

TOWN HALL 3 EAST MAIN ROAD PERU, MA 01235

SELECT BOARD MEETING MINUTES: September 14, 2026 @ 6:00 P.M.

Town Hall Meeting Room

Edward Munch, Selectboard Chairman

Samuel Haupt, Selectman

Verne Leach, Selectman

Terry Walker, Recording Secretary

Bonny DiTomasso, COA Director

Jonathon Mejias, Assessor

Doug Haskins, Parks and Recreation

Public Attendees: Marc Grenier

Item 1: Call to order: 6:00 P.M.

Item 2: Selectboard Roll Call: Chairman Leach present, Selectman Haupt present, Selectman Munch present

Item 3: State Recording status: TA Walker recording, Selectman Leach recording for personal reasons under Exemption E

Item 4: Pledge of Allegiance to the Flag: Led by Chairman Munch

Item 5: Review and Approve BOS Meeting Minutes for 8/31/2026: Selectman Munch motion to approve 8/31/2026 minutes pending changes, Selectman Leach second, 3-0.

Item 6: Update from Departments:

COA Director:

- Bonny Ditomasso mentioned that she attended an MVP meeting and she would like to place flyers at the library and transfer station to inform residents of the meeting which includes a BBQ dinner.
- The BBQ dinner and meeting with MVP was scheduled for the pavilion , in the event of inclement weather, the meeting will be held at the community center.
- Bonny attended a meeting at the Berkshire Innovation Center on Berkshire Rural Health Transformation program on September 4th from 9:00 am-12 noon. At that meeting funding was discussed, and it was recommended that rural towns collaborate with shared goals to apply for grant funding.

Assessor Mejias mentioned

- The Assessors are updating the CAMA system and also updating property record cards.
- Building Permits will be entered by CATALIS.
- DLS will be notified of the updates and this year the tax bills will be going out on time.

Town Administrator:

TA Walker mentioned that she had signed and executed a contract with EnergySource and BRPC to complete the weatherization at town hall. The remainder of the Green Communities grant will provide the funding for this project and upon completion of the proposed project the Green Communities Grant will be closed out.

Selectman Haupt: mentioned that he would be attending a Pilot Program meeting in Boston on Tuesday, September 29th.

Selectman Leach: mentioned that the red truck at the fire house was donated by DCR and wonders if the Highway Superintendent would move it to the back of the lot. It will be accessible and out of the way until DCR removes the truck.

Parks and Recreation:

Doug Haskins asked the following questions:

- Why two propane tanks have not removed from the fire house?
- He wondered what had been done to the salt shed roof? Has the salt shed roof been sealed and painted?
- Why has the red fire truck not been removed from the Fire Dept parking lot?
- Doug did not have the proposal for the fence.

Item 7: Discussion and possible vote to appoint Marc Grenier as an Assessor: Chairman Munch motion to appoint Marc Grenier as an Assessor, Selectman Leach second, 3-0. Marc was instructed to contact Treasurer Wendling to fill out paperwork, and he needs to be sworn in by the Town Clerk.

Item 8: Discussion and possible vote on revisions to the Cemetery Rules and Guidelines for the Town of Peru: James Kenny discussed the changes made to the 2024 Cemetery Rules and Guidelines. The revisions were made to provide more clarity to the residents. It was also mentioned that in order to receive a free burial plot you must be a resident in Peru for 12 months. Please see the attached Cemetery Rules and Guidelines dated 2024 and the 2026 revisions to the Cemetery Rules and Guidelines for the Town of Peru. Selectman Leach motion to accept the revisions, Chairman Munch second, 3-0.

Item 9: Discussion and possible vote on 301 CMR 51.00 Certificate of Announcement pursuant to 301 CMR 51.07 (2) from DCR that the Department of Conservation and Recreation may acquire an interest in a parcel of land located in the Town of Peru as shown on the attached locus map marked as "Exhibit A" for conservation and/or recreation purposes: Selectman Haupt wanted to clarify that a Selectboard vote is not necessary. This agenda item is to provide notice, but this does not have anything to do with the town. This is between the buyer and seller. Selectman Haupt motion to ratify Terry Walker as the Clerk for the Board of Selectmen, Selectman Leach second, 3-0. Terry Walker will sign the form and return to Marguerite Reynolds from the Commonwealth of Massachusetts.

