the Electrical Inspector and the Plumbing Inspector (see attached). We are also requesting a \$1,000.00 stipend for the position of Animal/Barn Inspector; at this time, the position is unpaid (current inspector receives senior tax break \$500), making it difficult to find a qualified individual to perform the duties.

*1000-250-5200 Purchase of Services* – There are no real changes to the request this year from last year. The BoH requests that we continue to utilize Mark Popham as the engineer for the landfill well monitoring (there is a slight increase of less than 7% to account for increase to lab fees). Montachusett Public Health Network (MPHN) provides services for a minimal fee, such as required public beach water testing and communicable disease reporting to the MA Department of Public Health; they also provide skilled nursing support, drug/alcohol/tobacco prevention support (training and events). The Montachusett Regional Planning Commission (MRPC) provides technical planning assistance to Templeton. BoH is requesting funds to continue landfill cap mowing and swale maintenance; comments were made in the DEP report that the swale was in need of maintenance (removal of weeds, rooting trees and shrubs).

*1000-250-5110 Employee Support* – Conservation Commission is requesting funds to complete training with the Mass Association of Conservation Commissions (MACC), the commission has three new members with no training and the state introduced two new courses that have been strongly recommended for board members that have completed the previous required courses. Due to the age of the BoH vehicle and reliability of the vehicle,

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the Agent, when traveling longer distances, prefers to use her personal vehicle and is requesting a small amount for proposed travel, the ConCom Chair is requesting the same. The ZBA currently has a small revolving account that I recommend be terminated; expenses have been considered and requested to cover advertising, all fees collected from applicants should be processed through the general fund.

*1000-250-5400 Supplies* – No real changes to any of the supply requests; we did however decrease Pest Control to \$500 from \$1,000 (used for rabies testing of suspect animals, repairs to beaver devices, etc...).

*1000-250-5600 Inter-governmental* – Cost for repairs and gas for the BoH vehicle should remain approximately the same; used an average from past years. Cost for Building Commissioner and BoH Agent phones remain under contract overseen by Selectmen's Office.

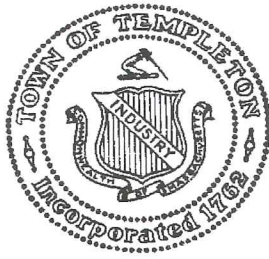
*1000-250-5700 Other Expenses* – No requests at this time.

Thank you for your consideration,

Laurie A. Wiita







## Town of Templeton

### Board of Health

P.O. Box 620  
E. Templeton MA 01438  
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Email: [health@templeton1.org](mailto:health@templeton1.org)



**Public Health**  
Prevent. Promote. Protect.

List of acronyms for budget:

MACC – Massachusetts Association of Conservation Commissions

MEHA – Massachusetts Environmental Health Association

MHOA – Massachusetts Health Officers Association

MPHN – Montachusett Public Health Network

MRPC – Montachusett Regional Planning Commission



## Laurie: Templeton BOH

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**From:** Mark Popham, RS [pawpop@aol.com]  
**Sent:** Thursday, January 5, 2017 11:06 AM  
**To:** Health@templeton1.org  
**Subject:** Re: Landfill monitoring

No problem Laurie. The current year budget for groundwater monitoring / third-party inspection was \$4,435, assuming all wells were able to be sampled. Assuming / hoping that all wells have water in 2017 & accounting for a slight increase in lab expense, I would carry \$4,600 for the next FY. I will give you a formal quotation / agreement after July 1 accordingly.  
Mark

-----Original Message-----

**From:** Laurie: Templeton BOH <Health@templeton1.org>  
**To:** 'Mark Popham, RS' <pawpop@aol.com>  
**Sent:** Thu, Jan 5, 2017 10:57 am  
**Subject:** Landfill monitoring

Good morning Mark,

Could you please give me a ballpark figure for the monitoring for next year's reporting, doing a preliminary budget, due Monday – nothing like waiting until the last minute, sorry.

Laurie

Health Agent  
Templeton Board of Health  
P O Box 620  
E Templeton MA 01438  
978-894-2771

**MARK W. POPHAM, R. S.**

*Sanitary Engineering / Environmental & Solid Waste Management Consulting*

21 Highland Street  
Orange, MA 01364

Tel. 978-544-2770 / Cell 413-834-2558

June 15, 2016

Town of Templeton  
Board of Health  
160 Patriots Road  
P. O. Box 620  
East Templeton, MA 01438

Re: Renewal of Professional Services Cost Proposal / Agreement  
2016 Post-Closure Landfill Monitoring

Dear Mr. Leger:

This correspondence serves as a Renewal of a Professional Services Proposal, offered to perform the annual post-closure environmental monitoring of the King Philip Trail landfill for calendar year 2016, in accordance with current DEP regulations and the current post-closure monitoring permit for the site. I am prepared to perform the following tasks for a total lump sum fee (which includes direct and indirect costs, sample collection and laboratory subcontract expenses) of Four Thousand Four Hundred Thirty Five Dollars (\$4,435.00). This represents no increase over last year's budget amount:

1. Water Quality Monitoring

A professional environmental sampling subcontractor, at the direction of the undersigned, will conduct water quality measurements at the closed landfill and collect representative samples for DEP-certified laboratory analysis during a one-time sampling survey anticipated to be performed in the fall of 2016, following the anticipated replacement of the site's upgradient monitoring well. Prior to monitoring well purging and sample collection, static groundwater and depth-of-well measurements will be recorded. Samples will be collected from five (5) existing groundwater monitoring wells specified in the current DEP permit, including a trip blank, and analyzed for the parameters given at 310 CMR 19.132 (1)(h) 1, 2 & 3 (including method 8260 volatile organic compounds (VOC's) with MEK, MIBK, acetone and 1,4-dioxane) and field parameters dissolved oxygen, specific conductance, pH and temperature.

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Two (2) copies of a letter report will be submitted to the Town of Templeton Board of Health (one to then be forwarded to Templeton Water Superintendent) and a copy to the DEP Central Regional Office, according to schedule requirements of the applicable permit, with supporting field and analytical data, sampling and analytical protocols and tabular presentation of results obtained. The report will include a comparative assessment of how the current results relate to prior recent post-closure water quality data and relevant regulatory standards.

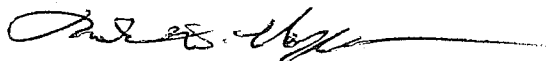
2. Landfill Post-Closure Annual Site Inspection

An annual post-closure site inspection will be performed by the undersigned, in accordance with Third Party Inspector requirements of 310 CMR 19.00, to assess the apparent integrity of the landfill's final cover system (including subsidence / settlement, erosion, animal disruption, etc.), environmental monitoring network, drainage features, access control, landfill gas venting works, vegetation management, and other relevant site features, concurrent with the water quality survey, resulting in preparation and submittal to DEP and the Board of Health the applicable inspection form. Any observable problems will be identified and appropriate mitigation measures proposed to ensure continuing conformance with stated DEP requirements and available closure design and/or as-built plans in the Board of Health's possession.

The Town of Templeton will be invoiced for performance of the outlined professional services upon submittal of the Third-Party Inspector form, environmental monitoring letter report and supporting data with payment anticipated within thirty (30) days of receipt.

Please call the undersigned should there be any questions on this submittal. I look forward to continuing to assist the Board of Health with its landfill compliance responsibilities.

Sincerely,



Mark W. Popham, R. S.

Proposal accepted and scope of services authorized to proceed:

Name: E Jane Crocker Chair — Title: BOH Date: 7/7/16

DEC - 5 2016

**MARK W. POPHAM, R. S.**

*Laurie Niuta*

***Sanitary Engineering / Environmental & Solid Waste Consulting***

**21 Highland Street Orange, MA 01364**

**Tel. 978-544-2770 / Cell 413-834-2558**

**INVOICE**

Date: December 1, 2016

To: Town of Templeton  
Board of Health  
160 Patriots Road  
P. O. Box 620  
East Templeton, MA 01438

For: Templeton Municipal Landfill Monitoring / Third Party Inspection – Fall 2016

Amount Due: \$4,085.00 (includes laboratory subcontract credit for reduced no. of wells analyzed)

(Check should be made payable to Mark W. Popham, R. S. Thank you for your continued business.)

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

Important: When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



**Instructions**

Use this form to record and report the results of a Third-Party Operation and Maintenance Inspection conducted pursuant to 310 CMR 19.018. Be sure to obtain the most recent version of this form. All applicable sections of the submitted form must be completed to be accepted by MassDEP.

Pursuant to 310 CMR 19.018(8)(a), the third-party inspector and facility owner/operator must sign this Third-Party Inspection Report form and submit the completed report to the appropriate MassDEP regional office and one copy of each completed report to the board of health of the municipality in which the facility is located.

In the event that this inspection report contains a recommendation for corrective action(s), the owner/operator shall also submit the information required by 310 CMR 19.018(8)(c)2.

Forms and instructions are available online:

<http://www.mass.gov/eea/agencies/massdep/recycle/approvals/solid-waste-applications-and-forms.html#8>

Note: This form does not identify all of the requirements applicable to each solid waste management facility; other requirements and/or policies may apply to the operation, maintenance and monitoring for each facility.

MassDEP Use Only
Rec'd Date:
FMF #:
RO #:
Reviewer:
Comments:

**I. Facility Information**

Facility Type (check one):

- Transfer Station/Handling Facility     C&D Waste Processor or C&D Waste Transfer Station     Municipal Waste Combustor  
 Active Landfill     Closed Landfill     Other: \_\_\_\_\_  
Specify \_\_\_\_\_

Facility:

Templeton Muncpal Landfill

Facility Name

Templeton

City/Town

978-894-2770

Telephone Number

MA

State

CE 172999

Regulated Object Account Number

01438

ZIP Code

SL0294.003

FMF Number

Operator:

Town of Templeton Board of Health

Operator Name (Doing Business As/Company Name)

978-894-2770

Telephone Number

P. O. Box 620

Mailing Address

East Templeton

City/Town

health@templeton1.org

Email Address

MA

State

01438

ZIP Code

Permittee:

Town of Templeton

Permittee Name (Entity Identified on Facility Permit)

P. O. Box 620

Mailing Address

East Templeton

City/Town

MA

State

01438

ZIP Code

Responsible Official for the Facility:

E. Jane Crocker, Chairman

Responsible Official Name (Individual)

Town of Templeton Board of Health

Responsible Official Company Name

health@templeton1.org

Responsible Official Email Address

978-894-2770

Responsible Official Telephone Number

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

**II. Third-Party Inspector**

Mark Popham  
Third-Party Inspector Name  
TPI X261568  
MassDEP Third-Party Inspector Identification Number  
978-544-2770  
Telephone Number  
21 Highland Street  
Mailing Address  
Orange  
City/Town

Mark W. Popham, R. S.  
Company Name  
01/16/2017  
MassDEP Third-Party Inspector Expiration Date (MM/DD/YYYY)  
pawpop@aol.com  
Email Address  
MA  
State  
01364  
ZIP Code

**Construction and Demolition Waste (C&D Waste) Processing Facility or C&D Waste Transfer Station Only:**  
Identify the qualified individual that conducted the observation of incoming waste loads and collection of samples of suspect asbestos-containing materials during the inspection [pursuant to 310 CMR 19.018(6)(f)]. If the entire inspection was conducted by the third-party inspector listed above, then check the box and enter only the Asbestos Inspector Certification Number.

Same as above. Provide Asbestos Certification Number ►

MA Dept. of Labor Standards Asbestos Inspector Certification Number

Asbestos Inspector Name

Company Name

Telephone Number

Email Address

Mailing Address

City/Town

State ZIP Code

**III. Inspection Details**

**A. FREQUENCY**

Indicate the scheduled inspection frequency for this facility as required by 310 CMR 19.018(6)(b), or a more frequent schedule set forth in the Facility Permit/Other Approval:

- Bi-Monthly     Quarterly     Semi-Annual     Annual     Biennial  
 Other (include permit/approval type and date of issuance):

**B. DATE, TIME & PERSONNEL**

Inspection Date (MM/DD/YYYY): 11/30/2016  
Inspection Start Time: 10:00  AM  PM

Facility Representatives in Attendance During Inspection: none - closed landfill

**C. CONDITIONS**

Air Temperature: *Approximately 45 degrees F.*

Wind Direction (direction from which the wind is blowing):

Weather:     Clear     Partly Cloudy     Cloudy  
               Dry         Rain             Snow

<input type="checkbox"/> NW	<input type="checkbox"/> N	<input type="checkbox"/> NE
<input type="checkbox"/> W	Wind	<input type="checkbox"/> E
<input type="checkbox"/> SW	<input type="checkbox"/> S	<input type="checkbox"/> SE

Wind Speed:     Calm     Breeze     Moderate     Strong

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
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**IV. Pre-Inspection Preparation**

**A. FACILITY-SPECIFIC O&M REQUIREMENTS**

During each third-party inspection, the third-party inspector shall examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures, and records relevant to the type of third-party inspection being conducted in order to determine the facility's compliance with all applicable requirements as set forth in 310 CMR 19.018(6)(a)1.

**Therefore, pursuant to 310 CMR 19.018(6)(a)1, prior to conducting a third-party facility operation and maintenance inspection, the third-party inspector shall, without limitation, complete all of the following:**

- Review and become familiar with the regulations set forth at 310 CMR 19.000 – *Massachusetts Solid Waste Regulations*.
- Identify, review and become familiar with all solid waste permits, plans, approvals, and orders (or other enforcement documents issued to the facility by the Department), and the solid waste requirements applicable to the operation and maintenance of the facility.

Relevant requirements may include, without limitation, specific practices and procedures for the operation, maintenance and monitoring of the facility, waste acceptance/storage limits, and other requirements related to the facility's solid waste activities. Without limitation, these facility-specific requirements may be contained in the Facility Permit, Authorization to Construct, Authorization to Operate, Operation and Maintenance Plan, Closure/Post-Closure Plans and Approvals, Facility Modification Approvals, Beneficial Use Determinations, Administrative Consent Orders, and other determinations, authorizations or enforcement actions issued by the Department.

I, Mark Popham, have identified, reviewed and understand all of the aforementioned requirements that are applicable to this facility and the following are my observations and recommendations related to the facility-specific requirements.

► MP  
Inspector Initials

**B. SOLID WASTE PERMITS, PLANS, APPROVALS & ORDERS**

List all relevant solid waste permits, plans, approvals, orders or other enforcement actions issued to the facility by the Department that contain specific practices, procedures and other requirements still in effect for the operation, maintenance and monitoring or closure/post-closure of the facility. Where applicable, provide the plan or issue date for each item. For enforcement actions, include the document number, effective date, and status of implementation by the facility.

Discussion: Minor Modification of Existing Landfill BWP SW 22, August 1, 2012; Letter of Compliance - Completion of Landfill Cap, December 12, 1996; Phase II Closure Landfill Major Modification BWP SW 11, June 12, 1995; no current known outstanding enforcement actions relative to this facility.

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

**V. Performance Standards**

Examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures and records relevant to the type of solid waste facility.

Using the tables below, identify all areas evaluated by the inspector during the inspection by checking the box in the first column. Describe all deviations noted during the inspection in the third column. Provide recommendations for corrective action to return to compliance with the applicable performance standard in the fourth column.

Facility Type	Performance Standards
Transfer Station/Handling Facility (Including C&D Facility)	Complete Section A. If C&D Handling/ Processing Facility, then also complete Section B.
Municipal Waste Combustor	Complete Section A.
Active Landfill	Complete Sections C. and F. If active ash landfill, then also complete Section D.
Closed Landfill	Complete Sections E. and F.

**A. TRANSFER STATION, HANDLING FACILITY, OR MUNICIPAL WASTE COMBUSTOR (INCLUDING C&D FACILITY)**

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.205(1) Storm Water Controls.		
<input type="checkbox"/>	19.205(2) Equipment.		
<input type="checkbox"/>	19.205(3) Weighing Facilities.		
<input type="checkbox"/>	19.207(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.207(2) Supervision of Operation.		
<input type="checkbox"/>	19.207(3) Access to Facilities.		
<input type="checkbox"/>	19.207(4) Security.		
<input type="checkbox"/>	19.207(5) Posting of Handling Facility.		
<input type="checkbox"/>	19.207(6) Unloading of Refuse.		
<input type="checkbox"/>	19.207(7) Special Wastes.		
<input type="checkbox"/>	19.207(8) Banned/Restricted Wastes.		
<input type="checkbox"/>	19.207(9) Hazardous Waste.		
<input type="checkbox"/>	19.207(10) Household Hazardous Waste and Waste Oil Collections.		
<input type="checkbox"/>	19.207(11) Bulky Waste.		
<input type="checkbox"/>	19.207(12) Liquid Wastes.		

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

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Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.207(13) Bird Hazards.		
<input type="checkbox"/>	19.207(14) Dust Control.		
<input type="checkbox"/>	19.207(15) Vector Control.		
<input type="checkbox"/>	19.207(16) Control of Wind-blown Litter.		
<input type="checkbox"/>	19.207(17) Staffing.		
<input type="checkbox"/>	19.207(18) Employee Facilities.		
<input type="checkbox"/>	19.207(19) Accident Prevention/Safety.		
<input type="checkbox"/>	19.207(20) Fire Protection.		
<input type="checkbox"/>	19.207(21) Recycling Operations.		
<input type="checkbox"/>	19.207(22) Records for Operational and Plan Execution.		
<input type="checkbox"/>	19.207(23) Screening and/or Fencing.		
<input type="checkbox"/>	19.207(24) Open Burning.		
<input type="checkbox"/>	19.207(25) Inspections.		
<input type="checkbox"/>	19.207(26) End-of-Life Mercury-added Products.		

**B. CONSTRUCTION AND DEMOLITION (C&D) WASTE PROCESSING FACILITY OR C&D WASTE TRANSFER STATION**

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.206(1) Enclosed Operations.		
<input type="checkbox"/>	19.206(2) Storage.		
<input type="checkbox"/>	19.206(3) Contact Water.		
<input type="checkbox"/>	Suspect Asbestos-Containing Material (ACM) Inspection and Management Protocol.		
<input type="checkbox"/>	Sample collection of suspect ACM from incoming loads.	Discuss sample results: ▶ <input type="checkbox"/> Attach analytical reports.	

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**C. ACTIVE LANDFILL**

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.130(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.130(2) Operator Supervision.		
<input type="checkbox"/>	19.130(3) Special Wastes.		
<input type="checkbox"/>	19.130(4) Banned/Restricted Wastes.		
<input type="checkbox"/>	19.130(5) Hazardous Waste.		
<input type="checkbox"/>	19.130(6) Bulky Wastes.		
<input type="checkbox"/>	19.130(7) Liquid Wastes.		
<input type="checkbox"/>	19.130(8) Solid Waste Handling.		
<input type="checkbox"/>	19.130(9) Bird Hazards.		
<input type="checkbox"/>	19.130(10) Equipment and Shelter.		
<input type="checkbox"/>	19.130(11) Staffing.		
<input type="checkbox"/>	19.130(12) Employee Facilities.		
<input type="checkbox"/>	19.130(13) Accident Prevention/Safety.		
<input type="checkbox"/>	19.130(14) Spreading and Compacting of Solid Waste.		
<input type="checkbox"/>	19.130(15) Cover Material.		
<input type="checkbox"/>	19.130(16) Vector, Dust and Odor Control.		
<input type="checkbox"/>	19.130(17) Litter Control.		
<input type="checkbox"/>	19.130(18) Top Slope and Side Slopes.		
<input type="checkbox"/>	19.130(19) Storm Water Drainage.		
<input type="checkbox"/>	19.130(20) Erosion Control.		
<input type="checkbox"/>	19.130(21) Boundary/Elevation Markers.		
<input type="checkbox"/>	19.130(22) Access Roads.		
<input type="checkbox"/>	19.130(23) Security.		
<input type="checkbox"/>	19.130(24) Posting of the Landfill.		



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Bureau of Waste Prevention / Solid Waste Management**

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Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.130(25) Open Burning.		
<input type="checkbox"/>	19.130(26) Fire Protection and Control.		
<input type="checkbox"/>	19.130(27) Convenience and Recycling Drop-off Areas at Landfills.		
<input type="checkbox"/>	19.130(28) Waste Oil Collections at Landfills.		
<input type="checkbox"/>	19.130(29) Household Hazardous Waste Collections at Landfills.		
<input type="checkbox"/>	19.130(30) Leachate Collection, Treatment and Disposal.		
<input type="checkbox"/>	19.130(31) Phase Completion of the Landfill.		
<input type="checkbox"/>	19.130(32) Disruption of Landfilled Areas.		
<input type="checkbox"/>	19.130(33) Construction of Buildings.		
<input type="checkbox"/>	19.130(34) Records for Operational and Plan Execution.		
<input type="checkbox"/>	19.130(35) Inspections.		
<input type="checkbox"/>	19.130(36) Re-circulation of Leachate.		
<input type="checkbox"/>	19.130(37) End-of-Life Mercury-added Products.		

**D. ASH LANDFILL**

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.131(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.131(2) Fugitive Emissions.		
<input type="checkbox"/>	19.131(3) Ash Moisture Content.		
<input type="checkbox"/>	19.131(4) Spreading/Compacting of Ash.		
<input type="checkbox"/>	19.131(5) Vehicle Washdown / Wheelwash / Other Measures.		

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Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

E. CLOSED LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	19.016 Post-closure Use.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input checked="" type="checkbox"/>	19.142(2) Post-closure Period.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(3) Post-closure Period Waiver.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(4) Post-closure Period Extension.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(5) Post-closure Requirements.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(6) Inspection Requirements.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(7) Additional Measures.	None observed	None at this time
<input checked="" type="checkbox"/>	19.142(8) Termination of the Post- Closure Period.	None observed	None at this time
<input checked="" type="checkbox"/>	19.143(1) Applicability.	None observed	None at this time
<input checked="" type="checkbox"/>	19.143(2) Submission of Post-closure Use Plans.	None observed	None at this time
<input checked="" type="checkbox"/>	19.143(3) Criteria for Approval of Post- closure Use.	None observed	None at this time
<input checked="" type="checkbox"/>	19.143(4) Post-closure Construction.	None observed	None at this time

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

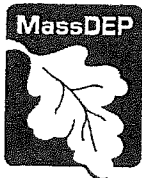
Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

**F. ADDITIONAL LANDFILL REQUIREMENTS**

Evaluated	Performance Standard	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	19.132 Environmental Monitoring Requirements.	2016 annual groundwater monitoring indicates no particular issues with landfill-related water quality impacts at the present time.
	Is the monitoring of surface water, ground water, landfill gas and any other media as determined by the Department, including without limitation, soil and sediment, being conducted on the schedule established in the permit or as otherwise required by the Department?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Are the analytical results of the environmental monitoring submitted to the Department within 60 days after the date of sample collection or as otherwise specified by the Department?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/>	19.133 Maintenance of Environmental Control and Monitoring Systems.	Previously obstructed upgradient groundwater monitoring well MW-6 has been replaced with MW-6R since the prior annual inspection.
	Are the facility operations conducted in a manner which protects all environmental control systems as approved in the Operation and Maintenance plan and monitoring systems as approved in the Operation and Maintenance plan or permit?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Is regular maintenance of all landfill environmental control systems performed as approved in the Operation and Maintenance plan or permit?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Has the Department been notified of the existence and extent of damaged or destroyed environmental control systems, monitoring devices, or surface water sampling location markers in accordance with 310 CMR 19.133(1)(c) and/or 19.133(1)(e)?  <input checked="" type="checkbox"/> N/A (if no damage to report) <input type="checkbox"/> YES <input type="checkbox"/> NO	

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

**F. ADDITIONAL LANDFILL REQUIREMENTS – Continued**

Evaluated	Performance Standard	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	<p>19.121(4) Landfill Gas Recovery Operation and Maintenance Requirements.</p> <p>Is condensate generation kept to a minimum and condensate recirculation, if proposed, performed in accordance with the permit?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are the sampling and analysis of condensate conducted on the schedule established in the permit or as otherwise required by the Department?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are the analytical results of condensate monitoring reported to the Department as established in the permit or as otherwise required by the Department?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is an annual report on the operation of the landfill gas recovery facility submitted to the Department as specified in the permit?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Not applicable; only passive venting incorporated in closure design</p>

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

**VI. Inspection Observations**

**A. FACILITY CONDITION AND OPERATIONS**

Examine and evaluate the facility condition and operations as observed during the inspection, including the following:

- Describe any evidence of the following conditions observed at the time of the inspection:
  - Unpermitted discharges to air, water, land or other natural resources of the Commonwealth; and
  - Dust, odors, litter, and/or other nuisance conditions.
- Document and discuss all deviations from any specific requirements for the facility that are not addressed in the previous section (*Section V. – Performance Standards*), including without limitation, the requirements set forth in the facility's operation and maintenance plan, orders or other enforcement documents, and other solid waste permits, approvals, and authorizations issued to the facility by MassDEP.
- List the types and estimated quantities of all waste and materials stored at the facility at the time of the inspection.
- Provide a narrative that describes the overall status of the general condition, operation and performance of the facility as observed at the time of the inspection.

⇒ Attach photographs taken during the inspection that depict the general condition and operation of the facility. At a minimum, include photographs, as applicable, of the waste unloading (tipping) area, waste storage areas, recyclable material storage and, for transfer stations, the waste reloading activity.

