



May 19, 2025

Andrea Shapiro  
Managing Trustee  
Somerville Affordable Housing Trust Fund

Dear Ms Shapiro,

I am writing to you concerning Just A Start's Affordable Housing Trust Amended Contract to administer rental assistance or other financial assistance to income eligible households for the purpose of making housing affordable, resulting in an affordable unit for a defined period of time. The original period of program performance for the funding was July 1, 2022 to June 30, 2024 with an Amendment to extend to June 30, 2025.

We have been administering AHTF funds for several years now in previous funding cycles, but this last cycle has been difficult to spend. We have done a lot of outreach but the income limit in our scope as told to us by our previous contract admin was only 80% AMI vs the allowable 100% AMI and that did limit our screening process for applicants. Please see attachment.

Currently we have \$28,313.97 left in the contract. Last year we did not take any admin or salary for staffing to administer rental assistance. We were told that because we have had this contract for 3 years we would need a new one if we wish to move forward. If the Trust agrees we would do so with the following proposal:

- We have a new contract for July 1, 2025-June 30 2027 with an approved AMI of 100 %. We also would add 10% Admin to the contract.

Please let us know your thoughts and if you wish to go forward what timeline we may have so that we can continue service without disruptions.

Thank you,

*Elizabeth Winston*

Elizabeth Winston

Interim Director of Housing Stabilization and Financial Empowerment

## APPENDIX 1 – TENANCY STABILIZATION PROGRAM MODEL SCOPE OF SERVICES

### A. GRANTEE’S SERVICES:

The Grantee shall operate the Tenancy Stabilization Program (TSP) to assist households and individuals with incomes at or below 100% of AMI (the “Tenant”) with rental arrears and start-up costs (first and last month rent, security deposit) when such assistance can result in a sustainable tenancy for the recipient. The Grantee shall provide the following services with respect to the TSP:

\_\_\_\_\_ (the “Agency”) will:

1. Conduct outreach to potential eligible renters.
2. Verify that the applicant household is eligible for receiving assistance. Eligible households must have a documented need for financial support to stabilize their housing situation. The need to stabilize an applicant’s housing situation includes but is not limited to the following instances:
  - A household who is being evicted from their current apartment and needs start-up costs to relocate and avoid being homeless
  - A household who is homeless and needs start-up costs to move into housing
  - A household who is living in a substandard apartment and needs start-up costs to relocate (substandard based on health/safety concerns and/or needs related to a household member’s disability which cannot be met by the current unit)
  - A household who received a Section 8 voucher during their tenancy at their current unit and cannot apply the voucher at their current unit due to cost, inspection issues or unit size, and needs start-up costs in order to relocate and apply their voucher before they lose it.
  - A household is doubled up and is capable of affording their own unit but needs startup costs to relocate
  - A household who is living in public housing, transitional housing, or permeant supportive housing who received a Section 8 voucher and needs startup cost assistance to move into independent housing
  - A household who is rent burdened and located a more affordable apartment and does not have the funds to cover the startup expenses.

Assistance can be in the form of a security deposit, first and last month’s rental payments, or emergency rental assistance to cover rental arrearages. In the case of rent arrearages, the agency must verify that the household has received a Notice to Quit.

3. Certify income eligibility using HUD Part 5 income certification process. Verify that applicants have a household income less than or equal to 80% of Area Median Income. Most applicants served will have household income less than or equal to 50% of Area Median Income. When certifying household income, a household is defined as all occupants residing in a unit.
4. Assist the applicant in creating a basic budget. At minimum the budget should include, income, housing cost including rent and utilities, and food expense.
5. Determine the needed grant amount. The amount of assistance granted shall be based on financial need when considered together with other available resources. The assistance provided shall be sufficient to resolve the need. Taking into account the maximum amount of Trust funds to be



## City of Somerville: Standard Grant Agreement

AMENDMENT 1

PROJECT NAME:

JAS CPA TSP FY22

CONTRACT NUMBER:

230258

dated

6/25/2024

WHEREAS, The City has entered into the grant agreement numbered and dated above hereafter "the Grant Agreement" to obtain the following:

JAS CPA TSP FY22

WHEREAS, The Chief Procurement Officer has determined that an amendment is necessary to fulfill the actual needs of the City, and is more economical and practical than awarding another grant agreement. This Amendment is made

by and between the City of Somerville ("City") and Just-A-Start-Corporation (the "Grantee").

