



FY 2027 Regional Agency Mitigation Fund Grant Application

Application Instructions:

- I. All applications must be received by the Massachusetts Gaming Commission by January 31st, 2026, at 11:59 p.m. to be considered for funding for the FY 2027 grant round.
- II. Each Agency may only submit ONE application as a Word Document.
- III. Each project must have its own form within the appropriate category. All attachments should directly follow the relevant project form.
- IV. Be sure to fill in all the information requested on the application. Applications that are left incomplete will not be accepted.
- V. All applications must submit a detailed scope of work and timeline for implementation of the project identified in the application.
- VI. All applications must contain appropriate backup materials that support the application.
- VII. The Grant Manager will be responsible for compiling the information for the quarterly reports and the submittal of the quarterly reports.
- VIII. The application must be signed by the agency’s CEO or an individual with signatory authority.
- IX. The Regional Agency Grant is broken into three segments. Please only fill out the section relevant to your application.
 - a. Part A – Regional Planning
 - b. Part B – Regional Public Safety
 - c. Part C – Regional Workforce Development
- X. Submit this completed form as well as any relevant attachments to

MGCCMF@Massgaming.gov or as a response to the COMMBUYS **BD-26-1068-1068C-1068L-121911**.

For more detailed instructions as well as the full FY 2027 Application Guidelines visit

<https://massgaming.com/about/community-mitigation-fund/>

Grant Manager Information (Person responsible for Quarterly Reports, etc.):
Applicant: Hampden County Sheriff’s Office (HCSO)
Vendor Code: MA0070000
Name: Chris Judd
Title: Director of Government Affairs
Email Address: christine.judd@sdh.state.ma.us
Telephone: 413-858-0113
Address: 627 Randall Road, Ludlow MA 01056

Budget Summary

Use the space below to provide an overview of all projects to be covered by this funding. You may add as many items as is pertinent to your application (you can add rows by right clicking on the row and selecting "add row"). Please provide a category, name, brief description, and amount for each item. Please use the appropriate category below for your agency.

Category	Project Name	Description	Amount
A. Regional Planning			
B. Regional Public Safety	HCSO Regional Public Safety FY2027	Hampden County Sheriff's office (HCSO) is in a lease due to the relocation of the Western Massachusetts Recovery and Wellness Center from 26 Howard Street to 155 Mill Street Springfield, MA, has experienced a significant lease offset due to the move for the MGM Casino.	
C. Workforce Development			
Total Request			\$75,000.00

Are you requesting a waiver for any program requirement? Yes No

- I. Applicant Certification If yes, you must fill out a CMF Regional Agency Waiver Form. The waiver form can be found as Appendix F to the RFR on COMMBUYS or online at <https://massgaming.com/about/community-mitigation-fund/forms/>. Applications without a completed waiver form will not be considered for a waiver.

On behalf of the aforementioned applicant, I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this application.

Nicholas Cocchi

Signature:

1/30/2026

Date:

Nicholas Cocchi, Sheriff, Hampden County MA

Name and Title of Signatory:

Part A-Regional Planning - The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, requests for proposals, detailed scopes of work, drawings etc.

Project Name: _____			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact <i>(if applicable)</i>	
<p>I. Please use the space below to identify the impact of the gaming establishment on your region. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact and that the issue is regional in nature (i.e., surveys, data, reports, etc.)</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p>			
Proposed MGC Grant Budget			
Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

Part B – Regional Public Safety - The application should include sufficient backup information for the review team to fully understand the project(s). This information could include locus maps, catalog cuts of proposed equipment purchases, quotes, training course syllabus, etc.-