Discussion: No unpermitted discharges to air, water, land or other natural resources were observed and no nuisance conditions, including dust, odors, litter, were identified during the inspection of the closed / capped landfill. No notable deviations from any relevant operation / maintenance plan, current DEP permits / approvals / authorizations or enforcement documents were identified during the inspection. The facility is a closed landfill and no waste materials or recyclables are stored there, so no photographs were required to document materials handling practices. The capped landfill remains generally well-maintained, its access road secured by locked gates and facilities utilized in routine environmental monitoring in-place. No unusual patterns of settlement were observed across the capped landfill surface nor was any erosion noted. The capped surface is appropriately vegetatively stabilized, recently mowed and capping layers remain as intended with no physical disruption or displacement shown. Peripheral stormwater drainage facilities and stone-lined drainage swales on the capped landfill appear to be functioning as intended, with no standing water in drainage features observed or erosion / siltation hindering or excessive woody vegetative growth adversely impacting their intended performance. The owner is advised that sporadic woody vegetation is beginning to establish itself along the facility's stone lined swales and at toe-of-slope areas and such vegetation is recommended to be cut during the coming year so as to prevent the possibility of root intrusion into capping layers and diminishment of the carrying capacity of swales or infiltrative ability of stormwater infiltration basins or areas. In addition, overall mowing of the capped landfill surface is recommended in the coming late spring so as to limit establishment of any woody growth or creeping vine vegetative cover. Passive gas vents appear to remain in place as originally intended. No peripheral property use would appear to adversely impact the performance of the landfill closure elements of the facility nor does the capped landfill appear to be adversely impacting any adjacent land use.

**B. RECORD REVIEW**

Examine and evaluate the facility's record-keeping. Without limitation, document the status of the facility's compliance with, and any deviations from, the record-keeping required by 310 MCR 19.000; the facility's operation and maintenance plan; orders or other enforcement documents issued to the facility; and other solid waste permits, approvals, determinations and authorizations issued to the facility by the Department, including the following:

- Discuss the evaluation of the Facility's "daily log" such as, daily tonnage records.

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

- List and discuss any special incidents that have occurred since the previous inspection such as exceedances of the facility's permitted waste acceptance limits, nature and outcome of complaints reported to the facility operator (including the identity of the complainant, if known), fires, emergencies, or other disruptions to the routine operation of the facility.

Discussion: The facility is a closed landfill so no daily logs or tonnage records are maintained by the owner / operator. No facility complaints or fire / emergency response actions are known to have been logged relative to the capped landfill operation / maintenance in the recent past.

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

**VII. Summary and Recommendations**

Pursuant to 310 CMR 19.018(6)(a)4., where a third-party inspector observes that the operation or maintenance of the facility deviates from the aforementioned applicable requirements, he or she shall document all such deviations and recommend corrective actions for the facility to take to return to compliance.

**A. INSPECTION RESULTS**

Based on the examinations and evaluations conducted in Sections V. and VI., please summarize the inspection results by checking one of the following determinations:

**No deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection.**  
If no deviations were identified during the inspection, check this box and proceed to Section VII.B.

**Deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection and are discussed further in this report.**  
If deviations were identified during the inspection, check this box and ensure that each deviation and the recommended corrective actions are discussed in the applicable section(s) below.

**B. STATUS OF PREVIOUS RECOMMENDATIONS FOR CORRECTIVE ACTION**

If a previous inspection report identified deviations with recommendations for corrective action, please describe the action(s) taken since the last inspection to return the facility to compliance with the applicable requirements.

Discussion: No prior documented deviations requiring corrective action were observed.

**C. RECOMMENDATIONS FOR CORRECTIVE ACTION**

Based on the results of this inspection, please list all deviations noted during the inspection and provide recommendations for corrective action to return to compliance with the applicable requirement.

Recommendations: No corrective action recommendations apply based upon the current inspection.

**D. ADDITIONAL COMMENTS**

Comments: The facility owner / operator should continue to conduct routine site maintenance and monitoring activities as prescribed in relevant permits and approvals or as suggested herein to prevent any future possible compliance issues.

**VIII. Additional Information Checklist**

Attach the following additional information, as applicable, to complete the inspection report.\*

Attach photographs taken during the inspection that depict the general condition and operation of the facility, as required in Section VI.A.

For C&D Waste facilities only, attach the analytical results, as required in Section V.B.

\*Note: Pursuant to 310 CMR 19.018(8), MassDEP may request additional information.

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**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)  
Operation & Maintenance

Continue to Certification Statement on Next Page ►

**IX. Certification – THIRD-PARTY INSPECTOR**

"I attest under the pains and penalty of perjury that:

1. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
2. Based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
3. I have been able to conduct the third-party inspection and prepare the third-party inspection report without being influenced by the facility owner or operator and, (if I am a municipal employee) without being influenced by my municipal employer, by any coworker or by any elected or appointed official of the municipality; and
4. I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information."

  
Signature of Third-Party Inspector

Mark Popham  
Print Full Name

Mark W. Popham, R. S.  
Company Name

November 30, 2016  
Date (MM/DD/YYYY)

**X. Certification – FACILITY OWNER/OPERATOR**


Does the facility maintain a Financial Assurance Mechanism (FAM) pursuant to 310 CMR 19.051?  YES  NO

- If yes:
- Enter the amount of the current FAM: \$
  - Enter the date of the last revision of the FAM amount, pursuant to 310 CMR 19.051(6):

*As a reminder, pursuant to 310 CMR 19.051(6), the estimate of the cost of closure and post-closure maintenance must be revised every year, and every second year shall be submitted to the Department.*

"I certify under the penalty of law:

1. That I have personally examined and am familiar with the information submitted in this third-party inspection report, including but not limited to the statements above concerning the financial assurance mechanism in place in accordance with any facility permit and 310 CMR 19.051, and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment.
2. That, in the event that this inspection report contains a recommendation for corrective action(s), I have completed and attached to this report a Corrective Action Plan and Schedule\*, pursuant to 310 CMR 19.018(8)(c)2."

  
Signature of Responsible Official

E. Jane Crocker  
Print Full Name

Chairman - Board of Health  
Title

12/12/2016  
Date (MM/DD/YYYY)

► Pursuant to 310 CMR 19.018(8)(c), a copy of each third-party inspection report shall be maintained at the facility in accordance with the requirements of 310 CMR 19.000. The owner and operator shall make third-party inspection reports available to personnel or authorized representatives of the Department for review at the facility upon request.

*\*Note: The owner or operator may elect to correct deviations identified in the Third-Party Inspection Report in a manner that is different than that recommended by the Third-Party Inspector, so long as the facility is brought back into compliance with applicable requirements.*

<p><b>Within 30 days of the inspection date:</b></p>	<ul style="list-style-type: none"> <li>• Mail this completed form to the MassDEP Regional Office that serves the municipality in which the facility is located. (Attention: Solid Waste Management)</li> <li>• Send one copy to the local board of health for the municipality in which the facility is located.</li> </ul>	<p>A list of municipalities and MassDEP Regional Offices is available online at: <a href="http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html">http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html</a></p>
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FY 2018 BUDGET DETAIL

DEPARTMENT: Highway
FUND: 1000
ACCOUNT NUMBER: 400 5100
ACCOUNT NAME: Personnel

Expense Budget

FY 2018 Request

FY 2018 Administrator Recommended

Table with columns: Employee & Position, Class/Grade & Step, Rate, Salary or Hourly, Hours/Week/Yr, # Weeks per YR, Wages, FY 2018 Request, FY 2018 Administrator Recommended. Includes rows for Superintendent, Director, Administrative Assistant, AA, Mechanic, Foreman, Laborer, and Overtime.

Totals \$399,530 \$362,500

Note: The hourly rate shown for any salaried individual is only for illustration and calculation purposes and does not purport to show a limitation on their obligation to perform their job in a specified number of hours only.

Step 4 Upon completion of 180 pay periods - from two (2) years and six (6) months to three (3) years and six (6) months.

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Expenses for Class I, Class II, CDL and Hydraulic Licenses and renewals used on behalf of the Town in the performance of duty will be reimbursed to Union employees with proof of license or renewal. There will be no reimbursement for a Class III Drivers License.

Employees who are currently on the maximum step of their wage scale and do not have required licenses for that particular step will be "red lined" at the current rate until such licenses are achieved. Red lined employees at the top of their grade are eligible for cost of living adjustments but not step increases.

\* See Below

Sewer Department

<u>Position</u>	<u>Classification</u>
Assistant Chief	S2
Operator/Sewer Foreman	S4
Operator	S6
Laborer	S8

The Town agrees that each paycheck will be accompanied by an itemized deduction slip, listing regular hours, overtime hours, sick time and all other necessary deductions. All deductions will be made weekly.

All employees of the Templeton Sewer Department will hold an active Massachusetts wastewater treatment plant operators license at or above the level required by the State for their particular position. Any exceptions to this requirement will be by approval of the Board of Sewer Commissioners.

	<u>Class</u>	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Assistant Chief	S-2	17.11	18.21	19.37	21.75
Operator/Sewer Foreman	S-4	16.31	17.31	18.42	20.69
Operator	S-6	14.63	15.57	16.57	18.58
Laborer	S-8	14.46	15.42	16.37	18.37

Rates for employees holding an active Massachusetts wastewater treatment plant operators license Grade 6 or above.

	<u>Class</u>	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Assistant Chief	S-2	17.45	19.61	19.76	22.18
Operator/Sewer Foreman	S-4	16.64	17.66	18.79	21.10
Operator	S-6	14.92	15.88	16.90	18.95
Laborer	S-8	14.75	15.72	16.70	18.74

How employees move along the steps from minimum to maximum will be based on, performance, seniority, and required licenses. An employee not granted an increase at the time intervals set forth in the schedule above will be given the reason(s) for not being granted the increase.

MARTY - \*at the time this was determined MARTY was granted cost of living raises not step raises & will continue in the future  
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## ARTICLE XXVII COMPENSATION

Page 3

Employees are paid on a weekly basis. Paychecks shall not be given by the department head to anyone other than the person for whom they are written unless a request is made in writing in advance by the person to whom the check is payable. Paychecks shall not be distributed prior to the date and hour authorized by the Treasurer unless for extenuating circumstances and approval by the appointing authority. No payroll deductions other than legally required deductions will be made from an employee's paycheck without the employee's written approval.

### Highway Department

<u>Position</u>	<u>Classification</u>
Foreman	H8
Town Head Mechanic	H6
Assistant Mechanic	H4
Laborer, Truck Driver & Equipment Oper.	H2

The Town agrees that each paycheck will be accompanied by an itemized deduction slip, listing regular hours, overtime hours, sick time and all other necessary deductions. All deductions will be made weekly.

July 1, 2016	Class	Step 1	Step 2	Step 3	Step 4
Foreman	H8			20.24	21.86
Mechanic	H6		20.45	21.48	22.49
Asst, Mechanic	H4	14.54	16.28	18.03	20.35
L.O.T	H2	14.09	15.74	17.39	19.70

July 1, 2017	Class	Step 1	Step 2	Step 3	Step 4
Foreman	H8			20.64	22.30
Mechanic	H6		20.85	21.91	22.94
Asst, Mechanic	H4	14.84	16.61	18.39	20.76
L.O.T	H2	14.37	16.06	17.73	20.09

July 1, 2018	Class	Step 1	Step 2	Step 3
Foreman	H8			21.06
Mechanic	H6	21.27	22.35	23.87
Asst, Mechanic	H4	16.95	18.76	21.61
L.O.T	H2	16.39	18.09	20.91

\*L.O.T = Laborer/Operator/Truck Driver

Transition:

- Step 1 First 26 pay periods – six (6) months  
A Massachusetts Class B CDL or above is  
Required prior to hiring (all classifications).
- Step 2 Upon completion of 26 pay periods – from six

MATT KARPEICHIK  
he will stay @  
Step 3 until the  
required  
pay periods  
+ his HE  
(CATCH BASIN)  
LICENSE

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MATT



**ARTICLE XXIV  
UNIFORM & BOOT ALLOWANCE**

Uniform Allowance: The Town will provide the Highway Department employees with eleven (11) cotton uniforms each. The Town will provide the employees with coats and eleven (11) uniforms each at 100% of the cost to include cleaning and mending. The Town will purchase for each employee five (5) t-shirts to be worn in July and August; and to purchase the employee's choice of one (1) insulated winter jacket per year per employee or one (1) pair of insulated coveralls per year per employee. The Town will make available water-proof boots, gloves, rain gear and safety equipment. Each employee bears personal responsibility for said items. If any of the items mentioned are torn or damaged in the line of work, the Town will replace same. Uniforms approved by the Superintendent shall be worn at all times.

Boot Allowance: The Town will reimburse each full time Union employee an amount of two hundred dollars (\$250.00) per year for work boots upon presentation of a receipt of purchase. Effective July 1, 2018 the boot allowance will be increased to three hundred dollars (\$300.00) per year.

Safety Glasses Allowance: The Town will reimburse each full-time Union employee an amount of up to one hundred and sixty-five dollars (\$165.00) per year for ANSI Z87-approved prescription safety glasses upon presentation of a dated receipt of purchase.

**ARTICLE XXV  
PROBATIONARY PERIOD**

Newly hired employees shall be considered probationary employees during the first six (6) months of continuous employment. An employee separated during the probationary period shall have no recourse to the grievance procedure.

Casual employees shall not replace any permanent employees and shall not be hired during a period in which one or more Town employees is laid off. The wages and period of employment of casual employees shall be determined by the Selectmen and Superintendent.

**ARTICLE XXVI  
NEW CLASSIFICATIONS**

Should any new classification(s) be added to the work force, the Town shall notify the Union of such new classification(s). The Town and the Union shall then consult to mutually determine if such new classification(s) shall be added to the bargaining unit and appropriate wage to be paid for said new classification (s).

**FILE COPY**



## HighwayDept

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To: Oliver, Sadie  
Subject: RE: Also .....

Pamela A Rogers  
Administrative Assistant , Highway  
978-939-8666  
Fax 978-939-8420

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**From:** Oliver, Sadie [<mailto:OliverS@cintas.com>]  
**Sent:** Wednesday, December 28, 2016 10:54 AM  
**To:** HighwayDept  
**Subject:** RE: Also .....

Hi Pam,

After looking at your account along with factoring in the price adjustment that takes place in June, you can budget for 3,700.

I do not know exactly what the price increase will be but I gave you enough room so that it would not go over.

Right now you are spending \$67.00 weekly.

**Sadie Oliver | Market Development**  
Cintas Corporation  
cell 603.305.3826  
office 978.244.6700  
200 Apollo Dr | Chelmsford, MA 01824  
OliverS@cintas.com | cintas.com

**CINTAS**  
READY FOR THE WORKDAY™

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**From:** HighwayDept [<mailto:highway@templeton1.org>]  
**Sent:** Wednesday, December 21, 2016 9:57 AM  
**To:** Oliver, Sadie <[OliverS@cintas.com](mailto:OliverS@cintas.com)>  
**Subject:** Also .....

Sadie – Please advise of any increases also, Thank you, Pam

Pamela A Rogers  
Administrative Assistant , Highway

Invoice Number 9776432332 Account Number 986248299-00002 Date Due 3 of 6  
 Past Due 3 of 6

**Overview of Shared Usage**

Participating Lines as of 12/03/16	Lines Exceeding Allowance after Share	Shared Allowance	Shared Usage	Shared Billable	Cost
1	0	450	12	0	--
Talk - Nationwide for Business Share					

**Overview of Lines**

Page Number	Monthly Charges	Usage and Purchase Charges	Equipment Charges	Surcharges and Credits	Taxes, Governmental and Other Charges and Fees	Third-Party Charges (includes Tax)	Total Charges	Voice Plan Usage	Messaging Usage	Data Usage	Voice Roaming	Messaging Roaming	Data Roaming
4	\$90.99	--	--	\$0.00	\$1.00	--	\$91.99	477	456	895.223MB	--	--	--
5	\$46.44	--	--	\$0.00	\$1.00	--	\$47.44	12	--	--	--	--	--
<b>Total Current Charges</b>													

*Converted Super Study to Super Study*

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**FY 2018 BUDGET DETAIL**

**DEPARTMENT:** Highway  
**FUND:** 1000  
**ACCOUNT NUMBER:** 400 5200  
**ACCOUNT NAME:** Purchase of Services

Expense Budget

**FY 2018 Request**      **FY 2018 Administrator Recommended**

Quantity	Cost	Description		
2	\$75.00	Pre Employment Testing	\$150	\$150
1	\$250.00	Inspection of Vehicle Lift	\$250	\$250
1	\$13,500.00	Re: Painting Road Center Lines	\$13,500	\$13,500
1	\$65.00	Copier Contract	\$65	\$65
2	\$100.00	Lettering (Vinyl)	\$200	\$200
25	\$80.00	Vehicle Inspections	\$2,000	\$2,000
4	\$375.00	Town Radio (per Radio Maintenance Upgrade)	\$1,500	\$1,500
1	\$1,000.00	AC Auto Repair / Maintenance	\$1,000	\$1,000
1	\$465.00	Fuel Tank Testing	\$465	\$465
6	\$66.67	Wheel Alignment (Akin Automotive)	\$400	\$400
1	\$1,000.00	Machining	\$1,000	\$1,000
1	\$400.00	Fuel Pump Maintenance	\$400	\$400
1	\$100.00	Boiler Inspection	\$100	\$100
1	\$125.00	Vehicle Towing	\$125	\$125
1	\$7,500.00	MS-4 and CB - Planning & Mapping	\$7,500	\$7,500
1	\$17,500.00	Street Lighting	\$17,500	\$0
10	\$1,000.00	Tree Cutting and Removal/Per Day	\$10,000	\$10,000
1	\$150.00	Legal Advertisement	\$150	\$150
			<b>LUMP SUM DISALLOWED</b>	<b>-\$1,305</b>
		<b>Totals</b>	<b>\$56,305</b>	<b>\$37,500</b>

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AMENDMENT NO.1

TO

AGREEMENT

BETWEEN

TOWN OF TEMPLETON, MASSACHUSETTS

AND

**POIRIER GUIDELINES**

Contract for the Supply and services of line painting the roads of the  
Town of Templeton for the Highway Department

Monetary Limits: **\$11,500.00**

Dated: July 28, 2015

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THIS AMENDMENT NO.1 made as of June 30, 2016, between the Town of Templeton,  
Massachusetts and Poirier Guidelines,  
(CONTRACTOR), having its principal place of business in Athol, Massachusetts, amends the  
AGREEMENT BETWEEN THE TOWN OF TEMPLETON, MASSACHUSETTS AND  
Poirier Guidelines

FOR SUPPLY AND SERVICES OF LINE PAINTING THE ROADS OF THE TOWN OF  
TEMPLETON FOR THE HIGHWAY DEPARTMENT, DATED JULY 28, 2015.

AMENDMENT

A.) Amend the document heading and "PARAGRAPH 1 & 5", as follows:

In the heading, amend "Contract for the supply and installation of Carpet in the main hallway at Town Hall, East Templeton, MA (a typographical error made in the original contract)" and insert "Contract for the Supply and services of line painting the roads of the Town of Templeton for the Highway Department"; and in Paragraph 1 & 5, from the original Agreement dated July 28, 2015, delete "June 30, 2016" and insert "June 30, 2017." (to extend the contract for one year).

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LIMITATIONS

All other terms of the original CONTRACT shall remain in effect; Including, the Total Bid Price not to exceed \$11,500.00; along with all of the proposed items on the attached proposal sheet dated July 14, 2015, submitted by your company with the original bid documents.

IN WITNESS WHEREOF, the parties hereto have made and executed this AMENDMENT NO.1 as of the day and year first above written.

Poirier Guidelines

Town of Templeton

By its Owner

By Robert T. Markel  
for the Board of Selectmen

Matthew King  
Matthew King, Owner

ROBERT T. MARKEL

Date: 6/17/16

Date: 6/20/16

CERTIFICATION OF APPROPRIATION

The undersigned hereby certifies that an appropriation in the amount of this AGREEMENT is available therefore and that \$11,500.00, has been authorized to execute said AGREEMENT and approve all requisitions and amendments.

[Signature]  
Town Accountant

Date: 6-20-16

# Poirier Guidelines

1216 West Royalston Rd  
Athol, MA 01331

Phone # 978-249-7652

Fax # 978-249-6093

E-mail [poirierguidelines@hotmail.com](mailto:poirierguidelines@hotmail.com)

# Invoice

Date	Invoice #
11/21/2016	16090

Bill To

Town of Templeton Hwy Dept  
381 Baldwinville Rd  
Templeton, Ma 01468-1407

P.O. No.

Quantity	Description	Rate	Amount
117,781	4" Double Yellow Centerlines	0.072	8,480.23
21,120	4" Single Yellow Centerlines	0.036	760.32
114,048	4" White Edgelines	0.036	4,105.73
<b>Total</b>			\$13,346.28

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# QUOTATION

**SMITH ELECTRONICS**  
2 Brown Avenue  
WINCHENDON, MASSACHUSETTS 01475

#70119

PLEASE INDICATE THE ABOVE NUMBER WHEN ORDERING

(978) 297-1713 Fax (978) 297-3777

TO  
Templeton Highway Dept.  
381 Baldwinville Rd.  
Templeton, MA 01468

QUOTATION DATE 1/19/17	SALESPERSON Tom Smith
INQUIRY DATE	INQUIRY NUMBER

ESTIMATED SHIPPING DATE	QUANTITY	DESCRIPTION	PRICE	AMOUNT
	4	Kenwood TK-7180HK 50 watt VHF dash mount radios each with mounting hardware, microphone, power cable and 2 yr. warranty, 1 yr. on accessories. Each radio programmed and tuned.	675 00	2,700 00
	4	Pctel MB8U antenna cable kits, each with QW152 VHF unity gain antenna and PL259 crimp connector.	38 60	154 40
	4	Radio installations	196 00	784 00
	each	Options if needed Kenwood KRK-10 remote control kit with 23' remote control cable.		105 00
	each	Kenwood KCT-46 ignition sense cable		13 70
	each	Kenwood KES-35 external speaker		44 25

*Expected to go bad. FF 18*

*Why (\$1,500??)*

*3801.35*

WE ARE PLEASED TO SUBMIT THE ABOVE QUOTATION FOR YOUR CONSIDERATION. SHOULD YOU PLACE AN ORDER, BE ASSURED IT WILL RECEIVE OUR PROMPT ATTENTION. THIS QUOTATION IS SUBJECT TO THE CONDITIONS PRINTED ON REVERSE SIDE, AND IS VALID FOR 30 DAYS. THEREAFTER IT IS SUBJECT TO CHANGE WITHOUT NOTICE.

BY \_\_\_\_\_ ACCEPTED \_\_\_\_\_ DATE \_\_\_\_\_

SIGN AND RETURN YELLOW ACCEPTANCE COPY WHEN ORDERING.

Thank You! 169

FY 2018 BUDGET DETAIL

DEPARTMENT: Highway  
 FUND: 1000  
 ACCOUNT NUMBER: 400 5400  
 ACCOUNT NAME: Supplies

Expense Budget

FY 2018 Request      FY 2018 Administrator Recommended

Quantity	Cost	Description		
17	\$150.00	Batteries ( 49 Vehicles/3 yrs Life)	\$2,550	\$2,550
1	\$550.00	Office Supplies ( copier paper, ink, pens, clip boards)	\$550	\$550
100	\$110.00	Tires (49 Vehicles / Yrs Life x 4 per)	\$11,000	\$11,000
9390	\$2.13	Diesel Fuel (Used ~ 9390 gallons @ ~\$2.13/ year)*	\$20,001	\$20,001
21858	\$1.83	Gasoline (Used ~ 21858 gallons @ ~\$1.83/ year)*	\$40,000	\$40,000
1	\$450.00	Yearly Vapor Testing (Standard yearly test)	\$450	\$450
1	\$500.00	Tank Supplies (New Hose, Nozzles, Supplies)	\$500	\$500
6861	\$1.25	Opti Mix (cold Patch)	\$8,576	\$8,576
12	\$110.00	Tools (Shovels, picks, rakes, wheelsbarrel)	\$1,320	\$1,320
1	\$1,000.00	Concrete Supplies (Bricks and Mortar)	\$1,000	\$1,000
1	\$57,000.00	Repairs, Maintenance (To 49 vehicles, includes PMI(Oil, Filter, Lube) and any t	\$57,000	\$57,000
90	\$33.00	Cross Walk Paint (90 / 5 Gal Buckets)	\$2,970	\$2,970
1	\$11,500.00	Shop Supplies (grease, antifreeze, nuts and bolts, wiper blades, oil)	\$11,500	\$11,500
1	\$1,500.00	Chainsaw parts and repairs (Chain, Files, Filters, bars)	\$1,500	\$1,500
40	\$65.00	Top and Berm material per ton	\$2,600	\$2,600
			\$0	\$0
		* State Bid		
		LUMP SUM DISALLOWED		-\$1,517
		<b>Totals</b>	<b>\$161,517</b>	<b>\$160,000</b>

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# BERLIN STONE COMPANY



BERLIN, MASSACHUSETTS

STONE

01503 / 978-838-9999

REMIT TO:

BERLIN STONE CO.  
332 SAWYER HILL ROAD  
P.O. BOX 276  
BERLIN, MA 01503

BITUMINOUS CONCRETE

Division of Massachusetts Broken Stone Company

ACCOUNT NO.