<b>Grantee Name:</b>	Just-A-Start-Corporation		
<b>Grantee Address:</b>	1035 Cambridge St. #12, Cambridge, MA 02145		
<b>Grantee Contact Name, Email, &amp; Tel./Fax #:</b>	Elizabeth Winston	<a href="mailto:elizabethwinston@justastart.org">elizabethwinston@justastart.org</a>	
	617-918-7518		
<b>Grant Amount:</b>	\$	120,000.00	
<b>Purchase Order #:</b>	20235738		
<b>Grant Term:</b>	7/1/2022 through 6/30/2025		
<b>Term:</b>	<p>The term of this Grant Agreement shall commence on 7/1/2022 and shall end on 6/30/2025 ("Term").</p> <p>The Grantee shall complete the Project prior to the end of the Grant Agreement term (the "Completion Date"), unless the City grants an extension for good cause shown.</p>		
<b>Procurement Type:</b>	Grant Agreement per MGL c. 30B:2		
<b>Contracting Department:</b>	OSPCD-Housing	<b>Project Manager:</b>	Paul Goldstein
<p>NOW THEREFORE, the City and the Grantee in consideration of mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, agree as follows, to amend as follows:</p>			
<b>1.2) The parties agree to amend the end of the Grant Term (and Completion Date) to the following:</b>			6/30/2025
<b>1.3) The parties agree to amend the scope as follows:</b>			, per Appendix A.
<p><b>2.) Insurance.</b> Concurrent with the execution of this Amendment, the Grantee shall deposit with the City new policies or certificates of insurance, in form and substance satisfactory to the City, for any additional insurance coverage required by this Amendment or existing insurance coverage about to expire.</p>			
<p><b>3.) Continuing Representations.</b> Execution of this Amendment by the Grantee shall constitute an affirmation that the certifications, representations, and warranties contained in the Grant Agreement remain true and correct.</p>			
<p><b>4.) No Default.</b> Execution of this Amendment by the Grantee shall constitute and affirm that the Grantee is not in default of any certification, representation, warranty, covenant or other provision contained in the Grant Agreement and no event has occurred which, but for the lapse of time or service of notice, or both, would constitute a default thereunder.</p>			
<b>Grantee Certifications:</b>	Under the pains and penalties of perjury, the Grantee agrees to perform this Grant Agreement and provide the Goods and/or Services in accordance with the City of Somerville's Standard Contract General Conditions as set forth attached to original grant agreement (first noted above) made part hereof. Grantee is in full compliance with all laws of the Commonwealth of Massachusetts relating to taxes and to contributions and payments in lieu of taxes. The Grantee certifies that it has provided the City with an accurate tax identification number (TIN). In the event that the City is notified by the IRS for an incorrect TIN provided by the Grantee, the Grantee is responsible for penalties.		
	The Grantee certifies that its Federal tax identification number as reported to the IRS is: <b>237121174</b>		
	This Grant Agreement has been duly executed and delivered on behalf of the Grantee by its: Officer (President, Vice President, Treasurer, Secretary) General Partner, Trustee, other: <u>Executive Director</u> ; in full compliance with the authority granted by its organizational documents and its votes or resolutions, which authority has not been amended, modified, or rescinded as of the date hereof.		
In all other respects Grant Agreement		230258	is ratified and confirmed, including the changes.

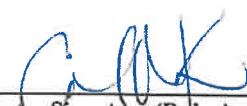
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Appendix B: Forms (Check if Applicable; If Unchecked, Not Applicable)

- ☒ Certificate of Authority  
☒ Evidence of Insurance  
☒ Certificate of Good Standing  
☐ General Conditions for Federally Funded Contracts

IN WITNESS WHEREOF, the City and the Grantee have executed this Grant Agreement Amendment as a sealed instrument.

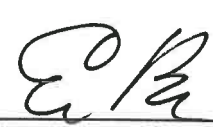





GRANTEE

<input checked="" type="checkbox"/>  Grantee Signature (Duly Authorized):	Date Signed: 7/8/24
	Print Title: Executive Director
	Print Name: Carl Nagy-Koechlin

CITY

City Auditor's Encumbrance Statement

I hereby certify that the total contract amount is \$ 120,000.00 and that an unencumbered balance of \$ NA is available for the current fiscal year of this contract. I further certify that a sum of \$ NA is hereby encumbered against the appropriate account for the purposes of this contract and as funds become available, I will encumber additional sums as are required under this grant agreement.