Project Name: <u>HCSO Regional Public Safety Fy2027</u>	
Please provide below the contact information for the individual managing this aspect of the grant.	
Project Contact	Additional Project Contact (if applicable)
Name: Chris Judd	Name: Christopher Gelonese
Title: Director of Government Affairs	Title: Chief Financial Officer
Department: Hampden County Sheriff's Office	Department: Hampden County Sheriff's Office
Email Address: christine.judd@sdh.state.ma.us	Email Address: chris.gelonese@sdh.state.ma.us
Telephone: 413-858-0113	Telephone: 413-858-0117
Address: 627 Randall Rd, Ludlow MA 01056	Address: 627 Randall Rd, Ludlow MA 01056
<p>I. Please use the space below to identify the impact of the gaming establishment on your region. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. Please provide documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e., casino-related crime statistics, other relevant data, reports, etc.)</p> <p>The Western Massachusetts Recovery and Wellness Center (WMRWC) is a regional correctional treatment center operated by the Hampden County Sheriff's Office. For 29 years, the program operated at 26 Howard Street under a long-term lease with below-market rent, reflecting the site's longevity and community benefit. In December 2016, WMRWC relocated to 155 Mill Street after the new site was procured through the Massachusetts Division of Capital Asset Management and Maintenance (DCAMM) bidding process. This move resulted in a substantial increase in lease costs compared to the prior location.</p> <p>To help address this impact, the Commission previously awarded funding to offset the higher rent associated with the Mill Street facility. HCSO entered into a 10-year lease at 155 Mill Street totaling \$11,820,588 for the period December 2016 through December 2026. The lease has since been extended for an additional 11 months and is now scheduled to expire in November 2027; totaling \$1,058,200 during that time.</p>	
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p> <p>HCSO is requesting \$75,000 in FY27 Community Mitigation Fund support to offset the annual lease costs associated with the Western Massachusetts Recovery and Wellness Center (WMRWC) at 155 Mill Street in Springfield. This request directly addresses the documented rent increase associated with WMRWC's relocation and continued operation at the Mill Street facility. CMF support will be applied solely to facility lease expenses and will reduce the unfunded lease burden that is not covered by any other dedicated funding source.</p> <p>WMRWC is a minimum-security, community-based residential treatment center operated by the Hampden County Sheriff's Office. The program is co-ed and provides custody, care, and clinically informed substance use treatment for individuals from Hampden, Franklin, Berkshire, Hampshire, and Worcester Counties. WMRWC combines structured confinement with treatment and recovery supports to help participants build the stability, accountability, and skills</p>	

needed to live productive, substance-free, and law-abiding lives. The increased lease costs at 155 Mill Street represent an ongoing financial impact associated with maintaining a regional facility that serves casino-impacted communities and the broader Western Massachusetts region. This FY27 CMF request will mitigate that impact by directly offsetting a portion of the annual lease expense, helping sustain the continued operation of the facility and ensuring uninterrupted access to regional treatment services.

Mill Street Iconic Lease Payment Schedule for FY2027 appropriation #89100102

Q1 July 26' - Sept 26'	Mill Street Iconic \$96,200.00 a month for the Mill Street	\$288,600.00
Q2 Oct 26' - Dec 26'	Mill Street Iconic \$96,200.00 a month for the Mill Street	\$288,600.00
Q3 Jan 27' - March 27'	Mill Street Iconic \$96,200.00 a month for the Mill Street	\$288,600.00
Q4 April 27' - June 27'	Mill Street Iconic \$96,200.00 a month for the Mill Street	\$288,600.00

Total \$1,154,400.00

Proposed MGC Grant Budget

Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.

Description of Purchase/Work	Timeline	QTY	Budget
Mill Street Iconic \$4,687.50 a month	Q1 July 26' - Sept 26'		\$18,750.00
Mill Street Iconic \$4,687.50 a month	Q2 Oct 26' - Dec 26'		\$18,750.00
Mill Street Iconic \$4,687.50 a month	Q3 Jan 27' - March 27'		\$18,750.00
Mill Street Iconic \$4,687.50 a month	Q4 April 27' - June 27'		\$18,750.00
	TOTAL:		\$75,000.00

Part C - Workforce Development- The application should include sufficient backup information for the review team to fully understand the project(s). This information could include other relevant workforce statistics and economic models.