836

SOLD TO

TOWN OF TEMPLETON  
381 BALDWINVILLE ROAD  
TEMPLETON, MA 01468

INVOICE	32507
PAGE	1
DATE	11/04/2016
TERMS	Net 30 Days

Ticket	Date	P.O.	Order	Location	Product	Qty	Material		Freight		Fee	Tax	Total
							Rate	Amount	Rate	Amount			
89517	11/03/2016			1	MBS HIGH PERFOR	17.02	130.00	2212.60	0.00	0.00	0.00	0.00	2,212.60
Subtotal						17.02	Ton	\$2212.60		\$0.00	\$0.00	\$0.00	\$2,212.60
Invoice Total						17.02	Ton	\$2212.60		\$0.00	\$0.00	\$0.00	\$2,212.60

Total Invoice --- > \$2,212.60

Please Remit: Berlin Stone Co.  
P.O. Box 276, Berlin, MA 01503

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Date: 12/21/2016  
 Time: 03:57:53PM

**DEALER MANAGEMENT REPORT**  
**M. Fortin, Inc. d/b/a INTERSTATE BATTERY SYSTEM**

*Batteries*

Dealer Range: 8 to 8  
 Periods Included: 12/2015 to 11/2016

Included Dealers w/ All Non-Cons Parts

Non Consigned Parts Included

Dealer: 8 Routes: ORANGE(ORANGE)

TEMPLETON HWY DEPT.  
 381 BALDWINVILLE RD.

MA 01468

Dealer Type OTHER  
 Phone: ( )  
 Contact: BUICH  
 Warranty Credits: No

Credit Limit: \$ 0.00  
 Balance: \$ 458.75  
 Comp Status: 0

Last Payment Date: 10/15/2016  
 Dealer Setup Date: 9/7/2001  
 Last Service Date: 12/8/2016

Part Number	Cons Qty	Own Qty	Cons Sales	Cons Rate	Running12 Total Sales	Running12 Total Rate	Running12 Off route Total Sales	% of Off Route to Running12	Running12 Adj	Running12 Adj %	Running12 Rotates	Running12 Comp	Part Setup Date	Last Sale
31-MHD	4	0	6	1.50	6	1.50	0	0.00	0	0.00	0	0	11/13/2008	12/8/2016
31P-MHD	2	0	3	1.50	3	1.50	0	0.00	0	0.00	0	0	10/22/2015	10/6/2016
3FH-VHD	0	0	0	N/A	0	N/A	0	0.00	0	0.00	0	0		1/28/2016
DRY0070	0	0	0	N/A	0	N/A	0	0.00	0	0.00	0	0		10/6/2016
DRY0085	0	0	0	N/A	0	N/A	0	0.00	0	0.00	0	0		1/14/2016
DRY0196	0	0	0	N/A	0	N/A	0	0.00	0	0.00	0	0		1/28/2016
LIT0155	0	0	0	N/A	0	N/A	0	0.00	0	0.00	0	0		12/29/2015
MTT-45	4	0	5	1.25	5	1.25	0	0.00	0	0.00	0	0	11/14/2012	10/6/2016
Total Batteries	10	0	14	1.40	79	7.90	0	0.00	0	0.00	0	0		

*12/2015 to 11/2016  
 Amount \$ 1,803.76*

*12/2014 to 12/2015*

*\$ 2,148.73*

*12/2013 to 12/2014*

*\$ 2,085.77*

*~ 10336 ~ 2012*

*172*



FY 2018 BUDGET DETAIL

DEPARTMENT: Highway
FUND: 1000
ACCOUNT NUMBER: 400 5700
ACCOUNT NAME: Other

Expense Budget

FY 2018 Request

FY 2018 Administrator Recommended

Table with 5 columns: Quantity, Cost, Description, FY 2018 Request, FY 2018 Administrator Recommended. Rows include items like 'Dump Body - 1975 Catchbasin Cleaner\*' and a 'Totals' row showing \$83,500.

FY 2018 BUDGET DETAIL

DEPARTMENT: Building & Grounds
FUND: 1000
ACCOUNT NUMBER: 410 5100
ACCOUNT NAME: Personnel

Expense Budget

FY 2018 Request
FY 2018 Administrator Recommended

Table with 9 columns: Employee & Position, Class/Grade & Step, Rate, Salary or Hourly, Hours/Week/Yr, # Weeks per YR, Wages, FY 2018 Request, FY 2018 Administrator Recommended. Rows include Superintendent, Director @ 40% allocation, Administrative Assistant, AA @ 60% allocation, Foreman, Laborer, Seasonal Laborer (05/01 - 10/30), Seasonal Laborer (07/01 - 08/30), TH Custodian, and a LUMP SUM DISALLOWED entry.

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FY 2018 BUDGET DETAIL

DEPARTMENT: **Building & Grounds**

FUND: **1000**

ACCOUNT NUMBER: **410** **5200**

ACCOUNT NAME: **Purchase of Services**

Expense Budget

FY 2018  
Request

FY 2018  
Administrator  
Recommended

Quantity	Cost	Description		
<b>Cemetery Department</b>				
2	\$50.00	Commonwealth of Massachusetts-Compressor	\$100	\$100
1	\$502.47	Padula Brothers-Tractor Repair	\$502	\$502
1	\$2,548.75	Scotties Potties-Park Porta Potties	\$2,549	\$2,549
1	\$18.16	Staples-Completion Report	\$18	\$18
1	\$200.00	Lymans Sign-Lettering	\$200	\$200
1	\$168.30	Commonwealth of Massachusetts-Corrections-Signs	\$168	\$168
<b>Cemetery Garage</b>				
4	\$108.00	Quarterly Sewer Bill-Cemetery Dept. 39 Bridge St.	\$432	\$432
1	\$314.56	Water- Cemetery Dept. 39 Bridge St.	\$315	\$315
1	\$1,079.57	Heat Fuel - Cemetery Dept. 39 Bridge st.	\$1,080	\$1,080
1	\$438.21	Electric- Cemetery Dept. 39 Bridge st.	\$438	\$0
1	\$465.00	Alarms monitor/repair-Cemetery Dept. 39 Bridges st.	\$465	\$465
1	\$6,240.00	Solid waste Disposal-Cemetery Dept. 39 Bridge st.	\$6,240	\$6,240
<b>Town Hall</b>				
			\$0	\$0
1	\$2,813.49	Heat Fuel-Town Hall 160 Patriots Rd.	\$2,813	\$2,813
1	\$546.76	Water-Town Hall 160 Patriots Rd.	\$547	\$547
1	\$432.00	Sewer-Town Hall 160 Patriots Rd.	\$432	\$432
1	\$6,530.93	Electric-Town Hall 160 Patriots Rd.	\$6,531	\$0
1	\$250.00	Alarms-Town Hall 160 Patriots Rd.	\$250	\$250
1	\$1,680.00	Solid Waste-Town Hall 160 Patriots Rd.	\$1,680	\$1,680
<b>Scout Hall</b>				
			\$0	\$0
1	\$1,022.00	Heat Fuel-Scout Hall 135 Patriots Rd.	\$1,022	\$1,022
1	\$274.42	Water-Scout Hall 135 Patriots Rd.	\$274	\$274
1	\$432.00	Sewer-Scout Hall 135 Patriots Rd.	\$432	\$432
1	\$1,005.80	Electric-Scout Hall 135 Patriots Rd.	\$1,006	\$0
1	\$2,050.00	Furnace repairs-Scout Hall 135 Patriots Rd.	\$2,050	\$2,050
<b>Police Department</b>				
			\$0	\$0
1	\$1,623.76	Heat Fuel-Police Station 33 South Rd.	\$1,624	\$1,624
1	\$368.74	Water-Police Station 33 South Rd.	\$369	\$369
1	\$432.00	Sewer-Police Station 33 South Rd.	\$432	\$432
1	\$4,603.06	Electric-Police Station 33 South Rd.	\$4,603	\$0
1	\$2,280.00	Solid Waste-Police Station 33 South Rd.	\$2,280	\$2,280
<b>Templeton Fire Department</b>				
			\$0	\$0
1	\$2,763.42	Heat Fuel-Templeton Fire Dept. Templeton Common	\$2,763	\$2,763
1	\$325.39	Water-Templeton Fire Dept. Templeton Common	\$325	\$325
1	\$432.00	Sewer-Templeton Fire Dept. Templeton Common	\$432	\$432
1	\$1,138.81	Electric-Templeton Fire Dept. Templeton Common	\$1,139	\$0
<b>Baldwinville Fire Department</b>				
			\$0	\$0
1	\$1,039.36	Heat Fuel-Baldwinville Fire Dept. 2 School St.	\$1,039	\$1,039
1	\$509.34	Water-Baldwinville Fire Dept. 2 School St.	\$509	\$509
1	\$1,865.79	Electric-Baldwinville Fire Dept. 2 School St.	\$1,866	\$0
1	\$265.00	Alarms-Baldwinville Fire Dept	\$265	\$265
1	\$2,280.00	Solid Waste-Baldwinville Fire Dept 2 School St.	\$2,280	\$2,280

		<b>Baldwinville Fire-New Garage</b>	\$0	\$0
1	\$3,370.52	Heat Fuel-Baldwinville Fire New Garage 2 School St.	\$3,371	\$3,371
1	\$1,872.04	Electric-Baldwinville Fire New Garage 2 School St.	\$1,872	\$0
		<b>Emergency Management</b>	\$0	\$0
1	\$1,579.50	Heat Fuel-Emergency Management 1 Elm St.	\$1,580	\$1,580
1	\$244.90	Water-Emergency Management 1 Elm St.	\$245	\$245
1	\$432.00	Sewer-Emergency Management 1 Elm St.	\$432	\$432
1	\$573.56	Electric-Emergency Management 1 Elm St.	\$574	\$0
		<b>Cable TV</b>	\$0	\$0
1	\$265.00	Alarms-Cable TV 3 Elm St.	\$265	\$265
		<b>Highway</b>	\$0	\$0
1	\$5,573.80	Heat Fuel-Highway Dept. 381 Baldwinville Rd.	\$5,574	\$5,574
1	\$1,412.71	Water-Highway Dept. 381 Baldwinville Rd.	\$1,413	\$1,413
1	\$432.00	Sewer-Highway Dept. 381 Baldwinville Rd.	\$432	\$432
1	\$2,709.10	Electric-Highway Dept. 381 Baldwinville Rd.	\$2,709	\$0
1	\$1,148.25	Alarms-Highway Dept.	\$1,148	\$1,148
1	\$200.00	Furnace Repairs-Highway Dept. 381 Baldwinville Rd.	\$200	\$200
1	\$1,380.00	Solid Waste-Highway Dept. 381 Baldwinville Rd.	\$1,380	\$1,380
		<b>Recreation-Gilman Waite Concession</b>	\$0	\$0
1	\$247.21	Electric-Gilman Waite Concession	\$247	\$0
		<b>Recreation-Gilman Waite Storage</b>	\$0	\$0
1	\$78.00	Electric-Gilman Waite Storage	\$78	\$0
		<b>All Buildings-Fire Extinguishers</b>	\$0	\$0
1	\$1,603.72	Fire Extinguishers	\$1,604	\$1,604
		<b>All Buildings-Furnace Cleaning</b>		
1	\$1,680.00	Furnace cleaning	\$1,680	\$1,680
		<b>Senior Center</b>	\$0	\$0
1	\$5,032.01	Heat Fuel-Senior Center 16 Senior Drive	\$5,032	\$5,032
1	\$481.49	Water-Senior Center 16 Senior Drive	\$481	\$481
1	\$681.60	Sewer-Senior Center 16 Senior Drive	\$682	\$682
1	\$3,192.74	Electric-Senior Center 16 Senior Drive	\$3,193	\$0
1	\$670.00	Sprinkler & Alarms	\$670	\$670
1	\$1,230.00	Pro-Active Care extended warranty for sliding doors	\$1,230	\$1,230
1	\$100.00	Water Department Inspection	\$100	\$100
1	\$1,680.00	Solid Waste-Senior Center 16 Senior Drive	\$1,680	\$1,680
		<b>Library</b>	\$0	\$0
1	\$4,000.00	Heat Fuel-Library Boynton Rd.	\$4,000	\$4,000
1	\$260.38	Water-Library Boynton Rd.	\$260	\$260
1	\$665.55	Electric-Boynton Rd.	\$666	\$0
1	\$432.00	Sewer	\$432	\$432
		<b>All Building</b>		
1	\$5,000.00	Miscellaneous Repairs and Maintenance	\$5,000	\$5,000
		<b>LUMP SUM DISALLOWED</b>		<b>-\$279</b>
		<b>Totals</b>	<b>\$97,699</b>	<b>\$72,500</b>

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FY 2018 BUDGET DETAIL

DEPARTMENT: **Building & Grounds**

FUND: **1000**

ACCOUNT NUMBER: **410** **5400**

ACCOUNT NAME: **Supplies**

Expense Budget

FY 2018  
Request

FY 2018  
Administrator  
Recommended

Quantity	Cost	Description		
1	\$259.92	Fisher Auto Parts-Parts	\$260	\$260
1	\$1,111.58	Graves Concrete-Foundations	\$1,112	\$1,112
1	\$348.95	Chairtown Lumber	\$349	\$349
1	\$248.20	Eagle Flag-Flags	\$248	\$248
1	\$3,600.00	TH Consumables	\$3,600	\$3,600
1	\$1,180.70	Gardner Agway-Grass Seed, etc.	\$1,181	\$1,181
1	\$3,235.25	Padula Brothers	\$3,235	\$3,235
1	\$19.58	Staples-Time Cards	\$20	\$20
1	\$159.64	Wal-Mart-Christmas Lights	\$160	\$160
1	\$235.78	Wheelen Supply -Water Line Repairs	\$236	\$236
1	\$237.40	Village Pizza-Correction Dept. Lunches	\$237	\$237
1	\$143.38	Gardner Power-Parts	\$143	\$143
1	\$996.25	Lynde Hardware-Supplies	\$996	\$996
1	\$449.92	Orange Saw-Parts	\$450	\$450
2	\$47.00	United States Postal Service-Postage	\$94	\$94
1	\$600.00	Soldiers & Sailors Flag Holders/ large Flags	\$600	\$600
1	\$600.00	Firefighters Flag Holders / Flags	\$600	\$600
1	\$1,500.00	Memorial/Veterans Veteran Flags/ Busses	\$1,500	\$1,500
		LUMP SUM DISALLOWED		-\$21
		<b>Totals</b>	<b>\$15,021</b>	<b>\$15,000</b>

FY 2018 BUDGET DETAIL

DEPARTMENT: **Building & Grounds**  
 FUND: **1000**  
 ACCOUNT NUMBER: **410**                      **5700**  
 ACCOUNT NAME: **Other**

Expense Budget

**FY 2018  
Request**

**FY 2018  
Administrator  
Recommended**

Quantity	Cost	Description		
<b>Cemetery Department</b>				
1	\$130.99	Pet Waste Eliminator -Waste Bags	\$131	\$131
1	\$172.48	S & S Worldwide-BasketBall Goals	\$172	\$172
1	\$74.81	Belleletes-Backboards	\$75	\$75
1	\$579.00	Gardner Power-Blower	\$579	\$579
2	\$308.73	Orange Saw-Trimmers	\$617	\$617
2	\$5,000.00	John Deere Tractor-X710 (After Trade)*	\$10,000	\$0
1	\$65,000.00	Expansion Request (Capital Planning)*	\$65,000	\$0
1	\$200.00	Paint Building-Cemetery Garage	\$200	\$200
1	\$5,000.00	Receiving Tomb-Cemetery Garage	\$5,000	\$5,500
			\$0	\$0
<b>Town Hall</b>				
			\$0	\$0
1	\$5,500.00	Window Replacement	\$5,500	\$5,500
1	\$18,500.00	Mini-Split AC Conf Room & Accounting*	\$18,500	\$0
1	\$6,500.00	Insulation	\$6,500	\$0
1	\$2,500.00	Basement Door Replace	\$2,500	\$2,500
			\$0	\$0
<b>Scout Hall</b>				
			\$0	\$0
			\$0	\$0
<b>Police Department</b>				
			\$0	\$0
			\$0	\$0
<b>Fire/EMS</b>				
			\$0	\$0
1	\$35,000.00	TC - Roof Repair/Replacement*	\$35,000	\$0
1	\$3,500.00	Baldwinville - Re-Roof Front Porch	\$3,500	\$3,850
			\$0	\$0
<b>Public Works</b>				
			\$0	\$0
1	\$10,000.00	Highway - Office Reroof & Repair	\$10,000	\$10,000
			\$0	\$0
<b>Recreation-Gilman Waite</b>				
			\$0	\$0
			\$0	\$0
<b>Senior Center</b>				
			\$0	\$0
1	\$100,000.00	Siding*	\$100,000	\$0
			\$0	\$0
<b>Library</b>				
			\$0	\$0
		* Moved to Capital	\$0	\$0
<b>LUMP SUM DISALLOWED</b>				<b>-\$125</b>
<b>Totals</b>			<b>\$263,275</b>	<b>\$29,000</b>

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Templeton Department of  
Public Works/Building Grounds  
FY2018 Budget

HEATING

Name	Vendor Name	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Templeton P.D.	Huhtala Oil	\$200.19	\$189.84	\$235.23	\$223.15	\$0.00	\$0.00	\$155.23	\$0.00	\$0.00	\$0.00	\$172.78	\$283.88	\$1,460.30
Temp. Emerg. 1 Elm St.	Huhtala Oil	\$283.76	\$235.30	\$207.94	0	\$375.03	0	\$97.47	0	0	\$166.95	\$213.05	0	\$1,579.50
Scout Hall 135 Patriots	Huhtala Oil	0	0	0	0	0	0	\$2,050.00	0	0	0	0	0	\$2,050.00
Town Hall 160 Patriots	Huhtala Oil	\$698.48	\$628.31	\$523.41	\$0.00	0	\$611.29	0	0	0	0	\$352.00	0	\$2,813.49
Temp. Fire 466 Patriots	Huhtala Oil	\$503.48	\$482.33	\$304.04	\$221.91	\$235.97	\$40.09	0	0	0	\$234.70	\$225.46	\$515.44	\$2,763.42
Temp. Fire 2 School (1)	Huhtala Oil	\$200.77	\$109.62	\$291.81	0	\$166.37	0	0	0	0	\$7.87	0	\$262.92	\$1,039.36
Temp. Fire 2 School (2)	Huhtala Oil	\$941.45	\$580.52	\$389.45	\$201.12	\$8.42	\$4.74	0	0	0	0	\$916.53	\$328.29	\$3,370.52
Temp. Senior Center-	Huhtala Oil	\$2,137.88	\$717.75	\$409.95	\$488.25	\$196.94	0	0	0	0	0	\$494.29	\$586.95	\$5,032.01
Temp. Hwy Dept.	Huhtala Oil	\$0.00	\$0.00	\$1,290.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$587.83	\$0.00	\$1,878.42
Temp. Cemetery Dept	Huhtala Oil	\$220.79	\$268.80	\$0.00	\$283.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$306.74	\$0.00	\$1,079.57
Boynton Library	Huhtala Oil	\$395.88	387.18	\$313.39	0	\$292.14	0	\$40.66	0	0	\$78.67	\$331.63	\$368.36	\$2,207.91
												Heating	Total	\$25,274.50

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Templeton Department of  
Public Works/Building Grounds  
FY2018 Budget

LIGHTS

Name	Vendor Name	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Templeton P.D.	Templeton Light	\$406.14	\$441.79	\$436.08	\$367.75	\$361.85	\$350.01	\$370.34	\$412.79	\$410.85	\$378.23	\$321.58	\$345.65	\$4,603.06
Temp. Emerg. 1 Elm St.	Templeton Light	\$60.89	\$33.88	\$37.23	\$32.80	\$37.80	\$90.98	\$92.86	\$90.26	\$83.45	\$86.81	\$84.71	\$88.50	\$820.17
Scout Hall 135 Patriots	Templeton Light	\$62.83	\$73.27	\$72.41	\$168.75	\$90.50	\$90.42	\$100.05	\$73.06	\$74.84	\$80.41	\$31.44	\$87.82	\$1,005.80
Town Hall 160 Patriots	Templeton Light	\$599.16	\$519.34	\$541.90	\$504.96	\$475.53	\$491.48	\$550.97	\$627.52	\$632.43	\$522.15	\$466.48	\$599.03	\$6,530.95
Temp. Fire 466 Patriots	Templeton Light	\$103.39	\$100.90	\$109.64	\$106.66	\$100.65								\$521.24
Temp. Fire 2 School (1)	Templeton Light	\$191.61	\$189.12	\$171.66	\$133.53	\$125.95	\$117.31	\$119.64	\$195.06	\$262.85	\$135.04	\$109.35	\$114.67	\$1,865.79
Temp. Town of 2 School (2)	Templeton Light	\$219.48	\$179.59	\$146.04	\$147.61	\$159.75	\$140.45	\$150.46	\$178.97	\$132.49	\$111.77	\$125.84	\$125.84	\$1,818.29
Temp. Senior Center-	Templeton Light	\$166.17	\$171.56	\$233.05	\$239.25	\$248.43	\$252.15	\$338.45	\$355.97	\$371.98	\$283.17	\$277.42	\$255.14	\$3,192.74
Temp. Hwy Dept.	Templeton Light	\$258.13	\$446.84	\$451.31	\$257.39	\$179.91	\$152.41	\$142.54	\$155.17	\$168.43	\$137.08	\$149.26	\$210.63	\$2,709.10
Temp. Cemetery Dept	Templeton Light	\$38.25	\$112.01	\$33.50	\$29.39	\$29.53	\$45.50	\$73.40	\$105.49	\$52.86	\$35.67	\$28.71	\$0.00	\$584.31
Boynton Library	Templeton Light	\$63.66	\$54.11	\$58.29	\$60.09	\$56.82	\$55.61	\$52.39	\$50.28	\$54.71	\$53.69	\$51.78	\$54.12	\$665.55
Gilman Waite Club House	Templeton Light	\$12.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$26.05	\$44.53	\$45.77	\$36.23	\$37.71	\$14.92	\$247.21
Gilman Waite Container	Templeton Light	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	\$912.76
														\$25,476.97

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Templeton, Department of  
Public Works/Building Grounds  
FY2018 Budget

WATER

Name	Vendor Name	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	TOTAL
Templeton P.D.	Templeton Water	\$0.00	\$0.00	\$97.99	\$0.00	\$0.00	\$90.25	\$0.00	\$0.00	\$90.25	\$0.00	\$0.00	\$90.25	\$368.74
Temp. Emerg. 1 Elm St.	Templeton Water	\$0.00	\$0.00	\$59.29	\$0.00	\$0.00	\$59.29	\$0.00	\$0.00	\$59.29	\$0.00	\$0.00	\$67.03	\$244.90
Scout Hall 135 Patriots	Templeton Water	\$0.00	\$0.00	\$100.59	\$0.00	\$0.00	\$63.74	\$0.00	\$0.00	\$56.37	\$0.00	\$0.00	\$53.72	\$274.42
Town Hall 160 Patriots	Templeton Water	\$0.00	\$0.00	\$136.69	\$0.00	\$0.00	\$136.69	\$0.00	\$0.00	\$134.37	\$0.00	\$0.00	\$139.01	\$546.76
Temp. Fire 466 Patriots	Templeton Water	\$0.00	\$0.00	\$91.02	\$0.00	\$0.00	\$80.19	\$0.00	\$0.00	\$84.83	\$0.00	\$0.00	\$69.35	\$325.39
Temp. Fire 2 School (1)	Templeton Water	\$0.00	\$0.00	\$128.95	\$0.00	\$0.00	\$168.93	\$0.00	\$0.00	\$136.69	\$0.00	\$0.00	\$74.77	\$509.34
Temp. Town of 2 School (2)	Templeton Water	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Temp. Senior Center-	Templeton Water	\$0.00	\$0.00	\$91.02	\$0.00	\$0.00	\$101.09	\$0.00	\$0.00	\$189.54	\$0.00	\$0.00	\$99.54	\$481.19
Temp. Hwy Dept.	Templeton Water	\$0.00	\$0.00	\$407.72	\$0.00	\$0.00	\$417.34	\$0.00	\$0.00	\$237.65	\$0.00	\$0.00	\$350.00	\$1,412.71
Temp. Cemetery Dept	Templeton Water	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Temp. Cemetery Garage	Templeton Water	\$0.00	\$0.00	\$90.25	\$0.00	\$0.00	\$82.51	\$0.00	\$0.00	\$74.77	\$0.00	\$0.00	\$67.03	\$314.56
Boynton Library	Templeton Water	\$0.00	\$0.00	\$67.03	\$0.00	\$0.00	\$59.29	\$0.00	\$0.00	\$67.03	\$0.00	\$0.00	\$67.03	\$260.38
												Water	Total	\$4,738.39

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Templeton Department of  
Public Works/Building Grounds  
FY2018 Budget

**SEWER**

Name	Vendor Name	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	TOTAL
Templeton P.D.	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Temp. Emerg. 1 Elm St.	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Scout Hall 135 Patriots	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Town Hall 160 Patriots	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Temp. Fire 466 Patriots	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Temp. Fire 2 School (1)	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Temp. Town of 2 School (2)	Templeton Sewer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Temp. Senior Center-	Templeton Sewer	\$0.00	\$0.00	\$170.40	\$0.00	\$0.00	\$170.40	\$0.00	\$0.00	\$170.40	\$0.00	\$0.00	\$170.40	\$681.60
Temp. Hwy Dept.	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Temp. Cemetery Dept	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Temp. Cemetery Garage	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
Boynton Library	Templeton Sewer	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$108.00	\$432.00
													<b>SEWER Total</b>	<b>\$5,001.60</b>