Item 10: Discussion and possible vote to appoint Jennifer Smith as an election Poll Worker: Chairman Munch motion to appoint Jennifer Smith as an Election Poll Worker, Selectman Leach second, 3-0.

Item 11: Review and Approve accounts payable, Treasury Warrants, Payroll warrants: V06-2027

Item 12: Public Input: Shine Counselor, Bonny DiTomasso, reported that she has been informed that there will be significant increased costs associated with Medicare drug plans for 2027. It would be beneficial to Medicare eligible residents to have an opportunity to be informed of these changes by our local Shine Counselor. Open enrollment begins on October 15th.

Item 13: Adjourn: Chairman Munch made a motion to adjourn the 9/14/2026 BOS Meeting, Selectman Leach second, Vote 3-0. The 9/14/2026 BOS Meeting adjourned at 7:07 P.M.

Articles used:

8/31/2026 minutes

Warrant: V06-2027

Cemetery Rules and Guidelines

DCR

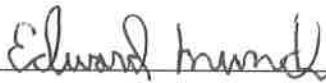
COA handouts

Appointment letters

Terry Walker

Recording Secretary

Edward Munch, Chairman

_____

Samuel Haupt, Selectman

Verne Leach, Selectman

_____

Date Approved: 9/29/26

Received 9-29-2026
Kim Leach, Town Clerk



TOWN OF PERU, MASSACHUSETTS

CEMETERY RULES AND GUIDELINES

2026

CEMETERY RULES AND GUIDELINES

The Town of Peru Cemetery Commission, along with the Board of Selectmen, are committed to providing a serene, attractive and contemplative setting for families of those interred in the town's cemeteries. The cemeteries are open from dawn until dusk. The following rules exist for the benefit of the long-term maintenance of the cemeteries. The following rules exist to address 80% of cemetery-related circumstances. The remaining 20% will be addressed individually by the Cemetery Sexton, Cemetery Commission and Selectboard, in that order.

A copy of these rules will be provided at the time a burial plot is requested. These rules will also be posted to the town's website.

Persons visiting the cemetery are expected to conduct themselves in a courteous and respectful manner at all times. Driving is not permitted in the town's cemeteries. Access ways are for maintenance of the cemeteries and for burial purposes. No recreational activities are allowed in the cemeteries. Barbecues, picnics and the consumption of alcoholic beverages are not allowed. Firearms are only allowed in the cemetery for military and memorial services. Dogs, with the exception of guide dogs, are not allowed in the cemetery and must remain inside a vehicle at all times. No horses are permitted in the cemetery.

Special cases may arise in which the enforcement of a rule may impose an unnecessary hardship. In these cases, the Selectboard or Cemetery Commission is available to make exceptions or modifications to any of these rules. Decisions in such cases shall be temporary in nature and shall in no way permanently change the rules laid out in this document.

Damage to headstones or markers is not to be considered the responsibility of the Town of Peru.

The Town of Peru Cemetery Commission is available to advise and help with headstone cleaning and resetting and can be contacted through the town's webpage.

Cemetery Commission
Town of Peru
3 East Main Road
Peru MA 01235

This version endorsed by the Select Board on May 20, 2024.to be updated

RULES / GUIDELINES

Town cemeteries are open from sunrise to sunset.

OBTAINING CEMETERY PLOTS / CHARGES

1. All land occupied by the three cemeteries in the Town of Peru is to be owned in perpetuity by the Town of Peru. No deed, lease or title is given to plot holders.
2. All plots are assigned at the time of death. At the time of initial plot assignment, a maximum of 2 plots can be requested. Reserving of plots is not generally permitted without an impending burial.
3. Plots are free to residents of the Town of Peru. To be eligible for assignment of a plot the decedent must have been a legal human resident of the Town of Peru for 12 months.
4. Exception for non-residents: If the family of the deceased has assigned plots, the recently deceased non-resident may be buried in that plot with the consent of that family.
5. Grave sizes for single traditional casket burials will be 4 feet by 10 feet and can accommodate one casket and typically up to 4 sets of cremated remains. Six sets of cremated remains may be interred if small containers / urns are used and the specific locations are well marked. This assumes that the casket burial occurs first. If cremated remains are interred first, only 3-5 additional sets of cremated remains can be added. Cremated remains can be placed atop a previous casket burial. However, a casket burial will not be permitted once cremated remains have been interred. The interment of two bodies in one grave will not be allowed except in case of mother and infant or twin children. If a child (under 18 years of age) is the decedent, plots can be reserved for the parents.
6. For interment of cremated remains, a 4-feet by 5-feet plot can be requested. This size allows for the installation of a foundation for a headstone. A total of two sets of cremated remains may be interred in a 4-feet by 5-feet plot.
7. The costs for burials in the Town of Peru include fees:
 - For the Cemetery Sexton's services.
 - For the opening of a grave for a traditional casket burial or the interment of cremated remains
 - For the purchase and installation of corner markers, at the time of plot assignment.
8. The Cemetery Sexton, or their agent, must witness the interment of all remains