Project Name: _____			
Please provide below the contact information for the individual managing this aspect of the grant.			
Project Contact		Additional Project Contact <i>(if applicable)</i>	
Name:		Name:	
Title:		Title:	
Department:		Department:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Address:		Address:	
<p>I. Please use the space below to identify the impact of the gaming establishment on your region. Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment. You may use the impacts identified in the FY 2026 Guidelines relevant to this category. Please provide documentation or evidence that supports the determination that the operation of the gaming facility caused or is causing the impact (i.e., surveys, data, reports, etc.).</p>			
<p>II. Please describe the project in detail and how the proposed project will address the impact indicated above. Please include a breakdown of the proposed scope of work, the scope should be sufficiently detailed to allow the review team to understand the steps required for project completion. Please describe the deliverables, including the number of individuals to be served, number of hours, projected outcomes, location of program, cities and towns served.</p>			
<p>Proposed MGC Grant Budget</p>			
<p>Please use the following table to outline the project budget. Please include as an attachment any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation.</p>			
Description of Purchase/Work	Timeline	QTY	Budget
	TOTAL:		

TRANSACTION APPROVAL

DCAMM

3

JAN 17 2017

- New Lease
 Amendment # 1
 Tenancy
 Other
 Authorization to Pay Rent Without Written Agreement

OFFICE OF LEASING

DCAMM / Office of Leasing & State Office Planning 617-727-8000 x31800

For DCAMM Use
 Project Number: 201508001
 Facility Code: ZR
 Project Manager: Peter Woodford

USER AGENCY NAME: Hampden County Sheriff's Department
 ADDRESS: 153 Mill Street, Springfield
 SF: 49,005
 NAME OF OFFICE/FACILITY: Western Massachusetts Correctional
 ZIP CODE: 01108
 Addition Center
 STAFF, FTE: _____ SFF/FTE: _____ RESERVED PKG: JH

I. SUMMARY OF AGREEMENT

TERM: Beginning 07/01/16 (date) for a period of ten years (number of years and months)
 and ending 06/30/26 (date).

LANDLORD Public Private
 Name: Mill Street Iconic, LLC
 Mailing Address: 118-35 Queens Blvd, Suite 400
 Forest Hills, NY 11375

Vendor Code # (if known): _____

Contact Person: Jerome Lederer Telephone #: 1-305-577-7090

COSTS NOT INCLUDED IN BASE RENT

BASE RENT for This Agreement						Paid To	
RENT PERIOD			RENT			Landlord	Other
Year	Begin Date	End Date	Rate/SF	Annual Rent	Monthly Rent		
1	07/01/16	06/30/17	\$ 20.92	\$ 1,025,000.00	\$ 85,416.67		\$52,000.00
2	07/01/17	06/30/18	\$ 21.32	\$ 1,045,000.00	\$ 87,083.33		\$303,000.00
3	07/01/18	06/30/19	\$ 21.76	\$ 1,066,410.00	\$ 88,867.50		
4	07/01/19	06/30/20	\$ 22.20	\$ 1,087,718.00	\$ 90,644.83		
5	07/01/20	06/30/21	\$ 22.64	\$ 1,109,493.00	\$ 92,457.75		
6	07/01/21	06/30/22	\$ 23.09	\$ 1,131,683.00	\$ 94,306.92		
7	07/01/22	06/30/23	\$ 23.56	\$ 1,154,316.00	\$ 96,193.00		
8	07/01/23	06/30/24	\$ 23.56	\$ 1,154,316.00	\$ 96,193.00		
9	07/01/24	06/30/25	\$ 23.56	\$ 1,154,316.00	\$ 96,193.00		
10	07/01/25	06/30/26	\$ 23.56	\$ 1,154,316.00	\$ 96,193.00		
Avg:							
Average:			\$ 22.67	\$ 1,104,258.80			

Estimated Year 1 Cost:	Landlord	Other
Electricity (Lights & Plugs):		\$52,000.00
HVAC		\$303,000.00
Parking:		
Janitorial		
Escalation		
One-time payment		
Add Improvements		\$48,665.00
Other		
TOTAL		\$304,665.00
Estimated Yr. 1 Total Occupancy Cost:		\$1,333,665.00
Estimated Yr. 1 Cost/SF:		\$27.21

RENTAL State Federal Trust Fund #
 ACCOUNTS: State Federal Trust Fund #

II. APPROVALS

USER AGENCY Sufficient funds are included or have been requested in the budget to cover the cost of this agreement.