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Templeton Department of  
Public Works/Building Grounds  
FY2018 Budget

SOLID WASTE

Name	Vendor Name	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Templeton P.D.	Republic	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$2,280.00
Temp. Emerg. 1 Elm St.	Republic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Scout Hall 135 Patriots	Republic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Town Hall 160 Patriots	Republic	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$1,680.00
Temp. Fire 466 Patriots	Republic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Temp. Fire 2 School (1)	Republic	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$190.00	\$2,280.00
Temp. Town of 2 School (2)	Republic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Temp. Senior Center-	Republic	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00	\$1,680.00
Temp. Hwy Dept.	Republic	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00	\$1,260.00
Temp. Cemetery Dept	Republic	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$520.00	\$6,240.00
Temp. Cemetery Garage	Republic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Boynton Library	Republic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
														\$15,420.00

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Templeton Department of  
Public Works/Building Grounds  
FY2018 Budget

POTTIES

Gilman	Scottys Potties	\$0.00	\$0.00	\$0.00	\$0.00	\$270.00	\$110.00	\$120.00	\$172.50	\$0.00	\$1,117.50
Temp. Center	Scottys Potties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$141.25	\$110.00	\$0.00	\$0.00	\$251.25
E. Temp. Houghton Park	Scottys Potties	\$0.00	\$0.00	\$0.00	\$0.00	\$60.00	\$120.00	\$60.00	\$0.00	\$0.00	\$240.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$120.00	\$150.00	\$120.00	\$0.00	\$0.00	\$490.00
										<b>Potties Total</b>	<b>\$2,098.75</b>
										<b>Grand Total</b>	<b>\$78,010.21</b>



## COA Director

---

**From:** Keith Dembek [kdembek@royalsteamheater.com]  
**Sent:** Tuesday, January 17, 2017 11:24 AM  
**To:** 'COA Director'  
**Subject:** HVAC Budget

Diana,

The annual preventive maintenance for the for the AC equipment should run between \$1,600.00 and \$1,800.00. This includes replacing the filters, cleaning the unit and checking the refrigerant charge. The annual preventive maintenance for the boilers should run between \$900.00 and \$1,000.00. On the high side the budget for preventive maintenance should be \$2,800.00

Keith R. Dembek  
Vice President  
Royal Steam Heater, Co.  
499 Main Street  
Gardner, MA 01440  
(978)632-0770



O'Connell Fire Protection, Inc.  
 261 Brooks Street  
 Worcester, MA 01606  
 508-852-7227 Fax: 508-853-7046  
 office@oconnellfire.com  
 www.oconnellfire.com

*Page 1 of 6*  
*A*

# Estimate

Estimate #	02968
1/24/2017	

Name / Address
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Ship To
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Qty	Description	Amount	Estimate Total
	PLEASE NOTE: THIS ESTIMATE PRICING PER UNIT IS BASED UPON GRAVES FIRE PROTECTION RECORDS AS OF MARCH 2016. ACTUAL WORK PERFORMED AND ACTUAL INVOICING WILL BE DETERMINED UPON THE DAY OF THE INSPECTION BASED ON THE NEEDS OF THE EQUIPMENT.		
	PLEASE NOTE: GENERAL FIRE EXTINGUISHERS ARE NO LONGER SERVICEABLE AND WILL NEED TO BE REPLACED. THIS ESTIMATE DOES NOT INCLUDE ANY REPLACEMENT EXTINGUISHERS AS WE ARE UNSURE IF THE CUSTOMER HAS THEM ON SITE. ANY PARTS REPLACED ON SITE WILL BE AVAILABLE FOR CUSTOMER REVIEW AT TIME OF SERVICE-		
	TEMPLETON-BALDWINVILLE FIRE STATION		
13	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	84.50
5	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	122.50
5	VALVE STEM FOR FIRE EXTINGUISHER	11.40	57.00
5	VERIFICATION OF SERVICE COLLAR	0.85	4.25
5	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	45.00
5	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	15.00
13	TAMPER SEAL REPLACEMENT	0.18	2.34
	TEMPLETON- BALDWINVILLE TOWN CLERK		
3	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	19.50
3	TAMPER SEAL REPLACEMENT	0.18	0.54
	TEMPLETON-BOYNTON PUBLIC LIBRARY		
3	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	19.50

The above is an estimate is based on the information available to O'Connell Fire Protection at this time. Actual invoice pricing will reflect services rendered by our technician. This estimate does not include any unforeseen service, maintenance, repairs, parts, or materials that may be deemed necessary by our Licensed Technician at the time of service. Any additional services and/ or materials will be charged at prevailing rates. There will be additional labor charges for work performed after normal business hours (M-F; 7:00AM to 5:00PM), including weekends and holidays.	<b>Subtotal</b>
	<b>Sales Tax (0.00)</b>
	<b>Estimate Total</b>



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O'Connell Fire Protection, Inc.  
 261 Brooks Street  
 Worcester, MA 01606  
 508-852-7227 Fax: 508-853-7046  
 office@oconnellfire.com  
 www.oconnellfire.com

# Estimate

Estimate #	02968
1/24/2017	

Name / Address
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Ship To
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Qty	Description	Amount	Estimate Total
3	TAMPER SEAL REPLACEMENT	0.18	0.54
	TEMPLETON-CEMETERY DEPT		
7	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	45.50
7	TAMPER SEAL REPLACEMENT	0.18	1.26
2	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	49.00
2	VALVE STEM FOR FIRE EXTINGUISHER	11.40	22.80
2	VERIFICATION OF SERVICE COLLAR	0.85	1.70
2	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	6.00
2	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	18.00
	TEMPLETON-COMMON FIRE DEPT		
4	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	26.00
4	TAMPER SEAL REPLACEMENT	0.18	0.72
1	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	24.50
1	VALVE STEM FOR FIRE EXTINGUISHER	11.40	11.40
1	VERIFICATION OF SERVICE COLLAR	0.85	0.85
1	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	3.00
1	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	9.00
	TEMPLETON-FIRE DEPT OFFICES		
13	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	84.50
13	TAMPER SEAL REPLACEMENT	0.18	2.34
2	VALVE STEM FOR FIRE EXTINGUISHER	11.40	22.80

The above is an estimate is based on the information available to O'Connell Fire Protection at this time. Actual invoice pricing will reflect services rendered by our technician. This estimate does not include any unforeseen service, maintenance, repairs, parts, or materials that may be deemed necessary by our Licensed Technician at the time of service. Any additional services and/ or materials will be charged at prevailing rates. There will be additional labor charges for work performed after normal business hours (M-F; 7:00AM to 5:00PM), including weekends and holidays.	<b>Subtotal</b>
	<b>Sales Tax (0.00)</b>
	<b>Estimate Total</b>





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 Worcester, MA 01606  
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# Estimate

Estimate #	02968
1/24/2017	

Name / Address
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Ship To
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Qty	Description	Amount	Estimate Total
2	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	49.00
2	VERIFICATION OF SERVICE COLLAR	0.85	1.70
2	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	6.00
2	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	18.00
TEMPLETON-FOOD PANTRY & NEMA			
4	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	26.00
4	TAMPER SEAL REPLACEMENT	0.18	0.72
3	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	73.50
3	VALVE STEM FOR FIRE EXTINGUISHER	11.40	34.20
3	VERIFICATION OF SERVICE COLLAR	0.85	2.55
3	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	9.00
3	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	27.00
TEMPLETON-HIGHWAY DEPT			
31	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	201.50
31	TAMPER SEAL REPLACEMENT	0.18	5.58
8	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	196.00
8	VALVE STEM FOR FIRE EXTINGUISHER	11.40	91.20
8	VERIFICATION OF SERVICE COLLAR	0.85	6.80
8	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	24.00
8	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	72.00
TEMPLETON-POLICE DEPT.			

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	<b>Sales Tax (0.00)</b>
	<b>Estimate Total</b>





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# Estimate

Estimate #	02968
1/24/2017	

Name / Address
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Ship To
TEMPLETON, TOWN OF 160 PATRIOTS RD. P.O. BOX 620 TEMPLETON, MA 01438

Qty	Description	Amount	Estimate Total
5	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	32.50
5	TAMPER SEAL REPLACEMENT	0.18	0.90
TEMPLETON-SENIOR CENTER			
7	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	45.50
7	TAMPER SEAL REPLACEMENT	0.18	1.26
TEMPLETON, TOWN HALL			
6	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	39.00
6	TAMPER SEAL REPLACEMENT	0.18	1.08
TEMPLETON-WASTE TREATMENT PLANT			
30	ANNUAL SERVICE OF 51 OR MORE FIRE EXTINGUISHERS BY ONE TECHNICIAN WITH SERVICE VEHICLE IN ACCORDANCE W/ NFPA 10 STANDARDS	6.50	195.00
30	TAMPER SEAL REPLACEMENT	0.18	5.40
5	6 YEAR MAINTENANCE OF DRY CHEMICAL FIRE EXTINGUISHER IN ACCORDANCE W/ NFPA 10 STANDARDS	24.50	122.50
5	HYDROSTATIC TEST OF DRY CHEMICAL FIRE EXTINGUISHER (INCLUDING RECHARGE) AT 12 YEAR INTERVAL IN ACCORDANCE W/ NFPA 10 STANDARDS	35.60	178.00
10	FIRE EXTINGUISHER SERVICE LABOR PER UNIT	9.00	90.00
10	VERIFICATION OF SERVICE COLLAR	0.85	8.50
10	VALVE STEM FOR FIRE EXTINGUISHER	11.40	114.00
10	O-RING-VALVE BODY SEAL FOR FIRE EXTINGUISHER	3.00	30.00

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	<b>Sales Tax (0.00)</b>	\$0.00
	<b>Estimate Total</b>	\$2,408.43





**Quality Insulation**

Lic# NONE ON FILE

110 Perimeter Rd Nashua, NH 03063-1301

Tel: (603) 889-6647, Fax: (603) 889-1058

**WORK AGREEMENT**

<b>TO:</b> TOWN OF TEMPLETON	<b>RE:</b> 135 Patriots Rd/ Insulation	
<b>Address:</b> 620 PO BOX , EAST TEMPLETON, MA, 01438	<b>Address:</b> 135 PATRIOTS RD EAST TEMPLETON, WORCESTER, MA, 01438	
<b>Attn:</b>	<b>Date:</b> 11/29/2016	<b>Expiration Date:</b> 02/27/2017
<b>Tel:</b> (978) 632-6409	<b>Estimator:</b> Russell, Michael C	
<b>Fax:</b>	<b>Quote #:</b> 71888030	<b>Version 1 of 1</b>
	<b>Division #:</b> 675 - NASHUA QI - PERIMETER	

Subject to the terms and conditions stated in this agreement, Company is willing to furnish to Customer all material and labor required for the Scope of Work described below:

<b>Scope of Work (the "Work") to be performed:</b>		
Draft stop, fire block, fire stop (UBC 708.2.1 et seq., formerly 2516(f), or locally adopted equivalent), and fire rated caulking are not included within Contractor's Work unless specifically listed below.		
CELLULOSE NOTICE: If cellulose is to be applied with a wet spray application, you must allow adequate time for it to cure and dry before installing drywall or other materials. The adequate time required varies depending upon climate, altitude, and weather.		
Do not install vapor barriers, vapor retards, drywall, or other interior finish until the material has dried to less than 20% moisture content. Time to cure will vary based on climate and weather. Be sure to schedule your trades accordingly.		
<b>Plan #:</b> NA   NA		<b>Trade:</b> INSULATION
<b>Work Area</b>	<b>Product</b>	<b>Notes</b>
EXTERIOR WALLS	IBL USG LOOSE FILL FORMULA INSULATION 30 LB R-13 DENSE PACK	INSTALL DENSE PACK CELLULOSE INSULATION IN THE EXTERIOR WALLS VIA AN INTERIOR DRILL AND BLOW. HOLES WILL BE PLUGGED AND COVERED W/ ONE COAT OF JOINT COMPOUND
<hr/>		
<b>Base Price:</b>	<b>\$3,108.00</b>	<b>Additional Information:</b>

192



**Quality Insulation**

Lic# NONE ON FILE

110 Perimeter Rd Nashua, NH 03063-1301

Tel: (603) 889-6647, Fax: (603) 889-1058

**WORK AGREEMENT**

<b>TO:</b> TOWN OF TEMPLETON	<b>RE:*</b> 135 Patriots Rd/ Insulation	
<b>Address:</b> 620 PO BOX , EAST TEMPLETON, MA, 01438	<b>Address:</b> 135 PATRIOTS RD EAST TEMPLETON, WORCESTER, MA, 01438	
<b>Attn:</b>	<b>Date:</b> 11/29/2016	<b>Expiration Date:</b> 02/27/2017
<b>Tel:</b> (978) 632-6409	<b>Estimator:</b> Russell, Michael C	
<b>Fax:</b>	<b>Quote #:</b> 71888030	<b>Version:</b> 1 of 1
	<b>Division #:</b> 675 - NASHUA QI - PERIMETER	

**Options**

Initial

BASEMENT CEILING AREA

INSULATION-REMOVAL-HAUL OFF

Notes: REMOVE AND DISPOSE OF THE EXISTING BASEMENT CEILING INSULATION

R-30 16" KRAFT BATT

Notes: INSTALL R30 KRAFT FACED BATTS IN THE BASEMENT CEILING AND PICK IN PLACE

AIR SEALING

Notes: AIR SEAL THE BASEMENT SILL AND CEILING PENETRATIONS WITH ONE PART FOAM

+\$3,210.00

ATTIC KNEEWALL

ENERGY SHIELD FOAM BOARD 1"

Notes: INSTALL 1" FOAM BOARD ON THE ATTIC KNEEWALL SURROUNDING THE ATTIC ACCESS

+\$136.00

DUCTS

DUCT SEALING

Notes: SEAL ALL ACCESSIBLE BASEMENT DUCTS WITH MASTIC

+\$240.00

ATTIC ACCESS

WEATHER STRIP ACCESS

Notes: WEATHER STRIP BOTH ATTIC ACCESSES

+\$40.00

1. **LIMITED WARRANTY.** Except as otherwise required by law, Contractor warrants that its Work will be free from defects in material and workmanship for one year from the date of completion of the installation subject to the terms below. Contractor makes no warranties regarding products sold but assigns to you any manufacturer warranties relating to the products. **THIS EXPRESS WARRANTY IS IN LIEU OF AND EXCLUDES ALL OTHER WARRANTIES, WHETHER EXPRESSED, IMPLIED OR STATUTORY, INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** This limited warranty does not cover damages relating to (a) accident, misuse, abuse, neglect, or normal wear and tear; (b) failure to use or maintain the product in accordance with manufacturer's instructions; and (c) alteration, repair or attempted repair by anyone other than Contractor or its authorized representative. You shall be solely responsible for the correctness of the plans and specifications and shall release and hold harmless Contractor from any damages resulting from improper, inadequate or vague information supplied by you. Contractor does not take on any obligation to inspect or evaluate the work of other parties in any manner or aspect. This warranty is not transferable.

2. **INSURANCE.** Contractor shall maintain workers' compensation (employer liability) insurance, as required by law, and \$1,000,000 in general liability insurance while performing the Work. Contractor reserves the right to be self insured to the extent allowed by applicable law.

3. **LIMITATION OF REMEDIES.** Your sole and exclusive remedy against Contractor for any and all claims for damages arising out of or alleged to have arisen out of the Work will be limited to the repair or replacement by Contractor, at Contractor's option, of any nonconforming Work or to the issuance of a credit for such nonconforming Work in accordance with these terms and conditions. You must give written notice to Contractor of any claim with respect to the Work. Contractor must be given a reasonable opportunity to inspect the Work within 30 days after Contractor's receipt of the notice and confirm such nonconformity. This exclusive remedy shall not be deemed to have failed of its essential purpose if Contractor repairs or replaces the nonconforming work. If you fail to give the required notice and/or fail to allow Contractor the required opportunity to inspect, you waive any and all rights for damages and/or correction of work against Contractor. This Limitations of Remedies may be pled as a complete bar to any action in violation of this clause.

4. **LIMITATIONS ON ACTIONS AND LIABILITY.** To the extent permitted by law, all claims and/or lawsuits including but not limited to claims or lawsuits for indemnity and/or contribution against Contractor arising under this agreement must be made within 13 months from the date of completion of the installation. **CONTRACTOR DISCLAIMS ALL LIABILITY FOR ANY AND ALL DAMAGE WHICH MIGHT BE SUSTAINED BY ANY PERSON WHO MAY BE ALLERGIC TO OR AFFECTED BY THE EMANATION OF PARTICLES FROM CERTAIN TYPES OF INSULATION. THE MAXIMUM LIABILITY, IF ANY, OF CONTRACTOR FOR ALL DAMAGES OF ANY KIND UNDER ANY THEORY WITH RESPECT TO THE PRODUCTS OR ITS SERVICES IS LIMITED TO THE PAID CONTRACT PRICE. IN NO EVENT SHALL CONTRACTOR BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, LIQUIDATED, OR SPECIAL DAMAGES, EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE RIGHT TO RECOVER DAMAGES WITHIN THE LIMITATIONS SPECIFIED IS YOUR EXCLUSIVE REMEDY IN THE EVENT THAT ANY OTHER CONTRACTUAL REMEDY FAILS OF ITS ESSENTIAL PURPOSE.**

5. **TERMS AND SHIPMENT.** Past due payments are, at Contractor's option, subject to interest at 1.5% per month (18% per annum) to the extent permitted by law. You agree to receive (or permit Contractor to receive) near the work site, any materials needed to complete the Work. All shipments shall be C.O.D. You agree to protect such materials from damage or loss and provide Contractor, free of charge, with reasonable use of utilities, storage space, and available elevators and hoists as needed. Title to any materials will only transfer to you when Contractor receives payment in full. Contractor may charge you a fee and its actual expenses if the job site is not ready for work on the date you specify.

6. **FORCE MAJEURE.** CONTRACTOR SHALL NOT BE LIABLE FOR ANY DELAY, FAILURES, OR DEFAULT IN PERFORMANCE OF THIS AGREEMENT OR OTHERWISE, IN WHOLE OR IN PART, CAUSED BY THE OCCURRENCE OF ANY CONTINGENCY BEYOND THE CONTROL OF CONTRACTOR. If any contingency occurs, Contractor may allocate production, deliveries, and performance of work among its customers or substitute substantially similar materials, in its sole discretion, without liability for doing so.

7. **CREDIT APPROVAL.** Shipment and delivery of goods and performance of work shall at all times be subject to the approval of Contractor's credit department and Contractor may at any time decline to make any shipment or delivery or perform any work except upon receipt of payment or upon terms and conditions or security satisfactory to Contractor. By signing this agreement, you authorize Contractor to check your credit and references.

8. **DISPUTES AND MANDATORY MEDIATION.** In the event that a dispute arises over the reasonableness of or entitlement to fees charged by Contractor, the prevailing party will be entitled to reasonable attorneys fees and costs. In all other disputes of any nature, each party shall pay its own fees and costs. Except as required to protect confidential information and to obtain preliminary injunctive relief to prevent irreparable harm, you and the Contractor agree to engage in facilitative mediation of any and all disputes related to this agreement prior to initiating any legal action. If the parties cannot agree upon a facilitative mediator within 30 days of when the dispute arose, one will be selected pursuant to the Commercial Mediation Rules of the American Arbitration Association. Each party will share equally the fees of the facilitative mediator and other shared mediation costs.

9. **INSULATION DOES NOT PREVENT FROZEN PIPES.** Insulating around water lines in an unconditioned or semi-conditioned area will not prevent pipes from freezing or accumulating condensation. To decrease the possibility of frozen pipes, locate any water pipes within a conditioned area, such as internal walls rather than external walls. If you do not locate the pipes within an internal wall, you hold Contractor harmless and release Contractor from any claims relating to frozen or burst pipes.

10. **ENTIRE AGREEMENT.** This is the entire agreement between us relating to the Work and may only be waived or changed by a document signed by both of us. If any provision of this agreement is not enforceable, that provision shall be effective only to the extent permitted by law and all other provisions of this agreement shall remain. The laws of the State where the Work is performed govern this agreement.

11. **CONTRACTOR REGISTRATION.** ALL CONTRACTORS AND SUBCONTRACTORS MUST BE REGISTERED BY THE ADMINISTRATOR. ANY INQUIRIES ABOUT A CONTRACTOR OR SUBCONTRACTOR RELATING TO A REGISTRATION SHOULD BE DIRECTED TO: DIRECTOR, HOME IMPROVEMENT CONTRACTOR REGISTRATION, ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MA 02108, (617) 727-8598.

12. **PERMITS.** The contractor shall advise you of any permits necessary for your project and shall obtain the permits. If you obtain your own permits, you will be excluded from any guaranty funds created for your protection.

13. **CANCELLATION.** If you choose to send in the notice on the front of this agreement, save the notice below for your reference.

### NOTICE OF CANCELLATION

Date of transaction: \_\_\_\_\_

You may CANCEL this transaction, without any Penalty or Obligation, within THREE (3) BUSINESS DAYS from the above date. If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within TEN (10) BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled. If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale, or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk. If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract. To cancel this transaction, mail or deliver a signed and dated copy of this Cancellation Notice or any other written notice, or send a telegram, to the \_\_\_\_\_

<Contractor> at \_\_\_\_\_ <address> NOT LATER THAN MIDNIGHT OF \_\_\_\_\_.

I HEREBY CANCEL THIS TRANSACTION.

Date: \_\_\_\_\_ Buyer's Signature: \_\_\_\_\_

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**Jeffrey W. Brewer**

d/b/a Brewer Construction

1110 Alger Street

Winchendon, MA 01475

Phone 978-297-5544

Fax 978-297-5545

Cell# 978-895-0389

Email [jeffb Brewerconstruction@comcast.net](mailto:jeffb Brewerconstruction@comcast.net)

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2/9/2017

Baldwinville Cemetery Building

Left side garage interior

Install new wall under steel beam using 2x6 all the way to ceiling. Cover wall with 1/2 inch plywood.

Install a double fire rated door with open push handles and all locks and hardware. Prep and paint door only with approved paint.

Total material and labor \$4,800.00

+ 10%

\$5,280

Say \$5,500-

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Winchendon, MA 01475

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Fax 978-297-5545

Cell# 978-895-0389

Email jeffbrewerconstruction@comcast.net

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2/9/2017

EST;

Templeton hall

Install one Minnie double split A/C unit to service two rooms  
\$18,500

Remove and install three new windows \$5,500.00

Remove and install one double door with push handles and all hardware \$2,500.00

Add blown in insulation to entire attic. \$6,500.00

$\frac{1}{3} = \$1,850 @$

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2/8/2107

Baldwinville town offices

*fire*

Roof Replacement EST

Strip front roof down to the decking and prepare for new asphalt/fiberglass roofing shingles. Inspect decking and replace any damaged, broken or defective with new. Install new architectural type roof shingles IKO or equivalent. Work will include new ice and water shield on entire roof. New galvanized drip edge and any additional flashing to roof penetrations.

Permits and disposal included

Total cost labor and material for roof \$3,500.00

*2 + 10%*

*\$3,950*

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Fax 978-297-5545

Cell# 978-895-0389

Email jeffbrewerconstruction@comcast.net

2/8/2107

Templeton town barn

Roof Replacement EST and mold removal

Strip main roof down to the decking and prepare for new asphalt/fiberglass roofing shingles. Inspect decking and replace any damaged, broken or defective with new. Install new architectural type roof shingles IKO or equivalent. Work will include new ice and water shield on entire roof. New galvanized drip edge and any additional flashing to roof penetrations.

Inside drop ceiling tiles areas to be removed and replaced with new to match existing. All mold to be removed, treated and sealed.

Permits and disposal included

Total cost labor and material for roof \$3,800.00

Total cost Interior Labor and material \$4,200.00

*\$8,000  
+ 10% contingency*

*\$8,800*

*Say \$9,000*

*+ Siding Repair  
Say \$1,000*

*198*



FY 2018 BUDGET DETAIL

DEPARTMENT: **Snow & Ice**  
 FUND: **1000**  
 ACCOUNT NUMBER: **420**                      **5200**  
 ACCOUNT NAME: **Purchase of Services**

Expense Budget

FY 2018 Request          FY 2018 Administrator Recommended

Quantity	Cost	Description	FY 2018 Request	FY 2018 Administrator Recommended
1	\$2,500.00	Machining of Metal, Fabrication	\$2,500	\$2,500
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
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			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
		LUMP SUM DISALLOWED		\$0
<b>Totals</b>			<b>\$2,500</b>	<b>\$2,500</b>

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Budget Book

To : Carter Terenzini, Town Administrator  
From : Bud Chase , Highway Superintendant  
Date: 2/17/17  
Subject : FY2018 Snow and Ice Budget Increase

Carter – In reviewing the results for the FY2018 Snow and Ice budget I am seeing that increases have been inevitable over the past few years. I previously documented the payroll for the past 5 years, in that there been cost of living in increase in the department accounting for small portion of the cost increase. We have also become responsible for the wages of one person from the sewer department that lends a hand during his regular scheduled day when there is a storm.

In the past 3 years there have been some horrific winters that added to the Snow and Ice debt. The added salt and diesel fuel to keep the roads safe during substantial storms adds up. We also need to keep in mind the degrading health of the trucks in our fleet. Each year the need for maintenance increases and the cost of getting parts for some vehicles can be very costly due to their age.