BURIALS

1. For deaths occurring in the Town of Peru, a burial permit will be issued by the Town Clerk and provided to the Cemetery Sexton so that a burial in Peru can be arranged. Any questions as to the issuance of the permit will be taken up with the Cemetery Sexton by the Town Clerk.
2. The Cemetery Sexton will assign a plot and arrange for the opening of the grave. The Official Disposition, Removal or Transportation Burial Permit must be given to the Cemetery Sexton at the time of burial along with payment for the burial.

3. Corner stones will be purchased within a reasonable amount of time by the family to whom the plot is assigned to establish the outline of said plot.
4. There will be no interments after November 1 or before May 1, except with the approval of the Cemetery Sexton.

PERPETUAL CARE

1. The Town of Peru maintains Center, North and South Cemeteries regarding lawn care, parking, signage and gates (where installed).
2. The smaller town cemeteries (South Road Extension, Ford Family and South Thompson Burial Ground) are on private property. The Cemetery Commission is available to help maintain those cemeteries and headstones on request.

MONUMENT, FOUNDATIONS, GRADING & IMPROVEMENTS

1. Corner markers are required for all burials and will be paid for at the time of plot assignment along with the fee for marker installation.
2. All excavations, including for headstone foundations, are performed by the contractor retained by the Town of Peru which reports directly to the Cemetery Sexton
3. Foundations should be placed at the top of each 4' x 10' plot to allow the remaining 8 feet for the burial of an external container, such as a burial vault. Each headstone foundation should be approximately 4 feet in depth from finished grade and will be installed by the company which provides the headstone / monument. The Sexton shall approve the foundation.
4. Headstones or flush markers are required for all burials and should be placed centered on the plot and at the head of the grave. If the deceased's name is not added to an existing headstone, an additional flush marker for cremations to mark the interment location in the plot is required.
5. No wooden crosses or temporary grave markers are allowed. The placement of permanent flush markers, headstones and monuments should occur in a reasonable amount of time to mark graves and facilitate the location of burials.
6. Family members and friends should consult with the Cemetery Commission before cleaning, repairing or resetting a headstone / marker. Headstone rubbings are not permitted. Neglected markers may be maintained by the Cemetery Commission.

FLOWERS, TREES AND SHRUBS

1. All flowers should be in front of and against the central family monument. This approach facilitates maintenance of the cemetery.
2. Planting of bulbs must be confined to plots.
3. No trees, bushes or shrubs are to be planted by persons other than town representatives.
4. The town has control over all plantings and has the right to trim / prune / remove them.

5. Summer grave decorations must be removed by November 1. Winter wreaths will be permitted commencing November 15 to April 1, at which time these should be removed. All plots will be cleaned up in the Spring by April 15
6. Funeral pieces will be removed after 7 days

FLAGS AND DECORTIONS

1. American flags will be placed on veterans' graves by the town prior to Memorial Day each year. Support for the care and respect for the flag during the remainder of the year is appreciated.
2. The following items are prohibited: fences, hedges, walls, rock gardens, curbing, enclosures, edgings, iron works, wire works, posts, boundary markers (apart from corner makers) and any glass items. Anything that could be destroyed or scattered by wind, weather or the force of cemetery equipment (e.g., mower, trimmer) will be removed. Similar articles left on plots that are inconsistent with the proper keeping of cemetery grounds will be removed without notice and disposed of.
3. The Town of Peru, the Highway Department and landscaping services will not be liable for any damage done to ornaments or personal items placed at a gravesite

THINGS TO KNOW

Veterans are eligible for burial assistance and families should check with their veterans' agent for details.