Authorized Signature: *Chris Galone* Date: 7-17-17
 Title: Sheriff
 User Agency Contact: Chris Galone Telephone #: 413-858-0114

DCAMM

Authorized Signature: *Beth Rubenstein* Date: 1/24/17
 Title: Deputy Commissioner
 DCAMM Project Manager: *Peter Woodford* Date: 1-13-17

III. CONFIRMATION OF DATE OF OCCUPANCY

Date of Agreement	FY Base Rent for FY		FY	Base Rent for FY		FY	Base Rent for FY	
	FY 17							
Commencement: 1-20-17		\$ 48,665.00						
Expiration: 1-28-17								

Authorized Signature: *Peter Woodford* Date: 1-16-17
 Reviewed By: *Peter Woodford* Date: 1-13-17

**THIS OFFICIAL FORM MUST NOT BE ALTERED.
ALL MODIFICATIONS MUST BE MADE BY SEPARATE RIDER.**

**COMMONWEALTH OF MASSACHUSETTS
OFFICE LEASE**

I. SUBJECT MATTER AND TABLE OF CONTENTS

I.1 Subject Matter

Each of the references in this Lease to any of the following subjects incorporates the data stated for that subject in this § 1.1 and, unless defined elsewhere in this Lease, constitutes the definition of the listed subject.

DATE OF LEASE:

LANDLORD: Mill Street Iconic, LLC

ADDRESS OF LANDLORD: 118-35 Queens Blvd, suite 400
Forest Hills, New York 11375

LANDLORD'S REPRESENTATIVE: Name: Jeremie Lederer
Address: Mill Street Iconic, LLC
118-35 Queens Blvd, suite 400
Forest Hills, New York 11375
and/or such other persons as Landlord
designates from time-to-time

TENANT: The Commonwealth of Massachusetts acting by
and through the Commissioner of its Division of
Capital Asset Management and Maintenance
(DCAMM) of the Executive Office for
Administration and Finance on behalf of the
User Agency, Hampden County Sheriff's
Department

ADDRESS OF TENANT: Division of Capital Asset Management and
Maintenance
One Ashburton Place, 15th Floor
Boston, Massachusetts 02108-1518

TENANT'S REPRESENTATIVE: Name: Martha Goldsmith, Director
DCAMM, Office of Leasing
Address: One Ashburton Place, Room 1411
Boston, Massachusetts 02108
and/or such other persons as Tenant designates from time-to-time, as set forth in § 4.4

USER AGENCY: Hampden County Sheriff's Department

ADDRESS OF USER AGENCY: 627 Randall Road
Ludlow, Massachusetts, 01056

USER AGENCY'S REPRESENTATIVE: Name: William Christofori
Address: 627 Randall Road
Ludlow, Massachusetts, 01056
and/or such other persons as User Agency designates from time-to-time, as set forth in § 4.4

BUILDING (ADDRESS): 155 Mill Street
Springfield, Massachusetts 01108

PREMISES: Floor(s): Entire Building
within the Building as shown in Exhibit A, together with all of the Landlord's Improvements (as defined in § 4.1) made within the Premises pursuant to the provisions of this Lease.

USABLE AREA OF PREMISES: Program Space: 49,005 square feet

RESERVED PARKING SPACES: Number: 38
Location: On premises

PERMITTED USES: Subject to the provisions of § 6.1, Tenant must use the Premises for the following purposes:
Residential Correctional Facility, Classrooms and Associated Administrative Offices

TERM: The Term begins on the Date of Occupancy, as defined in § 3.2, at 12:01 a.m., and continues until 11:59 p.m. of the date immediately preceding the tenth anniversary of the Date of Occupancy.