I believe the \$157,000.00 figure to be a truer figure , understanding some winters can be milder but even mild winters can present issues other than snow, when icy conditions require attention in the off hours. These conditions use both manpower and materials.

Sincerely,



Bud Chase  
Highway Superintendant

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**Snow & Ice Account History**

	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017*</b>
<b>Labor</b>	\$29,463	\$67,841	\$54,660	\$48,206	\$26,710	\$52,297
<b>Supplies &amp; Other</b>	\$90,598	\$103,147	\$123,384	\$123,033	\$96,030	\$159,708
<b>Expended</b>	\$120,060	\$170,987	\$178,043	\$171,239	\$122,740	\$212,006
<b>Budget</b>	\$165,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
<b>Over/Under</b>	\$44,940	(\$45,987)	(\$53,043)	(\$46,239)	\$2,260	(\$87,006)
<b>Actual FY's</b>		<b>(\$15,762)</b>	<b>3 Yr Average Over/Under w/out Hi/Lo**</b>			
<b>Actual FY's</b>		<b>(\$19,614)</b>	<b>5 Yr Average Over/Under</b>			
			<b>FY '17 Budget</b>			\$125,000
			<b>Reverse 3 Yr Avg in 3</b>			\$15,762
			<b>FY '18 Build To:</b>			\$140,762
			<b>Say</b>			\$140,000

\* YTD - Prepared 02/27/17

\*\* Add to Prior Year Fiscal Budget to achieve full funding over time.

FY 2018 BUDGET DETAIL

**DEPARTMENT:** Veterans Service

**FUND:** 1000

**ACCOUNT NUMBER:** 500 5100

**ACCOUNT NAME:** Personnel

Expense Budget

**FY 2018 Request** **FY 2018 Administrator Recommended**

Employee & Position	Class/Grade & Step	Rate	Salary or Hourly	Hours/Week/Yr	# Weeks per YR	Wages	FY 2018 Request	FY 2018 Administrator Recommended
Community Services Director		\$24.00	S	1	52	\$1,248	\$1,248	\$1,248
Veterans Services Director			S			\$20,000	\$20,000	\$20,000
						\$0	\$0	\$0
						\$0	\$0	\$0
						\$0	\$0	\$0
						\$0	\$0	\$0
						\$0	\$0	\$0
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						\$0	\$0	\$0
						\$0	\$0	\$0
						\$0	\$0	\$0
						\$0	\$0	\$0
						\$0	\$0	\$0
						LUMP SUM DISALLOWED/ADD		\$2
Note: The hourly rate shown for any salaried individual is only for illustration and calculation purposes and does not purport to show a limitation on their obligation to perform their job in a specified number of hours only.								
						Totals	\$21,248	\$21,250

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FY 2018 BUDGET DETAIL

DEPARTMENT: Senior Services  
 FUND: 1000  
 ACCOUNT NUMBER: 600 5200  
 ACCOUNT NAME: Purchase of Services

Expense Budget  
 FY 2018 Request      FY 2018 Administrator Recommended

Quantity	Cost	Description	FY 2018 Request	FY 2018 Administrator Recommended
1	\$1,300.00	My Senior Center Software Support	\$1,300	\$1,300
1	\$1,980.00	Printing of Newsletter - Monty Tech*	\$1,980	\$0
1	\$7,080.00	Memory Support Group*	\$7,080	\$0
1	\$1,500.00	Ricoh - copier lease	\$1,500	\$1,500
			\$0	\$0
		* Can be paid for w/MA DEA Elderly Formula Grant	\$0	\$0
		if received	\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
		LUMP SUM DISALLOWED		-\$50
<b>Totals</b>			<b>\$11,860</b>	<b>\$2,750</b>

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FY 2018 BUDGET DETAIL

DEPARTMENT: **Senior Services**

FUND: **1000**

ACCOUNT NUMBER: **600** **5700**

ACCOUNT NAME: **Other**

Expense Budget

**FY 2018  
Request**

**FY 2018  
Administrator  
Recommended**

Quantity	Cost	Description		
2	\$75.00	Gardner News - Ads for Jobs	\$150	\$150
1	\$5,180.00	Huhtula - gas for MART van*	\$5,180	\$5,180
1	\$1,020.00	Verizon - cell phones for 4 vehicles*	\$1,020	\$1,020
1	\$288.00	MCOA - Membership Dues	\$288	\$288
1	\$250.00	MPLC - License to show movies/Sr Ctr	\$250	\$250
1	\$512.00	Volunteer Appreciation	\$512	\$512
			\$0	\$0
		* Primarily Reimbursed w/MART Grant	\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
1	\$75,000.00	Siding for the Building**	\$75,000	\$0
		** Moved to Capital	\$0	\$0
		<b>LUMP SUM DISALLOWED</b>		<b>-\$150</b>
		<b>Totals</b>	<b>\$82,400</b>	<b>\$7,250</b>



## Senior Center

Town	Daily Hours	Hours Per Week
Ashburnham	Mon-Thur 9AM-2PM	20
Athol	Mon-Thur 8AM-3PM	28
Ayer	Mon-Fri 8AM-3PM	35
Dudley	Mon-Fri 8:30AM-4:30PM	40
Ware	Mon-Fri 8AM-4PM	40
Lancaster	Mon-Thur 8AM-4PM	32
Orange	Mon-Thur 8AM-4PM	38
	Friday 8AM-2PM	
Shirley	Mon-Thur 8:30AM-3PM	26
Townsend	Mon-Thur 9AM-3PM	24
Winchendon	Mon-Thur 9AM-2:45PM	27
	Friday 9AM-1PM	
<b>Templeton</b>	<b>Mon-Fri 8AM-4PM</b>	<b>40</b>

Prepared By: Mallory Seamon 03/13/17

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Justification for \$4000.00 for refreshments for the Senior Center

coffee	12 @ \$75.00	\$ 700.00
coffee bar pastries		\$ 300.00
Sweetners, non dairy creamers		\$ 300.00
Half&half		\$ 104.00
2 Cookouts (spring/fall)	300.00 each	\$ 600.00
Men's Breakfast (bagel & fruit)	12 @ \$40.00	\$ 480.00
Lunch for 12-15(sand/chip/veg/dessert)	3xyr @ \$200.00	\$ 600.00
Lunch for 50 (meat tray/veg/fruit/dessert/chip	2xyr @ \$500.00	\$1000.00
One catered pasta meal for 30 people (estimate attached)		\$ 475.00

Plates, napkins, plastic ware are generally donated, but we can't always count on that, and we can't count on condiments, so those cost are included in the cost of the above. If time allows we will cut our own veggies and fruit for smaller events, but not having a full kitchen makes that difficult. We tried filling the finger sandwiches ourselves once and it was very difficult to do properly without the kitchen.

I called Market Basket and got quotes for the meat,veggie, and fruit trays, as well as finger sandwiches. We hope to offset some of the cost with donations and discounts. We are trying to work with Dunkin Donuts to get their day old bagels and donuts which would be a tremendous help with the coffee bar and mens breakfast. We are very frugal and hope to not spend this money, we ask for donations first, and always for donations or discounts from vendors, begging has become second nature to us. Attached you will find a pasty ad from Market Basket, and a caterers estimate for the pasta meal.

MOW = Meals on Wheels

Gardner run = this is the trip to Gardner for shopping and medical appointments

WSC = Winchendon Senior Center, we transport for lunch on Tues and Thursday

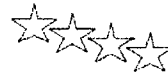
Driver Medical = this is the medical trip out of town, such as Worcester, Boston, Veterans

MCOA = Massachusetts Council on Aging is a resource for local Council on Aging

My Senior Center = this is the software that we use to track our stats and participation in activities. We also have started using a handheld scanner to scan barcodes assigned to seniors on the van or as meals are delivered eliminating the need to enter the data by hand later.

HVAC = our heating and cooling system is state of the art, with redundant boilers that are the best of the best. Given the expertise needed to service our system, the oversight committee made the decision that the company that installed the system should also service the system. Therefore Royal Steam has been contracted.

CONFIRMED# 30.0  
 CONTACT OMALLEY\_AM@YAHOO.COM  
 PHONE# 978-602-7758  
 LOCATION SR. CENTER BALDWINVILLE  
 GUESTS  
 SERVE



*Four-Star Catering*

"Menus for all your needs"

(603)899-5001  
Route 202

1-800-698-5002  
Rindge, NH 03461

TABLE ARRANGMENTS

Price Per Person: \$15.00

ALL PAPER DROP OFF

PASTA & MEATBALLS  
 TOSSED SALAD  
 ROLLS  
 COOKIES & BROWNIES

BAR ARRANGMENTS

CAKE ARRANGMENTS

SPECIAL NOTATION

6.25% Meals Tax Inclusive In Total Price

Hall Rental	0
Other	0.00
Deposit	0.00
<b>Total Price</b>	<b>\$478.13</b>

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**Cheese Pizza**  
 • 19 Inch  
 • All Natural  
 • No Preservatives  
**7.99** ea.

**Whole Italian Sub**  
 Made With Premium Carando Meats  
 Save 30¢  
**4.99** ea.

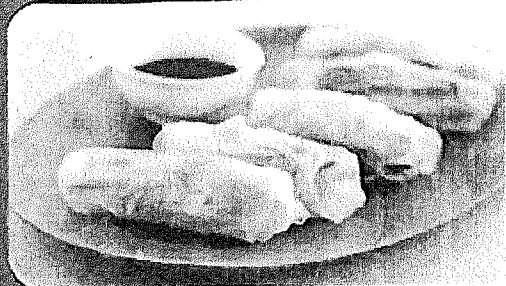
**Breakfast Sandwiches**  
 Your Choice of Bagel or Muffin  
 Available 7-11 am.  
 Save 30¢  
**1.99** ea.



**Salad of The Week**  
**Romaine & Salmon Salad**  
 Made With Wild Grilled Alaskan Salmon  
**3.79** ea.



**Fresh Rotisserie**  
**Chicken Leg Quarters**  
 Save 30¢  
**2.49** lb.  
 Mashed Potatoes  
 Plain With Gravy  
**2.79** lb.



**Shrimp Spring Roll**  
 Made Fresh Instore By Our Sushi Chef  
 Save 80¢  
**4.99** ea.  
 Restaurant Quality at Market Basket Price

**BAKERY** Happiness is...the Aroma of a Bakery



**Jessica's Tuscan Bread**  
 Purest of Ingredients  
 • Regular • Wheat  
 • Irish Oatmeal  
 • Marble • Sunflower  
 Local Company  
 Save 70¢  
**2.59** 20 oz.



**Fine Dessert Variety Cheesecake**  
 30 oz.  
**\$12.99**  
 Save \$2.00

**Oatmeal Raisin Cookies**  
 Purest of Ingredients  
 • Frosted  
 Made With Plump Raisins, Wholesome Oats & Cinnamon  
 Save 40¢  
**3.59** 7 PACK 9.5 oz.

**Mini Croissants**  
 10 PACK 8 oz.  
**\$2.99**  
 Save 60¢

**Brioche Rolls**  
 Great with Fresh Cold Cuts  
 6 PACK 14 oz.  
**\$2.99**  
 Save 50¢

**Jelly Doughnuts**  
 Generously Filled With Black Raspberry  
**2.99** 4 PACK 20 oz.

**Mini Soup Bowl**  
 Perfect For Stew  
 8 oz.  
**99¢**  
 Save 40¢

**Custard Pie**  
**4.99**  
 Save 50¢

**Cinnamon Buns**  
 • Frosted • Glazed  
 Save 80¢  
**2.99** 6 PACK

**Large Eclairs**  
**2.95**

215

\*\*\*\*\*  
\* INVOICE \*  
\*\*\*\*\*

DATE: 11/25/2016  
Coffee Pause Company  
1260 Suffield Street  
Agawam, MA 01001  
  
800-444-1488  
www.coffeepause.com

Invoice# : 4050994  
PON:  
Pay Terms: NET30  
Driver:SI  
Route:MNH51

Bill To:  
Account: TEMPLECOA1  
Templeton Council on Aging  
16 Senior Drive  
Baldwinville, MA 01436  
978-894 2780

Ship To:  
Ship To: SAME  
Templeton Council on Aging  
16 Senior Drive  
Baldwinville, MA 01436

Item#	Description	Qty	Unit	PRICE	TOTAL
100019	CP DECAF 300	1	Ea	\$20.00	\$20.00
100034	CP DUNKY SHOPPE 300	1	Ea	\$19.00	\$19.00

Sub Total: \$39.00  
Discount: \$0.00  
Tax: \$0.00  
-----  
Total: \$39.00  
TOTAL PMT:

Signature:

*[Handwritten Signature]*  
pay from  
Formula  
Grant  
AM

# *my*seniorcenter™

innovation at the center

## **MySeniorCenter Maintenance Description**

Having a current maintenance contract with MySeniorCenter allows for continued use of the MySeniorCenter system. The fees cover the database license, security for the staff system and application/cloud hosting

It also entitles you to:

- Access to our technical support team via telephone, email and web between 8:30 am and 8:30 pm ET
- Generally available product updates pushed out automatically
- Nightly database back-up services
- Periodic web-based refresher training







Prior Year Budget

FY 2018 BUDGET DETAIL

DEPARTMENT: **Library**  
 FUND: **1000**  
 ACCOUNT NUMBER: **610** **5200**  
 ACCOUNT NAME: **Purchase of Services**

Expense Budget

**FY 2018  
Request**

**FY 2018  
Administrator  
Recommended**

Quantity	Cost	Description		
1	\$125.00	PO Box	\$125	\$125
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
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			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
LUMP SUM DISALLOWED				
<b>Totals</b>			<b>\$125</b>	<b>\$125</b>

220

FY 2018 BUDGET DETAIL

DEPARTMENT: **Library**

FUND: **1000**

ACCOUNT NUMBER: **610** **5400**

ACCOUNT NAME: **Supplies**

Expense Budget

**FY 2018  
Request**      **FY 2018  
Administrator  
Recommended**

Quantity	Cost	Description		
1	\$13,020.00	Books, Magazines, AV Materials	\$13,020	\$13,020
1	\$300.00	Office Supplies	\$300	\$300
1	\$200.00	Building Supplies	\$200	\$200
1	\$500.00	Miscellaneous Other	\$500	\$500
			\$0	\$0
			\$0	\$0
			\$0	\$0
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			\$0	\$0
			\$0	\$0
			\$0	\$0
<b>LUMP SUM DISALLOWED</b>				<b>-\$20</b>
<b>Totals</b>			<b>\$14,020</b>	<b>\$14,000</b>

*221*

FY 2018 BUDGET DETAIL

DEPARTMENT: **Library**  
 FUND: **1000**  
 ACCOUNT NUMBER: **610**                      **5700**  
 ACCOUNT NAME: **Other**

Expense Budget

**FY 2018  
Request**

**FY 2018  
Administrator  
Recommended**

Quantity	Cost	Description		
1	\$5,070.00	CWMars Membership	\$5,070	\$5,070
1	\$210.00	CWMars Scanner	\$210	\$210
1	\$500.00	Miscellaneous Programs	\$500	\$500
			\$0	\$0
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			\$0	\$0
			\$0	\$0
			\$0	\$0
		<b>LUMP SUM DISALLOWED</b>		<b>-\$30</b>
<b>Totals</b>			<b>\$5,780</b>	<b>\$5,750</b>

*222*

Hi Carter,

Here are my thoughts about the FY 18 budgets we spoke about:

Library-

At its current number of hours open each week, our library is a part-time department trying to fulfill a full-time need. We are one of very few libraries in our region whose open hours do not exceed the minimum mandated for certification.

The addition of 5 hours, bringing our open hours to 30 per week, will help to make our library more accessible to the many people who rely on it.

The addition of 5 hours, and another Library Assistant would enable us to offer a morning program for our youngest patrons and their parents/caregivers

as well as offering an after-school program 2 days a week. These programs target the group that is our largest demographic of patrons (parents & young children).

The proposed FY 18 budget will satisfy the formula for State Certification

COA-

Reducing the Director to 20 hours per week is a savings of \$22,900.

I would suggest re-naming the position of Elder/Family Service Coordinator to Family Service and Volunteer Coordinator- and possibly reducing the hours in this position.

A strong recruitment and training effort for volunteers could alleviate the need for paid staff in the food pantry and meals on wheels programs- resulting in savings in other line items.

1 attendee at MCOA

I would need to have a better understanding of the MART reimbursements to suggest any changes to those items which MART partially funds, and what, if any level of services MART requires.

Does the town of Phillipston contribute toward COA budget? I know many Phillipston seniors who receive the newsletter, and it was my understanding that they are invited to take part in the center's programs & services.

The library and COA provide services to some of the very same people in town, and I think it would stretch the budgeted dollars a little further if the 2 departments were under one pair of eyes, with an understanding and vision for each.

Thank you for involving me in this discussion,

Jackie Prime

Boynton Public Library

223

## Library

<b>Town</b>	<b>Daily Hours</b>	<b>Hours Per Week</b>
Ashburnham	Mon, Wed 10AM-8PM Tue, Thurs 10AM-5PM Fri 10AM-4PM Sat 10AM-2PM	34
Athol	M, W, Th, Fr 9:30AM-5:30PM Tues 9:30AM-8PM	42.5
Ayer	T, W, Th 10AM-8PM Fri 10AM-5PM Sat 10AM-2PM	41
Dudley	Mon & Thur 10AM-8PM Tues, W, Fri 10AM-5M	41
Ware	Mon & Wed 1PM-8PM Tues & Thurs 10AM-5PM Sat 9AM-12PM	32
Lancaster	Mon-Thurs 10AM-8PM Fri-Sat 10AM-5PM	54
Orange (Wheeler)	Mon, Tues 10AM-6PM Wed, Thur 1PM-8PM Sat 10AM-2PM	34
Shirley	Mon & Wed 10AM-6PM Tues & Thurs 11AM-7PM Sat 10AM-2PM	36
Townsend	T, W 10AM-9PM Thurs 2PM-9PM Fri, 10AM-5PM Sat 10AM-2PM	40
Winchendon	M-Thurs 1PM-8PM Fri 9AM-5PM Sat 9AM-1PM	40
<b>Templeton</b>	<b>Mon &amp; Thurs 12PM-7PM</b> <b>Wed 9AM-5PM</b> <b>Sat 11:30AM-2:30PM</b>	<b>25</b>

Prepared By: Mallory Seamon 03/13/17

*224*









FY 2018 BUDGET DETAIL

DEPARTMENT: Recreation & Culture  
 FUND: 1000  
 ACCOUNT NUMBER: 620 5700  
 ACCOUNT NAME: Other

Expense Budget

FY 2018  
Request

FY 2018  
Administrator  
Recommended

Quantity	Cost	Description		
1	\$15.00	Postage stamps & envelopes	\$15	\$15
1	\$80.00	six-foot banner for display at events	\$80	\$80
1	\$90.00	Advertising for TCC events/grants	\$90	\$90
			\$0	\$0
			\$0	\$0
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			\$0	\$0
			\$0	\$0
			\$0	\$0
<b>LUMP SUM DISALLOWED</b>				<b>\$0</b>
<b>Totals</b>			<b>\$185</b>	<b>\$185</b>

228



FY 2018 BUDGET DETAIL

Bonds/General Fund

DEPARTMENT: Debt Service

FUND: 1000

ACCOUNT NUMBER: 700

ACCOUNT NAME: ????

Expense Budget

FY 2018 Request FY 2018 Administrator Recommended

Project Purpose	PK #	Fund	Yr. Pd Off	Principal	Interest	Total
Water	22	Title V	FY 29	\$20,000	\$0	\$20,000
Public Building - Light	15	Electric	FY 22	\$80,000	\$14,163	\$94,163
WPAT	7	Title V	FY 19	\$9,595		\$9,595
Water/General Fund*	21	Title V	FY 24	\$8,774		\$8,774
252 Baldwinville Road		General	FY 18	\$140,000	\$1,505	\$141,505
Water/General Fund		Title V	FY 33	\$10,250		\$10,250
Water	15	Water	FY 23	\$190,000	\$43,035	\$233,035
Water	19	Water	FY 45	\$8,297	\$10,743	\$19,040
Water	20	Water	FY 27	\$115,000	\$43,758	\$158,758
Water Storage Tank		Water		\$50,000	\$21,375	\$71,375
Water/General Fund*	18	Sewer Btrmnt 25%	FY 25	\$72,447	\$13,201	\$85,648
Pleasant Street Pump Station		Sewer				
* Subsidy						
**Water Pollution Abatement Revenue						
				<b>LUMP SUM DISALLOWED</b>		
				\$704,363	\$147,779	\$852,142

230

**Town of Templeton, Massachusetts**  
 Fiscal Year 2018 Projected Principal and Interest Payments,  
 Net of MCWT Subsidy

**Aggregate Net Debt Service**

Date	Issue : Purpose	Principal	Interest	MCWT Subsidy	Net New D/S
07/15/2017	March 18 2009 MWPAT Title V (OE)	20,000.00	-	-	20,000.00
Subtotal		\$20,000.00	-	-	\$20,000.00
08/01/2017	October 25 2000 MWPAT 97-1091 (OE)	9,594.99	479.75	(479.75)	9,594.99
	August 1 2004 MWPAT T97-1091-1 (OE)	8,774.00	1,489.00	(1,489.00)	8,774.00
	August 25 2004 MWPAT CW-98-54A (O)	35,000.00	1,417.63	(11,870.35)	24,547.28
	August 25 2004 MWPAT 98-54 (O)	156,894.54	11,569.52	(55,876.90)	112,587.16
	December 14 2006 MWPAT CW-04-06 (IE)	289,786.53	57,703.29	(38,953.23)	308,536.59
Subtotal		\$500,050.06	\$72,659.19	(108,669.23)	\$464,040.02
08/27/2017	August 27 2004 (O)	8,297.00	10,743.46	-	19,040.46
Subtotal		\$8,297.00	\$10,743.46	-	\$19,040.46
09/01/2017	September 1 2006 Water Filtration (O)	115,000.00	23,057.50	-	138,057.50
Subtotal		\$115,000.00	\$23,057.50	-	\$138,057.50
11/01/2017	November 2, 2012 SHSLN (I)	140,000.00	1,505.00	-	141,505.00
Subtotal		\$140,000.00	\$1,505.00	-	\$141,505.00
12/15/2017	June 15 2003 : Public Building -Light (O)	-	7,081.25	-	7,081.25
	June 15 2003 : Water (O)	-	21,517.50	-	21,517.50
	June 15 2003 : Sewer (IE)	-	3,397.50	-	3,397.50
Subtotal		-	\$31,996.25	-	\$31,996.25
01/15/2018	May 22 2013 MWPAT T5-97-1091-C (O)	10,250.00	-	-	10,250.00
Subtotal		\$10,250.00	-	-	\$10,250.00
02/01/2018	October 25 2000 MWPAT 97-1091 (OE)	-	239.87	(239.87)	-
	August 1 2004 MWPAT T97-1091-1 (OE)	-	1,259.00	(1,259.00)	-
	August 25 2004 MWPAT CW-98-54A (O)	-	1,966.07	(935.05)	1,031.02
	August 25 2004 MWPAT 98-54 (O)	-	7,944.07	(6,069.47)	1,874.60
	December 14 2006 MWPAT CW-04-06 (IE)	-	55,745.72	(21,691.43)	34,054.29
Subtotal		-	\$67,154.73	(30,194.82)	\$36,959.91
03/01/2018	September 1 2006 Water Filtration (O)	-	20,700.00	-	20,700.00
Subtotal		-	\$20,700.00	-	\$20,700.00
06/15/2018	June 15 2003 : Public Building -Light (O)	80,000.00	7,081.25	-	87,081.25
	June 15 2003 : Water (O)	190,000.00	21,517.50	-	211,517.50
	June 15 2003 : Sewer (IE)	30,000.00	3,397.50	-	33,397.50
Subtotal		\$300,000.00	\$31,996.25	-	\$331,996.25
06/28/2018	September 28 2016 USDA Water Storage Tank (O)	50,000.00	21,375.00	-	71,375.00
Subtotal		\$50,000.00	\$21,375.00	-	\$71,375.00
<b>Total</b>		<b>\$1,143,597.06</b>	<b>\$281,187.38</b>	<b>(138,864.05)</b>	<b>\$1,285,920.39</b>

FirstSouthwest  
 Public Finance

25,578.30  
 114,461.76  
 256,943.16  
 36,795.00  
 436,384.00 Narragansett

P 1,088,836.96  
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870,162.22G+

Prior Year Budget

FY 2018 BUDGET DETAIL

DEPARTMENT: Insurance & Benefits
FUND: 1000
ACCOUNT NUMBER: 900 5700
ACCOUNT NAME: Other

Expense Budget

FY 2018 Request

FY 2018 Administrator Recommended

Table with columns: Quantity, Cost, Description, FY 2018 Request, FY 2018 Administrator Recommended. Includes rows for various liability and benefit items, ending with a 'Totals' row and a 'LUMP SUM DISALLOWED' entry.

Handwritten number 233

## Holly

---

**From:** Christopher Pintarich <cpintarich@berryinsurance.com>  
**Sent:** Friday, March 10, 2017 2:16 PM  
**To:** Holly  
**Cc:** Isabel Carneiro  
**Subject:** RE: Insurance Rates for FY18

Hi Holly,

The numbers that you have in each line item look right in line with what I have minus maybe a couple hundred dollars. Below is our total estimated numbers.