As of November 2025, there is a bill pending in the Massachusetts legislature, Bill H.1725, which will ban the intentional release of balloons for any reason, such as celebrations or promotions. This should be taken into consideration when planning a cemetery service.



TOWN OF PERU, MASSACHUSETTS

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20264

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 - ~~To~~ For the Cemetery Sexton's services.
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MONUMENT, FOUNDATIONS, GRADING & IMPROVEMENTS

1. ~~Corner markers~~ Markers and stones are purchased, installed and maintained by the plot owner. Markers are required for all burials. and will be paid for at the time of plot assignment along with the fee for marker installation.
~~If the deceased's name is not added to an existing headstone, an additional flush marker for cremations to mark the interment location in the plot is required.~~
2. All excavations, including for headstone foundations, are performed by the contractor retained by the Town of Peru which reports directly to the Cemetery Sexton
3. Foundations should be placed at the top of each 4' x 10' plot to allow the remaining 8 feet for the burial of an external container, such as a burial vault. Each headstone foundation should be approximately 4 feet in depth from finished grade and will be installed by the company which provides the headstone / monument. The Sexton shall approve the foundation.
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5. No wooden crosses or temporary grave markers are allowed. The placement of permanent flush markers, headstones and monuments should occur in a reasonable amount of time to mark graves and facilitate the location of burials.
6. ~~Grave markers (flush markers, headstones and monuments) belong to families.~~ Family members and friends should consult with the Cemetery Commission before cleaning, repairing or resetting a headstone / marker. Headstone rubbings are not permitted. Neglected markers may be maintained by the Cemetery Commission.

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Town Administrator

From: Reynolds, Marguerite (DCR) <marguerite.reynolds@mass.gov>
Sent: Thursday, August 27, 2026 12:42 PM
To: Sam Haupt; Select Men
Cc: Amaral, Kendra (DCR); Howard, Jennifer (DCR); Town Administrator
Subject: [EXTERNAL] DCR Notice of Proposed Land Acquisition, 301 CMR 51, #P-001085, Town of Peru
Attachments: Exhibit A.pdf

Dear Select Board:

This email serves as a notice to you under 301 CMR 51.00. **Please reply to this email with the information requested below.**

Please note that although DCR usually sends this notice to select board members' individual email addresses, we have been informed that a printed copy of this notice will be provided at the next scheduled meeting to any select board members that do not receive it directly.

The Commonwealth of Massachusetts, acting through its Department of Conservation and Recreation (DCR) has under consideration the acquisition of an interest in approximately 500 +/- acres of land, or other property interest therein, in the Town of Peru. The property is currently forested open space. The proposed use for the property will be protected open space abutting DCR's Peru State Forest. Attached is a locus map marked "Exhibit A" which shows the property in which DCR is interested.

The applicable regulations require the disclosure of the Commonwealth's reasons for the proposed land acquisition at a public hearing held in the city or town in which such real property is located. To comply with this requirement, we ask that the Board announce that the Commonwealth is considering this acquisition for the above-stated purposes at its next regularly scheduled meeting. The Board does not need to take any formal action on its part. Please document the announcement in the Board's meeting minutes and reply to this email by copying and pasting the statement in the box below filled out appropriately in a reply email to me:

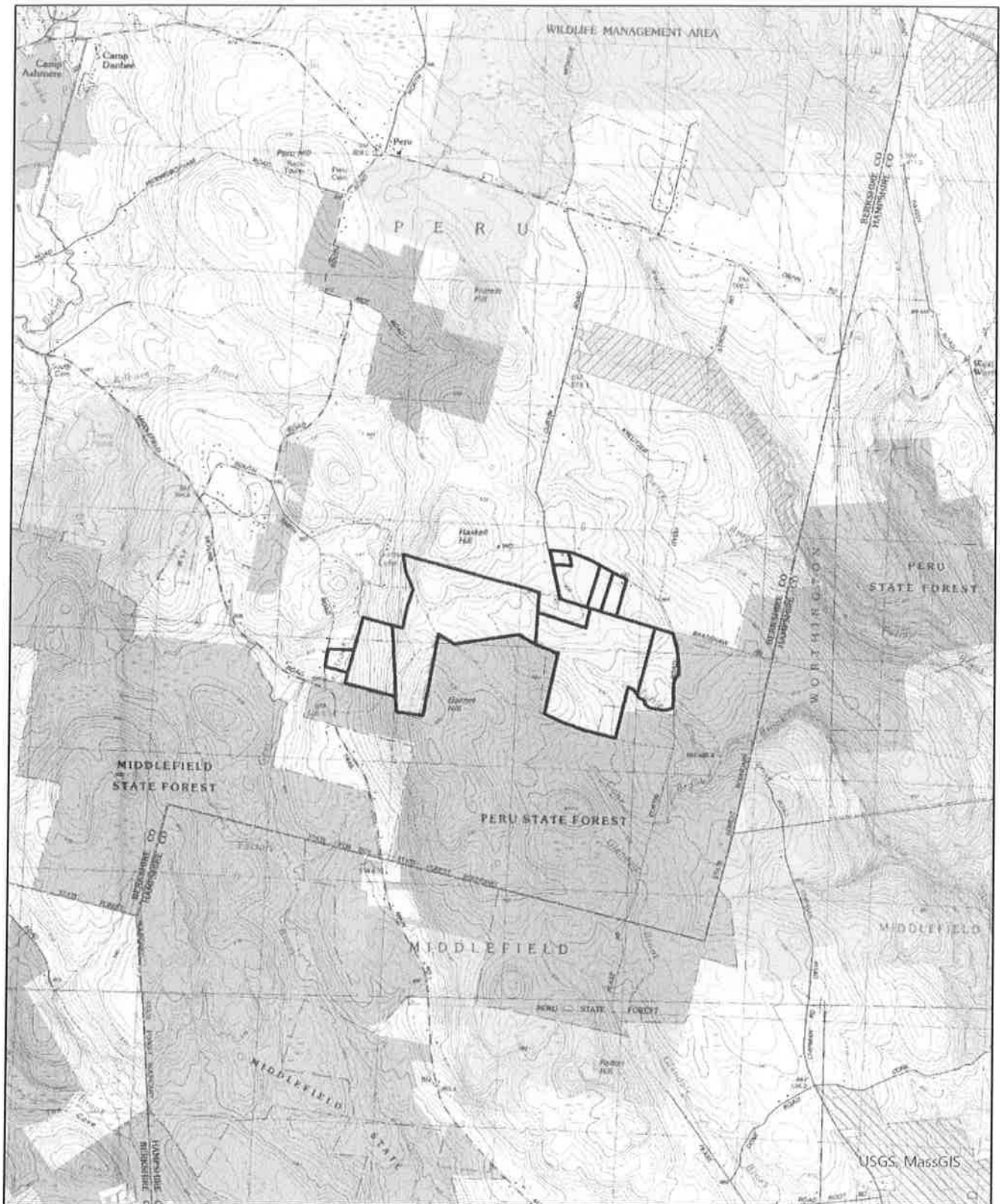
Certificate of Announcement pursuant to 301 CMR 51.07(2)

DCR #P-001085, Town of Peru

I, _____, Clerk of the Select Board of the Town of Peru, Massachusetts, do hereby certify that on , _____ 2026, it was announced at a public meeting of the Board of Selectmen that:

The Department of Conservation and Recreation may acquire an interest in a parcel of land located in [municipality] as shown on the attached locus map marked as "Exhibit A" for conservation and/or recreation purposes.

Exhibit A



1:45,000

Legend
[Black Outline] Subject Property



Massachusetts Rural Health Transformation

Program: What BRPC Network Partners Should Know

**Stakeholder Pre-Read | September 4, 2026 Convening Berkshire Innovation Center, Pittsfield
9:00am-12 Noon (Registration/coffee starts at 0830)**

Purpose: Use this overview to become familiar with the seven Massachusetts RHTP initiative areas and consider where your organization, existing work, and partnerships may connect.

Overview

Massachusetts has submitted an application for the federal Rural Health Transformation Program, a major five-year investment intended to strengthen rural health systems, expand access to care, improve health outcomes, and build more sustainable rural infrastructure.