<input checked="" type="checkbox"/>  Edward Bean, City Auditor	<input checked="" type="checkbox"/>  11-1-2024 Katjana Ballantyne, Mayor	Date Signed
<input checked="" type="checkbox"/>  Angela M. Allen, Chief Procurement Officer	<input checked="" type="checkbox"/>  Approved as to form: Cynthia Amara, City Solicitor	
<input checked="" type="checkbox"/>  Thomas Galligani, Acting Executive Director OSPC	David P. Shapiro Deputy City Solicitor  X Andrea Shapiro, Managing Trustee	

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**Appendix A**  
*Amendment Documentation*  
*(If Applicable)*



**Program scope of services – For Just-A-Start Tenancy Stabilization Program (7/1/2022-6/30/2025)**

The Just-A-Start Corporation (the “Agency”) will:

1. Conduct outreach to potential eligible renters.
2. Administer the Community Preservation Act (CPA) Tenancy Stabilization Program in compliance with the rules and regulations of the Funding Source (Community Preservation Act, M.G.L. c. 44B) subject to monitoring by OSPCD.
3. Verify that the applicant household is eligible for receiving assistance. Eligible households must have a documented need for financial support to stabilize their housing situation. The need to stabilize an applicant’s housing situation includes but is not limited to the following instances:
  - A household who is being evicted from their current apartment and needs start-up cost assistance to relocate and avoid being homeless.
  - A household who is homeless and needs start-up cost assistance to move into housing.
  - A household who is living in a substandard apartment and needs start-up cost assistance to relocate (substandard based on health/safety concerns and/or needs related to a household member’s disability which cannot be met by the current unit).
  - A household who received a Section 8 voucher during their tenancy at their current unit and cannot apply the voucher at their current unit due to cost, inspection issues or unit size, and needs start-up cost assistance in order to relocate and apply their voucher before they lose it.
  - A household is doubled up and is capable of affording their own unit but needs startup cost assistance to relocate.
  - A household who is living in public housing, transitional housing, or permanent supportive housing who received a Section 8 voucher and needs startup cost assistance to move into independent housing.
  - A household who is rent burdened and located a more affordable apartment and does not have the funds to cover the startup expenses.

Assistance can be in the form of a security deposit payment, first and last month’s rental payments, or emergency rental assistance to cover rental arrearages. In the case of rent arrearages, the agency must verify that the household has received a Notice to Quit.

4. Certify income eligibility using HUD Part 5 income certification process. Verify that applicants have a household income less than or equal to the CPA 80% of Area Median Income. “Annual income” is defined under 24 CFR 5.609, or as shall be defined in any subsequent regulation, is the anticipated total income from all sources received by all members of the Household over the age of eighteen, including members who are temporarily absent.

Income limits for the program will be set at the CPA income limits. CPA income limits are updated annually on the CPA Low Income Worksheet posted at the Community Preservation Committee (CPC) website: [www.communitypreservation.org](http://www.communitypreservation.org) The agency will routinely check the CPC website to ensure that they are in compliance with current CPA income limits.



Most applicants served will have household income less than or equal to the CPA 50% of Area Median Income. When certifying household income, a household is defined as all occupants residing in a unit.

5. Assist the applicant in creating a basic budget. At minimum the budget should include income, housing cost (including rent and utilities) and food expense.
6. Determine the needed grant amount. The amount of assistance granted shall be based on financial need when considered together with other available resources. The assistance provided shall be sufficient to resolve the need. Taking into account the maximum amount of Somerville Affordable Housing Trust CPA funds to be provided, if the applicant would need additional funds for stabilization at the time of the award (i.e. if the amount of their rental arrears is more than the \$3,000 program cap) then the Agency shall work with the applicant to develop an affordable payment plan and/or work with other agencies to ensure the remaining amount will be paid in order to stabilize their tenancy. The presenting need should not be indicative of a continuing need that will result in continuing requests for financial assistance. The grant amount shall in no case exceed the amount needed to cover the eligible uses. No funds may be used for ineligible purposes.
7. Ensure that the landlord and the client are bound by an existing lease or enter into a lease for twelve months, unless a shorter period is mutually acceptable to the client and the landlord. The lease must be signed by both the tenant and the landlord. In the absence of a lease, where the client is a tenant-at-will, there must be an oral tenancy certification in the format provided by the City.
8. Enter into a subsidy agreement between the Agency and the landlord who, among other things, agrees to accept rental payment from the Agency and provides a W-9. The agreement shall include the purpose of assistance and the amount of assistance. If the payment is for rental arrears, the agreement shall state which months the assistance covers. Additionally, if for rental arrears, the agreement requires the landlord to waive eviction and all grounds for termination of tenancy to date and reinstate tenancy upon payment from agency of the arrears.
9. Create Individual Self Sufficiency Plans (ISSP) with clients to outline a plan for clients to participate in supportive services or on-going counseling. The Agency will leverage internal capacity or outside resources to provide supportive services. Supportive services or on-going counseling must be funded using sources other than the award from the Somerville Affordable Housing Trust Fund.
10. Distribute Funds for Assistance. The contracted Agency will be expected to make the initial payment for rental assistance to be reimbursed by the City at a later date. Checks must be directly payable to the landlord. Payment cannot be made to a primary tenant on behalf of a subtenant.
11. Maintain case files that include application, head of household contact information, verified proof of income eligibility, proof of Somerville residence, property owner contact information, proof of the landlord's ownership or the property such as tax bills, mortgage statements, water bills or deeds, landlord's W-9, the lease or other oral certification of lease, a copy of Notice to Quit, signed subsidy contract agreement, and/or a signed ISSP.