Property, GL, Auto, Pub Officials, Law Enforcement and Umbrella - \$137,714  
Workers Compensation - \$25,170 this includes the total estimated payroll of \$1,635,436 (not including police or fire)  
Police Fire Accident - \$22,067  
Gowrie Group Admin Fee – currently \$2,900 don't see if changing but are waiting to hear back from them

Thanks,



**Chris Pintarich**  
Berry Insurance  
31 Hayward Street, Suite J  
Franklin, MA 02038  
C. (781) 223-2729  
P. (508) 440-2304  
E. [cpintarich@berryinsurance.com](mailto:cpintarich@berryinsurance.com)  
W. [berryinsurance.com](http://berryinsurance.com)  
Hours: Mon-Fri 8:00 A.M. to 4:00 P.M.

Download our new Mobile Insurance App for [iPhone](#) or [Android](#)

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**From:** Holly [mailto:[hyoung@templeton1.org](mailto:hyoung@templeton1.org)]  
**Sent:** Friday, March 10, 2017 1:25 PM  
**To:** Christopher Pintarich <cpintarich@berryinsurance.com>  
**Subject:** Insurance Rates for FY18

Here's the template. Thank you.

*Holly A. Young*

Holly A. Young,  
Assistant to the Town Administrator



Town of Templeton





**Gowrie Claims Services**

<b>Invoice # 7124</b>	Page 1 of 1
Account Number	Date
TOWNOFT-09	7/7/2016
BALANCE DUE ON	
7/22/2016	
AMOUNT PAID	Amount Due
	\$2,900.00

Please make your check payable to Gowrie Group and mail to Accounting Department, PO Box 1212, Westbrook CT 06498

**Robert Markel  
Town of Templeton  
160 Patriots Road  
P.O. Box 620  
East Templeton, MA 01438**

**PAID**  
7-15-16  
17-2

Service Description: IOD Claims Administration Services

7/1/2016 to 7/1/2017

Claims Administration Fee \$2,900.00

Total Invoice Balance: \$2,900.00

For questions please contact Gowrie Claims Services at 781-536-6920

235



Gowrie Claims Services

Invoice # 7146	Page 1 of 1
Account Number TOWNOFT-09	Date 7/12/2016
BALANCE DUE ON 7/12/2016	
AMOUNT PAID	Amount Due \$5,000.00

Please make your check payable to Gowrie Group and mail to Accounting Department, PO Box 1212, Westbrook CT 06498

Robert Markel  
Town of Templeton  
160 Patriots Road  
P.O. Box 620  
East Templeton, MA 01438

**PAID**  
7-22-16

17-3

Service Description: High Deductible \$30,000

7/1/2016 to 7/1/2017

Town of Templeton, 1st Payment to Fund Deductible

\$5,000.00

Total Invoice Balance:

\$5,000.00

For questions please contact Gowrie Claims Services at 781-536-6920

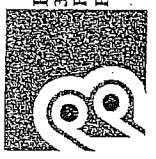
*Assume Only*  
*needed !!*

236

**PAID**  
7-15-16  
17-2

**INVOICE # 13290** Page 1 of 1  
Account No. 06/28/16  
IC  
TEMPL-1

Berry Insurance Agency, Inc.  
31 Hayward Street  
Franklin, MA 02038  
Phone : 800-941-3317 508-520-6914



Town of Templeton  
Robert Markel  
PO Box 620  
East Templeton, MA 01438

Item #	Eff. Date	Description	Amount
252368	07/01/16	FY17 Police/Fire Accident	\$ 21,218.00
Invoice Balance:			\$ 21,218.00

237

Odd year will be capped at 9.95% ~~but~~ increase over the total but may vary by Town.

FY 2019

Worcester Regional Contributory Retirement System  
Annual Appropriation for 2018 Fiscal Year

TEMPLETON - 740

Based on Valuation Results as of January 1, 2016

Summary of Member Data	Member Unit	Worcester Regional
<i>Active Members</i>	64,392	6,773
Average Age	48.4	48.0
Average Service	12.2	10.6
Valuation Salary	3,195,524	\$282,918,805
Average Salary	\$49,162	\$41,772
<i>Retired Members and Beneficiaries</i>	32,000	3,122
Average Age	72.9	73.8
Total Annual Pension	898,400	\$59,160,612
Average Annual Pension	\$28,075	\$18,950
<i>Disabled Members - Accidental</i>	3,000	222
Average Age	60.3	62.7
Total Annual Pension	103,092	\$7,387,664
Average Annual Pension	\$34,364	\$33,278
<i>Disabled Members - Ordinary</i>	1,000	38
Average Age	56.0	62.1
Total Annual Pension	11,189	\$637,948
Average Annual Pension	\$11,189	\$16,788
<i>Inactive Members</i>	20,000	1,925
Annuity Savings Fund	315,868	\$15,987,062

Employer Normal Cost as of January 1, 2016

a. Total Normal Cost	\$532,016	\$41,092,346
b. Administrative Expenses	13,322	1,100,000
c. Expected Employee Contributions	327,827	26,597,269
d. Employer Normal Cost = a. + b. - c.	\$217,511	\$15,595,077

Unfunded Actuarial Accrued Liability (UAAL) as of January 1, 2016

Actuarial Accrued Liability (AAL):

a. Active Members	8,719,852	\$688,107,910
b. Retired Members and Beneficiaries	8,614,368	570,882,886
c. Disabled Members - Accidental	1,322,943	86,480,979
d. Disabled Members - Ordinary	171,055	7,655,312
e. Inactive Members	315,868	16,263,369
f. Total AAL = a. + b. + c. + d. + e.	\$19,144,086	\$1,369,390,456

Unfunded Actuarial Accrued Liability (UAAL):

g. Actuarial Accrued Liability = f.	\$19,144,086	\$1,369,390,456
h. Actuarial Value of Assets	8,165,135	594,790,118
i. Unfunded Actuarial Accrued Liability = g. - h.	\$10,978,951	\$774,600,338

FY2018 Appropriation

a. Employer Normal Cost	\$236,931	\$20,057,051
b. Payment on UAL	423,347	29,782,198
c. Payment on 2002 ERI	19,751	1,362,369
d. Payment on 2003 ERI	0	267,110
e. Payment on 2010 ERI	0	5,769
f. Total Appropriation = a. + b. + c. + d. + e.	\$680,029	\$51,474,497

If Total Appropriation paid on July 1, 2017

\$667,573

238

Town

Light.

Water

sewer

Worcester Regional Contributory Retirement System  
Annual Appropriation for 2018 Fiscal Year

TEMPLETON (TOWN) - 740

Based on Valuation Results as of January 1, 2016

Summary of Member Data	Member Unit	Worcester Regional
<i>Active Members</i>	41,392	6,773
Average Age	48.3	48.0
Average Service	9.4	10.6
Valuation Salary	1,791,023	\$282,918,805
Average Salary	\$42,643	\$41,772
<i>Retired Members and Beneficiaries</i>	26,000	3,122
Average Age	72.4	73.8
Total Annual Pension	644,545	\$59,160,612
Average Annual Pension	\$24,790	\$18,950
<i>Disabled Members - Accidental</i>	3,000	222
Average Age	60.3	62.7
Total Annual Pension	103,092	\$7,387,664
Average Annual Pension	\$34,364	\$33,278
<i>Disabled Members - Ordinary</i>	1,000	38
Average Age	56.0	62.1
Total Annual Pension	11,189	\$637,948
Average Annual Pension	\$11,189	\$16,788
<i>Inactive Members</i>	18,000	1,925
Annuity Savings Fund	312,410	\$15,987,062

**Employer Normal Cost as of January 1, 2016**

a. Total Normal Cost	\$326,195	\$41,092,346
b. Administrative Expenses	8,168	1,100,000
c. Expected Employee Contributions	184,274	26,597,269
d. Employer Normal Cost = a. + b. - c.	\$150,089	\$15,595,077

**Unfunded Actuarial Accrued Liability (UAAL) as of January 1, 2016**

Actuarial Accrued Liability (AAL):

a. Active Members	3,726,171	\$688,107,909
b. Retired Members and Beneficiaries	6,293,285	570,705,164
c. Disabled Members - Accidental	1,322,943	86,480,979
d. Disabled Members - Ordinary	171,055	7,655,312
e. Inactive Members	312,410	16,263,369
f. Total AAL = a. + b. + c. + d. + e.	\$11,825,864	\$1,369,212,733

Unfunded Actuarial Accrued Liability (UAAL):

g. Actuarial Accrued Liability = f.	\$11,825,864	\$1,369,212,733
h. Actuarial Value of Assets	5,043,844	594,790,118
i. Unfunded Actuarial Accrued Liability = g. - h.	\$6,782,020	\$774,422,615

**FY2018 Appropriation**

a. Employer Normal Cost	\$163,491	\$20,057,051
b. Payment on UAL	258,782	29,782,198
c. Payment on 2002 ERI	19,751	1,362,369
d. Payment on 2003 ERI	0	267,110
e. Payment on 2010 ERI	0	5,769
f. Total Appropriation = a. + b. + c. + d. + e.	\$442,024	\$51,474,497

If Total Appropriation paid on July 1, 2017

\$433,927

\$50,531,643

239

**Worcester Regional Contributory Retirement System  
Annual Appropriation for 2018 Fiscal Year**

**TEMPLETON (LIGHT) - 741**

Based on Valuation Results as of January 1, 2016

Summary of Member Data	Member Unit	Worcester Regional
<i>Active Members</i>	10,000	6,773
Average Age	44.5	48.0
Average Service	18.7	10.6
Valuation Salary	801,296	\$282,918,805
Average Salary	\$80,130	\$41,772
<i>Retired Members and Beneficiaries</i>	4,000	3,122
Average Age	74.5	73.8
Total Annual Pension	188,048	\$59,160,612
Average Annual Pension	\$47,012	\$18,950
<i>Disabled Members - Accidental</i>	-	222
Average Age	-	62.7
Total Annual Pension	-	\$7,387,664
Average Annual Pension	\$0	\$33,278
<i>Disabled Members - Ordinary</i>	-	38
Average Age	-	62.1
Total Annual Pension	-	\$637,948
Average Annual Pension	\$0	\$16,788
<i>Inactive Members</i>	1,000	1,925
Annuity Savings Fund	2,321	\$15,987,062

**Employer Normal Cost as of January 1, 2016**

a. Total Normal Cost	\$123,593	\$41,092,346
b. Administrative Expenses	3,095	1,100,000
c. Expected Employee Contributions	82,564	26,597,269
d. Employer Normal Cost = a. + b. - c.	\$44,124	\$15,595,077

**Unfunded Actuarial Accrued Liability (UAAL) as of January 1, 2016**

Actuarial Accrued Liability (AAL):		
a. Active Members	2,733,273	\$688,107,909
b. Retired Members and Beneficiaries	1,721,876	570,705,164
c. Disabled Members - Accidental	0	86,480,979
d. Disabled Members - Ordinary	0	7,655,312
e. Inactive Members	2,321	16,263,369
f. Total AAL = a. + b. + c. + d. + e.	\$4,457,470	\$1,369,212,733
Unfunded Actuarial Accrued Liability (UAAL):		
g. Actuarial Accrued Liability = f.	\$4,457,470	\$1,369,212,733
h. Actuarial Value of Assets	1,901,153	594,790,118
i. Unfunded Actuarial Accrued Liability = g. - h.	\$2,556,317	\$774,422,615

**FY2018 Appropriation**

a. Employer Normal Cost	\$48,063	\$20,057,051
b. Payment on UAL	100,235	29,782,198
c. Payment on 2002 ERI	0	1,362,369
d. Payment on 2003 ERI	0	267,110
e. Payment on 2010 ERI	0	5,769
f. Total Appropriation = a. + b. + c. + d. + e.	\$148,298	\$51,474,497
If Total Appropriation paid on July 1, 2017	\$145,582	\$50,531,643

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Worcester Regional Contributory Retirement System  
Annual Appropriation for 2018 Fiscal Year

TEMPLETON (WATER) - 743

Based on Valuation Results as of January 1, 2016

Summary of Member Data	Member Unit	Worcester Regional
<i>Active Members</i>	6,000	6,773
Average Age	48.9	48.0
Average Service	18.2	10.6
Valuation Salary	299,074	\$282,918,805
Average Salary	\$49,846	\$41,772
<i>Retired Members and Beneficiaries</i>	1,000	3,122
Average Age	76.3	73.8
Total Annual Pension	37,953	\$59,160,612
Average Annual Pension	\$37,953	\$18,950
<i>Disabled Members - Accidental</i>	-	222
Average Age	-	62.7
Total Annual Pension	-	\$7,387,664
Average Annual Pension	\$0	\$33,278
<i>Disabled Members - Ordinary</i>	-	38
Average Age	-	62.1
Total Annual Pension	-	\$637,948
Average Annual Pension	\$0	\$16,788
<i>Inactive Members</i>	-	1,925
Annuity Savings Fund	-	\$15,987,062

**Employer Normal Cost as of January 1, 2016**

a. Total Normal Cost	\$36,622	\$41,092,546
b. Administrative Expenses	917	1,100,000
c. Expected Employee Contributions	31,408	26,597,269
d. Employer Normal Cost = a. + b. - c.	\$6,131	\$15,595,077

**Unfunded Actuarial Accrued Liability (UAAL) as of January 1, 2016**

Actuarial Accrued Liability (AAL):		
a. Active Members	1,243,468	\$688,107,909
b. Retired Members and Beneficiaries	372,437	570,705,164
c. Disabled Members - Accidental	0	86,480,979
d. Disabled Members - Ordinary	0	7,655,312
e. Inactive Members	0	16,263,369
f. Total AAL = a. + b. + c. + d. + e.	\$1,615,905	\$1,369,212,733
Unfunded Actuarial Accrued Liability (UAAL):		
g. Actuarial Accrued Liability = f.	\$1,615,905	\$1,369,212,733
h. Actuarial Value of Assets	689,199	594,790,118
i. Unfunded Actuarial Accrued Liability = g. - h.	\$926,706	\$774,422,615

**FY2018 Appropriation**

a. Employer Normal Cost	\$6,678	\$20,057,051
b. Payment on UAL	36,337	29,782,198
c. Payment on 2002 ERI	0	1,362,369
d. Payment on 2003 ERI	0	267,110
e. Payment on 2010 ERI	0	5,769
f. Total Appropriation = a. + b. + c. + d. + e.	\$43,015	\$51,474,497
If Total Appropriation paid on July 1, 2017	\$42,227	\$50,531,643

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**Worcester Regional Contributory Retirement System  
Annual Appropriation for 2018 Fiscal Year**

**TEMPLETON (SEWER) - 742**

Based on Valuation Results as of January 1, 2016

Summary of Member Data	Member Unit	Worcester Regional
<i>Active Members</i>	7,000	6,773
Average Age	53.9	48.0
Average Service	15.0	10.6
Valuation Salary	304,131	\$282,918,805
Average Salary	\$43,447	\$41,772
<i>Retired Members and Beneficiaries</i>	1,000	3,122
Average Age	77.0	73.8
Total Annual Pension	27,855	\$59,160,612
Average Annual Pension	\$27,855	\$18,950
<i>Disabled Members - Accidental</i>	-	222
Average Age	-	62.7
Total Annual Pension	-	\$7,387,664
Average Annual Pension	\$0	\$33,278
<i>Disabled Members - Ordinary</i>	-	38
Average Age	-	62.1
Total Annual Pension	-	\$637,948
Average Annual Pension	\$0	\$16,788
<i>Inactive Members</i>	1,000	1,925
Annuity Savings Fund	1,138	\$15,987,062

**Employer Normal Cost as of January 1, 2016**

a. Total Normal Cost	\$45,606	\$41,092,346
b. Administrative Expenses	1,142	1,100,000
c. Expected Employee Contributions	29,581	26,597,269
d. Employer Normal Cost = a. + b. - c.	\$17,167	\$15,595,077

**Unfunded Actuarial Accrued Liability (UAAL) as of January 1, 2016**

Actuarial Accrued Liability (AAL):		
a. Active Members	1,016,939	\$688,107,909
b. Retired Members and Beneficiaries	226,768	570,705,164
c. Disabled Members - Accidental	0	86,480,979
d. Disabled Members - Ordinary	0	7,655,312
e. Inactive Members	1,138	16,263,369
f. Total AAL = a. + b. + c. + d. + e.	\$1,244,845	\$1,369,212,733
Unfunded Actuarial Accrued Liability (UAAL):		
g. Actuarial Accrued Liability = f.	\$1,244,845	\$1,369,212,733
h. Actuarial Value of Assets	530,938	594,790,118
i. Unfunded Actuarial Accrued Liability = g. - h.	\$713,907	\$774,422,615

**FY2018 Appropriation**

a. Employer Normal Cost	\$18,699	\$20,057,051
b. Payment on UAL	27,993	29,782,198
c. Payment on 2002 ERI	0	1,362,369
d. Payment on 2003 ERI	0	267,110
e. Payment on 2010 ERI	0	5,769
f. Total Appropriation = a. + b. + c. + d. + e.	\$46,692	\$51,474,497
<b>If Total Appropriation paid on July 1, 2017</b>	<b>\$45,837</b>	<b>\$50,531,643</b>

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**Insurance Benefit Details  
FY '18  
General Fund**

**Retirees**

	Department	Health Plan	Health Indiv/Family	Dental Indiv/Family	Mo'yly	Mo'yly	Mo'yly	Mo'yly	Mo'yly
Retired	Highway	Medex II w/PDP	Individual	Family	\$118.80	\$28.89	\$0.81		N/A
Retired	Highway	Medex II w/PDP	Individual		\$118.80				N/A
Retired	Board of Health	Medex II w/PDP	Individual		\$356.38				N/A
Retired	Board of Health	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23	\$2.42		N/A
Retired	Building	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23	\$2.42		N/A
Retired	Fire	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23	\$2.42		N/A
Retired	Highway	Medex II w/PDP	Individual	Family	\$356.38	\$86.69			N/A
Retired	Highway	Medex II w/PDP	Individual	Family	\$356.38	\$86.69			N/A
Retired	Highway	Medex II w/PDP	Individual	Family	\$356.38	\$86.69	\$2.42		N/A
Retired	Highway	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23			N/A
Retired	Highway	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23			N/A
Retired	Police	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23			N/A
Retired	Police	Medex II w/PDP	Individual	Family	\$356.38	\$86.69	\$2.42		N/A
Retired	Police	Medex II w/PDP	Individual	Family	\$356.38	\$86.69	\$2.42		N/A
Retired	Police	Medex II w/PDP	Individual	Family	\$356.38	\$86.69	\$2.42		N/A
Retired	Police	Medex II w/PDP	Individual	Family	\$356.38	\$86.69	\$2.42		N/A
Retired	Police	Medex II w/PDP	Individual	Family	\$356.38	\$86.69	\$2.42		N/A
Retired	Tax Collector	Medex II w/PDP	Individual		\$356.38				N/A
Retired	Highway	HMO Blue Value Plus	Individual	Family	\$795.85	\$86.69	\$2.42		N/A
Retired	Highway	HMO Blue Value Plus	Family	Family	\$2,094.07	\$86.69	\$4.85		N/A
Retiree	TBD & Assumed <65 Family	HMO Blue Value Plus	Family	Family	\$2,094.07	\$86.69	\$4.85		N/A
Retired	Police	HMO Blue Value Plus	Individual	Individual	\$795.85	\$41.23	\$2.42		N/A
Retired	Police	HMO Blue Value Plus	Individual	Individual	\$795.85	\$41.23	\$2.42		N/A
Retired	Treasurer/Collector	HMO Blue Value Plus	Individual	Individual	\$795.85	\$41.23	\$2.42		N/A
Retired	Fire	HMO Blue Value Plus	Family	Family	\$2,094.07	\$86.69	\$2.42		N/A
Retired	Highway	HMO Blue Value Plus	Family	Family	\$2,094.07	\$86.69	\$2.42		N/A
Retired	Police	HMO Blue Value Plus	Family	Family	\$2,094.07	\$86.69	\$2.42		N/A
Retired	Police	HMO Blue Value Plus	Family	Family	\$2,094.07	\$86.69	\$2.42		N/A
Retired	Selectmen	Dental ONLY		Individual		\$41.23	\$2.42		N/A
Retired	Town Clerk			Individual		\$41.23	\$2.42		N/A
Retired	Town Clerk	Dental ONLY		Individual		\$41.23	\$2.42		N/A
Retired	Treasurer/Collector								N/A
Retired	Treasurer/Collector								N/A
				<b>Total Medex</b>	<b>\$7,721.58</b>	<b>\$1,481.47</b>	<b>\$61.33</b>		<b>N/A</b>
				<b>Total Others</b>	<b>\$13,653.75</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>N/A</b>

Medex 01/01 Increase Assumed @ 6%	\$463.29	\$0.00	\$0.00	N/A
Total/Month	\$21,838.62	\$1,481.47	\$61.33	N/A
Total/Year	\$262,063.50	\$17,777.64	\$735.96	N/A
Total of All	\$280,577.10			

Light Fund

Retired	Light	Medex II w/PDP	Individual	Family	\$356.38	\$86.69		N/A
Retired	Light	Medex II w/PDP	Individual		\$356.38		\$2.42	N/A
Retired	Light	Medex II w/PDP	Individual		\$356.38			N/A
Retired	Light	Medex II w/PDP	Individual		\$356.38		\$2.42	N/A
Retired	Light	Medex II w/PDP	Individual	Family	\$356.38			N/A
Retired	Light	Medex II w/PDP	Individual		\$356.38	\$86.69	\$2.42	N/A
Retired	Light	Medex II w/PDP	Individual		\$356.38			N/A
Retired	Light	Medex II w/PDP	Individual	Individual	\$356.38	\$41.23	\$2.42	N/A
Retired	Light	HMO Blue 1	Individual	Family	\$857.48	\$86.69	\$2.42	N/A
Retired	Light	Dental ONLY	Individual	Family		\$86.69	\$2.42	N/A
Total Medex					\$2,851.04	\$387.99	\$14.52	N/A
Total Others					\$857.48	\$0.00	\$0.00	N/A
Medex 01/01 Increase Assumed @ 6%					\$85.53	\$0.00	\$0.00	N/A
Total/Month					\$3,794.05	\$387.99	\$14.52	N/A
Total/Year					\$45,528.61	\$4,655.88	\$174.24	N/A
Total of All					\$50,358.73			

Water Fund

Retired	Water	Medex II w/PDP	Individual	Family	\$118.80	\$28.90	\$0.81	N/A
Retired	Water	Medex II w/PDP	Individual		\$118.80			N/A
Retired	Water						\$2.42	N/A
Total Medex					\$237.60	\$28.90	\$3.23	N/A
Total Others					\$0.00	\$0.00	\$0.00	N/A
Medex 01/01 Increase Assumed @ 6%					\$7.13	\$0.00	\$0.00	N/A
Total/Month					\$244.73	\$28.90	\$3.23	N/A
Total/Year					\$2,936.74	\$346.80	\$38.76	N/A
Total of All					\$3,322.30			

Sewer Fund

Retired	Sewer	Medex II w/PDP	Individual	Family	\$118.80	\$28.90	\$0.81	N/A
Retired	Sewer	Medex II w/PDP	Individual		\$118.80			N/A
Retired	Sewer	Medex II w/PDP	Individual		\$356.38			N/A
Retired	Sewer	Medex II w/PDP	Individual		\$356.38			N/A
Total Medex					\$950.36	\$28.90	\$0.81	N/A
Total Others					\$0.00	\$0.00	\$0.00	N/A
Medex 01/01 Increase Assumed @ 6%					\$28.51	\$0.00	\$0.00	N/A
Total/Month					\$978.87	\$28.90	\$0.81	N/A
Total/Year					\$11,746.45	\$346.80	\$9.72	N/A
Total of All					\$12,102.97			

# Actives

## General Fund

Accountant	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23	\$4.85	\$35.50
Assessor	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
TBD	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
CoA	HMO Blue Value Plus	Family	Family	Family	\$0.00	\$0.00	\$0.00	\$0.00
CoA	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$19.95
Communication	HMO Blue Value Plus	Family	Family	Family	\$795.85	\$41.23		
Communication	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23		
Communication	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23	\$4.85	\$35.50
Communication	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23	\$4.85	\$35.50
Fire/EMS	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69		
Fire/EMS	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23	\$4.85	
Fire/EMS	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Fire/EMS Effective 04/18	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Fire/EMS Effective 04/18	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Library	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69		
ODS	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69		
ODS	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
ODS	HMO Blue Value Plus	Family	Family	Family	\$0.00	\$86.69		
Police	Blue Care Elect Preferred	Family	Family	Family	\$2,778.21	\$86.69	\$4.85	\$35.50
Police	Blue Care Elect Preferred	Family	Family	Family	\$2,778.21	\$86.69	\$4.85	
Police	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	
Police	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69		
Police	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69		
Police	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69		\$35.50
Police	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23		
Police	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Police	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	
Public Works	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	
Public Works - B&G	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - B&G	Dental ONLY	Family	Family	Family	\$0.00	\$86.69	\$4.85	\$35.50
Public Works - B&G	Dental ONLY	Family	Family	Family	\$2,094.07	\$41.23	\$4.85	\$29.32
Public Works - Highway	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - Highway	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - Highway	HMO Blue Value Plus	Individual	Individual	Individual	\$795.85	\$41.23	\$4.85	\$34.58
Public Works - Highway	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - Highway	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - Highway	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - Highway	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Selectmen	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Selectmen	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Town Clerk	HMO Blue Value Plus	Family	Family	Family	\$2,094.07	\$86.69	\$4.85	\$35.50