The application proposes a total investment of \$810M across seven broad initiatives. These initiatives are not all the same type of funding. Some are focused on hospitals, clinics, EMS, technology, and facility upgrades. Others are more directly connected to community health, prevention, public health, social services, local partnerships, workforce, and care coordination.

The final details will depend on future state procurement processes, grant opportunities, and RFPs. The application does not yet tell local partners exactly who will be eligible for every funding opportunity, how much each award will be, or when each RFP will be released. However, it does provide a strong preview of the state's priorities and the types of projects likely to be supported.

Why This Matters for Rural Communities

The state's application describes rural Massachusetts as facing persistent and connected challenges, including:

- Limited access to primary care, specialty care, behavioral health, dental care, pharmacy services, maternity care, and long-term care
- Long travel times for routine and specialty healthcare
- Limited public transportation
- Higher rates of some chronic conditions, including hypertension, diabetes, heart disease, COPD, and cancer
- Higher overdose death rates in rural areas compared to non-rural areas
- Workforce shortages across healthcare and human services
- Financial strain among rural providers
- Technology gaps that make care coordination and data sharing harder
- Aging facilities that need modernization
- Challenges caused by geography, seasonal economies, housing costs, and limited local infrastructure

The application frames these problems as system-level issues. In other words, the goal is not only to fund individual programs, but to strengthen the rural health ecosystem overall.

The Three Main Goals

The state's plan is organized around three broad goals:

1. **Ensure rural residents can readily access healthcare services.**
This includes expanding access points, supporting mobile and telehealth models, improving transportation-related access barriers, strengthening providers, and making sure rural residents can connect to needed care.
2. **Generate opportunities to improve the health and well-being of rural residents.**
This includes chronic disease prevention, community-based health supports, healthy behaviors, care coordination, and targeted interventions for populations with worse outcomes or greater barriers.
3. **Scale systems, policies, and investments to meet the unique needs of rural communities.**
This includes technology, data sharing, payment reform, regulatory flexibility, sustainable investment, workforce development, and stronger regional infrastructure.

Initiative I: Population Health Advancement

This is the largest funding area. It is more healthcare-system focused, but it also includes important connections to community-based organizations and social services.

The purpose is to improve chronic disease management, strengthen clinical infrastructure, increase coordination, and support value-based care. Value-based care means payment and care models that focus more on outcomes, quality, prevention, and coordinated care, rather than only paying for individual services after people are already sick.

What This Initiative May Fund

This initiative may support:

- Chronic disease management networks
- Better coordination between hospitals, Rural Health Clinics, FQHCs, medical practices, public health, and community organizations
- Community health workers, care coordinators, navigators, public health nurses, and community paramedics
- Referral systems that connect healthcare and social services
- "Closed-loop" referral tools, where organizations can see whether a person actually connected with the service they were referred to
- Technology platforms to help providers and community organizations share information appropriately
- Remote patient monitoring for chronic diseases
- Home visiting models for older adults, postpartum families, families with young children, and people with chronic conditions
- Hospital at Home models
- Youth and young adult behavioral health coordination systems
- Payment incentives and technical assistance for rural providers participating in value-based care

Why This Matters Locally

This initiative could create opportunities to better connect clinical care with community supports. Many rural residents need more than an episodic doctor's appointment; they need care and support between visits. They may need transportation, food access, benefits assistance, housing support, behavioral health care, home-based services, or help navigating multiple systems.

If implemented well, this initiative could help reduce fragmentation and make it easier for partners to work together around shared residents and shared community health goals.

Initiative II: Innovation in Rural Care Models

This initiative focuses on new or redesigned models of care that can work better in rural communities.

The purpose is to expand access, broaden service availability, and improve healthcare delivery efficiency. This includes mobile health, telehealth, specialty care connections, maternal health, digital health tools, and opioid treatment access.