"Term" includes the Term, unless otherwise expressly stated. "Expiration Date" means the last day of the Term, and includes any effective date of termination of this Lease, unless otherwise indicated.

BUSINESS DAY:

Unless otherwise provided by this Lease, "business day" means any day other than Saturday, Sunday, or a designated holiday of the Commonwealth of Massachusetts on which the offices of the Commonwealth of Massachusetts are closed, whether throughout the Commonwealth of Massachusetts or only in Suffolk County.

BASE RENT FOR TERM:

Year One: \$1,023,000.00 per year in monthly installments of \$ 85,416.67
\$ 20.92 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Two: \$1,045,000.00 per year in monthly installments of \$ 87,083.33
\$ 21.32 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Three: \$1,066,410.00 per year in monthly installments of \$ 88,867.50
\$ 21.76 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Four: \$1,087,738.00 per year in monthly installments of \$ 90,644.83
\$ 22.20 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Five: \$1,109,493.00 per year in monthly installments of \$ 92,457.75
\$ 22.64 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Six: \$1,131,683.00 per year in monthly installments of \$ 94,306.92
\$ 23.09 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Seven: \$1,154,316.00 per year in monthly installments of \$ 96,193.00
\$ 23.56 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Eight: \$1,154,316.00 per year in monthly installments of \$ 96,193.00
\$ 23.56 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Nine: \$1,154,316.00 per year in monthly installments of \$ 96,193.00
\$ 23.56 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

Year Ten: \$1,154,316.00 per year in monthly installments of \$ 96,193.00
\$ 23.56 per square foot for office space
\$ N/A per square foot for storage space
\$ 0.00 per parking space per year

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Landlord and Tenant have executed multiple counterparts of this document, under seal in accordance with the laws of the Commonwealth of Massachusetts, Tenant having done so by the Commissioner of the Division of Capital Asset Management and Maintenance, who was joined by an authorized representative of the User Agency as an adjunctive signatory, neither of whom incurs any personal liability as a result of such signature.

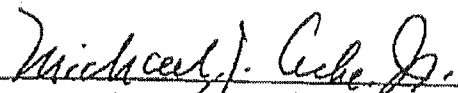
LANDLORD: MILL STREET ICONIC, LLC

By: 
Printed Name: JEREMIE LEDERER
Title: MANAGER

TENANT: COMMONWEALTH OF MASSACHUSETTS ACTING BY AND THROUGH THE COMMISSIONER OF ITS DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE

By: _____
Carol W. Gladstone, Commissioner, who certifies, under penalties of perjury, that she has fully complied with the advertising requirements of G. L. c. 7C, § 36, in connection with the property described in this document

USER AGENCY: HAMPDEN COUNTY SHERIFF'S DEPARTMENT

By: 
Printed Name: MICHAEL J. ASHE, JR.
Title: Sheriff, Hampden Co

Approved as to Matters of Form:

Peter A. Wilson, Deputy General Counsel
Division of Capital Asset Management and Maintenance

RIDER TO LEASE

DATE OF LEASE:

LANDLORD: Mill Street Iconic, LLC

TENANT: The Commonwealth of Massachusetts acting by and through the Commissioner of its Division of Capital Asset Management and Maintenance (DCAMM) of the Executive Office for Administration and Finance on behalf of the User Agency, HAMPDEN COUNTY SHERIFF'S DEPARTMENT.

BUILDING (ADDRESS): 155 Mill Street, Springfield, Massachusetts 01108

PREMISES: 155 Mill Street, Springfield, Grade level plus three floors within the Building as shown in Exhibits A , together with all of the Landlord's Improvements (as defined in § 4.1) made within the Premises pursuant to the provisions of this Lease.