12. Track all clients including whether they have been stabilized at 3, 6, 9 and 12 month intervals and whether they are participating in supportive services that were outlined in their ISSP at the time assistance was provided. Enter data into case files for each household, and into the spreadsheet that includes all households served. Share this information with referring agencies upon request.
13. Coordinate with other local agencies to meet client needs and provide stabilization funds for eligible clients if requested by agencies performing similar homelessness prevention and case management work for Somerville residents.
14. Work actively with agencies that administer the Trust's Tenancy Stabilization Program or any other Trust-funded programs that provide such housing stabilization services, to ensure that a lifetime cap of \$3,000 per tenant is enforced. The Agency shall require a release of information to be signed by each tenant receiving assistance so that identifying information can be shared with the other agencies and **the City of Somerville to allow for City review and monitoring of all required documents.**
15. Submit bi-annual progress reports to the City in the format provided in Appendix C of this contract.
16. Submit invoices to SAHTF on a regular (monthly is preferred) basis for reimbursement of expenses. Invoices shall include backup in the form of documentation of funds expended such as copies of cancelled checks to landlords or rent receipts; application materials; leases and oral lease certification forms; use of funding spreadsheet; income certification of the client household; documentation of need for financial assistance, and housing stabilization tracking spreadsheet. Up to 15% of the total grant amount shall be awarded for administrative purposes. The City of Somerville administers the Trust's finances.
17. Furnish such information relating to financial assistance and services provided, or to documentation of labor or expenses as may be requested by the City. Under the terms of the existing contract, the City has requested that the agency submit to the City application materials for clients to whom assistance was given since the beginning of the contract period. The City will work with the agency to determine when these materials can be provided, taking into account any limitations presented by the COVID-19 pandemic.
18. Participate in quarterly meetings with the City and other local providers which will highlight current issues and trends in regard to homelessness in Somerville.

# Invoicing Requirements and Procedure

(1) Total grant is \$120,000. The Grantee shall invoice for rental arrears, first and last month's rent and security deposits up to but not in excess of **\$102,000**. The Grantee can invoice up to 15% (**\$18,000**) of the contract amount for administrative costs. The Grantee is not required to invoice admin expenses at a flat rate, and invoicing for these expenses can occur at any time in any amount during the contract term so long as the total amount of admin expenses does not exceed \$18,000.

(2) Submit invoices to SAHTF on a monthly basis for reimbursement of expenses. Invoices shall include backup in the form of documentation of funds expended such as copies of cancelled checks to landlords or rent receipts, application materials, leases and oral lease certification forms, use of funding spreadsheet, housing stabilization tracking spreadsheet. Any invoice for rental arrears, first month's rent, last month's rent or security deposits shall be accompanied by a use of funding spreadsheet containing an alphabetical listing of clients; addresses of units; month(s) the rent arrears, rent payment, or security deposit is for; landlords' names and addresses; number of bedrooms in the unit; amount of the CPA assistance provided for the client; total funds for which the Grantee is seeking reimbursement. The invoice shall also include backup documentation in the form of copies of cancelled checks or rent receipts, copies of leases or oral lease certifications, copies of agency/landlord agreements and client application materials including income certifications. These documents, as detailed in Appendix 2 of the RFP, are to be provided for all clients at the time of invoicing for the clients covered in the invoice.

(3) Invoices shall bear the signature of the Grantee's Executive Director or Chief Operating Officer.