What This Initiative May Fund

This initiative may support:

- Mobile health units
- Clinical and preventive services delivered in underserved rural areas
- Portable diagnostic equipment, lab kits, imaging tools, and telemedicine equipment
- Specialty care networks using models such as Project ECHO and eConsults
- Telehealth expansion for behavioral health, dental care, and pharmacy services
- School-based tele-behavioral health
- Tele-pharmacy models, including remote counseling, automated dispensing, and prescription pickup technology
- Portable dental services and teledental care
- Digital health pilots, including wearables, sensors, and other consumer health technologies
- Technology upgrades for FQHCs and rural-serving providers
- Maternal health care coordination, mobile prenatal care, rural doulas, specialized community health workers, and postpartum supports
- Opioid Treatment Program expansion, including mobile services and integrated care models

Why This Matters Locally

This initiative may help address access gaps that cannot be solved by expecting residents to travel farther or wait longer. Rural communities need care models that are flexible, mobile, coordinated, and realistic for geography, transportation, workforce, and seasonal conditions.

This initiative will likely be especially relevant to healthcare providers, behavioral health providers, schools, dental partners, pharmacies, maternal health partners, substance use treatment providers, and regional coordinating organizations.

Initiative III: THRIVE Workforce

This initiative focuses on rural healthcare workforce development, recruitment, training, and retention.

The application recognizes that rural communities struggle to attract and retain healthcare workers. This is not only about doctors and nurses. It includes behavioral health providers, allied health professionals, paramedics, medical assistants, dental workers, nutrition professionals, respiratory therapists, midwives, and other critical roles.

What This Initiative May Fund

This initiative may support:

- Rural healthcare career pathway programs
- Partnerships with schools, colleges, career centers, providers, and community organizations
- Youth exposure to healthcare careers
- Local training networks
- Allied health training programs
- Rural Nurse Practitioner residency programs
- Paid or supported field placements, internships, apprenticeships, and practicums
- Incentives for supervising clinicians and preceptors
- Recruitment and retention planning for rural healthcare organizations
- Technical assistance for rural employers
- Virtual training and continuing education platforms
- Mentorship and peer support for rural healthcare workers
- Housing-related supports for healthcare workers in high-cost rural and seasonal areas

Why This Matters Locally

Workforce shortages affect almost every part of the rural health and human services system. Even when programs technically exist, they may not have enough staff to meet community need.

This initiative may be important for local providers, schools, colleges, EMS, behavioral health organizations, and workforce partners. It may also create openings to address the connection between workforce retention and housing affordability in seasonal rural communities.

Initiative IV: Healthy Rural Communities

This initiative is likely to be especially relevant to community-based organizations, local public health, municipalities, schools, Councils on Aging, coalitions, tribal governments, social service providers, faith-based organizations, and regional networks.

The purpose is to support community-informed and community-led prevention activities that address the root causes of poor health. This includes prevention, education, local partnerships, community trust, healthy behaviors, and supports for populations that face greater barriers.

What This Initiative May Fund

This initiative may support:

- Community-based chronic disease prevention programs
- Screening, education, and outreach related to diabetes, hypertension, COPD, cancer, obesity, and other chronic conditions
- Local strategies to support healthy eating, physical activity, and reduced substance use
- Community-based education and prevention campaigns
- Trusted messenger programs
- Capacity-building for community-based organizations
- Local and regional network coordination
- Partnerships between clinical providers, public health, and community organizations
- Prevention-focused work connected to local public health shared service arrangements
- Community health workers and related public health roles
- Programs tailored to older adults, people with disabilities, Indigenous populations, school-aged youth, young families, and other groups with higher barriers or poorer outcomes

Why This Matters Locally

This initiative recognizes that health is shaped outside of clinical care. Access to food, transportation, trusted information, social connection, safe housing, local services, and community support all affect health outcomes.

For many community partners, this may be the most directly relevant initiative because it creates potential opportunities for prevention, outreach, coordination, and community-based implementation. It may also support work that helps communities move from identifying needs to building practical local solutions.

Initiative V: EMS Service Integration

This initiative focuses on strengthening rural EMS and expanding EMS's role in the broader health system.

The application recognizes that rural EMS often carries a heavy burden, including long travel distances, limited staffing, financial strain, and increasing calls related to behavioral health, substance use, chronic disease, and aging-related needs.