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Treasurer/Collector	HMO Blue Value Plus	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Treasurer/Collector	HMO Blue Value Plus	Individual	\$795.85	\$41.23	\$4.85	
Continuation 1 Opt-Out	HMO Blue Value Plus	Family	\$500.00			
		Per Month/Full Year	\$71,853.03	\$3,058.46	\$150.35	\$900.35
		Pro-Rata/Partial Year	\$1,570.55	\$65.02	\$3.64	\$26.63
		Total/Year	\$881,082.99	\$37,481.73	\$1,847.85	\$11,123.70
		Total of All	\$931,536.27			

Light

Light	Blue Care Elect Preferred	Family	\$2,778.21	\$41.23	\$4.85	\$35.50
Light	Blue Care Elect Preferred	Family	\$2,778.21	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Individual	\$2,256.23	\$41.23	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Light	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
		Per Month/Full Year	\$23,606.26	\$775.98	\$48.50	\$284.00
		Pro-Rata/Partial Year	\$0.00	\$0.00	\$0.00	\$0.00
		Total/Year	\$283,275.12	\$9,311.76	\$582.00	\$3,408.00
		Total of All	\$296,576.88			

Water

Water	HMO Blue 1	Individual	\$857.48	\$86.69	\$4.85	\$35.50
Water	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Water	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Water	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Water	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Water	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
Water	HMO Blue 1	Family	\$2,256.23	\$86.69	\$4.85	\$35.50
		Per Month/Full Year	\$14,394.86	\$606.83	\$29.10	\$213.00
		Pro-Rata/Partial Year	\$0.00	\$0.00	\$0.00	\$0.00
		Total/Year	\$172,738.32	\$7,281.96	\$349.20	\$2,556.00
		Total of All	\$182,925.48			

Sewer

Sewer	Dental ONLY	Family	\$86.69	\$86.69	\$4.85	\$35.50
Sewer	HMO Blue Value Plus	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Sewer	HMO Blue Value Plus	Individual	\$795.85	\$41.23	\$4.85	\$20.95
Sewer	HMO Blue Value Plus	Family	\$2,094.07	\$86.69	\$4.85	\$35.50
Public Works - Highway	HMO Blue Value Plus	Individual	\$795.85	\$41.23	\$4.85	\$29.89
Sewer	HMO Blue Value Plus	Individual	\$795.85	\$41.23	\$4.85	\$35.50
Sewer						\$35.50

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Per Month/Full Year	\$6,575.69	\$383.76	\$14.55	\$192.84
Pro-Rata/Partial Year	\$0.00	\$0.00	\$0.00	\$0.00
Total/Year	\$78,908.28	\$4,605.12	\$174.60	\$2,314.08

Town of Templeton Health & Dental Cost Trends		2018	2017 (2)	2016 (1)	2015	2014	2013	2012	2011	Inc/Decr	Overall % Change	Simple Trend/Yr
Plan Type												
<b>HMO Blue Value Plus (1)</b>												
Individual		\$795.88	\$702.45	\$651.02	\$643.69	\$618.28	\$608.14	\$595.97	\$538.60	\$257.28	47.77%	6.82%
Family		\$2,094.15	\$1,848.32	\$1,712.99	\$1,693.68	\$1,626.82	\$1,600.13	\$1,568.12	\$1,417.17	\$676.98	47.77%	6.82%
Year to Year in %		13.30%	7.90%	1.14%	4.11%	1.67%	2.04%	9.63%				
<b>Blue Care Elect Preferred</b>												
Individual		\$1,055.88	\$931.93	\$863.70	\$792.59	\$761.30	\$748.81	\$733.83	\$663.22	\$392.66	59.20%	8.46%
Family		\$2,778.32	\$2,452.18	\$2,272.64	\$2,085.52	\$2,003.19	\$1,970.33	\$1,930.91	\$1,745.38	\$1,032.94	59.18%	8.45%
Year to Year in %		13.30%	7.90%	8.97%	4.11%	1.67%	2.04%	10.65%				
<b>Medex 2 w/PDP (Retirees &gt; 65) (2)</b>												
Per Individual		\$356.38	\$634.27	\$587.83	\$539.43	\$518.13	\$509.63	\$499.44	\$453.53	-\$97.15	-21.42%	-3.06%
Year to Year in %		-43.81%	7.90%	8.97%	4.11%	1.67%	2.04%	10.12%				
<b>Dental</b>												
Individual		\$41.23	\$41.23	\$41.23	\$40.52	\$40.52	\$40.52	\$40.52	\$39.94	\$ 1.29	3.23%	0.65%
Family		\$86.69	\$86.69	\$86.69	\$85.19	\$85.19	\$85.19	\$85.19	\$83.97	\$ 2.72	3.24%	0.65%
Year to Year in %		0.00%	0.00%	1.75%	0.00%	0.00%	0.00%	1.45%				
<b>Updated 02/27/17</b>												
<b>Notes:</b> (1) Change from HMO Blue to HMO Blue Value Plus in FY '16 w/exposure for \$500 Employee Co-Pays Inpatient; \$250 Outpatient Surgical Co-pay (By Employee) and RX 3 Mo. Mail Order from 10/20/35 to 20/40/70												
(2) Change to Medex 2 w/PDP from Medex 3 w/Change to January Renewal and risk of unknown												
FY '11 to '17 was a 6.64% Annual Increase; FY '18 would have generated 8.46% Annual Increase w/Medex 3												



MIIA HEALTH BENEFITS TRUST  
Renewal Proposal 3/1/2017 - 12/31/2017  
Templeton

MONTHLY CONTRIBUTION RATES				
PRODUCTS		CURRENT	RENEWAL	
		RATES	RATES	INCREASE
Medex 3 3 Tier Copay Rx.	Individual	\$634.27		N/A
	Individual		\$194.00	N/A
Medex 2	Blue Med Rx		\$162.38	N/A
	Total		\$356.38	N/A

Rates are based on continuing the current enrollment level.

Signature for Acceptance of Rates	Date
<i>Carter Terenzi</i>	12/20/2016

Actual 01/01/18

Rates Unknown

Assume 6% Trend Rate

FY '18 Health Insurance Rates & Options  
Employee Impact

DRAFT - FOR DISCUSSION PURPOSES ONLY  
All Saves are +/-

MONTHLY CONTRIBUTION RATES - SAME BENI'S				
PRODUCTS	CURRENT RATES		RENEWAL INCREASE	
	RATES	RATES	INCREASE	
Blue Care Elect	Individual	\$931.93	\$1,055.84	13.30%
	Family	\$2,452.18	\$2,778.21	13.30%
HMO Blue 1	Individual	\$756.85	\$857.48	13.30%
	Family	\$1,991.45	\$2,256.23	13.30%
HMO Blue Value Plus	Individual	\$702.45	\$795.85	13.30%
	Family	\$1,848.32	\$2,094.07	13.30%

*Base Plan*

1.)

Change ER From \$50 to \$100				
Blue Care Elect	Individual	\$931.93	\$1,043.17	11.94%
	Family	\$2,452.18	\$2,744.88	11.94%
HMO Blue 1	Individual	\$756.85	\$847.19	11.94%
	Family	\$1,991.45	\$2,229.15	11.94%
HMO Blue Value Plus	Individual	\$702.45	\$786.30	11.94%
	Family	\$1,848.32	\$2,068.94	11.94%
GF Saves \$8,000				

*Options*

2.)

Change \$50 ER to \$75				
Blue Care Elect	Individual	\$931.93	\$1,049.50	12.62%
	Family	\$2,452.18	\$2,761.55	12.62%
HMO Blue 1	Individual	\$756.85	\$852.33	12.62%
	Family	\$1,991.45	\$2,242.69	12.62%
HMO Blue Value Plus	Individual	\$702.45	\$791.07	12.62%
	Family	\$1,848.32	\$2,081.50	12.62%
GF Saves \$4,000				

*Options*

PRODUCTS	Employee		Employee Then	Mo'y Increase	Mo'y Savings	Yearly Savings	Translated Risk
	Now	Then					
Blue Care Elect	Individual	\$232.98	\$263.96	\$30.98	N/A	N/A	N/A
	Family	\$613.05	\$694.55	\$81.51	N/A	N/A	N/A
HMO Blue 1	Individual	\$189.21	\$214.37	\$25.16	N/A	N/A	N/A
	Family	\$497.86	\$564.06	\$66.19	N/A	N/A	N/A
HMO Blue Value Plus	Individual	\$175.61	\$198.96	\$23.35	N/A	N/A	N/A
	Family	\$462.08	\$523.52	\$61.44	N/A	N/A	N/A

Individual	\$232.98	\$260.79	\$27.81	\$3.17	\$38.01	1 Visit Every Year
Family	\$613.05	\$686.22	\$73.17	\$8.33	\$100.02	2 Visits Every Year
Individual	\$189.21	\$211.80	\$22.58	\$2.57	\$30.87	1 Visit Every 2 Yrs
Family	\$497.86	\$557.29	\$59.43	\$6.77	\$81.22	3 Visits Every 2 Yrs
Individual	\$175.61	\$196.57	\$20.96	\$2.39	\$28.65	1 Visit Every 2 Yrs
Family	\$462.08	\$517.23	\$55.15	\$6.28	\$75.39	3 Visits Every 2 Yrs

Individual	\$232.98	\$262.38	\$29.39	\$1.58	\$19.01	1 Visit Every 2 Yrs
Family	\$613.05	\$690.39	\$77.34	\$4.17	\$50.01	1 Visit Every Year
Individual	\$189.21	\$213.08	\$23.87	\$1.29	\$15.43	1 Visit Every 3 Yrs
Family	\$497.86	\$560.67	\$62.81	\$3.38	\$40.61	1 Visit Every Year
Individual	\$175.61	\$197.77	\$22.16	\$1.19	\$14.33	1 Visit Every 3 Yrs
Family	\$462.08	\$520.38	\$58.30	\$3.14	\$37.69	3 Visits Every 2 Yrs



FY '18 Health Insurance Rates & Options  
Employee Impact

DRAFT - FOR DISCUSSION PURPOSES ONLY  
All Saves are +/-

3.)

Change \$15 OV to \$20 OV					
Blue Care Individual	\$931.93	\$1,049.50			12.62%
Elect Family	\$2,452.18	\$2,761.55	\$29.39	\$1.58	\$19.01 4 OV's Per Year
HMO Blue Individual	\$756.85	\$852.33	\$77.34	\$4.17	\$50.01 10 OV's Per Year
1 - Family	\$1,991.45	\$2,242.69	\$23.87	\$1.29	\$15.43 3 OV's Per Year
HMO Blue Individual	\$702.45	\$791.07	\$62.81	\$3.38	\$40.61 8 OV's Per Year
Value Plus Family	\$1,848.32	\$2,081.50	\$22.16	\$1.19	\$14.33 3 OV's Per Year
GF Saves \$4,000					

4.)

Change to \$20 OV and \$75 ER					
Blue Care Individual	\$931.93	\$1,042.11	\$27.55	\$3.43	\$41.18 8 OV's Per Year
Elect Family	\$2,452.18	\$2,742.10	\$72.48	\$9.03	\$108.35 22 OV's per year
HMO Blue Individual	\$756.85	\$846.33	\$22.37	\$2.79	\$33.44 7 OV's per year
1 - Family	\$1,991.45	\$2,226.90	\$58.86	\$7.33	\$87.99 18 OV's Per year
HMO Blue Individual	\$702.45	\$785.50	\$20.76	\$2.59	\$31.04 6 OV's per Year
Value Plus Family	\$1,848.32	\$2,066.84	\$54.63	\$6.81	\$81.67 16 OV's Per Year
GF Saves \$8,750					

5.)

Change to \$20 OV and \$100 ER					
Blue Care Individual	\$931.93	\$1,035.78	\$25.96	\$5.01	\$60.17 12 OV's Per year
Elect Family	\$2,452.18	\$2,725.42	\$68.31	\$13.20	\$158.38 32 OV's per year
HMO Blue Individual	\$756.85	\$841.19	\$21.09	\$4.07	\$48.87 10 OV's per year
1 - Family	\$1,991.45	\$2,213.36	\$55.48	\$10.72	\$128.60 26 OV's Per year
HMO Blue Individual	\$702.45	\$780.72	\$19.57	\$3.78	\$45.38 9 OV's per Year
Value Plus Family	\$1,848.32	\$2,054.28	\$51.49	\$9.95	\$119.36 24 OV's Per Year
GF Saves \$12,500					

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**Town of Templeton**  
**Fiscal Year 2018 PPO Active Plan Rates, Benefits and Alternatives**

Benefits	Current Status Quo Renewal PPO Blue Care Elect Preferred	Alternative (1) PPO Blue Care Elect \$20 OY/\$75 ER	Alternative (2) PPO Blue Care Elect \$20 OY/\$100 ER
Medical Out of Pocket Max (member/family per plan year)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Rx Out of Pocket Max (member/family per plan year)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
Deductible (member/family per plan year)	\$250 / \$500 (Non-Preferred Providers)	\$250 / \$500 (Non-Preferred Providers)	\$250 / \$500 (Non-Preferred Providers)
PCP Copay	\$15	\$20	\$20
Preventive Copay	\$0	\$0	\$0
Specialist Copay	\$15	\$20	\$20
ER Copay	\$50	\$75	\$100
Diagnostic X-rays & Lab tests	\$0	\$0	\$0
High Tech Imaging	\$0	\$0	\$0
Inpatient Hospital Copay	\$0	\$0	\$0
Mental Health Inpatient Admission Mental Hospital or Substance Abuse	\$0	\$0	\$0
Outpatient Surgical Copay	\$0	\$0	\$0
Retail Rx Copay (30 Days)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Mail Order Rx Copay (90 Days)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35

Tier	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates
Single	0	\$1,055.84	0	\$1,042.11	0	\$1,035.78
Family	4	\$2,778.21	4	\$2,742.10	4	\$2,725.42

<b>Annual Premium</b>	\$133,654.08	\$131,620.80	\$130,820.16
<b>Premium Savings</b>	n/a	\$1,733.28	\$2,533.92
<b>Percentage Savings</b>	n/a	1.30%	1.90%

\*For Out-of-network services all plans have co-insurance of 20% after applicable deductible  
 2/22/2017

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## Town of Templeton PPO Rate and Contribution Analysis

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Current PPO Plan	Single	0	\$1,055.84	75.0%	25.0%	\$791.88	\$263.96	\$121.83	\$60.91
	Family	4	\$2,778.21	75.0%	25.0%	\$2,083.66	\$694.55	\$320.56	\$160.28
Total Annual Town Contribution			\$100,015.56						
Total Annual Employee Contribution			\$33,838.52						

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Alternative PPO Plan (1)	Single	0	\$1,042.11	75.0%	25.0%	\$781.58	\$260.53	\$120.24	\$60.12
	Family	4	\$2,742.10	75.0%	25.0%	\$2,056.58	\$685.53	\$316.40	\$158.20
Total Annual Town Contribution			\$98,715.60			Town Savings From Current		\$1,299.96	
Total Annual Employee Contribution			\$32,905.20			Employee Savings From Current		\$433.32	

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Alternative PPO Plan (2)	Single	0	\$1,035.78	75.0%	25.0%	\$776.84	\$258.95	\$119.51	\$59.76
	Two-Party	0	\$0.00	75.0%	25.0%	\$0.00	\$0.00	\$0.00	\$0.00
	Family	4	\$2,725.42	75.0%	25.0%	\$2,044.07	\$681.36	\$314.47	\$157.24
Total Annual Town Contribution			\$98,115.12			Town Savings From Current		\$1,900.44	
Total Annual Employee Contribution			\$32,706.04			Employee Savings From Current		\$633.48	



**Town of Templeton**  
**Fiscal Year 2018 HMO Light & Water Active Plan Rates, Benefits and Alternatives**

Benefits	Current HMO Blue (light & water)	Alternative (1) HMO Blue (light & water) \$20 OV, \$75 ER	Alternative (2) HMO Blue (light & water) \$20 OV, \$100 ER
Medical Out of Pocket Max (member/family per plan year)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Rx Out of Pocket Max (member/family per plan year)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
Deductible	\$0	\$0	\$0
PCP Copay	\$15	\$20	\$20
Preventive Copay	\$0	\$0	\$0
Specialist Copay	\$15	\$20	\$20
ER Copay	\$50	\$75	\$100
Diagnostic X-ray & Lab tests	\$0	\$0	\$0
High-Tech Imaging	\$0	\$0	\$0
Inpatient Hospital Copay	\$0	\$0	\$0
Mental Health Inpatient Admission Mental Hospital or Substance Abuse	\$0	\$0	\$0
Outpatient Surgical Copay	\$0	\$0	\$0
Retail RX	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Mail Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35

Tier	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates
Single	3	\$857.48	3	\$846.33	3	\$841.19
Two-Party	0	0	0	0	0	0
Family	14	\$2,256.23	14	\$2,226.90	14	\$2,213.36

<b>Annual Premium</b>	\$409,915.92	\$404,587.08	\$402,127.32
<b>Premium Savings</b>	n/a	\$5,328.84	\$7,788.60
<b>Percentage Savings</b>	n/a	1.30%	1.90%

updated 2/22/17

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**Town of Templeton  
HMO Light & Water Rate and Contribution Analysis**

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Current Blue HMO Light & Water	Single	3	\$857.48	75.0%	25.0%	\$643.11	\$214.37	\$98.94	\$49.47
	Two-Party	0	\$0.00	75.0%	25.0%	\$0.00	\$0.00	\$0.00	\$0.00
	Family	14	\$2,256.23	75.0%	25.0%	\$1,692.17	\$564.06	\$260.33	\$130.17
Total Annual Town Contribution			\$307,436.94						
Total Annual Employee Contribution			\$102,478.98						

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Alternative HMO Light & Water (1)	Single	3	\$846.33	75.0%	25.0%	\$634.75	\$211.58	\$97.65	\$48.83
	Two-Party	0	\$0.00	75.0%	25.0%	\$0.00	\$0.00	\$0.00	\$0.00
	Family	14	\$2,226.90	75.0%	25.0%	\$1,670.18	\$566.73	\$256.95	\$128.48
Total Annual Town Contribution			\$303,440.31						
Total Annual Employee Contribution			\$101,146.77						
			Town Savings From Current					\$3,996.63	
			Employee Savings From Current						\$1,332.21

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Alternative HMO Light & Water (2)	Single	3	\$841.19	75.0%	25.0%	\$630.89	\$210.30	\$97.06	\$48.53
	Two-Party	0	\$0.00	75.0%	25.0%	\$0.00	\$0.00	\$0.00	\$0.00
	Family	14	\$2,213.36	75.0%	25.0%	\$1,660.02	\$553.34	\$255.39	\$127.69
Total Annual Town Contribution			\$301,595						
Total Annual Employee Contribution			\$100,532						
			Town Savings From Current					\$5,841.45	
			Employee Savings From Current						\$1,947.15

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**Town of Templeton**  
**Fiscal Year 2018 HMO Active Plan Rates, Benefits and Alternatives**

Benefits	Current Status (or Renewal) HMO Elite Value Plus	Alternative (1) HMO Elite Value Plus \$20 OV/\$5 ER	Alternative (2) HMO Elite Value Plus \$20 OV/\$100 ER
Medical Out of Pocket Max (member/family per plan year)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Rx Out of Pocket Max (member/family per plan year)	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000
Deductible	\$0	\$0	\$0
PCP Copay	\$15	\$20	\$20
Preventive Copay	\$0	\$0	\$0
Specialist Copay	\$15	\$20	\$20
ER Copay	\$50	\$75	\$100
Diagnostic X-rays & Lab tests	\$0	\$0	\$0
High Tech Imaging	\$0	\$0	\$0
Inpatient Hospital Copay	\$500	\$500	\$500
Mental Health Inpatient Admission, Mental Hospital or Substance Abuse	\$500	\$500	\$500
Outpatient Surgical Copay	\$250	\$250	\$250
Retail Rx Copay (30 Days)	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Mail Order Rx Copay (90 Days)	\$20/\$40/\$70	\$20/\$40/\$70	\$20/\$40/\$70

Title	Enrollment	Rates	Enrollment	Rates	Enrollment	Rates
Single	14	\$795.85	14	\$785.50	14	\$780.72
Family	29	\$2,094.07	29	\$2,066.84	29	\$2,054.28

<b>Annual Premium</b>	\$862,489.16	\$851,224.32	\$846,050
<b>Premium Savings</b>	n/a	\$11,214.84	\$16,389
<b>Percentage Savings</b>	n/a	1.30%	1.90%

\*\*Savings figures are estimates based on current headcount and are subject to change. Savings represent a total product transition for a 12 month implementation period.

Updated 2/22/2017

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## Town of Templeton HMO Rate and Contribution Analysis

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Current HMO Plan	Single	14	\$795.85	75.0%	25.0%	\$596.89	\$198.96	\$91.83	\$45.91
	Family	29	\$2,094.07	75.0%	25.0%	\$1,570.55	\$523.52	\$241.62	\$120.81
Total Annual Town Contribution			\$646,829.37						
Total Annual Employee Contribution			\$215,609.79						

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Alternative HMO Plan (1)	Single	14	\$785.50	75.0%	25.0%	\$589.13	\$196.38	\$90.63	\$45.32
	Family	29	\$2,066.84	75.0%	25.0%	\$1,550.13	\$516.71	\$238.48	\$119.24
Total Annual Town Contribution			\$638,418.24						
Total Annual Employee Contribution			\$212,806.08					\$8,411.13	\$2803.71

Plan	Tier	Headcount	Monthly Rate	Employer Contribution	Employee Contribution	Town Monthly	Employee Monthly	Employee 26 Pay	Employee 52 Pay
Alternative HMO Plan (2)	Single	14	\$780.72	75.0%	25.0%	\$585.54	\$195.18	\$90.08	\$45.04
	Two-Party	0	\$0.00	75.0%	25.0%	\$0.00	\$0.00	\$0.00	\$0.00
	Family	29	\$2,054.28	75.0%	25.0%	\$1,540.71	\$513.57	\$237.03	\$118.52
Total Annual Town Contribution			\$634,538						
Total Annual Employee Contribution			\$211,513					\$12,292	\$4,097

MIIA-HCC20 - Dashboard- High Cost Claimants Rolling Incurred - 50K+ with Diagnosis(Original Claim - Catapult)

HCC20 - High Cost Claimants Rolling Incurred - 50K+ Prior Year - with Diagnosis(Original Claim - Catapult)

Massachusetts Interlocal Insurance Association (MIIA)

Product NOT = DENTAL,N/A

Scheduler Reporting Segment = 4938553-MIIA TEMPLETON, TOWN OF

((Reporting Period = Oct '14-Sep '15 and HCC Incurred Current Rolling 50K+ (INS Catapult) = Yes))

Top 2 Paid 3-digit Principal Diagnoses

Rolling Incurred Range	Encrypted Member ID (Catapult)	Relationship	Currently Enrolled Indicator	3-digit Principal Diagnosis	Paid
Oct '14-Sep '15	YFZT-QWGN-OHMH-MHMD	Spouse	Yes	428 HEART FAILURE	\$38,854
				491 CHRONIC BRONCHITIS	\$27,374
		Not Top 2			\$51,671
		Summary			\$117,898
		OTHER	Yes		\$16,950
		260 DIABETES MELLITUS			\$2,735
		Not Top 2			\$8,571
		Summary			\$28,255
		427 CARDIAC DYSRHYTHMIAS	Spouse	Yes	\$6,874
		OTHER			\$1,370
		Not Top 2			\$910
		Summary			\$9,153
		OTHER	Spouse	Yes	\$3,529
		414 OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE			\$221
	Not Top 2			\$477	
	Summary			\$4,227	
	496 CHRONIC AIRWAY OBSTRUCTION	Employee	Yes	\$2,178	
	453 OTHER VENOUS EMBOLISM AND THROMBOSIS			\$837	
	Not Top 2			\$109	
	Summary			\$3,121	
Summary				\$162,655	

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**MIIA-HCC20 - Dashboard- High Cost Claimants Rolling Incurred - 50K+ with Diagnosis(Original Claim - Catapult)**

Rolling Incurred - Original Claims: MIIA-HCC20 - High Cost Claimants Rolling Incurred - 50K+ Current Year - with Diagnosis(Original Claim - Catapult)  
 Massachusetts Interlocal Insurance Association (MIIA)

Product NOT = DENTAL,N/A

Scheduler Reporting Segment = 4938553-MIIA TEMPLETON, TOWN OF

((Reporting Period = Oct '15-Sep '16 and HCC Incurred Current Rolling 50K+ (INS Catapult) = Yes))

Top 2 Paid 3-digit Principal Diagnoses

Rolling Incurred Range	Encrypted Member ID (Catapult)	Relationship	Currently Enrolled Indicator	3-digit Principal Diagnosis	Paid
Oct '15-Sep '16	YFZT-QWGN-OHMH-MHMD	Spouse	Yes	038 SEPTICEMIA	\$52,438
				682 OTHER CELLULITIS AND ABSCESS	\$25,868
				Not Top 2	
				Summary	\$43,644
				786 SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	\$121,950
				300 NEUROLOGIC DISORDERS	\$27,571
				Not Top 2	\$17,082
				Summary	\$66,292
				E88 ACCIDENTAL FALLS	\$110,946
				682 OTHER CELLULITIS AND ABSCESS	\$29,346
				Not Top 2	\$23,027
				Summary	\$56,441
				427 CARDIAC DYSRHYTHMIAS	\$108,814
				429 ILL-DEFINED DESCRIPTIONS AND COMPLICATIONS OF HEART DISEASE	\$85,619
				Not Top 2	\$3,275
Summary	\$2,308				
516 OTHER ALVEOLAR AND PARIETOALVEOLAR PNEUMONOPATHY	\$91,201				
008 INTESTINAL INFECTIONS DUE TO OTHER ORGANISMS	\$42,827				
Not Top 2	\$11,655				
Summary	\$30,245				
722 INTERVERTEBRAL DISC DISORDERS	\$84,727				
721 SPONDYLOSIS AND ALLIED DISORDERS	\$33,247				
Not Top 2	\$16,731				
Summary	\$3,862				
					\$53,840

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Summary									\$571,478
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McGraw-Hill

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MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

11/1/2016 Page 1

Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2016	C		20,225	44,250		10,734		75,210	3,465	78,674
8/1/2016	C		41,301	41,512		7,241		90,053	5,696	95,749
9/1/2016	C		87,726	74,286		10,454		172,466	4,568	177,035
FY2017 Claims			149,253	160,048		28,429		337,729	13,729	351,458
7/1/2016	P		10,741	90,577		19,028		120,346	5,944	126,290
8/1/2016	P		10,741	97,502		19,028		127,271	6,356	133,627
9/1/2016	P		10,741	89,877		20,931		121,548	6,026	127,574
FY2017 Premiums			32,222	277,956		58,987		369,166	18,325	387,491
FY2017 Loss Ratios			463.20%	57.58%		48.20%		91.48%	74.92%	90.70%

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Paid claims data represents fee for service paid claims only and does not include IBNR or administrative costs.

MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

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Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2015	C		5,612	60,280		5,627		71,519	4,792	76,311
8/1/2015	C		(1,560)	51,636		11,329		61,406	4,110	65,516
9/1/2015	C		7,937	43,085		6,681		57,702	4,087	61,789
10/1/2015	C		6,167	74,784		9,044		89,995	1,961	91,955
11/1/2015	C		5,479	119,534		6,451		131,464	3,724	135,188
12/1/2015	C		4,266	95,613		12,854		112,733	4,177	116,911
1/1/2016	C		24,548	58,485		19,005		102,039	3,293	105,331
2/1/2016	C		9,091	62,977		18,732		90,799	4,419	95,218
3/1/2016	C		9,399	58,090		10,220		77,710	7,112	84,822
4/1/2016	C		23,515	167,713		10,502		201,730	3,288	205,017
5/1/2016	C		11,091	123,905		8,631		143,626	3,178	146,804
6/1/2016	C		11,369	65,967		10,482		87,818	6,143	93,961
FY2016 Claims			116,914	982,068		129,558		1,228,541	50,284	1,278,824
7/1/2015	P		10,818	86,740		12,149		109,707	5,852	115,559
8/1/2015	P		10,818	83,461		15,871		110,150	5,730	115,881
9/1/2015	P		10,818	83,714		15,871		110,403	5,725	116,128
10/1/2015	P		10,818	84,435		15,871		111,125	5,756	116,881
11/1/2015	P		10,818	85,886		15,871		112,575	5,785	118,361
12/1/2015	P		12,718	81,112		15,871		109,701	5,597	115,298
1/1/2016	P		10,818	85,117		15,871		111,806	5,890	117,696
2/1/2016	P		10,818	84,516		15,871		111,205	5,766	116,971
3/1/2016	P		10,818	86,180		14,265		111,263	5,853	117,115
4/1/2016	P		10,818	82,101		15,871		108,791	5,679	114,470
5/1/2016	P		10,818	83,947		15,871		110,636	5,766	116,402
6/1/2016	P		9,954	83,947		16,459		110,361	5,556	115,916
FY2016 Premiums			130,852	1,011,155		185,716		1,327,723	68,954	1,396,677
FY2016 Loss Ratios			89.35%	97.12%		69.76%		92.53%	72.92%	91.56%

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Paid claims data represents fee for service paid claims only and does not include IBNR or administrative costs.

MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

11/1/2016 Page 3

Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2014	C		11,040	53,204		15,013		79,257	6,675	85,932
8/1/2014	C		5,155	59,063		10,259		74,477	2,296	76,773
9/1/2014	C		2,660	119,199		8,852		130,710	3,068	133,779
10/1/2014	C		3,639	46,147		10,127		59,912	4,930	64,842
11/1/2014	C		4,713	51,895		11,735		68,343	4,896	73,239
12/1/2014	C		16,201	46,823		6,938		69,962	2,974	72,936
1/1/2015	C		13,032	48,761		10,532		72,325	4,249	76,574
2/1/2015	C		35,074	87,382		7,489		129,944	4,266	134,210
3/1/2015	C		56,115	47,451		11,518		115,083	2,397	117,480
4/1/2015	C		3,528	71,374		9,785		84,687	7,247	91,934
5/1/2015	C		44,134	61,750		7,708		113,592	5,461	119,053
6/1/2015	C		15,072	65,486		9,675		90,233	4,027	94,259
FY2015 Claims			210,361	758,533		119,630		1,088,525	52,486	1,141,010
7/1/2014	P		9,135	68,813		16,183		94,131	4,872	99,003
8/1/2014	P		9,135	78,690		16,183		104,008	5,370	109,378
9/1/2014	P		9,135	83,276		15,104		107,515	5,743	113,258
10/1/2014	P		3,412	76,894		15,104		95,411	5,233	100,643
11/1/2014	P		9,927	79,096		15,104		104,128	5,416	109,544
12/1/2014	P		9,927	79,096		15,104		104,128	5,496	109,623
1/1/2015	P		9,927	79,096		15,104		104,128	5,374	109,502
2/1/2015	P		9,927	78,690		15,104		103,721	5,536	109,258
3/1/2015	P		9,927	81,321		15,104		106,352	5,496	111,848
4/1/2015	P		9,927	82,845		15,104		107,876	5,652	113,528
5/1/2015	P		9,927	78,859		17,262		106,048	5,158	111,206
6/1/2015	P		9,927	80,790		14,637		105,354	5,420	110,774
FY2015 Premiums			110,234	947,467		185,096		1,242,797	64,767	1,307,564
FY2015 Loss Ratios			190.83%	80.06%		64.63%		87.59%	81.04%	87.26%

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MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

11/1/2016 Page 4

Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2013	C		24,499	75,344		16,328		116,171	4,296	120,467
8/1/2013	C		12,875	74,458		13,096		100,429	5,870	106,299
9/1/2013	C		9,409	109,001		10,074		128,484	4,205	132,689
10/1/2013	C		19,142	143,376		14,994		177,512	4,456	181,968
11/1/2013	C		9,975	84,393		13,943		108,311	3,501	111,813
12/1/2013	C		7,593	51,294		13,507		72,394	3,449	75,843
1/1/2014	C		17,760	34,378		13,991		66,129	3,402	69,531
2/1/2014	C		7,644	91,009		13,202		111,855	4,771	116,626
3/1/2014	C		11,009	75,202		16,431		102,643	5,265	107,908
4/1/2014	C		8,178	46,222		12,817		67,218	5,070	72,288
5/1/2014	C		6,248	65,428		14,056		85,732	3,802	89,533
6/1/2014	C		23,656	38,915		15,019		77,589	4,811	82,400
FY2014 Claims			157,988	889,021		167,456		1,214,466	52,899	1,267,365
7/1/2013	P		5,391	63,789		14,499		83,679	4,468	88,147
8/1/2013	P		11,539	81,929		13,990		107,457	5,873	113,330
9/1/2013	P		13,542	80,736		13,990		108,267	5,811	114,077
10/1/2013	P		13,542	82,588		13,990		110,119	5,889	116,008
11/1/2013	P		13,542	81,310		13,990		108,842	5,832	114,674
12/1/2013	P		13,542	83,966		13,990		111,497	5,950	117,447
1/1/2014	P		9,535	76,586		13,990		100,111	5,489	105,600
2/1/2014	P		10,810	72,938		14,508		98,255	5,341	103,596
3/1/2014	P		7,839	79,065		14,508		101,412	5,662	107,074
4/1/2014	P		8,774	79,065		14,508		102,347	6,003	108,350
5/1/2014	P		8,774	79,065		14,508		102,347	5,747	108,094
6/1/2014	P		8,774	72,558		18,653		99,985	5,747	105,732
FY2014 Premiums			125,604	933,594		175,119		1,234,317	67,813	1,302,131
FY2014 Loss Ratios			125.78%	95.23%		95.62%		98.39%	78.01%	97.33%

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MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

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Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2012	C		10,598	35,349		7,872		53,819	3,531	57,349
8/1/2012	C		7,560	61,154		7,414		76,128	5,407	81,535
9/1/2012	C		17,694	42,757		10,867		71,318	3,096	74,413
10/1/2012	C		5,451	31,413		9,165		46,029	3,905	49,933
11/1/2012	C		8,606	42,121		12,721		63,448	3,721	67,169
12/1/2012	C		27,305	41,240		20,761		89,306	3,995	93,301
1/1/2013	C		7,197	46,611		11,298		65,106	6,291	71,396
2/1/2013	C		8,327	92,001		15,046		115,375	5,256	120,631
3/1/2013	C		19,683	59,416		14,705		93,804	4,167	97,971
4/1/2013	C		10,443	37,080		12,405		59,928	4,551	64,479
5/1/2013	C		14,643	50,889		19,266		84,798	6,446	91,244
6/1/2013	C		7,977	61,995		11,967		81,939	4,724	86,663
FY2013 Claims			145,485	602,025		153,487		900,997	55,089	956,086
7/1/2012	P		18,482	79,593		11,721		109,796	5,828	115,624
8/1/2012	P		18,482	77,294		11,721		107,497	5,684	113,182
9/1/2012	P		18,482	75,453		13,250		107,185	5,697	112,882
10/1/2012	P		18,482	69,173		12,231		99,886	5,297	105,183
11/1/2012	P		18,482	77,000		12,231		107,713	5,739	113,452
12/1/2012	P		18,482	86,893		12,231		117,606	6,265	123,871
1/1/2013	P		18,482	75,988		12,231		106,701	5,869	112,570
2/1/2013	P		18,482	78,601		12,231		109,313	5,869	115,182
3/1/2013	P		18,482	75,400		14,270		108,152	5,869	114,021
4/1/2013	P		18,482	77,000		13,250		108,733	5,659	114,391
5/1/2013	P		18,482	74,568		13,250		106,300	5,622	111,922
6/1/2013	P		18,482	76,392		13,250		108,124	5,743	113,868
FY2013 Premiums			221,781	923,357		151,870		1,297,008	69,140	1,366,148
FY2013 Loss Ratios			65.60%	65.20%		101.06%		69.47%	79.68%	69.98%

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MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

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Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2011	C		5,668	78,316		3,111		87,095	4,484	91,579
8/1/2011	C		6,269	49,735		3,371		59,376	6,223	65,599
9/1/2011	C		5,263	59,814		8,298		73,375	3,476	76,851
10/1/2011	C		8,844	68,557		3,002		80,404	3,017	83,421
11/1/2011	C		5,597	77,206		4,156		86,960	3,561	90,520
12/1/2011	C		12,327	65,464		7,544		85,336	4,386	89,722
1/1/2012	C		11,391	56,902		10,895		79,188	2,370	81,558
2/1/2012	C		15,872	72,848		8,568		97,289	5,998	103,287
3/1/2012	C		37,649	47,414		6,140		91,202	3,441	94,644
4/1/2012	C		8,966	50,529		5,321		64,816	7,503	72,319
5/1/2012	C		12,206	45,569		4,943		62,718	2,955	65,673
6/1/2012	C		26,227	91,013		6,061		123,300	3,368	126,668
FY2012 Claims			156,279	763,367		71,411		991,057	50,782	1,041,839
7/1/2011	P		17,186	81,732		7,492		106,410	5,779	112,189
8/1/2011	P		17,186	84,869		7,492		109,546	5,950	115,496
9/1/2011	P		17,186	83,301		7,492		107,978	5,865	113,842
10/1/2011	P		14,984	83,301		7,492		105,776	5,743	111,519
11/1/2011	P		19,387	85,507		7,492		112,386	5,922	118,308
12/1/2011	P		17,958	83,301		7,325		108,583	5,876	114,459
1/1/2012	P		12,512	84,618		7,192		104,322	5,807	110,129
2/1/2012	P		20,777	80,760		7,991		109,528	5,954	115,482
3/1/2012	P		22,194	79,715		7,991		109,900	5,678	115,578
4/1/2012	P		20,043	80,760		7,991		108,794	5,858	114,652
5/1/2012	P		20,043	80,760		7,991		108,794	5,784	114,578
6/1/2012	P		20,043	80,760		7,991		108,794	5,784	114,578
FY2012 Premiums			219,497	989,384		91,930		1,300,812	69,999	1,370,811
FY2012 Loss Ratios			71.20%	77.16%		77.68%		76.19%	72.55%	76.00%

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MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

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Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
7/1/2010	C		12,322	41,197		7,306		60,825	4,328	65,152
8/1/2010	C		4,071	32,175		3,990		40,236	6,090	46,326
9/1/2010	C		8,215	65,812		4,885		78,912	3,155	82,067
10/1/2010	C		9,185	50,731		3,932		63,849	2,074	65,923
11/1/2010	C		6,250	42,913		2,967		52,131	5,827	57,958
12/1/2010	C		9,114	44,393		3,956		57,462	5,069	62,531
1/1/2011	C		5,554	40,245		5,630		51,429	4,512	55,940
2/1/2011	C		5,825	66,921		5,023		77,770	3,321	81,090
3/1/2011	C		9,796	46,286		7,311		63,393	5,005	68,398
4/1/2011	C		12,817	38,030		3,468		54,315	5,538	59,853
5/1/2011	C		9,187	39,797		5,701		54,685	8,581	63,266
6/1/2011	C		6,353	73,923		3,628		83,904	4,080	87,984
FY2011 Claims			98,690	582,423		57,798		738,910	57,580	796,490
7/1/2010	P		14,871	68,735		6,803		90,409	5,079	95,487
8/1/2010	P		14,871	68,735		6,803		90,409	5,317	95,725
9/1/2010	P		14,871	68,735		6,803		90,409	5,317	95,725
10/1/2010	P		14,871	67,873		6,803		89,547	5,253	94,800
11/1/2010	P		14,871	66,439		6,803		88,113	5,277	93,390
12/1/2010	P		14,871	75,401		6,803		97,075	5,594	102,669
1/1/2011	P		14,871	70,161		6,803		91,835	5,385	97,220
2/1/2011	P		14,871	67,657		6,803		89,331	5,405	94,736
3/1/2011	P		14,871	70,152		6,803		91,826	5,485	97,310
4/1/2011	P		14,871	71,462		6,803		93,136	5,582	98,718
5/1/2011	P		14,871	70,152		6,803		91,826	5,485	97,310
6/1/2011	P		14,871	76,529		6,803		98,203	5,695	103,898
FY2011 Premiums			178,451	842,030		81,635		1,102,117	64,873	1,166,989
FY2011 Loss Ratios			55.30%	69.17%		70.80%		67.04%	88.76%	68.25%

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MIA HEALTH BENEFITS TRUST

Detail of Claims, Premiums & Loss Ratios as of 9/30/2016, Templeton

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Month	Type	VIP	BCE	HMO	Choice	MX	MX2	Subtotal	DENTAL	Total
	Total Claims		1,034,969	4,737,485		727,769		6,500,223	332,848	6,833,072
	Total Premiums		1,018,641	5,924,944		930,354		7,873,940	423,871	8,297,811
	Total Loss Ratios		101.60%	79.96%		78.22%		82.55%	78.53%	82.35%
	Last 24 months Claims		457,673	1,669,183		243,494		2,370,351	104,459	2,474,810
	Last 24 months Premiums		245,904	2,005,799		382,330		2,634,033	136,061	2,770,094
	Last 24 months Loss Ratios		186.12%	83.22%		63.69%		89.99%	76.77%	89.34%

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FY '18 UC & Medicare Estimate Using CY '16 W-2s

	Curr Gross Pay	Department			
125	\$13,778.71	2	\$143.30		
163	\$57,417.20	2	\$156.00		
59	\$2,323.60	4	\$24.17		
139	\$30,882.27	4	\$156.00		
145	\$41,814.54	4	\$156.00		
166	\$60,104.16	4	\$156.00		
123	\$13,205.16	5	\$137.33		
153	\$45,759.70	5	\$156.00		
35	\$959.92	6	\$9.98		
90	\$5,964.51	6	\$62.03		
104	\$8,974.88	6	\$93.34		
105	\$8,992.05	6	\$93.52		
106	\$9,113.52	6	\$94.78		
118	\$12,437.60	6	\$129.35		
119	\$12,438.30	6	\$129.36		
120	\$12,648.39	6	\$131.54		
121	\$12,901.87	6	\$134.18		
122	\$12,997.36	6	\$135.17		
129	\$20,542.49	6	\$156.00		
134	\$24,611.85	6	\$156.00		
152	\$45,444.64	6	\$156.00		
46	\$1,469.26	7	\$15.28		
71	\$2,869.89	7	\$29.85		
95	\$6,545.82	7	\$68.08		
131	\$21,985.39	7	\$156.00		
164	\$57,538.87	7	\$156.00		
167	\$60,781.39	7	\$156.00		
168	\$60,823.40	7	\$156.00		
170	\$64,165.37	7	\$156.00		
127	\$14,569.36	9	\$151.52		
151	\$45,316.40	9	\$156.00		
161	\$56,637.60	9	\$156.00		
173	\$67,449.60	9	\$156.00		
1	\$32.00	10	\$0.33		
3	\$107.38	10	\$1.12		
6	\$126.00	10	\$1.31		
11	\$267.75	10	\$2.78		
20	\$511.36	10	\$5.32		
28	\$782.00	10	\$8.13		
31	\$897.64	10	\$9.34		
32	\$918.08	10	\$9.55		
34	\$945.00	10	\$9.83		
39	\$1,140.79	10	\$11.86		
42	\$1,364.50	10	\$14.19		
45	\$1,440.26	10	\$14.98		

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51	\$1,687.40	10	\$17.55			
52	\$1,745.81	10	\$18.16			
53	\$1,800.00	10	\$18.72			
54	\$1,920.00	10	\$19.97			
55	\$1,980.00	10	\$20.59			
58	\$2,308.67	10	\$24.01			
60	\$2,354.35	10	\$24.49			
61	\$2,373.46	10	\$24.68			
67	\$2,620.00	10	\$27.25			
68	\$2,689.14	10	\$27.97			
72	\$2,980.56	10	\$31.00			
78	\$3,490.12	10	\$36.30			
80	\$3,744.44	10	\$38.94			
83	\$4,240.56	10	\$44.10			
85	\$4,908.05	10	\$51.04			
87	\$5,076.56	10	\$52.80			
91	\$6,168.95	10	\$64.16			
93	\$6,339.70	10	\$65.93			
94	\$6,364.68	10	\$66.19			
97	\$6,707.40	10	\$69.76			
100	\$7,931.00	10	\$82.48			
101	\$8,047.35	10	\$83.69			
102	\$8,322.83	10	\$86.56			
108	\$9,238.52	10	\$96.08			
109	\$9,308.61	10	\$96.81			
111	\$9,911.24	10	\$103.08			
112	\$10,234.88	10	\$106.44			
113	\$10,573.32	10	\$109.96			
114	\$10,848.15	10	\$112.82			
124	\$13,334.73	10	\$138.68			
126	\$13,954.92	10	\$145.13			
143	\$37,272.93	10	\$156.00			
149	\$43,775.87	10	\$156.00			
180	\$74,327.05	10	\$156.00			
5	\$125.00	11	\$1.30			
9	\$200.00	11	\$2.08			
19	\$500.00	11	\$5.20			
57	\$2,150.00	11	\$22.36			
98	\$6,750.00	11	\$70.20			
128	\$15,368.95	11	\$156.00			
136	\$26,822.03	11	\$156.00			
140	\$31,500.00	11	\$156.00			
159	\$52,496.15	11	\$156.00			
4	\$123.44	12	\$1.28			
21	\$531.03	12	\$5.52			
44	\$1,408.32	12	\$14.65			
50	\$1,593.87	12	\$16.58			
141	\$31,515.70	12	\$156.00			
142	\$36,501.96	12	\$156.00			

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148	\$43,671.61	12	\$156.00			
150	\$44,252.47	12	\$156.00			
154	\$46,129.06	12	\$156.00			
155	\$46,573.95	12	\$156.00			
157	\$49,535.59	12	\$156.00			
158	\$51,204.12	12	\$156.00			
174	\$68,637.59	12	\$156.00			
56	\$2,080.00	14	\$21.63			
84	\$4,303.14	14	\$44.75			
86	\$4,943.83	14	\$51.42			
115	\$11,010.69	14	\$114.51			
138	\$29,845.45	14	\$156.00			

41	\$1,296.75	15	\$13.49	)		
62	\$2,500.00	15	\$26.00	)		
64	\$2,500.00	15	\$26.00	)		
65	\$2,500.00	15	\$26.00	)		
116	\$11,648.28	15	\$121.14	)	Light	
135	\$24,669.00	15	\$156.00	)		
162	\$57,262.40	15	\$156.00	)	UC	
169	\$62,024.22	15	\$156.00	)	\$1,773	
171	\$67,028.79	15	\$156.00	)		
184	\$82,154.12	15	\$156.00	)	Medicare	
187	\$86,607.30	15	\$156.00	)		
188	\$94,837.37	15	\$156.00	)	\$12,298	
189	\$97,789.50	15	\$156.00	)		
192	\$103,163.48	15	\$156.00	)		
195	\$127,437.48	15	\$156.00	)		
2	\$84.00	17	\$0.87			
7	\$168.00	17	\$1.75			
8	\$178.59	17	\$1.86			
10	\$245.35	17	\$2.55			
12	\$336.00	17	\$3.49			
13	\$420.00	17	\$4.37			
14	\$426.00	17	\$4.43			
15	\$462.00	17	\$4.80			
22	\$582.73	17	\$6.06			
23	\$594.00	17	\$6.18			
26	\$630.00	17	\$6.55			
27	\$737.14	17	\$7.67			
29	\$798.00	17	\$8.30			
30	\$849.49	17	\$8.83			
33	\$924.00	17	\$9.61			
37	\$966.00	17	\$10.05			
38	\$966.00	17	\$10.05			
40	\$1,260.00	17	\$13.10			
43	\$1,379.48	17	\$14.35			
49	\$1,512.00	17	\$15.72			
69	\$2,794.82	17	\$29.07			
81	\$4,169.55	17	\$43.36			
82	\$4,222.00	17	\$43.91			
89	\$5,670.00	17	\$58.97			
96	\$6,688.43	17	\$69.56			
99	\$6,816.24	17	\$70.89			
103	\$8,747.60	17	\$90.98			
110	\$9,439.00	17	\$98.17			
117	\$12,269.00	17	\$127.60			
177	\$71,212.82	17	\$156.00			
178	\$71,746.43	17	\$156.00			
181	\$75,578.26	17	\$156.00			
182	\$77,261.75	17	\$156.00			
185	\$82,754.63	17	\$156.00			

190	\$98,976.80	17	\$156.00		
191	\$101,179.47	17	\$156.00		
193	\$104,815.98	17	\$156.00		
194	\$118,164.85	17	\$156.00		
16	\$465.00	18	\$4.84		
17	\$465.00	18	\$4.84		
24	\$600.00	18	\$6.24		
25	\$600.00	18	\$6.24		
36	\$965.00	18	\$10.04		
47	\$1,500.00	18	\$15.60		
79	\$3,501.17	19	\$36.41		
130	\$21,000.00	19	\$156.00		
137	\$28,500.00	19	\$156.00		
144	\$40,718.04	19	\$156.00		
75	\$3,000.00	20	\$31.20	)	
76	\$3,000.00	20	\$31.20	)	
77	\$3,000.00	20	\$31.20	)	Sewer
88	\$5,566.94	20	\$57.90	)	
132	\$23,237.41	20	\$156.00	)	UC
133	\$24,448.49	20	\$156.00	)	\$1,243
146	\$42,269.78	20	\$156.00	)	
156	\$47,630.47	20	\$156.00	)	Medicare
165	\$58,403.07	20	\$156.00	)	
172	\$67,066.64	20	\$156.00	)	\$5,250
179	\$73,868.32	20	\$156.00	)	
147	\$43,244.52	21	\$156.00	)	Water
160	\$52,603.20	21	\$156.00	)	
175	\$69,156.65	21	\$156.00	)	UC
176	\$70,248.38	21	\$156.00	)	\$936
183	\$80,526.38	21	\$156.00	)	
186	\$85,372.51	21	\$156.00	)	Medicare
48	\$1,500.00	24	\$15.60		
63	\$2,500.00	24	\$26.00		\$5,991
70	\$2,830.50	24	\$29.44		
73	\$3,000.00	24	\$31.20		
74	\$3,000.00	24	\$31.20		GF
92	\$6,325.87	24	\$65.79		
66	\$2,544.21	25	\$26.46		Medicare
18	\$500.00	27	\$5.20		
107	\$9,237.80	28	\$96.07		\$66,494
		Total	\$16,104.71		
		Say +/- 10%	\$17,500.00		

Rate Calculation	CY '16	CY '17
Regular MA SUI	0.017	0.006
Health Assessment	0.0034	0.0034
Special MA SUI	0.001	0.001
<b>TOTAL</b>	<b>0.0214</b>	<b>0.0104</b>

**First \$15k**  
**Each**  
**Calendar**  
**Year**

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