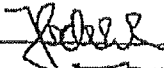
Modify this Lease as follows:

1. Any references in this Lease to Exhibit A-1 Landlord's Measured Drawings of the Premises and Exhibit B Schematic Space Plan are inapplicable.
2. Substitute the following for §§ 2.2 (a) and 2.2 (b): "For the purpose of this Lease "Usable Area" means The Entire Building."
3. In § 4.1, substitute "Exhibit A: "for "the Schematic Space Plan attached as Exhibit B "
4. In § 4.2 (e), substitute "Exhibit A" for each reference to Exhibit B.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

Landlord and Tenant have executed multiple counterparts of this document, under seal in accordance with the laws of the Commonwealth of Massachusetts, Tenant having done so by the Commissioner of the Division of Capital Asset Management and Maintenance, who was joined by an authorized representative of the User Agency as an adjunctive signatory, neither of whom incurs any personal liability as a result of such signature.

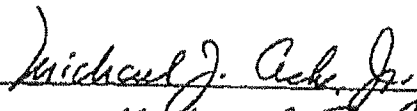
LANDLORD: MILL STREET ICONIC, LLC

By: 
Printed Name: JEREMIE LEDERER
Title: MANAGER

TENANT: COMMONWEALTH OF MASSACHUSETTS ACTING BY AND THROUGH THE COMMISSIONER OF ITS DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE

By: _____
Carol W. Gladstone, Commissioner, who certifies, under penalties of perjury, that she has fully complied with the advertising requirements of G. L. c. 7C, § 36, in connection with the property described in this document.

USER AGENCY: HAMPDEN COUNTY SHERIFF'S DEPARTMENT

By: 
Printed Name: MICHAEL J. ASHE, JR
Title: Sheriff, Hampden Co.

Approved as to Matters of Form:

Peter A. Wilson, Deputy General Counsel
Division of Capital Asset Management and Maintenance

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE
DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE
OFFICE OF LEASING AND STATE OFFICE PLANNING

CERTIFICATE OF COMPLIANCE WITH EXECUTIVE ORDER NO. 481

Pursuant to Executive Order No. 481, JEREMIE LEDERER
(name(s) of person(s) who signed the document to which this Certificate is attached for Landlord, Licensor, Mortgagee, or Prospective Lender)
MANAGER of MILL STREET ICONIC LLC (Contractor),
(title(s) of person(s) who signed the document to which this Certificate is attached for Landlord, Licensor, Mortgagee, or Prospective Lender) (name of Landlord, Licensor, Mortgagee, or Prospective Lender named in the document to which this Certificate is attached)

whose principal place of business is located at 118-35 Queens Blvd, suite 400
Forest Hills, New York, 11375
(address of principal place of business of Landlord, Licensor, Mortgagee or Prospective Lender named in the document to which this Certificate is attached)

certifies, as a condition of receiving Commonwealth funds under (a) the lease or (b) the short-term tenancy agreement or (c) the license or (d) the amendment or (e) the subordination, non-disturbance, and attornment agreement or (f) the change-of-ownership documents to which this Certificate is attached (this Contract) for the premises located at 155 Mill Street, Springfield, Massachusetts, 01108
(address of the premises as stated in

10 Year Lease that:
the document to which this Certificate is attached)

1. The following provisions of this certification are ancillary to this Contract and will be and are binding upon Contractor as if literally included among the provisions of this Contract, as it may be amended from time-to-time.
2. Contractor must not and will not knowingly use undocumented workers in connection with Contractor's performance under this Contract.
3. Pursuant to federal requirements, Contractor must and will verify the immigration status of all workers assigned to Contractor's performance under this Contract without engaging in unlawful discrimination, and Contractor must not and will not knowingly or recklessly alter, falsify, or accept altered or falsified documents from any such worker.
4. Contractor is aware that any breach of item 2, item 3, or both item 2 and item 3 during the term of this Contract may be regarded as a material breach of this Contract, subjecting Contractor to sanctions, including by way of example only and not limitation, monetary penalties, withholding of Commonwealth funds and other payments, suspension or termination of this Contract or both, and any other remedy available to Tenant or Licensee under this Contract, at law, or in equity.

Signed under the penalties of perjury on Jan 22, 2016.

[Signature]
(signature(s) of person(s) whose name(s) and title(s) appear at the beginning of this Certificate)