**Appendix B**  
*Forms*

Form: \_\_\_\_\_  
Contract Number: 230258

CITY OF SOMERVILLE

Rev. 08/01/12



**Certificate of Authority  
(Corporations Only)**

**Instructions:** Complete this form and sign and date where indicated below.

1. I hereby certify that I, the undersigned, am the duly elected Clerk/Secretary of  
**Just-A-Start Corporation**

(Insert Full Name of Corporation)

2. I hereby certify that the following individual **Carl Nagy-Koechlin**  
(Insert the Name of Officer who Signed the Contract and Bonds)

is the duly elected **Executive Director** of said Corporation.  
(Insert the Title of the Officer in Line 2)

3. I hereby certify that on **April 13, 2023**  
(Insert Date: Must be on or before Date Officer Signed Contract/Bonds)

at a duly authorized meeting of the Board of Directors of said corporation, at which a quorum was present, it was voted that

**Carl Nagy-Koechlin** **Executive Director**

(Insert Name of Officer from Line 2) (Insert Title of Officer from Line 2)

of this corporation be and hereby is authorized to make, enter into, execute, and deliver contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

4. **ATTEST:**

**Signature:** [Signature]  
(Clerk or Secretary)

**AFFIX CORPORATE SEAL HERE**

**Printed Name:** Geraldine M. Zipser

**Printed Title:** Assistant Clerk

**Date:** 7/8/24

(Date Must Be on or after Date Officer Signed Contract/Bonds)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: March 07, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,

**JUST-A-START CORPORATION**

is a domestic corporation organized on **May 01, 1970**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

A handwritten signature in cursive script, reading "William Francis Galvin".

Secretary of the Commonwealth

Certificate Number: 23030148690

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ili



## INSURANCE SPECIFICATIONS

### INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

#### A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....\$ One Million

Property Damage Liability.....\$ One Million

#### B. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN THE AMOUNT AS LISTED BELOW:

WORKER'S COMPENSATION.....\$ Statutory

EMPLOYERS' LIABILITY.....\$ Statutory

#### C. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....\$ STATUTORY

1. A contract will not be executed unless a certificate (s) of insurance evidencing above-described coverage is attached.

2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.

3. All applicable insurance policies shall read:

**"CITY OF SOMERVILLE" as a certificate holder and as an additional insured** for general liability only along with a description of operation in the space provided on the certificate.

#### Certificate Should Be Made Out To:

**City Of Somerville**

**c/o Procurement & Contracting Services**

**93 Highland Avenue**

**Somerville, Ma. 02143**

**Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.**



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2024

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

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

<b>PRODUCER</b> <b>USI Insurance Services LLC</b> 12 Gill Street, #5500 Woburn, MA 01801 855 874-0123		<b>CONTACT NAME:</b> Helene Wendolovske <b>PHONE (A/C, No, Ext):</b> 855-874-0123 <b>FAX (A/C, No):</b> 877-775-0110 <b>E-MAIL ADDRESS:</b> Helene.Wendolovske@usi.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.	
		<b>INSURER B:</b> Philadelphia Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	PHPK2576940023	07/29/2024	07/29/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2576943023	07/29/2024	07/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		PHUB872830018	07/29/2024	07/29/2025	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab Employee Theft		PHPK2576940023	07/29/2024	07/29/2025	1,000,000/3,000,000 250,000

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

## Proof of Coverage

RE: Just A Start Tenancy Stabilization Project; Just A Start CPA TSP FY22; Solicitation Number: RFP #2A Tenancy Stabilization Programs.

The General Liability policy include an automatic Additional Insured endorsement that provides Additional (See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

City of Somerville  
 c/o Purchasing Department  
 93 Highland Ave.  
 Somerville, MA 02143

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

AUTHORIZED REPRESENTATIVE

*[Signature]*

## DESCRIPTIONS (Continued from Page 1)

Insured status to City of Somerville, only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2024

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

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

## PRODUCER

Starkweather & Shepley  
PO Box 549  
Providence, RI 02901-0549  
401 435-3600

## CONTACT

NAME: Tina Jones

PHONE (A/C, No, Ext): 401 435-3600

FAX (A/C, No):

E-MAIL ADDRESS: tjones@starshep.com

## INSURER(S) AFFORDING COVERAGE

## NAIC #

INSURER A : New Hampshire Employers Insurance Co

13083

## INSURED

Just-A-Start Corporation  
430 Rindge Ave.  
Suite 301  
Cambridge, MA 02140

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ECC60040012042024A	08/04/2024	08/04/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

First Supplemental Name applies to all policies - Just-A-Start Corporation

## CERTIFICATE HOLDER

City of Somerville  
c/o Purchasing Dept  
93 Highland Avenue  
Somerville, MA 02143

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