What This Initiative May Fund

This initiative may support:

- Community paramedicine programs
- EMS partnerships with primary care, public health, behavioral health, and community organizations
- Training for EMS staff related to chronic disease, behavioral health, substance use, and community-based care
- Equipment and technical assistance for new EMS models
- Reimbursement of pilots for EMS services that are not traditionally reimbursed
- Transport to non-emergency department healthcare facilities
- Treatment on scene without transport
- Patient evaluation without transport
- Home risk assessments
- Population health activities involving EMS
- Mobile tools for prehospital protocols and medication dosing

Why This Matters Locally

EMS is often one of the only reliable 24/7 systems in rural communities. This initiative could help rural EMS move beyond emergency response alone and become more integrated into prevention, chronic disease support, behavioral health response, aging-in-place supports, and community health partnerships.

This will likely require strong municipal, fire/EMS, clinical, and community partner coordination.

Initiative VI: Enhancing Technology Interoperability and Connectivity

This initiative focuses on rural health technology, data sharing, cybersecurity, and connectivity.

The goal is to help rural providers and public health systems connect to statewide systems, share information more effectively, modernize technology, and improve care coordination.

What This Initiative May Fund

This initiative may support:

- Rural provider participation in the state Health Information Exchange
- Technical assistance for data sharing and interoperability
- Health information technology upgrades
- Connections between rural EMS and hospitals
- Hospital occupancy and bed availability systems
- Emergency communication systems
- Cybersecurity grants and technical support
- Security assessments, monitoring, and compliance support
- Local public health electronic record systems
- Billing, reporting, and service documentation tools for local public health
- IT modernization planning and shared technical assistance

Why This Matters Locally

Technology is not the whole solution, but poor technology can block coordination. Many rural partners struggle with outdated systems, limited staff capacity, duplicate reporting, and disconnected referral processes.

This initiative may be most directly relevant to healthcare providers, EMS, public health, municipalities, and organizations involved in formal referral or data-sharing systems.

Initiative VII: Facility Modernization and Re-Use

This initiative focuses on capital improvements to rural healthcare facilities.

The purpose is to help rural facilities update, modernize, reconfigure, or reuse space so they can expand access, improve safety, increase efficiency, and support new models of care.

What This Initiative May Fund

This initiative may support:

- Rural hospital renovations and infrastructure updates
- Rural primary care site improvements
- Rural Health Clinic and FQHC facility upgrades
- Diagnostic and specialty service capacity
- Telehealth space and infrastructure
- Accessibility improvements
- HVAC, roofing, plumbing, lighting, parking, energy efficiency, and resiliency upgrades
- Reuse of underutilized facility space
- Nursing facility renovations
- Infection control, air filtration, isolation rooms, and safety improvements
- Specialized nursing facility units for behavioral health and substance use disorder needs

Why This Matters Locally

This initiative is likely to be more relevant to healthcare providers, nursing facilities, and facility-based organizations than to most community-based partners. However, community partners may still play an important role by documenting local need, supporting regional planning, identifying service gaps, and helping ensure that facility investments match actual community priorities.

What This Means for Community Partners

This funding is significant, but it should not be understood as one large open grant for any rural project. The application is broad, and many funding opportunities may be directed toward specific types of entities, such as healthcare providers, EMS agencies, public health systems, educational institutions, or regional intermediaries.

At the same time, the application repeatedly recognizes that rural health cannot be improved through clinical care alone. Community-based organizations, municipalities, public health, schools, behavioral health providers, Councils on Aging, food access partners, transportation partners, disability organizations, tribal partners, and other local organizations are all part of the rural health ecosystem.

The strongest opportunities for community partners may include:

- Community-based prevention
- Chronic disease education and support
- Trusted messenger work
- Outreach and navigation
- Resource coordination
- Local and regional partnership infrastructure
- Community health workers and related roles
- Workforce pipeline partnerships
- Field placements and training sites
- Rural transportation and access coordination
- Local public health collaboration
- EMS-community partnerships
- Behavioral health and substance use access
- Healthy aging and aging-in-place supports
- Youth and family supports
- Data-informed regional planning
- Documentation of local needs and service gaps



**Jennifer Smith is hereby appointed to the position of
Election Poll Worker**

FOR SAID TOWN OF PERU FOR A TERM OF ONE YEAR

Beginning September 14 , 2026 - Ending August 15,027

Select Board

Verne L Leach

Date

Samuel P. Haupt

Date

Edward F. Munch Jr.

Date

Signature: _____ **Date** _____

Then personally appeared the above name and made oath that he/she would faithfully and impartially discharge all duties of said office.

Before me: _____
Town Clerk Date